Countdown To Zero

Elimination of New HIV Infections Among Children by 2015 And Keeping Their Mothers Alive

Unite For Children
Unite Against AIDS

Angola (draft)

Country Situation

Background Statistics		
HIV prevalence - adults (ages 15-49)[1]*	2.0% [1.6-2.4%]	2009
HIV prevalence - pregnant women (all ages)[2]*	2.0%	2009
Number of women living wih HIV delivering[3]	16,000	2011
Est. # children (ages 0-14) living with HIV[1]*	22,000 [12,000-35,000]	2009
Maternal mortality ratio[4]	450/100,000	2010
Est. annual births[5]	795,000	2010
Infant mortality rate[6]	98/1,000	2010
Under-5 mortality rate[7]	152/1,000	2010

Adult HIV prevalence (ages 15-49) in Angola, estimated 2.0% in 2009, has been declining over the past decade[1]. Between 2009 and 2010, the number of new HIV infections among children has remained stable at 5,300 per year. HIV prevalence among pregnant women was 2.0% in 2009[3], and there are an estimated 16,000 pregnant women living with HIV in Angola.

Angola first initiated PMTCT services in 2004 and by 2010 these services were available in 111 (68%) of the country's 164 districts[7].

Angola has partially adopted the WHO 2010 guidelines on ARVs for PMTCT with provision of Option A and has developed a National Plan for Elimination of MTCT.

Reaching High Level Targets

Global 2015 Targets

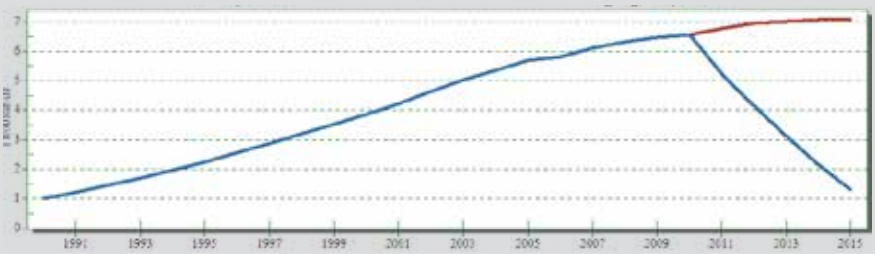
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 6,500 children were newly infected with HIV in 2009. Modeling data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets achieved (see Figure 1), there would be 1,300 new child infections in 2015 — an 80% decline in the number of new child infections from 2009[9].

Figure 1: Number of new child HIV infections due to mother to child transmission, by scenario, Angola



Base scenario: 2009 programme coverage maintained through 2015

Intervention scenario: 50% reduction in HIV incidence, eliminate unmet need for family planning, provide ARVs or ART to 90% of women in need

Source:[9] Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections[3]	5,300	–	5,300	–	–	–	–
	Number HIV-associated maternal deaths[4]	480 (2005)	380	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	2%[10] (2008)	2%[7]	–	–	–	–	–
	ART coverage among children (ages 0-14)[3]	10%	–	11%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49)[3]	0.26%	–	0.24%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	–	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate[3]	34%	–	33%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)[3]	19%[a]	–	16%	–	–	–	–
	Breastfeeding ARV Coverage[3]	1%	–	0%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment[3]	0%	–	0%	–	–	–	–

Program Status According to PMTCT Prongs

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PRONGS 1&2 Primary prevention of HIV among women of childbearing age; Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics		
Young people (ages 15-24) HIV prevalence[1]*	Female: 1.6% [1.1-2.2%] Male: 0.6% [0.4-0.9%]	2009 2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months	Female: – Male: –	– –
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49)	Female: –	–

Key Points

Angola has seen a slight decline in HIV incidence in women (ages 15-49) between 2009 and 2010 –from 0.3% in 2009 to 0.2% in 2010. Among young people (15-24 years), HIV prevalence was nearly three times higher among young women (1.6%) than young men (0.6%) in 2009. Data are not available for condom utilization at last sex among young people reporting multiple partners in the past year, HIV testing coverage among male partners of pregnant women attending ANC, unmet need for family planning or unintended pregnancies.

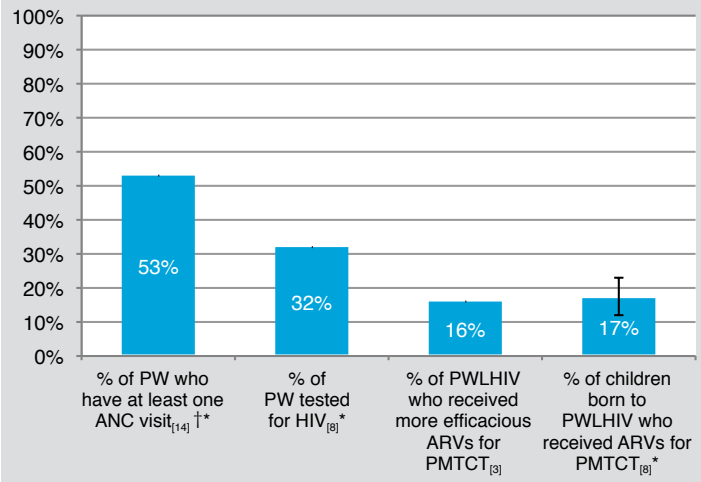
PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics		
Timing of 1st ANC visit (months)	–	–
Percentage of women attending at least 4 ANC visits during pregnancy[11]	Total: 31.5% Urban: – Rural: –	1996
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs)[8]*	32%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT[8]*	17% [12-23%]	2010
Skilled attendant at delivery (%)[12]	47%	2006/2007
Exclusive breastfeeding for infants <6 months[13]	11%	2001

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

Slightly more than half of pregnant women in Angola attend at least one ANC visit and 32% attend at least four visits, as recommended by the WHO. Less than half of pregnant women in Angola (47%) deliver with a skilled birth attendant[13] and the maternal mortality ratio [450/100,000] is high[4]. In 2010, only about a third of these women (32%) were tested for HIV. Using population-based estimates of need, only 16% of pregnant women living with HIV received the most effective ARV regimens for PMTCT and only 17% of their infants received the recommended infant prophylaxis.

