

FINANCING AND RESOURCES NEEDED TO PREVENT MTCT IN AFRICA

African Parliamentary meeting

Summary of HIV in Africa:

22 of the most affected countries in Sub-Saharan Africa have reduced new HIV infections by more than 25%.

The rate of new infections is still high: for every two people accessing treatment, five people are newly infected with HIV

In Africa, women are disproportionately affected: 60% of all people living with HIV in the region are women

The proportion of women living with HIV among antenatal clients in some countries ranges from 5% to as high as almost 50%.



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Prevention of mother-to-child transmission:

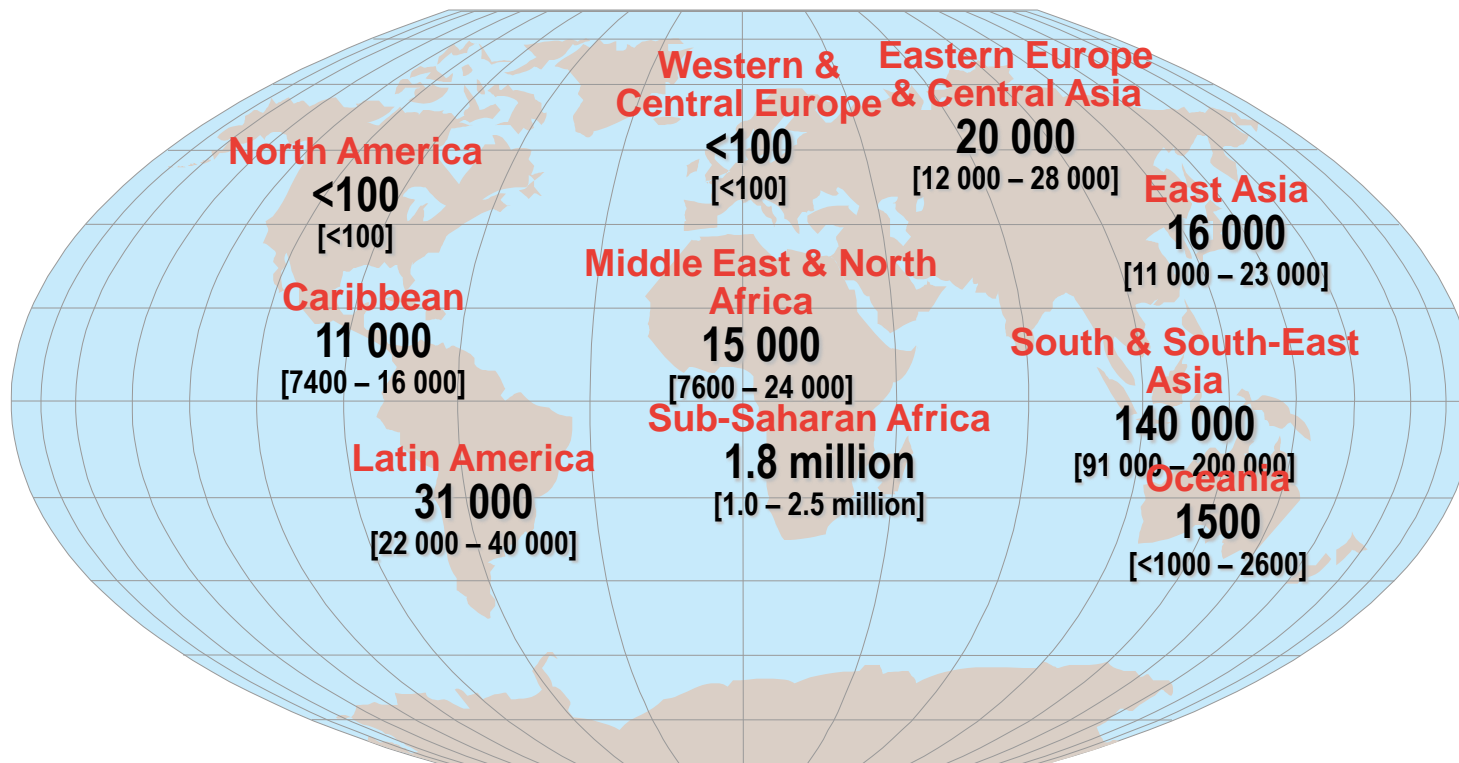
More than 90% of infant and young child HIV infections occur through mother-to-child transmission of the virus - either during pregnancy, labour and delivery, or through breastfeeding.

Without access to treatment, about one in three children born to mothers who are HIV positive will become infected.

54% of women living with HIV receive ART for preventing MTCT in SSA 2009 - compared to 15% in 2005.

Progress is uneven 68% in Eastern and Southern Africa and 23% in West and Central Africa.

Children (<15 years) estimated to be living with HIV, 2008



Total: 2.1 million (1.2 – 2.9 million)

2008 Sub-Saharan Africa HIV and AIDS estimates

Children (<15 years)

- **Children living with HIV** **1.8 million** [1.0 – 2.5 million]
- **New HIV infections in 2008** **390 000** [210 000 – 570 000]
- **Deaths due to AIDS in 2008** **230 000** [120 000 – 350 000]

AU DECISION ON THE PARTNERSHIP FOR THE ERADICATION OF MOTHER-CHILD TRANSMISSION OF HIV/AIDS

Doc. Assembly/AU/17 (XV) Add.1

The Assembly...

UNDERSCORES the need to promote throughout the continent,
programs for the

total eradication of mother to child transmission so that no child is born with
HIV/AIDS;

REQUESTS the coordination, within the shortest time possible, of
collective

action of all African actors concerned, with help of interested international
partners, to put a final end to the transmission of HIV/AIDS from mother to
child.



