

Title

Towards the Elimination of New Paediatric HIV infections: The Progress made on Global Plan

Background

In 2009, the Joint United Nations Programme on HIV/AIDS (UNAIDS) called for the virtual elimination of Mother to Child Transmission, a call that has since been embraced by many agencies, regional coordinating bodies and national governments. In 2011, at the United Nations General Assembly High Level Meeting on AIDS, global leaders made commitment with a plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. This plan covers all low- and middle-income countries, but focuses on the 22 countries with the highest estimated numbers of pregnant women living with HIV. The objective of this study was to assess the progress of the priority countries involved in Global Plan.

Method

The data were from 2012 progress reports submitted by countries to UNAIDS and Spectrum software 2012 country files. The study looked at the overall target 1 which is geared towards reducing the number of new HIV infections among children by 90%. The study also looked at Prong 3 Targets 3.1- reducing mother-to-child transmission of HIV to 5% ,Target 3.2 – having 90% of mothers receiving perinatal antiretroviral therapy or prophylaxis and Target 3.3 - having 90% of breastfeeding infant-mother pairs receiving antiretroviral therapy or prophylaxis. The 2009 data serves as the baseline for this study.

Results

For the overall target 1, the countries were categorized into 3 categories with 8 countries achieving rapid decline (> 30%), 7 countries had moderate decline (20 - 30%) while 5 countries had slow or no decline(<20%). For target 3.1, 6 countries achieved >10% percentage difference in reduction of mother-to-child transmission rate (%) (2009-2011), 9 countries (5 –10%) and 5 countries (< 5%).

Percentages of women receiving perinatal antiretroviral drugs by 2011 were >90%, 50-90% and < 50% in 3, 12 and 7 countries respectively. By 2011, the percentages of mother–infant pairs receiving antiretroviral drugs to reduce transmission during breastfeeding were >50%, 21-50% and ≤20% in 3, 6 and 11 countries.

From this study, Kenya, Namibia, South Africa, Swaziland and Zambia were the top progressing countries while India, Congo Democratic Republic, Nigeria, Angola, Chad and Mozambique were in the rear. Notably, by 2009 Botswana had achieved some of the targets.

Conclusion and recommendations:

There is some level of progress among the priority countries in different areas geared towards reaching the targets of the Global Plan, however some countries are still far behind. The performance in the area of mother – infant pairs receiving antiretroviral drugs is generally not encouraging.

There is need for more drastic measures in the slowly progressing countries and keeping up of the pace in others.

Keywords: New Paediatric infections, MTCT, Priority countries

References

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Title:**Trend in the Knowledge of Mother-to-Child Transmission in Sub Saharan Africa in the Last Decade : Assessing the Impact of Awareness Programmes****Background:**

Increasing the level of general knowledge of transmission of the HIV from mother to child and reduction of the risk of transmission by the use antiretroviral drugs during pregnancy, labour and delivery is critical in tackling in maternal and new paediatric infection. Over the years, SSA countries have been involved in various activities targeted in increasing the MTCT knowledge through several preventive and control programmes. The objective of this study was to assess the progress made by these countries through awareness measures in the last one decade.

Methods:

Data from Demographic and Health Surveys were used to establish the trends in percentage of women age 15-49 and men age 15-59 who know that HIV can be transmitted from mother to child by breastfeeding and that risk of MTCT of HIV can be reduced by mother taking special drugs during pregnancy. Countries selected are the ones with at least 2 DHS in the last ten years (2003 to 2012). Only 8 countries in the SSA met the criteria of having adequate comprehensive MTCT data for at least two points in the last ten years.

Results:

There was an increase in knowledge among women from 32.2% to 63.3% ($p=0.1746$) and men from 28.2% to 55.8% ($p=0.1757$). Malawian women had the highest knowledge increase difference (37.1% to 82.9%), with Malawian men also recording the highest increase difference (29.2% to 71.1%). Uganda women had the lowest increase difference (52.2% to 71%) while Ugandan men also recorded the lowest difference (43.7% to 60.4%). Ghana and Nigeria had less than 50% of the men and women population having comprehensive MTCT knowledge. Women had more knowledge than their men counterparts but there was no significant difference in knowledge difference over the two periods. More urban residents had MTCT knowledge than the rural residents but there was no significant differences in knowledge increase among the two populations over the two periods.

Conclusion and recommendations:

There was a significant increase in MTCT knowledge among men and women in SSA in the last ten years. There was no significant gender or residential difference. This shows various awareness programmes in SSA countries had impact. However, some countries are still lagging behind with less than 50% of the population having a comprehensive MTCT knowledge.

There is still need to improve and re – strategize on the present awareness measures in countries with low to moderate level of MTCT knowledge.

Keywords: Comprehensive MTCT Knowledge, awareness measures, Sub Saharan Africa

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