

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^[1] *	6.5% [5.9-6.5%]	2009
HIV prevalence - pregnant women (all ages) ^[2] *	6.1%	2009
Number of women living with HIV delivering ^[3]	96,700	2011
Est. # children (ages 0-14) living with HIV ^[1] *	150,000 [80,000-210,000]	2009
Maternal mortality ratio ^[4]	310/100,000	2010
Est. annual births ^[5]	1,514,000	2010
Infant mortality rate ^[6]	63/1,000	2010
Under-5 mortality rate ^[7]	93/1,000	2010

Adult HIV prevalence (ages 15-49) in Uganda, estimated at 6.5% in 2009, has remained relatively stable over the last decade^[1]. HIV prevalence among pregnant women of all ages (6.1%) is comparable to the general adult population. In 2011, there were approximately 96,700 HIV-infected pregnant women and, in 2010, 7% of under-5 mortality was due to HIV^[7]. Between 2009 and 2011, Uganda experienced a 25% decline in the number of new paediatric HIV infections – from 27,300 to 20,600^[3].

In 2010, PMTCT services were available in 81% of ANC facilities in Uganda^[8]. Although HIV testing coverage among pregnant women increased from 18% in 2005 to 63% in 2010^[9], it is still low. In 2011, only 50% of pregnant women living with HIV (PWLHIV) in Uganda received efficacious ARV regimens for preventing mother-to-child transmission of HIV^[3], and only 22% children born to PWLHIV received ARVs for PMTCT in 2010^[9].

Uganda has developed a costed PMTCT scale up plan (2010-2015) and has adopted WHO WHO 2010 Guidelines Option A regimen for prophylaxis^[10].

Reaching High Level Targets

Global 2015 Targets

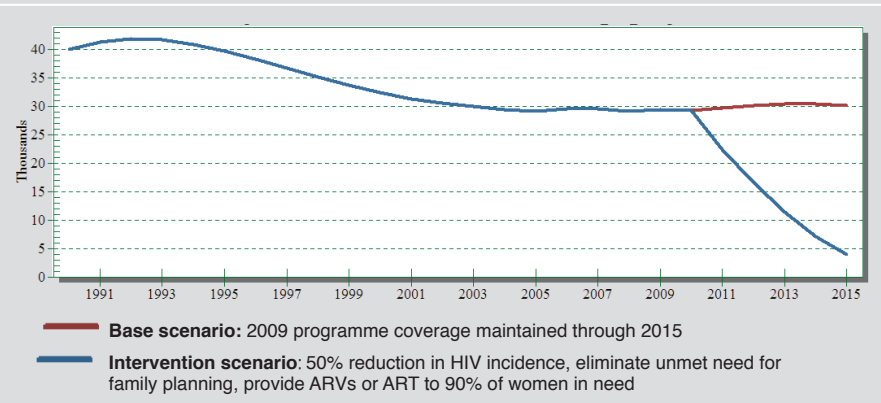
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

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

An estimated 29,500 children were newly infected with HIV in 2009. Modeling data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets achieved (see Figure 1), there would be 3,900 new child infections in 2015 -- an 87% decline in the number of new child infections between 2009 and 2015^[11].

Figure 1: Number of new child HIV infections due to mother to child transmission, by scenario, Uganda



Source:^[11] Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

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]	27,300	–	20,600	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	3,000 (2005)	2,400	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	6% ^[12] (2008)	7% ^[7]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	14%	–	21%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	1.05%	–	0.98%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) ^[13]	38% (2006)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	31%	–	21%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	27% ^a	–	50%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	0%	–	50%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	0%	–	15%	–	–	–	–

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 _[11] *	Female: 4.8% [4.0-6.4%]	2009
	Male: 2.3% [1.8-2.8%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[14]	Female: 27%	2011
	Male: 47%	2011
Male partners of pregnant women attending ANC tested in last 12 months _[8] *	Male: 9%	2010
Unintended pregnancies (ages 15-49) _[13]	Female: 46%	2006

Key Points

Among young people (ages 15-24), HIV prevalence is two times higher among young women (4.8%) than young men (2.3%). Condom use at last sex among young people (ages 15-24) reporting multiple partners over the past year was much higher among young men (47%) than young women (27%) in 2011. The rate of unintended pregnancies (ages 15-49) was very high in 2006 (46%), indicating unmet need for family planning and reproductive health services. The percentage of male partners of pregnant women attending ANC who were tested for HIV was very low in 2010 (9%).