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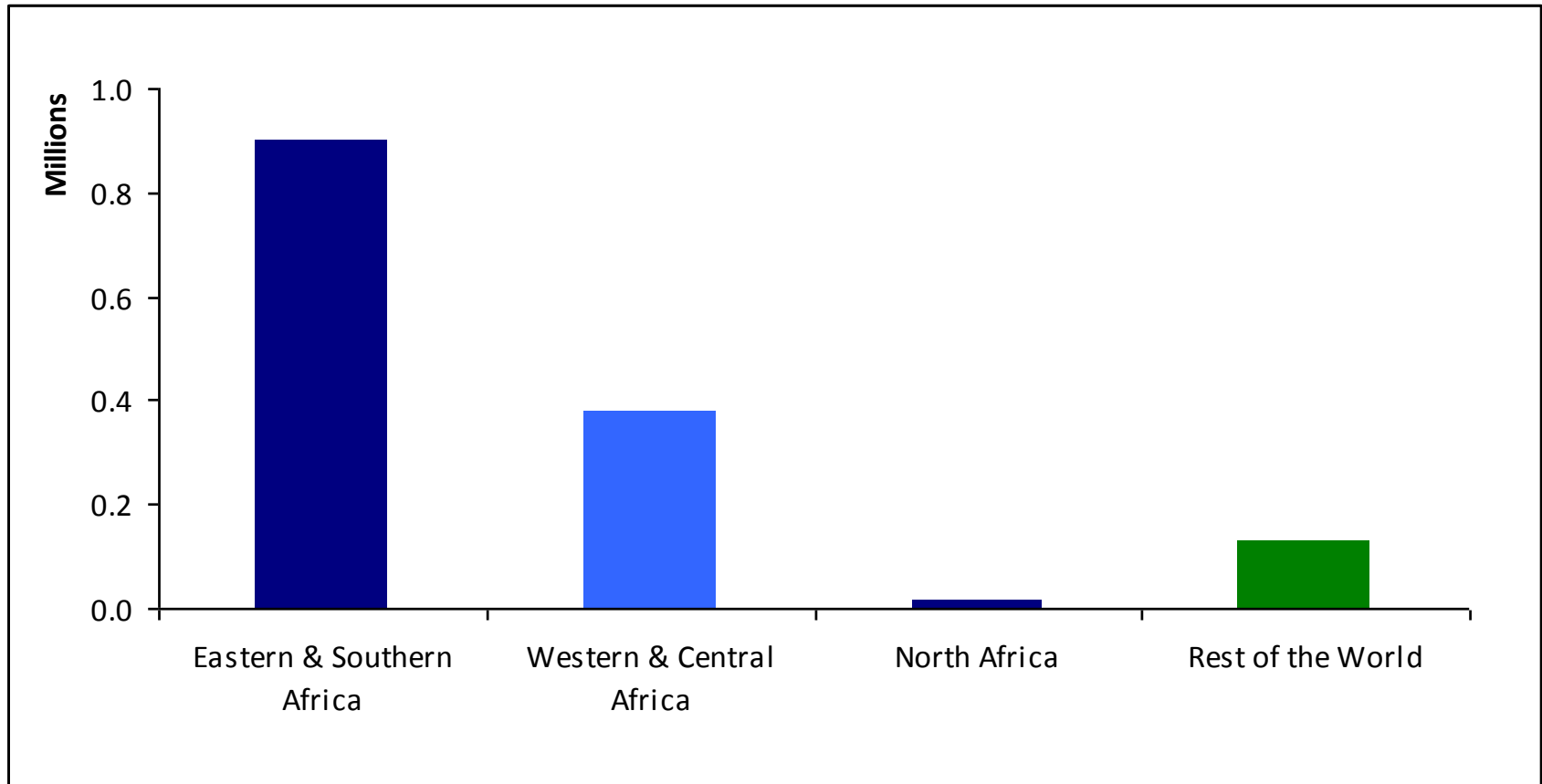
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Importance of Investing in Preventing Mother-To-Child Transmission of HIV (PMTCT) in Africa

- In 2008, 1.4 million pregnant women in low- and middle-income countries needed ARVs for PMTCT; 90% lived in sub-Saharan Africa.
- Almost all HIV infections in children come from transmission from the mothers; eliminating MTCT is a crucial step towards eliminating HIV/AIDS in children.
- PMTCT programs are among the most cost-effective, cost-beneficial and cost-saving interventions in the HIV/AIDS epidemic. Cost of administering ARVs briefly for PMTCT is far less than the lifetime care of infected babies
- Investing in PMTCT will also enable infected women to access care early and this will contribute towards meeting Millennium Development Goals 3, 4, 5 and 6

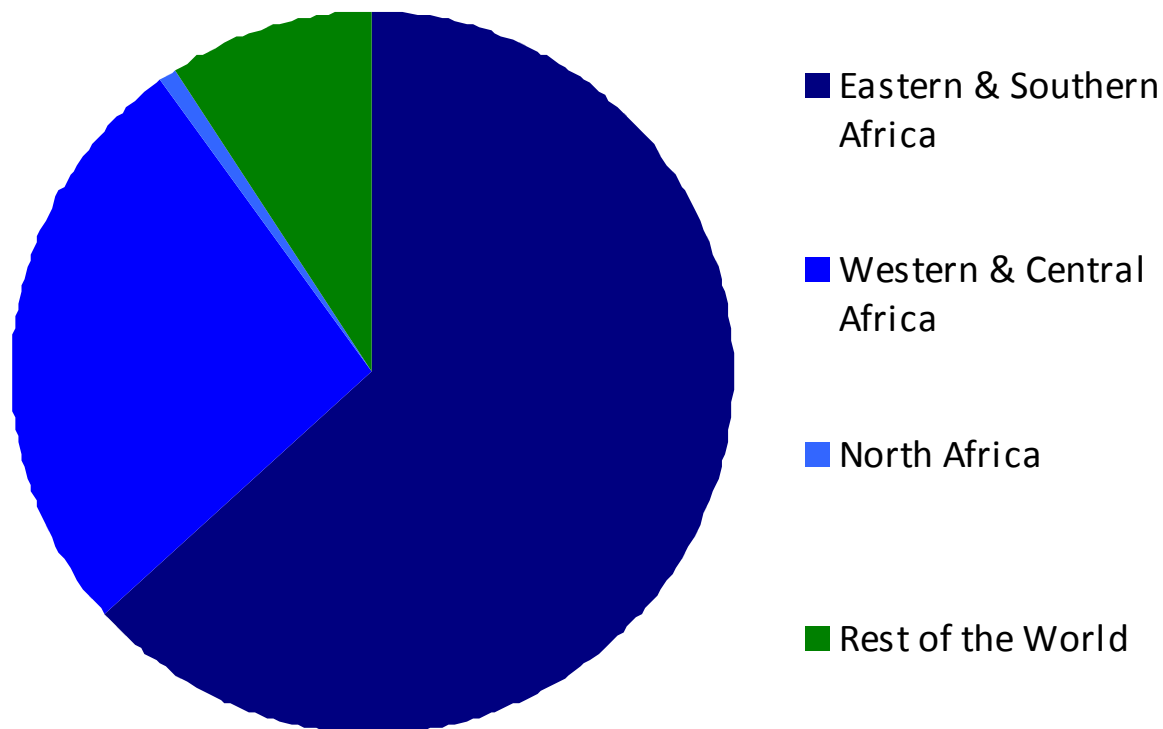
Source: UNAIDS 2010

Estimated number of pregnant women living with HIV and needing antiretroviral for PMTCT per region



