

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^[1]	7.2% [6.9-7.7%]	2011
HIV prevalence - pregnant women (all ages) ^{[2]**}	6.1%	2009
Number of women living with HIV delivering ^[1]	96,700 [85,000-110,000]	2011
Est. # children (ages 0-14) living with HIV ^[1]	190,000 [170,000-220,000]	2011
Maternal mortality ratio ^[3]	310/100,000	2010
Est. annual births ^[4]	1,545,000	2011
Infant mortality rate ^[5]	58/1,000	2011
Under-5 mortality rate ^[5]	90/1,000	2011

Adult HIV prevalence (ages 15-49) in Uganda increased slightly from 6.5% in 2009^[1] to 7.2% in 2011. HIV prevalence among pregnant women of all ages (6.1% in 2009) is slightly lower than 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^[6]. Between 2009 and 2011, Uganda experienced a 25% decline in the number of new paediatric HIV infections – from 27,300 to 20,600^[1].

In 2010, PMTCT services were available in 81% of ANC facilities in Uganda^[7]. HIV testing coverage among pregnant women increased slightly from 63% in 2010^[8], to 67% in 2011^[9]. 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^[9], and only 12% children born to PWLHIV received ARVs for PMTCT^[9].

Uganda has developed a costed PMTCT scale up plan (2010-2015) and has adopted WHO Option B+ regimen for prophylaxis^[10]. Implementation of Option B+ began in October 2012 in select districts.

Reaching High Level Targets

Global 2015 Targets

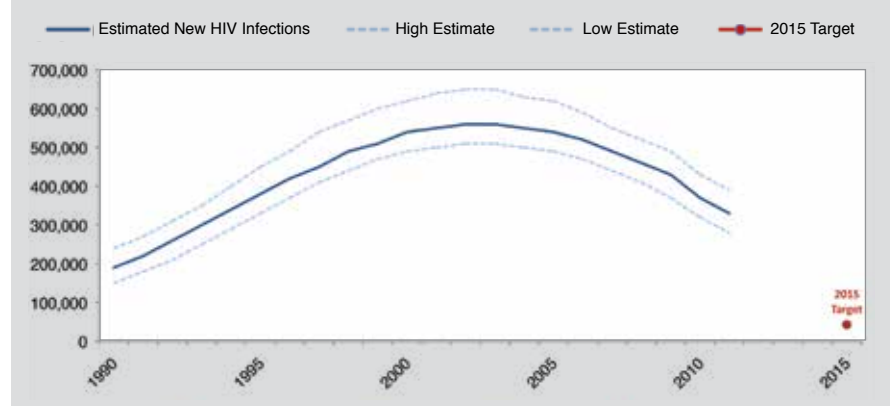
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

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 ^[1]	27,300	27,600	20,600				
	Number HIV-associated maternal deaths ^[3]	3,000 (2005)	2,400	N/A				
Child Targets	Percentage of under-5 deaths due to HIV ^[6]	7.4%	7.2%	N/A				
	ART coverage among children (ages 0-14) ^[9]	14%	16%	21%				
Prong One	HIV incidence in women (ages 15-49) ^[1]	1.05%	1.02%	0.98%				
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	38% ^[12] (2006)	N/A	34% ^[13]				
Prong Three	Mother-to-child transmission rate ^[1]	31%	30%	21%				
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[9]	27% ^a	43%	50%				
	Breastfeeding ARV Coverage ^[9]	0%	0%	50%				
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[14]	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 ^[1]	Female: 5.3% [4.3-7.0%]	2011
	Male: 2.4% [1.9-3.2%]	2011
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months ^[13]	Female: 27%	2011
	Male: 47%	2011
Male partners of pregnant women attending ANC tested in last 12 months ^[9]	Male: 15%	2011
Unintended pregnancies (ages 15-49) ^[13]	Female: 44%	2011

Key Points

Among young women (ages 15-24), HIV prevalence was 5.3% in 2011, which is more than two times higher than in young men (2.4%). Condom use at last sex among young people (ages 15-24) reporting multiple partners was much higher among young men (47%) than young women (27%) in 2011. The high rate of unintended pregnancies (ages 15-49) remained relatively consistent from 2006 (46%)^[12] to 2011 (44%) indicating a continued unmet need for family planning and reproductive health services. The rate of male partner testing was very low in 2011 (15%).

