

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^{[1]*}	17.8% [17.2-18.3%]	2009
HIV prevalence - pregnant women (all ages) ^{[2]*}	25.6%	2009
Number of women living with HIV delivering ^[3]	241,300	2011
Est. # children (ages 0-14) living with HIV ^{[1]*}	330,000 [190,000-440,000]	2009
Maternal mortality ratio ^[4]	300/100,000	2010
Est. annual births ^[5]	1,059,000	2010
Infant mortality rate ^[6]	41/1,000	2010
Under-5 mortality rate ^[7]	56/1,000	2010

Adult HIV prevalence (ages 15-49) in South Africa, estimated at 17.8% in 2009, has remained relatively stable over the last decade^[1]. There are considerable regional variations, ranging between 25.8% in KwaZulu Natal and 5.3% in Western Cape in 2008^[8]. Prevalence among pregnant women (25.6%) is significantly higher than the prevalence in the general adult population.

South Africa has successfully taken its national PMTCT program to scale, but HIV remains one of the leading causes of maternal and child mortality. More than 95% of pregnant women were tested for HIV in 2010^[9], and over 95% of pregnant women with HIV received ARVs for PMTCT in 2011^[3]. However, only 68% of HIV-exposed infants were receiving ARVs for PMTCT in 2010^[9].

South Africa has adopted WHO Option A regimen for prophylaxis and a costed national PMTCT scale-up plan is in place^[10]. Given the good service coverage in terms of ANC, skilled delivery, and PMTCT, South Africa is well placed to achieve Global Plan targets by 2015.

Reaching High Level Targets

Global 2015 Targets

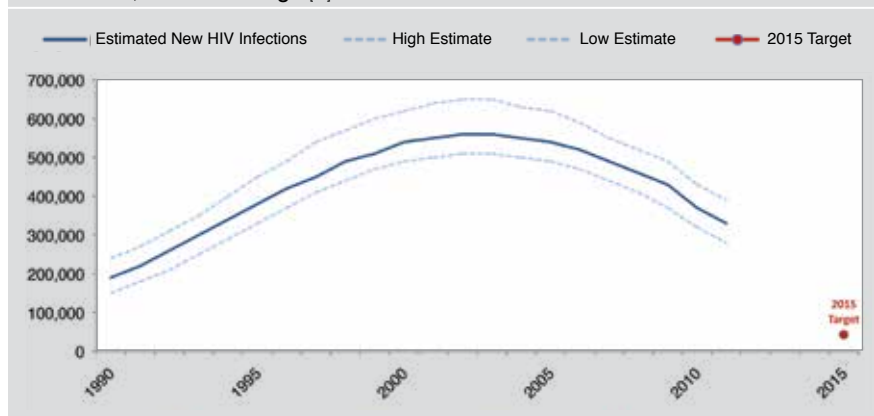
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

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

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015.^[11]

Figure 1: Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target^[11]



Source: UNAIDS, unpublished HIV estimates, 2012

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]	56,500	–	29,100	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	3,600 (2005)	3,800	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	35% ^[12] (2008)	28% ^[4]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	39%	–	58%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	1.81%	–	1.67%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) ^[13]	14% (2004)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	23%	–	12%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	60% ^a	–	>95%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	0%	–	38%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	0%	–	69%	–	–	–	–

PRONG 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: 13.6% [12.3-15.0%]	2009
	Male: 4.5% [4.1-5.0%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[13]	Female: 2% _[11]	2003
	Male: 11%	2003
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49) _[13]	Female: 47%	2003

Key Points

South Africa had a slight decline in HIV incidence in women (ages 15-49) between 2009 and 2011 – 1.81% to 1.67%_[3]. Among young people (15-24 years), HIV prevalence was three times higher in females (13.6%) than in males (4.5%) and condom use at last sex among young people (ages 15-24) reporting multiple partners in the last year was lower in young women (2%) than in young men (11%). The rate of unintended pregnancies was high (47.3%) in 2003, indicating unmet need for family planning and reproductive health services.

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

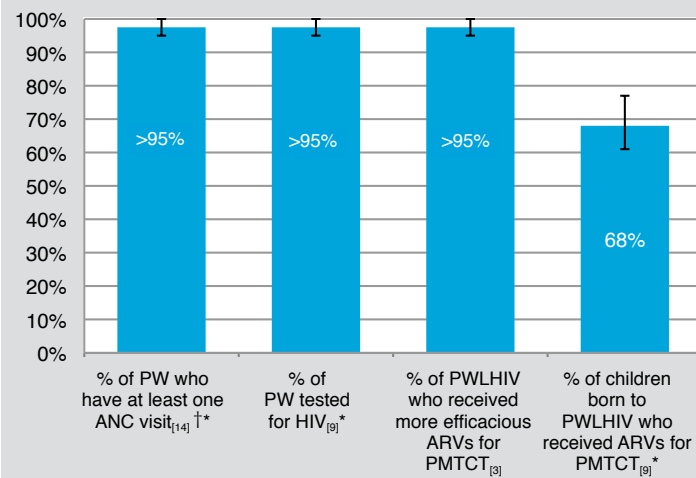
Global 2015 Targets

- 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 1 st ANC visit (months) _[13]	No ANC: 5%	2003
	<4 months: 32%	
	4-5 months: 30%	
	6-7 months: 26%	
	8+ months: 3%	
	DK: 5%	
Percentage of women attending at least 4 ANC visits during pregnancy _[13]	Total: 87% Urban: N/A Rural: N/A	2008
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[9] *	>95%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[9] *	68% [61-77%]	2010
Skilled attendant at delivery (%) _[13]	91%	2003
Exclusive breastfeeding for infants <6 months _[13]	8%	2003