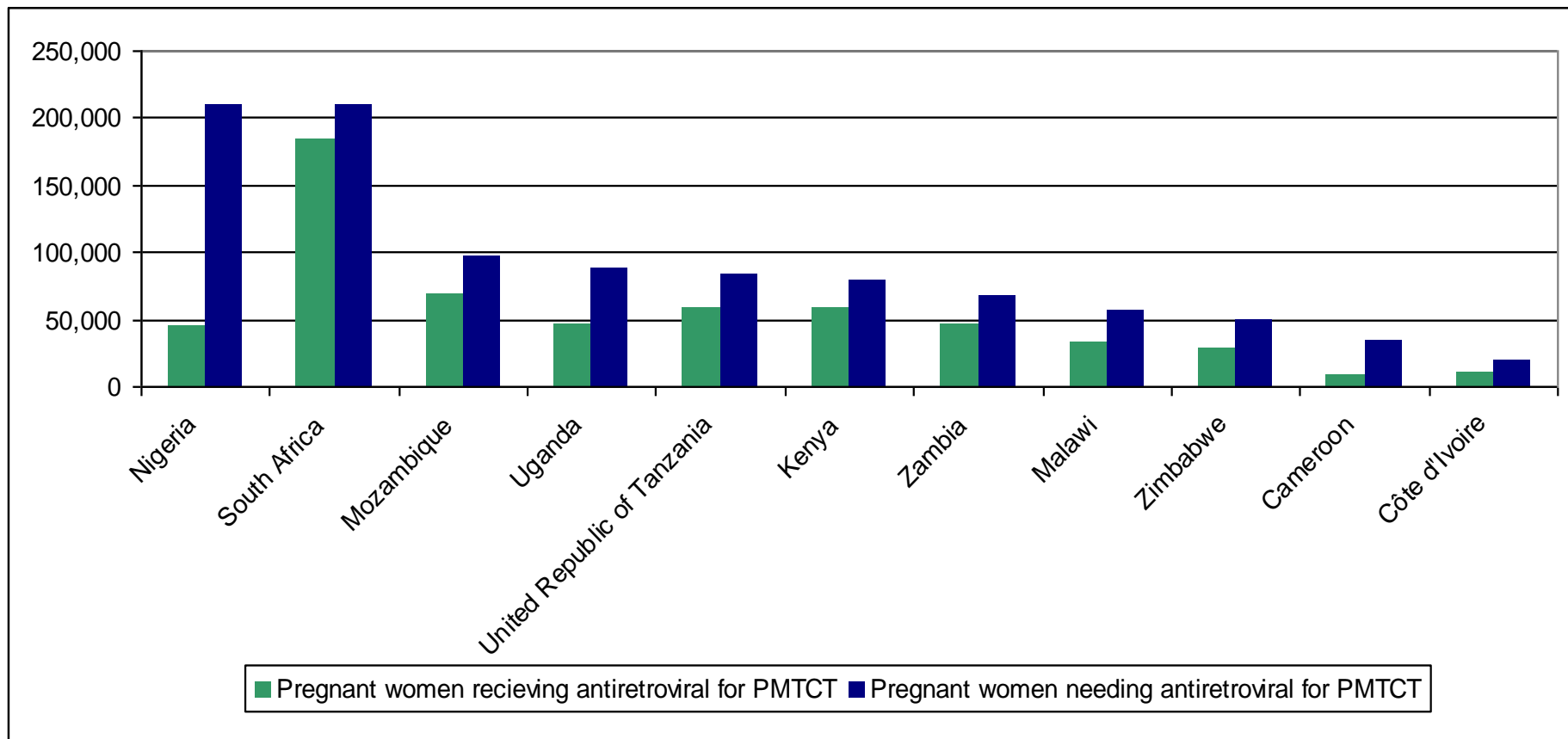
Source: *Progress Report 2009*, p. 100

Pregnant women living with HIV and needing antiretroviral for PMTCT per Region



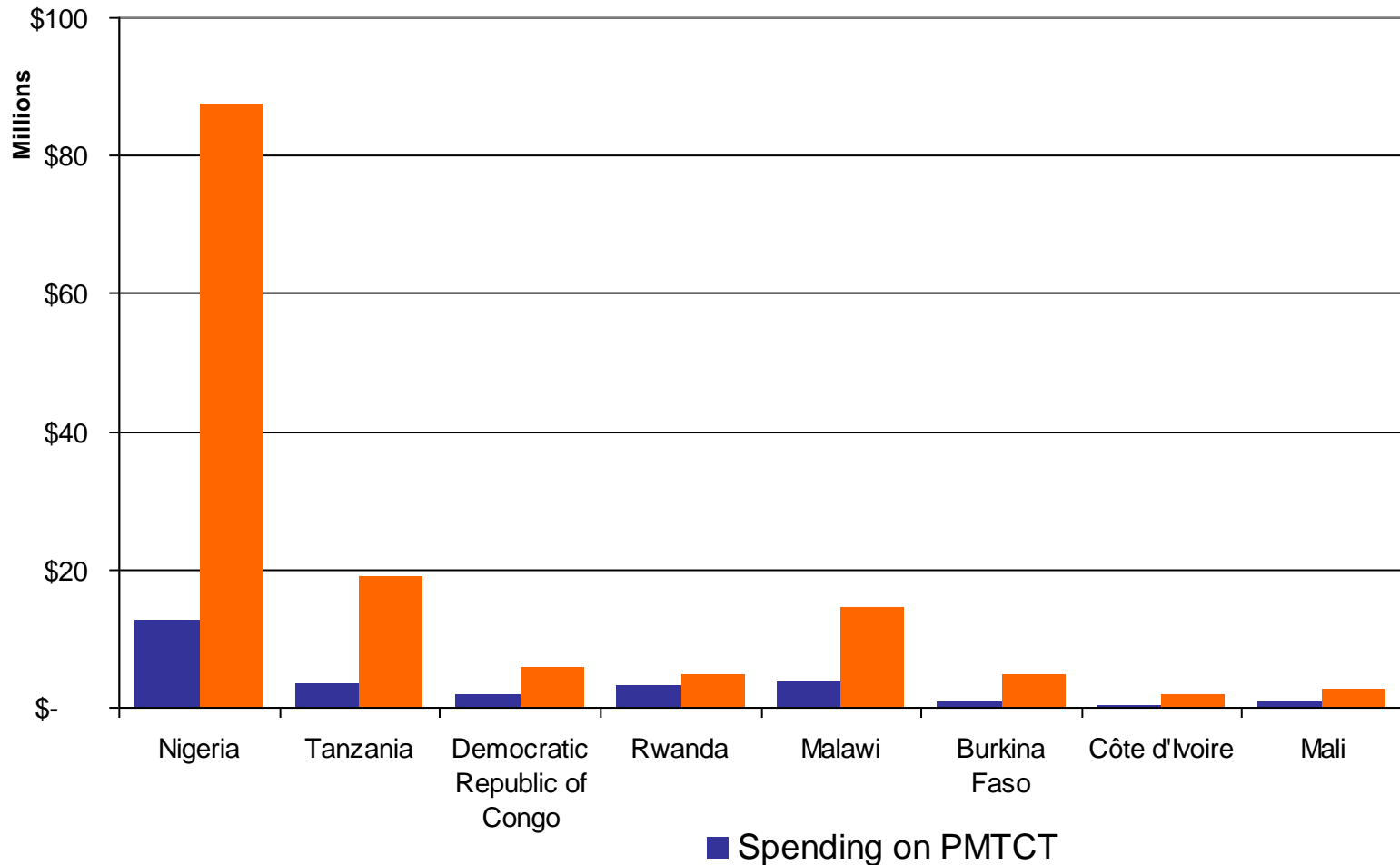
Source: *Progress Report 2009*, p. 100

Pregnant women in need of antiretroviral for PMTCT and actual coverage



