



FACT SHEET

Prevention of Mother to Child Transmission (PMTCT), 2012



BACKGROUND

- ❖ The PMTCT program started in Nigeria in 2001 in 6 tertiary health facilities
- ❖ Goal of the program is to contribute to the reduction of incidence of HIV/AIDS
- ❖ Mother to Child Transmission rate though still high, is on the decline (2009: 29.1%, 2011:24.5%) (Nigeria GARPR 2012)
- ❖ PMTCT coverage increased from 11% in 2010 to 20.7% in 2012 (EPP 2013)

NATIONAL PMTCT PRIORITY INTERVENTIONS

- ❖ Integration of PMTCT with other Reproductive Health services including Family Planning
- ❖ Counseling programs on infant feeding for mothers living with HIV
- ❖ Access to EID for children of HIV positive mothers

Source: National Prevention Plan 2010-2012

NATIONAL PMTCT TARGETS

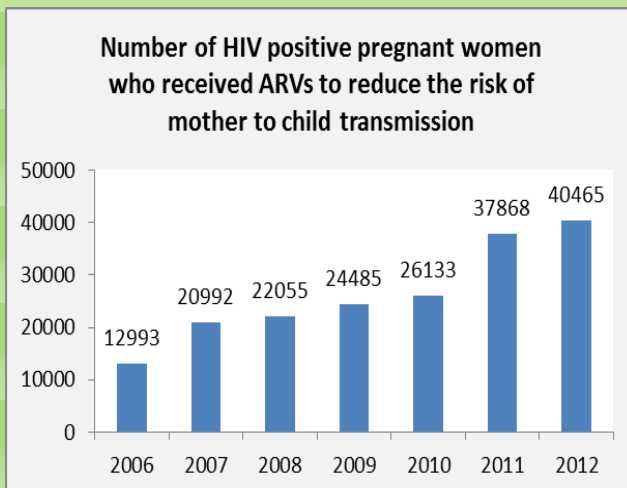
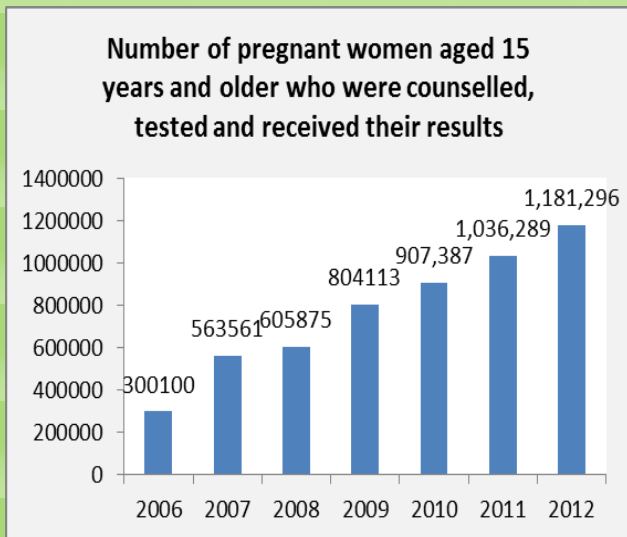
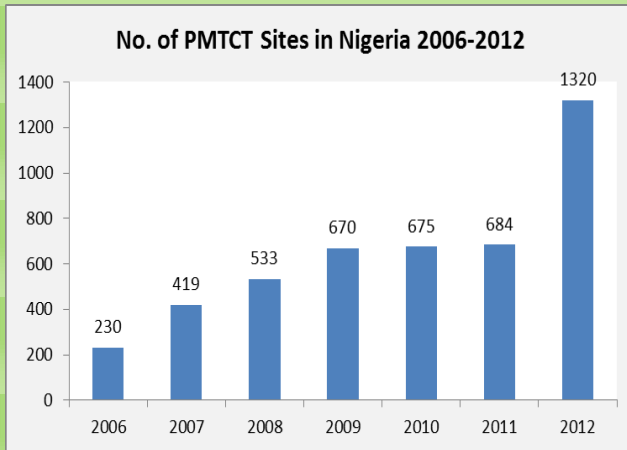
- ❖ At least 90% of pregnant women have access to quality HIV testing and counseling by 2015
- ❖ At least 90% of all HIV positive pregnant women and HIV exposed infants have access to more efficacious ARV prophylaxis by 2015.
- ❖ At least 90% of HIV positive pregnant women have access to quality infant feeding counseling by 2015
- ❖ At least 90% of all HIV exposed infants have access to early infant diagnosis (EID) services by 2015

Source: National PMTCT Scale-UP Plan 2010-2015

2012 ACHIEVEMENTS

- ❖ Number of health facilities offering PMTCT services-1, 320
- ❖ Number of pregnant women who were tested for HIV and received results during pregnancy, labour and delivery and post partum period including those with previously known HIV status - 1,181,296
- ❖ Number of HIV positive pregnant women who received ARVs to reduce the risk of mother to child transmission- 40,465
- ❖ Number of HIV exposed infants who received ARV prophylaxis to reduce the risk of mother to child transmission- 31,556
- ❖ Number of infants born to HIV positive women that received Virologic testing within 2 months of birth (EID)- 8,276
- ❖ Number of infants started on cotrimoxazole within 2 months of birth- 8,562

Source: FMOH 2012



CHALLENGES OF THE PMTCT PROGRAM

- Majority of deliveries are outside health facilities (65%), attended by unskilled personnel (61%) or completely unassisted (20%)
- PMTCT programs are largely donor dependent
- Poor integration of HIV in reproductive health services
- Poor uptake despite availability of services and commodities in certain areas

RECOMMENDATIONS FOR IMPROVED PMTCT SERVICES

- Strengthen community and private sector engagement in PMTCT service delivery
- Decentralize services to primary health care level to increase access and coverage
- Continuous mobilization of resources to support PMTCT implementation
- Scale up EID and Infant feeding counseling services to all PMTCT sites
- Increase involvement of husbands/partners in PMTCT programs
- Collaborate with traditional Birth attendants and traditional rulers to encourage women to take up PMTCT services
- Improve follow-up and post natal care
- Strengthen monitoring and evaluation of PMTCT services
- Conduct operations research to determine causes of poor PMTCT uptake.

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