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

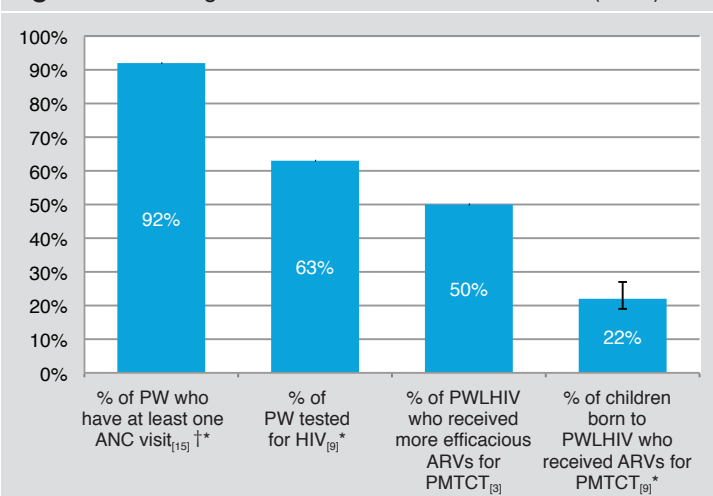
Global 2015 Targets

- 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%	2006
	<4 months: 17%	
	4-5 months: 41%	
	6-7 months: 33%	
	8+ months: 1%	
	DK: <1%	
Percentage of women attending at least 4 ANC visits during pregnancy _[13]	Total: 47%	2006
	Urban: 60%	
	Rural: 45%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[9] *	63%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[9] *	22% [19-27%]	2010
Skilled attendant at delivery (%) _[13]	42%	2006
Exclusive breastfeeding for infants <6 months _[14]	62%	2011

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

According to facility data, 92% of pregnant women in Uganda attended at least one ANC visit in 2010, yet, as of 2006, less than half (42%) accessed skilled attendance at delivery. In 2010, less than two-thirds of pregnant women (63%) were tested for HIV and, in 2011, only 50% of pregnant women with HIV received the more efficacious ARV regimens for PMTCT. In 2010, only 22% of children born to HIV-positive women 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 ^[8] *	7%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[9] *	4% [4-5%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[9] *	11% [9-13%]	2010

Key Points

In 2010, very few HIV positive pregnant women (7%) were assessed with CD4 testing to determine if they were in need of treatment for their own health. Although coverage of early infant diagnosis increased from 6% in 2009 to 11% in 2010, it is still very limited. Paediatric ART coverage, although still low, increased from 14% in 2009 to 21% in 2011. Among pregnant women with HIV who received ARVs for PMTCT in 2010, 35% still received single dose nevirapine, a regimen no longer recommended by the WHO, 52% received more effective ARV regimens, and 13% received ART for their own health (see Figure 3).

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^[8]*

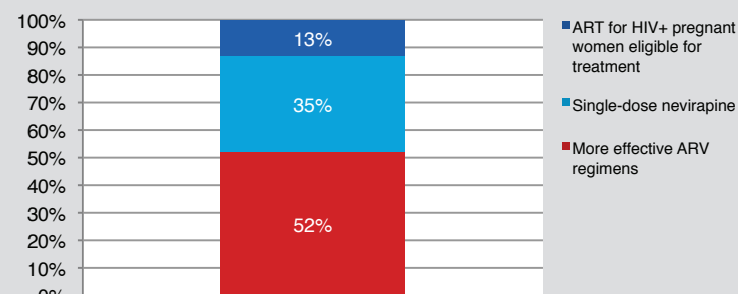
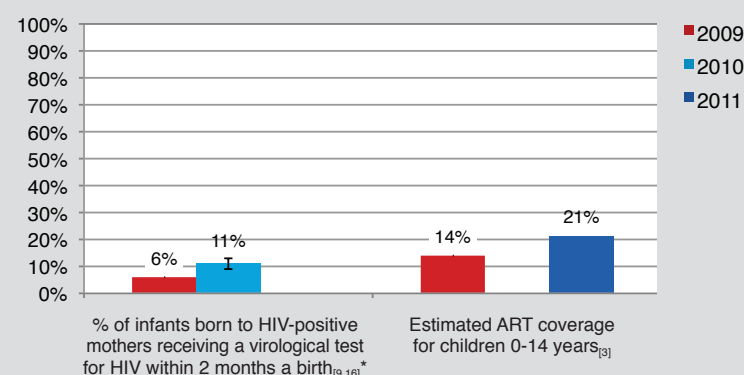


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

Despite good ANC coverage, far fewer women and children access comprehensive PMTCT services across the continuum of care

High unmet need for family planning

Few women access skilled attendance at delivery

Few infants born to HIV+ mothers receive CTX prophylaxis and early infant diagnosis. Few HIV+ children receive ART

A large proportion of PWLHIV who do access ARVs for PMTCT are still receiving single dose nevirapine.

The Bottom Line

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

Improve availability and demand for comprehensive PMTCT services within ANC and MNCH

Expand access to family planning and strengthen linkages between PMTCT and FP/SRH services

Improve equitable access to skilled birth attendance

Expand the provision of CTX prophylaxis, EID, and ART for children with HIV

Improve equitable access to more efficacious ARV regimens for PWLHIV

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 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
- 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 Uganda, Ministry of Health, *Scale-up Plan for Prevention of Mother-to-Child Transmission of HIV and Care of Exposed Infants 2010-2015*, 2010
- 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 Uganda Demographic and Health Survey 2006, Final Report
- 14 Uganda Demographic and Health Survey 2011, Preliminary Report
- 15 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 16 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, 2010*

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