Source: Progress Report 2009, Annex 3

Spending* and estimated resources required for PMTCT programs in most affected countries



■ Spending on PMTCT

■ Estimated Resources Needed in

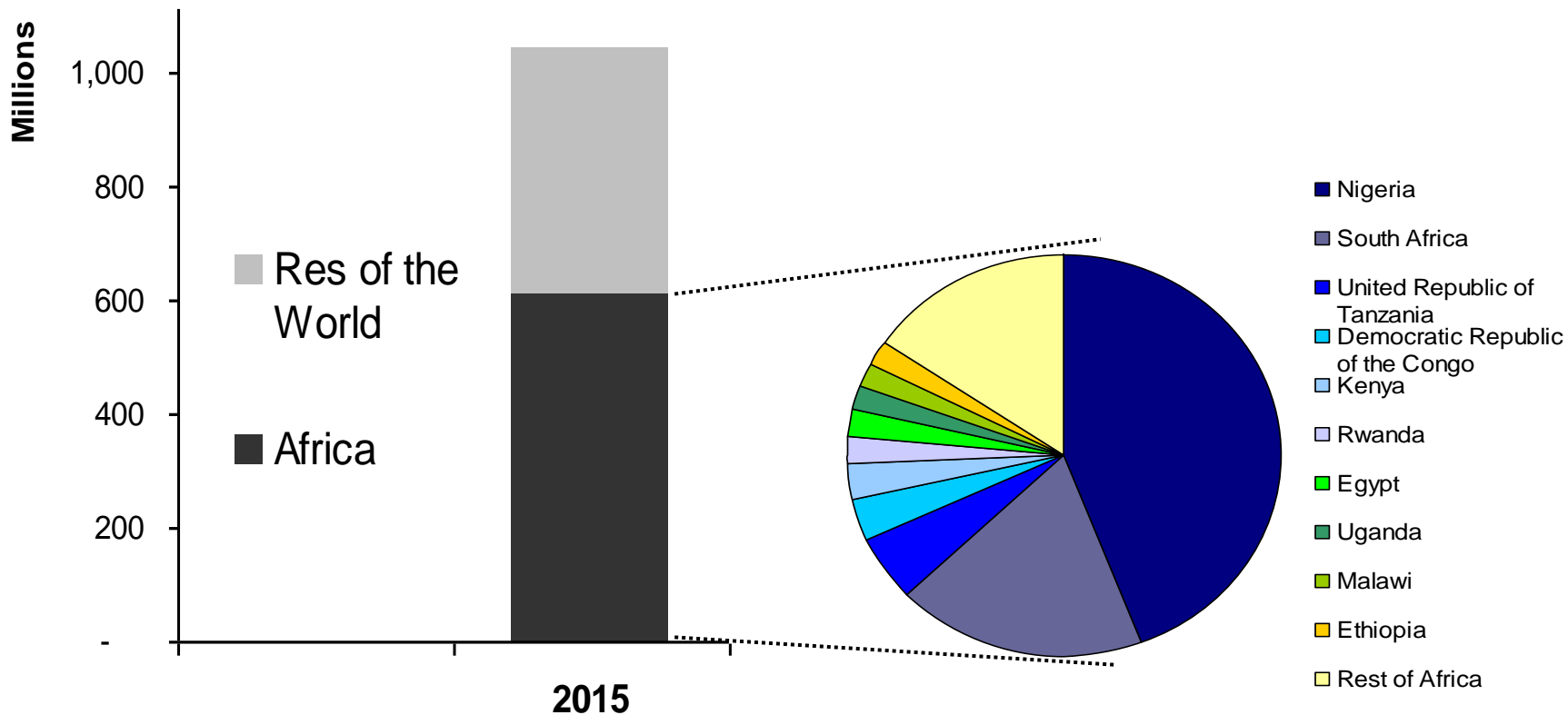
* Corresponds to amounts reported for UNGASS report, last year available (2006-2009)



