Prevention of Mother-to-Child Transmission (PMTCT) Country fact sheet

Global plan to eliminate new HIV infections among children by 2015 and keeping their mothers alive

Overview

The Global plan towards elimination of new HIV infections among children by 2015 and keeping their mothers alive provides the foundation for a country-led movement towards the elimination of new HIV infections among children and keep their mothers alive. The global plan is based on the 2011 High Level Meeting resolution that by 2015, children everywhere can be born free of HIV and their mothers remain alive.

The four prongs of Prevention of Mother to Child Transmission (PMTCT)

PMTCT is often mistakenly used to refer to only Prong 3— the provision of antiretroviral drugs. In order to prevent children from being infected with HIV and in order to keep mother alive the 4 prongs must be implemented simultaneously.

Prong 1

Prong one address prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures. In order to turn of the tap of mother to child transmission the first step is for women and girls to prevent HIV infection (primary prevention). In order for prong one to be very effective there is need to continually provide information about the HIV services that are available (Testing and Counselling before, during and after pregnancy, visiting medical facilities to be tested for other STIs, male and female condoms and dealing with cases of gender based violence. It is very important to involve men at the community level.

Prong 2

Women and girls should seek knowledge and access to family planning services in order to prevent unwanted pregnancies. Fewer unintended pregnancies, results in fewer infants born to mothers living with HIV, and thus fewer infants potentially exposed to HIV. Women and girls should seek appropriate counselling and support, and contraceptives and spacing of births in order to promote healthier lives for themselves and their children.

Prong 3

Pregnant women living with HIV should ensure that they access antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.

Prong 4

With the advancement in HIV treatment women and girls who are HIV positive should consistently seek HIV care, treatment and support for themselves and their children living with HIV and their families. These services are readily available at the nearest medical facilities and various organisations in the community that support HIV programmes.

Global Targets

- To reduce the number of new HIV infections among children by 90%
- To reduce the number if AIDS-related maternal deaths by 50%
- Reduce HIV incidence in women aged 15-49 (and particularly aged 15-24) by 50%
- Reduce the unmet need for family planning among women living with HIV to zero (in line with MDG goal)
- Reduce mother-to-child transmission of HIV to less than 5%
- Provide 90% of pregnant women in need of antiretroviral therapy for their own health with life-long antiretroviral therapy.

National Targets (Baseline year 2010)

- To increase the percentage of HIV positive pregnant women who receive ARV prophylaxis to reduce the risk of MTCT from 84% in 2010, to 98% in 2015
- To reduce Mother to Child Transmission of HIV from 30% to 5% by 2015
- To increase the percentage of health facilities that provide ANC services, as well as HIV testing and PMTCT onsite from 77% in 2010, to 100% by 2015;
- To increase the percentage of HIV exposed infants who received ARV prophylaxis to reduce the risk of MTCT from 74% in 2010, to 97% in 2015;
- To increase the percentage of HIV exposed Infants who are exclusively breastfed from 14% in 2010 to 95% in 2015 ;
- To increase the percentage of exposed infants started on cotrimoxazole within two months of birth from 53% in 2010 to 95% in 2015;
- To increase the percentage of HIV exposed infants who received a virological test within two months of birth from 14% in 2010 to 80% in 2015;
- To increase the percentage of pregnant women attending ANC services who are counselled and tested for HIV To increase the percentage of pregnant women attending ANC increased from 87% in 2010 to 99% in 2015;
- To increase the percentage of pregnant women whose male partner has been tested for HIV in the last 12 months from 8% in 2010 to 60% in 2015;
- To reduce the unmet need for family planning services from the current 13%, to 0% by 2015.

Keeping children free from HIV

New HIV infections among children can be prevented if pregnant women and new mothers receive appropriate reproductive health care.

- Without any intervention, as many as 45% of infants born to HIV-positive mothers will become infected with the virus.
- The risk of transmission to children can be reduced to less than 5% if HIV-positive pregnant women receive ARVs for prophylaxis or treatment during pregnancy, childbirth and breastfeeding.

New HIV infections among children in higher-income countries are close to zero—there is no reason why it cannot be the same in other countries.

- In high-income countries, the transmission of HIV from a mother to her child has been virtually eliminated, thanks to effective HIV testing and counselling, access to antiretroviral prophylaxis and treatment, safe delivery practices, family planning and safe infant feeding.

Preventing HIV transmission among women of reproductive age is the most efficient way of preventing transmission among children.

- Women living with HIV must have access to family planning services to avoid unintended pregnancies. Access to family planning reduces the number of children born with HIV significantly.
- Pregnant women living with HIV need comprehensive health care for their own health and for that of their children. HIV care, treatment and maternal health services must be provided together as a comprehensive package.

Key gaps and challenges in PMTCT in Zimbabwe

The majority of the investments in the PMTCT have been focused on prevention of vertical transmission (MTCT). There is a need to focus on all four prongs.

- Coverage of virological testing for HIV exposed infants remains unacceptably low, at 13%, resulting in many HIV positive infants being unidentified in the postnatal period and thereby missing out on critical interventions;
- Testing male partners in the context of PMTCT remains a challenge. Involvement of men in PMTCT is limited and very few participate in testing with their partners; with less than 10% of male partners accepting to test.
- ANC user fees have hampered efforts to increase access to and utilisation of PMTCT services, as they discourage pregnant women who do not have the means to pay for use of ANC services where PMTCT services are situated;
- All district facilities offering PMTCT services are implementing the more efficacious regimen (MER) which is more effective in averting infections (more than 1 350 facilities nationwide)
- Only 17% of estimated HIV infected pregnant women were assessed for their eligibility to receive ART for their own health in 2009;
- There is evidence to suggest that HIV related stigma impedes the utilisation of PMTCT services in Zimbabwe;
- Coverage of Cotrimoxazole prophylaxis remains alarmingly low: only 34% of all expected HIV-exposed infants received Cotrimoxazole in 2009; and
- Services to support mothers living with HIV in making safer infant feeding decisions at maternal and child health clinics remain inadequate, due to a lack of capacity by health workers to provide support. There is need to support more community linkages in support of mothers.