

# Nigeria: PMTCT



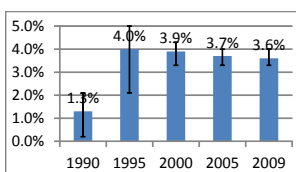
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## Statistics, 2010

|   |  |
|---|--|
| Estimated # of children (0-14) living with HIV              | 360,000<br>[180,000 - 520,000]<br>(2009)[1]  |
| Population  | 154,729,000 (2009)[14]   |
| Annual births   | 6,081,000 (2009)[14]   |
| Neonatal mortality rate                                     | 47/1,000 (2004)[3]   |
| Infant mortality rate                                       | 86/1,000 (2009)[4]   |
| Under 5 mortality rate                                      | 138/1,000 (2009)[4]  |
| Maternal mortality ratio                                    | 840/100,000 (2008)[12]   |
| Adult HIV prevalence  | 3.6% [3.3% - 4.0%]<br>(2009)[1]  |
| HIV prevalence young people (15-24)                         | female: 2.9%<br>[2.3% - 3.9%]<br>male: 1.2%<br>[0.9% - 1.6%]<br>(2009)[1]                                |
| Estimated # of pregnant women (15+) living with HIV         | 210,000<br>[110,000 - 300,000]<br>(2009)[2]  |
| Exclusive breastfeeding for infants <6 months               | 13% (2008)[5]  |
| Comprehensive knowledge about HIV (15-24 yrs)               | female: 22%<br>male: 33% (2008)[5]   |
| Condom use at last higher-risk sex (15-24)                  | female: 36%<br>male: 49% (2008)[5]   |
| Unmet need for family planning:                             | 20.2% (2008)[5]  |
| % ANC facilities that provide testing and ARVs for PMTCT    | --   |
| Timing of first ANC visit (months)                          | No ANC: 36%<br><4 months: 16%<br>4-5 months: 29%<br>6-7 months: 15%<br>8+ months: 2%<br>DK: 2% (2008)[5] |
| % of women attending at least 4 ANC visits during pregnancy | overall: 45%<br>urban: 69%<br>rural: 34% (2008)[5]   |

## HIV prevalence among adults appears to have stabilized

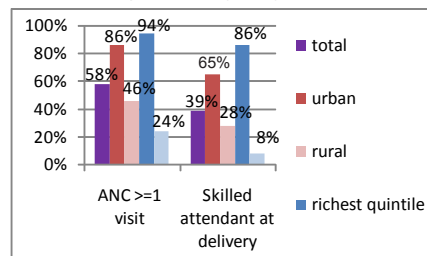
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



Since 2000, the prevalence among adults has stabilized at under 4%, as compared to an approximate prevalence of 4.6% among pregnant women. [7] Young women between the ages of 15 and 24 are more than twice as likely to be living with HIV as young men in the same age range. [1] Most new infections (42%) are among persons engaged in "low-risk" sex, and include married persons or co-habiting sexual partners. [7] There is a wide variation in prevalence between states, ranging from 1.0% to as high as 10.6%. States and Federal Capital Territory have prevalence of 5% and above. [7]

## The poorest pregnant women miss out on potentially life-saving maternal care

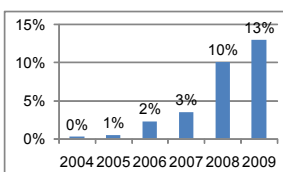
Percentage of pregnant women attended at least once during pregnancy and % of births attended by skilled health personnel (2008) [5]



Only 58% of pregnant women received antenatal care and 39% were assisted by skilled birth attendants at delivery in 2008. There are marked disparities in care by wealth and residence status. Only roughly a quarter of the poorest women and less than half of rural women accessed antenatal care at all, and less than a tenth of the poorest and a third of rural women received skilled care at delivery. Getting money for treatment, concerns that no drugs would be available, and distance to health facilities are commonly reported issues. [15]

## HIV testing rate among pregnant women is increasing, but very slowly

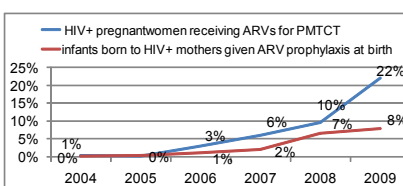
Trends in the percentage of pregnant women tested for HIV (2004-2009) [2]



Only 13% of pregnant women were tested for HIV in 2009.

## Anti-retroviral (ARV) preventive regimens are not reaching pregnant women and especially children

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [2]



In 2009, antiretrovirals (ARVs) to prevent transmission from mother to child reached only 22% of pregnant women living with HIV. Although a marked increase from the previous year, similar progress is not being made in providing prophylactic ARVs to HIV-exposed infants: only 8% of them were reached in 2009. Robust efforts to improve coverage will need to be made if national targets for PMTCT are to be met in 2015.

## DRAFT: National targets by 2015 [13]

- ≥90% of all pregnant women have access to HIV counselling and testing
- ≥90% of all HIV-exposed infants have access to early infant diagnosis services
- ≥90% of HIV-positive pregnant women and HIV-exposed infants access more efficacious ARV prophylaxis
- ≥90% of HIV-positive pregnant women have access to infant feeding counselling

## Strategic Focus of National Plan [13]

- Integrate and decentralize services;
- Build demand for PMTCT services;
- Build capacity to manage, coordinate, implement and monitor programmes;
- Institutionalize diagnostic HIV testing in maternal and child health settings;
- Institutionalize access to reproductive health services for HIV-positive women;
- Provide safer delivery services and increase ARV prophylaxis coverage for HIV-positive mothers/exposed infants;
- Provide HIV-positive mothers with safer breastfeeding skills;
- Strengthen longitudinal treatment, care and support for HIV-positive mothers;
- Provide early infant diagnosis (EID) and longitudinal treatment and care; and
- Support female-led groups of people living with HIV and foster mentorship.

## POLICY ENVIRONMENT

- National Health Sector Plan for HIV 2010-2015
- Costed 2010-2015 PMTCT scale-up plan under development
- Sub-national plans present in select states
- Combination of WHO options A & B adopted; implementation pending [8]
- National frameworks for integration and decentralization in place

## BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R1, 5, 8 & 9 [9]; re-programming of GFATM funds underway
  - PEPFAR programme country & PEPFAR Plus Up funds recipient
- Domestic Health Financing
- Govt expenditure on health, as per cent of total govt spending: 6.5% [6]
  - Total health financing: [16]  
Out of pocket: 69%; Public: 24%; Aid: 4%; Private (pooled risk): 3%; HIV: 7%

## THE BOTTOM LINE

If national targets are to be met in 2015, the following actions are essential:

- ✓ **preventing new infections**, with a focus on young women, co-habiting couples and most-at-risk populations
- ✓ **accelerating access to family planning services**
- ✓ **addressing barriers to access to and utilization** of maternal, newborn and child health (MNCH)/ reproductive health services
- ✓ **decentralisation and integration/linkages** with MNCH, malaria and tuberculosis services at the primary health care level
- ✓ **improving quality and continuity of timely MNCH services**
- ✓ **strengthening data collection, analysis and systems** to inform advocacy and programming

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