Resources needed for PMTCT programmes by 2015

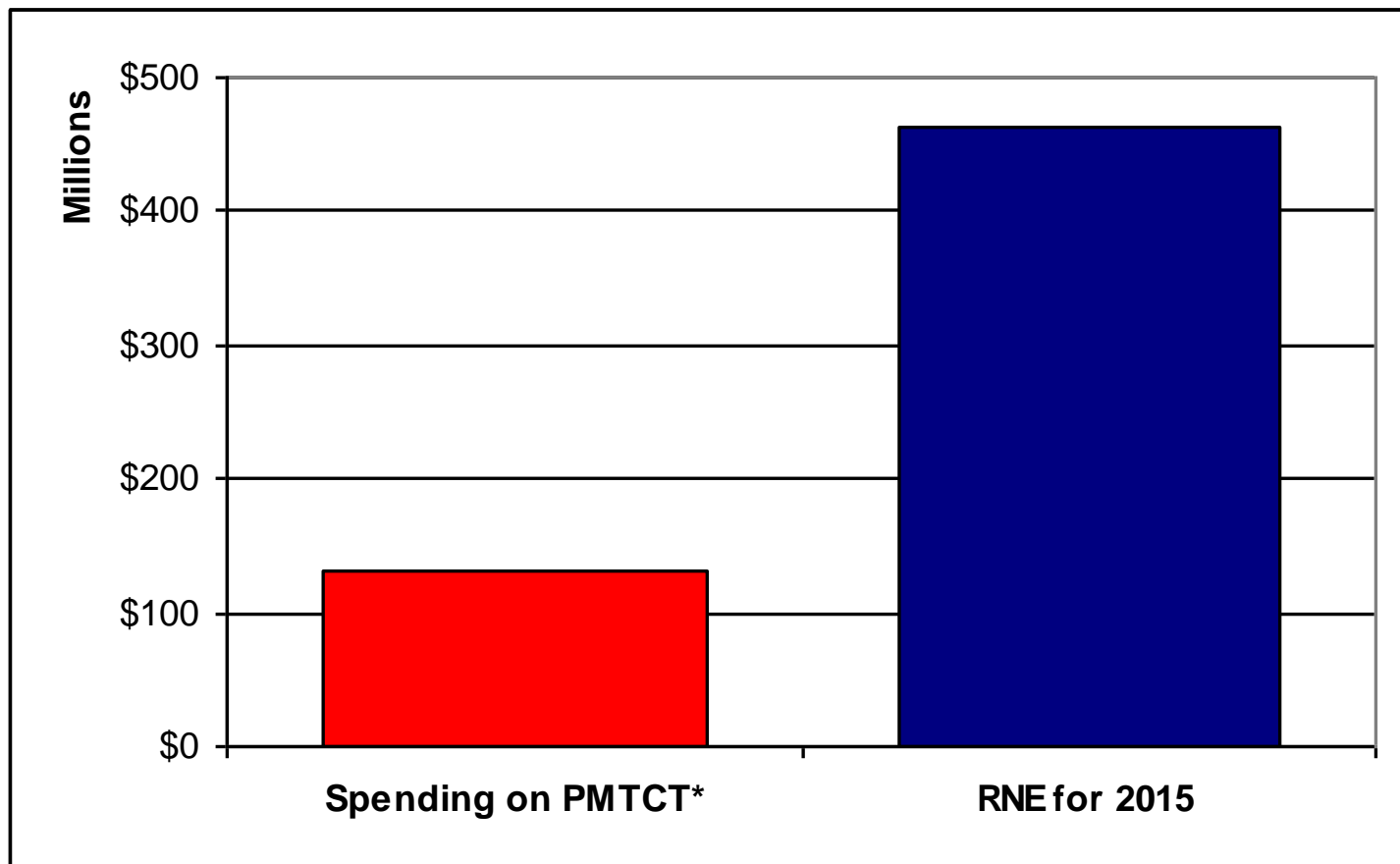
Resources requirements in AFRICA and the rest of the world for PMTCT

Top ten African countries in terms of resources needed for PMTCT



Source: UNAIDS Resource Needs Estimates 2010

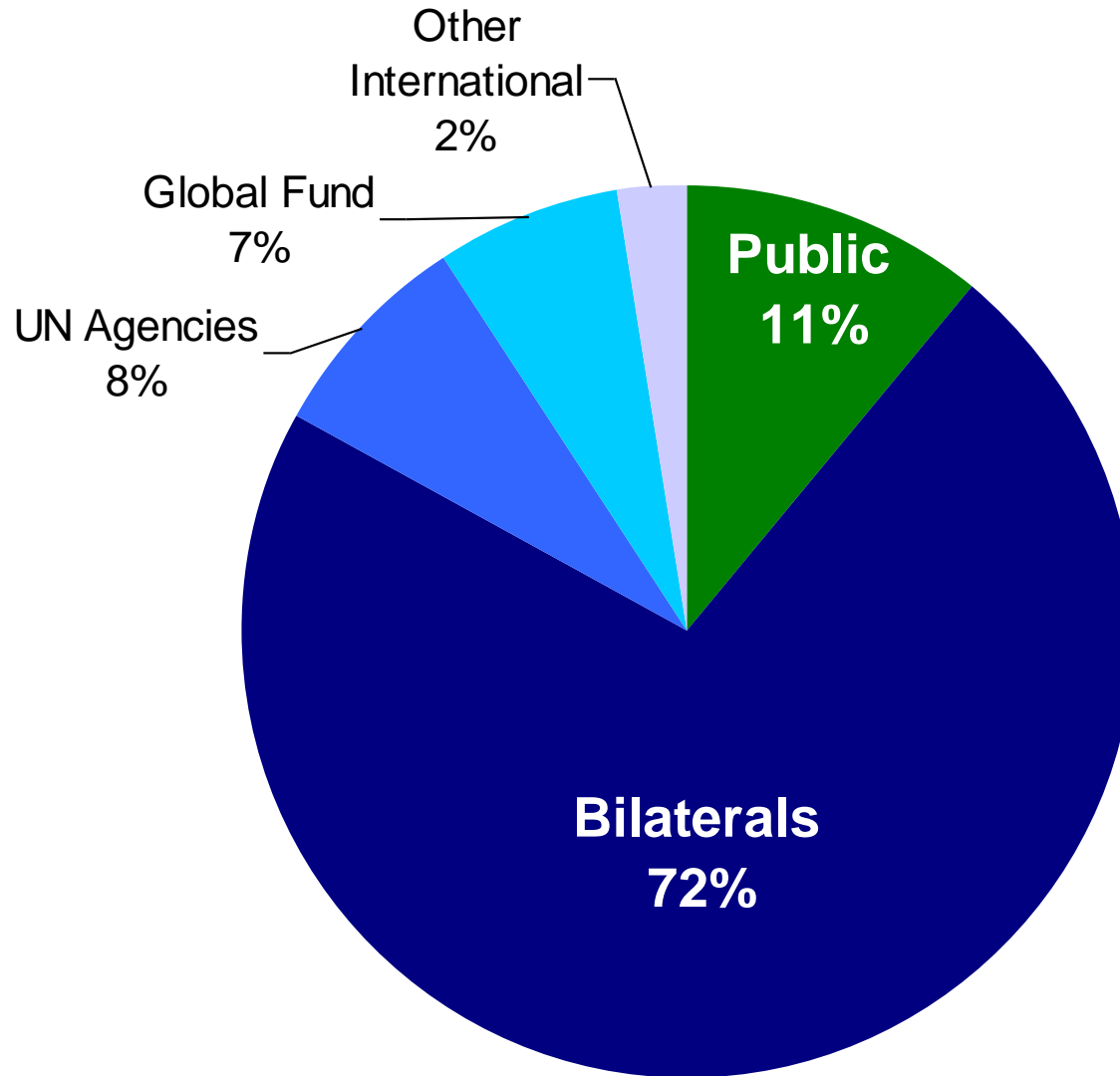
Spending and resources requirements for PMTCT* in 39 African countries



* Corresponds to amounts reported for UNGASS report, last year available (2006-2009)

