



PROMOTION OF CHILD HEALTH BY PMTCT, NIGERIAN EXPERIENCE

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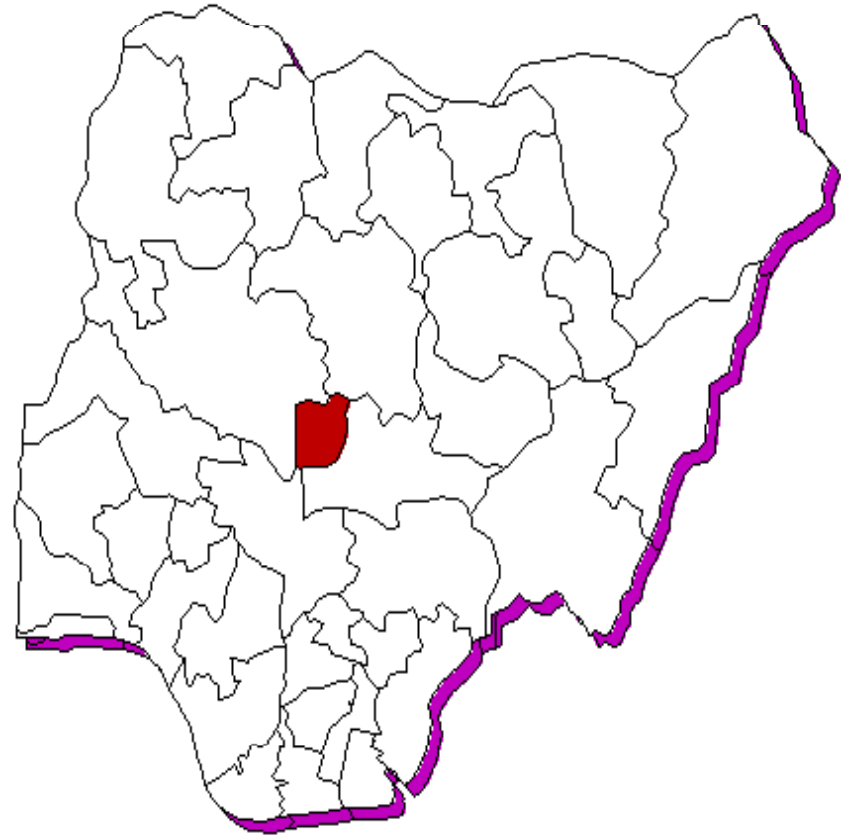
INTRODUCTION

- **Sub-Saharan Africa is home to approximately 64% of the estimated 38.6 million persons worldwide who are living with HIV infection**
- **In this region, women represent about 60% of those infected (UNAIDS, 2006)**
- **Nigeria, the most populous nation in Africa has approximately 2.9 million people living with HIV**
- **It is the third most-severe epidemic on a national level, after those of South Africa and India (UNAIDS, 2006).**



INTRODUCTION

- Median HIV prevalence among pregnant women attending antenatal clinics in Nigeria rose from 1.8% in 1991 to peak at 5.4% in 2003
- Recent sentinel survey reported a slight decline to 4.4% in 2006



INTRODUCTION

- **90% of paediatric HIV infection is through MTCT**
- **In 2001, the United Nations General Assembly declared as one of its goals the reduction of the proportion of infants infected with HIV: by 20% by 2005, and 50% by 2010.**
- **This was to be achieved by ensuring that at least 80% of pregnant women accessing antenatal care have access to information, counselling and other HIV-prevention services**



PMTCT SERVICES

- Pursuant to these goals, the Nigerian government established centres providing PMTCT services:
- Voluntary counselling and testing (VCT) for HIV
- Antiretroviral prophylaxis/treatment
- Modification of obstetric practices
- Counselling on infant feeding options.