Program Status According to PMTCT Prongs

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PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

- 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing*	–	–
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth[8]*	17% [12-23%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth[8]*	3% [2-4%]	2010

Key Points

Angola does not report the percentage of pregnant women with HIV who are assessed with CD4 testing or who receive ART. Coverage of early infant diagnosis is low in Angola. In 2010 only 3% of HIV-exposed infants received a virological test within two months of birth and 17% received co-trimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality. Paediatric ART coverage also remains low, with 11% of HIV-infected children receiving ART in 2011, a slight increase from 10% in 2009.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010[15]*

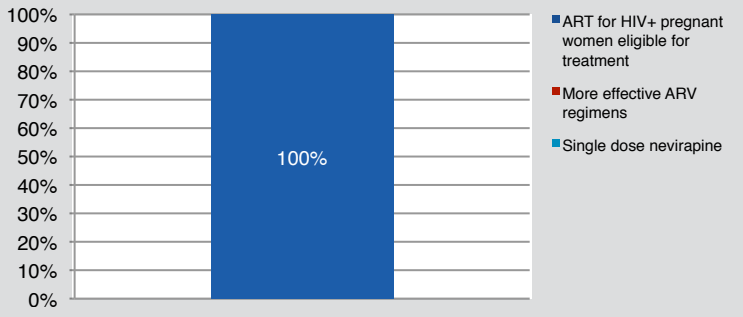
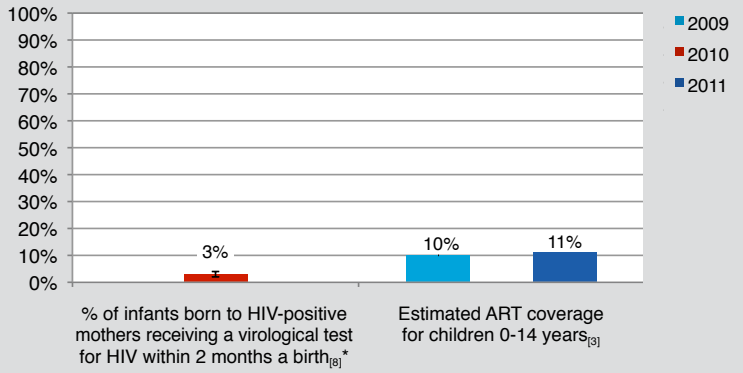


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges	The Bottom Line *If national EMTCT targets for Angola are to be met by 2015, the following actions should be considered:*
Nationwide access to PMTCT services still limited with 68% of districts offering PMTCT	Adopt necessary programme strategies to rapidly expand PMTCT services to all ANC facilities. This could include empowering health districts as units of management, coordination, planning, financing, implementation and monitoring.
Low performing MNCH service delivery system with weak linkages within the PMTCT cascade and retention across the antenatal and postnatal continuum of care resulting in limited access to ARVs for PMTCT, EID, CTX prophylaxis and maternal and paediatric ART.	Develop and scale up facility- and community-based innovative service delivery approaches that would improve linkages btween HIV testing and access to ARVs for PMTCT including ART, and retention of pregnant women, mothers and their children in care. Simplification of regimens and innovation through adoption of option B/B+ could be considered in addressing these issues.
Weak national and subnational M&E systems hinder programme performance assessment and tracking of progress towards eMTCT with non-availability of some key PMTCT indicators.	Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use, including reporting on Global Plan indicators with specific attention to: ART coverage among HIV+ pregnant women in need of treatment and ARV coverage among breastfeeding women.

References:

1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010

2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010

3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS,* 2012

4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010,* Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012

5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*

6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011,* Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011

7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000.* Lancet 2012

8 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*

9 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

10 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010,* Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010

11 Angola Multiple Indicator Cluster Survey 1996, Final Report

12 Angola Multiple Indicator Cluster Survey 2006-2007, Final Report

13 Angola Multiple Indicator Cluster Survey 2001, Final Report

14 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

15 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector.* unpublished estimates, 2011

Notes:

* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.

– Data not available.

† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.

[a] 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

ANC: Antenatal care

ART: Antiretroviral therapy

ARVs: Antiretroviral prophylaxis

CTX: Co-trimoxazole prophylaxis

EID: Early infant diagnosis

EMTCT: Elimination of mother-to-child transmission of HIV

FP: Family planning

L&D: Labour and delivery

MMR: Maternal mortality ratio

MNCH: Maternal, newborn and child health

PMTCT: Prevention of mother-to-child transmission of HIV

PWLHIV: Pregnant women living with HIV

SRH: Sexual and reproductive health

WHO: World Health Organization