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

Most pregnant women in South Africa (>95%) attend at least one ANC visit and 87.1% attend at least four visits, as recommended by WHO. Although only one-third (32%) of women attend their first ANC visit during the first trimester of pregnancy, delivery care coverage is good, with 91% of women delivering with a skilled birth attendant_[13]. In 2010, most pregnant women in South Africa (>95%) were tested for HIV, and over 95% of pregnant women with HIV received efficacious ARV regimens for PMTCT. However, fewer HIV-exposed infants (68%) received ARVs for PMTCT.

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 ^[15] *	84%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[9] *	54% [48-61%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[9] *	69% [61-77%]	2010

Key Points

In 2010, the majority of pregnant women with HIV (84%) were assessed with CD4 testing to determine if they were in need of treatment for their own health. Among pregnant women living with HIV who received ARVs for PMTCT in 2010, 32% received ART for their own health (See Figure 3). Only about half of HIV-exposed infants (54%) received co-trimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality. Coverage of early infant diagnosis was 69% in 2010, and paediatric ART coverage was 58% in 2011.

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

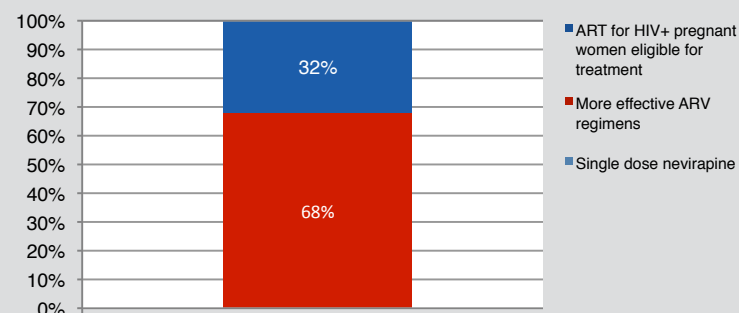
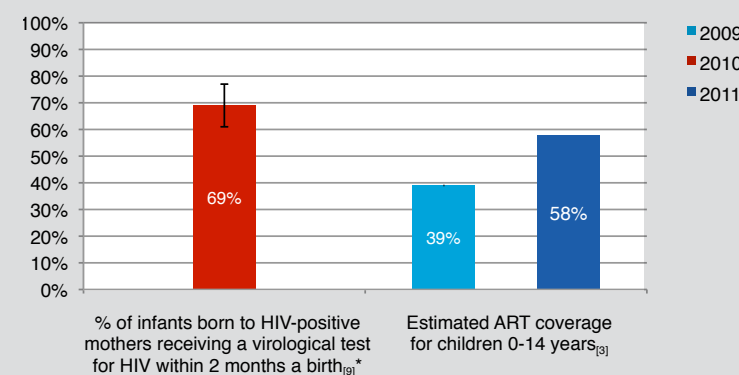


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

HIV prevalence among adults (17.8%), particularly among pregnant women (25.6%), and unmet need for family planning are still high

While the overall performance of the MNCH service delivery systems is impressive especially in the antenatal period, rates of early booking for ANC (32%) and coverage of PMTCT intervention around delivery and in the postnatal period (68% infant ARV for PMTCT; 69% EID), and paediatric ART (36%) are still low

Quality of MNCH and PMTCT services still need improvement with high MMR and limited access to ART for HIV+ pregnant women (32%)

Weak M&E systems with non-availability of data on some key PMTCT indicators at the national and subnational levels, hindering tracking of progress towards eMTCT targets

The Bottom Line

If national EMTCT targets for Kenya are to be met by 2015, the following actions should be considered:

Consideration should be given to innovative approaches such as “test and treat” and “treatment for prevention.” Primary prevention and family planning targeting young females and pregnant women is needed as well

Facility and community levels service delivery approach should be implemented to foster and support early ANC booking, and improve access and uptake of PMTCT interventions and paediatric ART around the time of delivery and across the postnatal maternal and child care continuum

Capacity should be built at the facility and community level to improve the quality of MNCH health and access to ART for pregnant women living with HIV in need of treatment for their own health

Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use, including reporting on Global Plan indicators

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 Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & the SABSSM III Implementation Team (2009), *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008; A Turning Tide Among Teenagers?*, Cape Town: HSRC Press
- 9 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*
- 10 Republic of South Africa, Department of Health. *Operational Plan for Accelerating Scale Up and Improvement of the Quality of Services for Prevention of Mother to Child Transmission (PMTCT) in the Context of Integrated Maternal and Child Health Care in South Africa*, 2009.
- 11 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 12 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
- 13 South Africa Demographic and Health Survey 2003, 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