NATIONAL PMTCT PROGRAM

- **The Nigerian National PMTCT program commenced in 2002**
- **Initially in 6 pilot tertiary health facilities and later involving 11 tertiary health facilities with support from FMOH and development partners such as PEPFAR, UNICEF, GHAIN, ROTARY e.t.c**
- **Goal: To reduce the transmission of HIV infection from positive mothers to their infants, using the four-prongs approach.**



OPERATIONAL RESEARCH

- In 2005, an operational research of the PMTCT program was conducted involving all the 11 tertiary health facilities to further assist in PMTCT program management nationally**
- This is a preliminary result of the research.**



TABLE 3: VCT UPTAKE IN 11 PMTCT SITES

Centre	Total Booked	Accept Test	Uptake %
ABUTH	1540	460	29.9
LUTH	1858	1858	100
NHA	1871	1758	94.0
UMTH	1092	1076	98.5
UNTH	941	941	100
UPTH	2488	830	33.4
JUTH	2552	2551	99.9
UCH	1548	1408	91.0
AKTH	2421	2410	99.5
NAUTH	1473	1426	96.8
UBTH	1888	1874	99.3
Total	19672	16592	77.8



RESULTS

- New ANC - **19,672**
- Mean age at booking - **22.7 years.**
- Primigravida - **31.9%** of the women
- Grandmultiparours women – **6.9%**
- Booked in the second trimester -
Majority (**61.2%**)



HIV TESTING IN ANC

- Routine HIV testing with the “ OPT IN ” technique
- Routine HIV testing with the “RIGHT TO OPT OUT”



TABLE 3: HIV PREVALENCE IN 11 PMTCT SITES

Centre	Total Positive	% Prevalence
ABUTH	37	8.4
LUTH	139	7.4
NHA	93	5.3
UMTH	85	7.9
UNTH	136	14.5
UPTH	58	7.1
JUTH	180	7.1
UCH	154	10.9
AKTH	139	5.8
NAUTH	139	9.7
UBTH	165	8.8
Total	1325	8.4



RESULTS

- **ARV - 63.1%**
- **Up to 66.5% - spontaneous vaginal delivery**
- **22.6% - elective caesarean section**
- **10.9% - emergency caesarean section**
- **PMTCT rate - 3-5%.**



CHALLENGES OF THE PMTCT PROGRAM

- Majority of our sites are mainly referral centres.**
- PMTCT services are provided free in these tertiary health facilities.**
- But less than 10% of our women access PMTCT services**
- There is the urgent need to extend our PMTCT services to the secondary and primary health care facilities where majority of our women attend**



CONT.

- **In 2005 only 63.1% positive mothers received ARVs in the ANC**
- **Now the national guideline states that pregnancy is an indication for ARVs, so the aim is for all positive mothers to receive ARV**



CONT.

- Only 60% of our women attend ANC**
- Less than 40% deliver in the health facility**
- Mechanisms are needed to provide access to VCT and PMTCT for women who do not attend ANC and to those women whose deliveries occur outside health facilities.**



TRAIN TBA

- **Appreciate the importance of PMTCT**
- **Encourage pregnant women to go for testing**
- **Encourage positive women to receive ANC**
- **Ensure that positive women are given ARVs**
- **Ensure that positive pregnant women deliver in health facilities**



HOW ORGANIZATIONS CAN ASSIST

○ Partner with the health facilities to provide:

- HIV testing kits
- ARVs for both the mothers and babies
- Universal precaution materials e.g gloves, boots aprons e.t.c
- Support for data monitoring and evaluation
- IEC materials
- Assist in community sensitization and mobilization



ASSISTANCE PROVIDED BY ROTARY

- Providing ARVs (Nevirapine) in our hospitals were it is in cooperated into the comprehensive PMTCT services
- Especially the Secondary Health Care Facilities and the Primary Health Care Facilities were most of these services are not available
- This is to bridge the gap in our National PMTCT program



CONCLUSION

- HIV is a major public health problem among women of reproductive age.
- There is a high uptake of VCT in our national program
- Nevertheless, there is need for the government and international partners to scale up access of PMTCT services to lower levels of care





THANK YOU