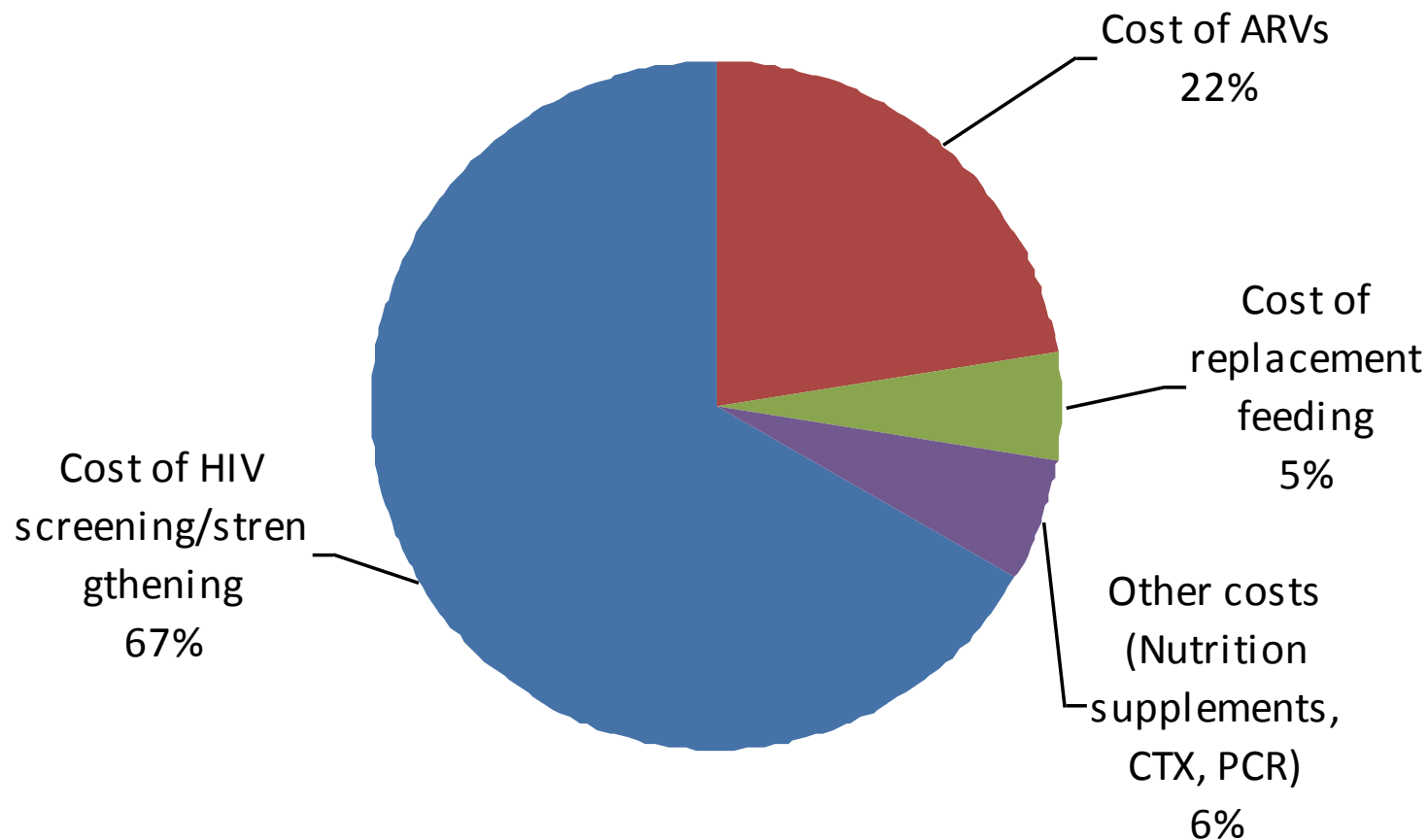
Source, UNAIDS 2010

Funding Sources of PMTCT programmes in AFRICA



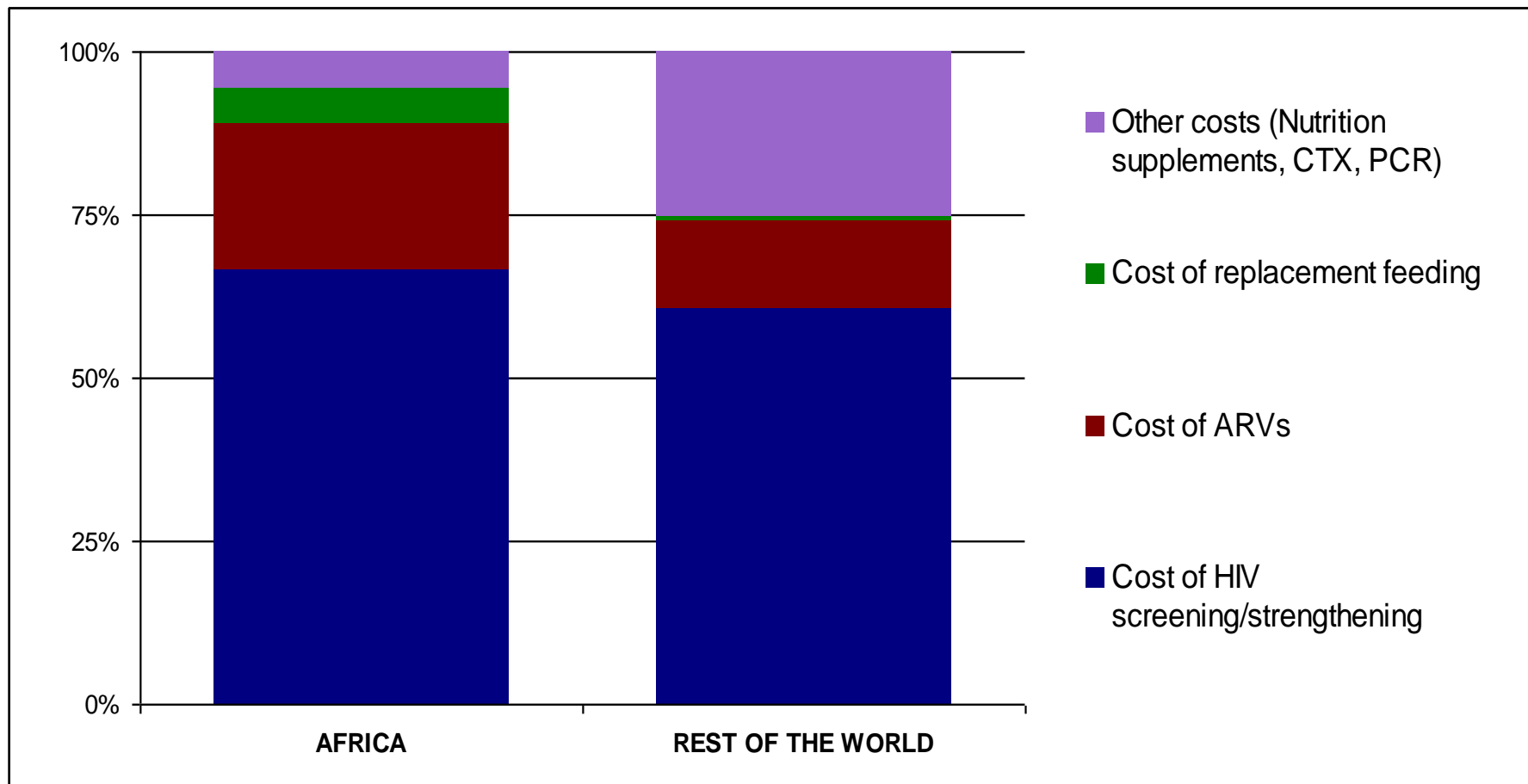
Source: UNGASS Report 2010

Cost components of PMTCT programmes



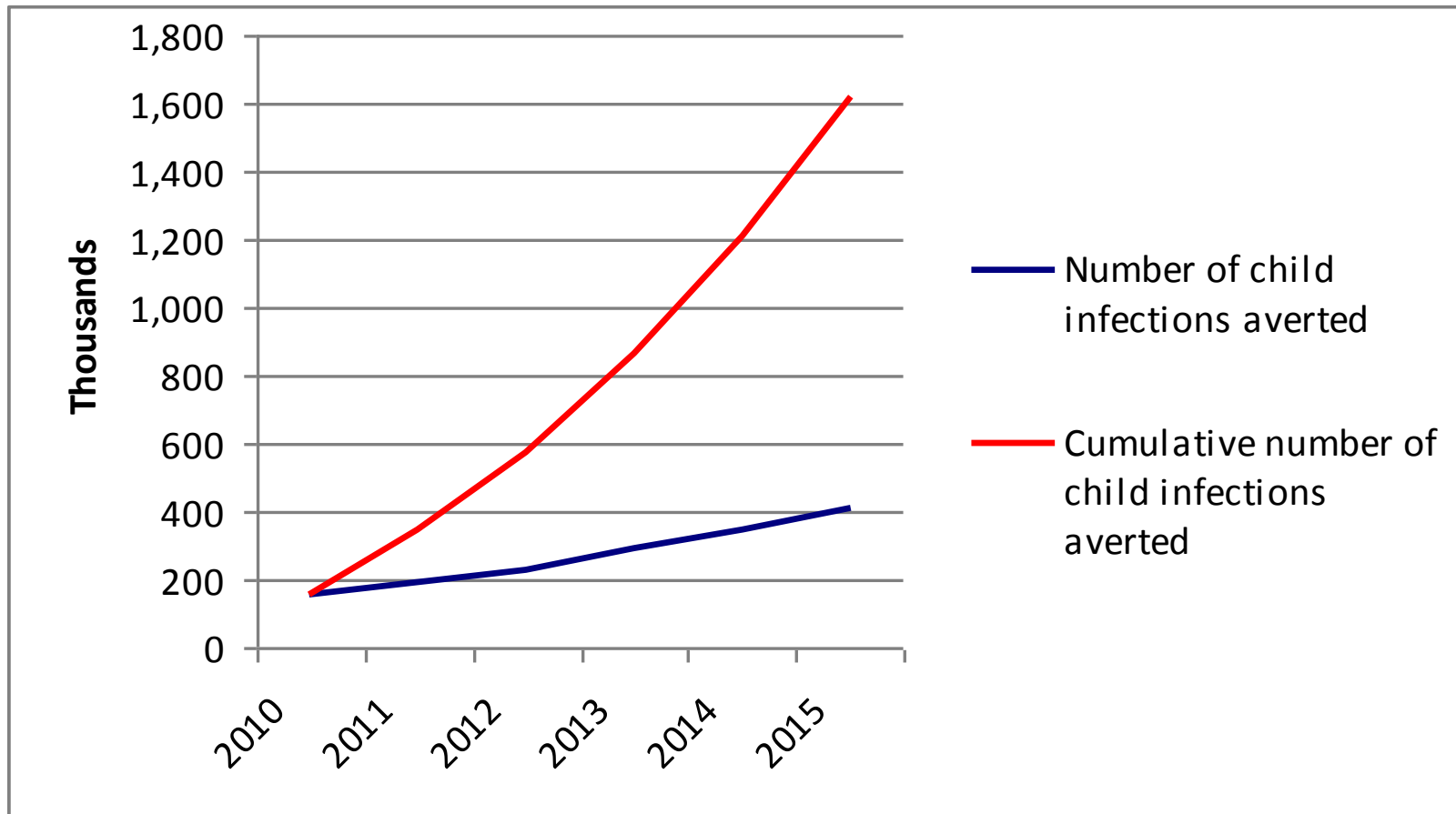
Source: UNAIDS 2010

Cost components of PMTCT programmes



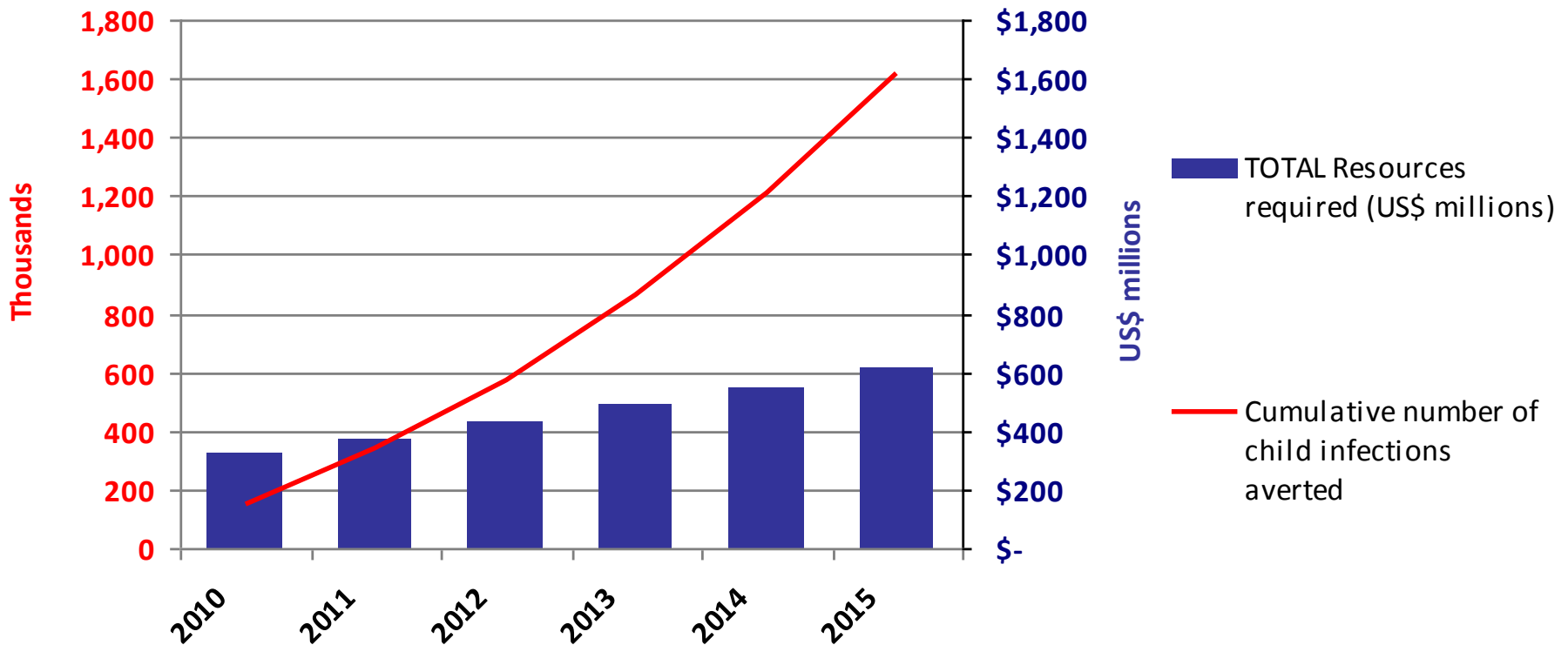
Source: UNAIDS 2010

Return on investment: a cumulative 1.6 million child infections can be averted between 2010-2015



Source: UNAIDS 2010

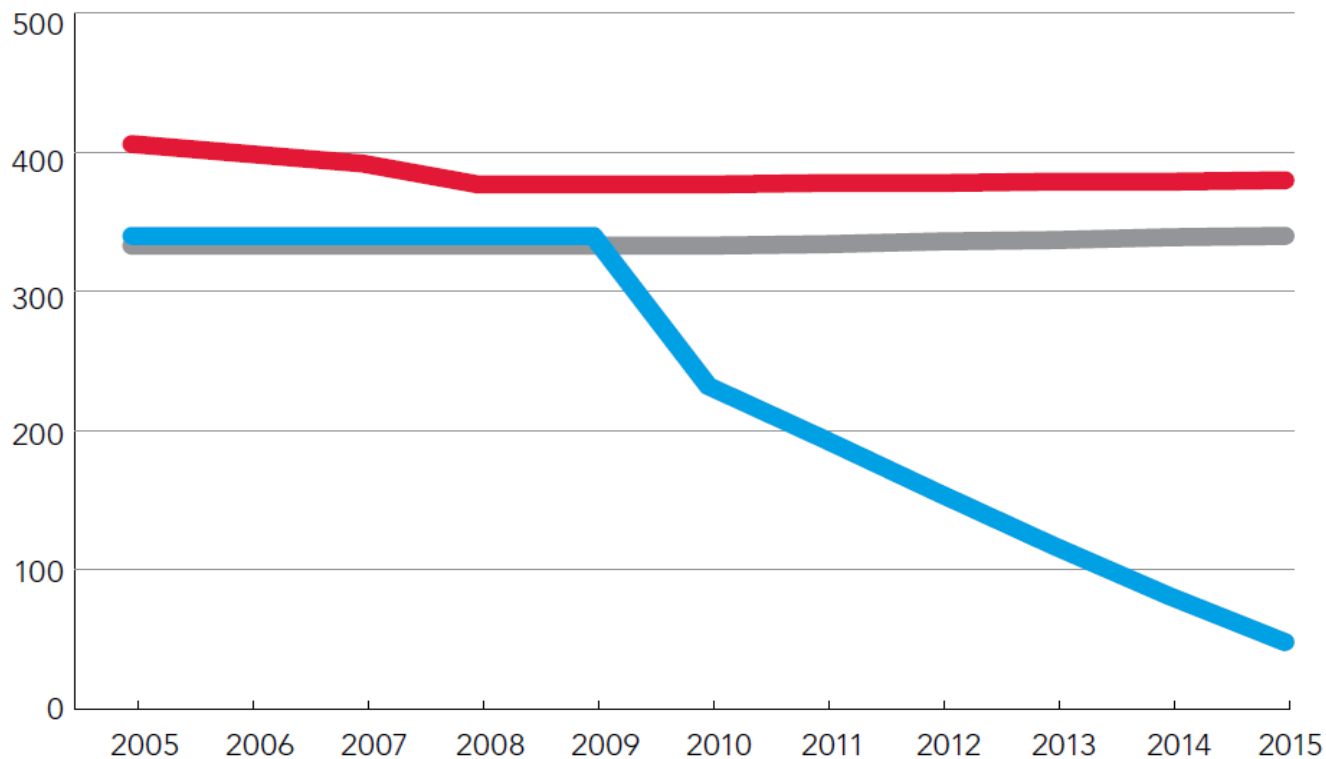
Return on investment: with an average of US\$ 464 million a year, 1.6 million child infections can be averted between 2010-2015



Source: UNAIDS 2010

NEW CHILD INFECTIONS AMONG 19 COUNTRIES WITH THE LARGEST NUMBER OF PREGNANT WOMEN LIVING WITH HIV, 2005–2015

New child infections (in thousands)



- █ If no prevention of mother-to-child transmission was available
- █ If we continued prevention of mother-to-child coverage at 2009 levels
- █ If we implemented four prongs*

Four Prongs

1. Preventing women of child-bearing age from acquiring HIV infection
2. Preventing unintended pregnancies among women living with HIV
3. Preventing HIV transmission from women living with HIV to their newborns
4. Providing care, treatment and support to mothers, children and families.

Source: UNAIDS 2010



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Key Messages on the case for increasing investment in PMTCT

- The return on the investment is high. PMTCT programs are cost-effective, cost-beneficial and cost-saving.
- The HIV response is more aid-dependent than other health programmes. With the threat of declining aid, Africa needs to increase health spending to Abuja Declaration targets.
- The specific focus of investment in PMTCT should be scaling up of services. If programmes are scaled-up according to plan, Africa could avert about 1.6 million child infections from 2010 - 2015, and contribute savings for the health systems and national budgets in general.
- Providing PMTCT services to all HIV-positive pregnant women will require an overall investment of between US\$ 700m & US\$ 900m in 2011. Immediate action is necessary to prevent the situation from getting worse.

Source: UNAIDS 2010