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

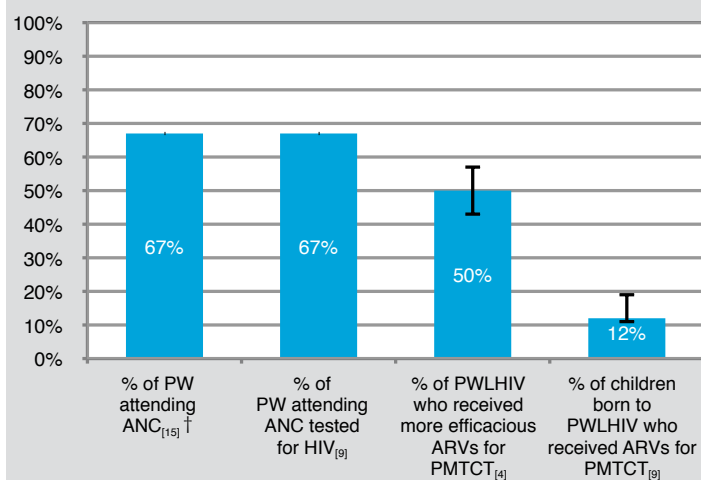
Global 2015 Targets

- 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:	4%	2011
	<4 months:	21%	
	4-5 months:	44%	
	6-7 months:	28%	
	8+ months:	3%	
	DK:	<1%	
Percentage of women attending at least 4 ANC visits during pregnancy ^[13]	Total:	48%	2011
	Urban:	57%	
	Rural:	46%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) ^[9]	67%	2011	
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT ^[13]	12% [11-14%]	2011	
Skilled attendant at delivery (%) ^[13]	58%	2011	
Exclusive breastfeeding for infants <6 months ^[14]	63%	2011	

Figure 2: Coverage of selected PMTCT interventions (2011)



† 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

Improvements in ANC uptake have been noted in recent surveys of Maternal Child and Newborn Health. In 2011, the rate of ANC attendance was 67% (according to facility data), and skilled attendance at delivery increased from 42% (2006)^[12] to 57% in 2011. In 2011, an estimated 67% of pregnant women attending ANC were tested for HIV and, only 50% of pregnant women with HIV received more efficacious ARV regimens for PMTCT. In 2011, only 12% of children born to HIV-positive women received ARVs for PMTCT, a substantial decrease from the 22% infant ARV coverage reported in 2010^[8].

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 ^[9]	8%	2011
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[9]	7% [6-9%]	2011
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[9]	31% [27-35%]	2011

Key Points

In 2011, very few (8%) pregnant women living with HIV were assessed with CD4 testing to determine if they were in need of treatment for their own health. Although cotrimoxazole coverage remains low at 7% in 2011, coverage of early infant diagnosis has greatly improved—with one in three infants receiving EID (31% in 2011) compared to 11% in 2010. Paediatric ART coverage increased from 27% in 2009 to 43% in 2010 to 50% in 2011. Among pregnant women with HIV who received ARVs for PMTCT in 2011, 8% 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, 2011^[16]

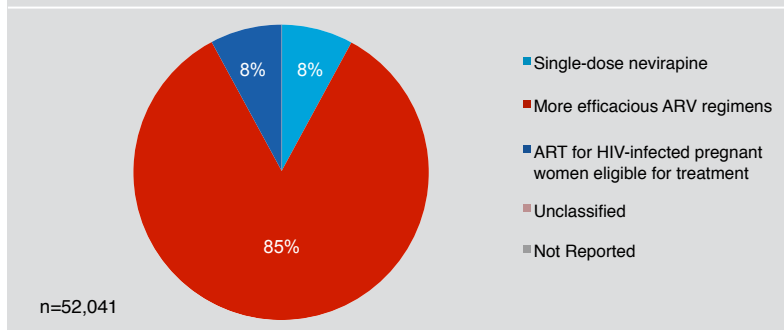
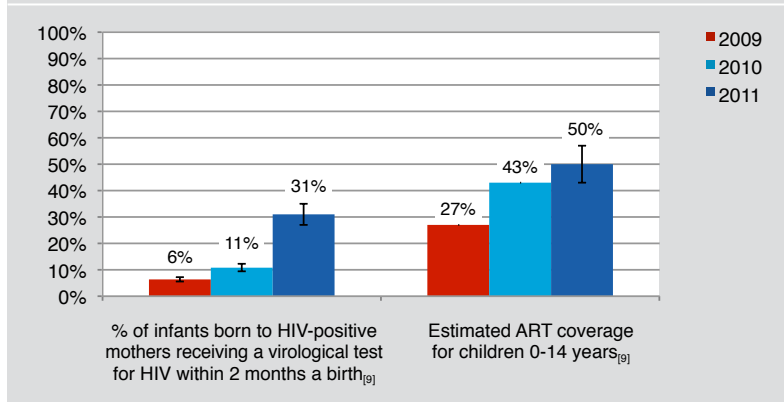


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

Excellent ANC uptake, increased use of skilled birth attendants at delivery and continuing improvements in delivery of pediatric care to HIV exposed and HIV infected children noted. However, HIV testing and counseling coverage (67%) and ARV coverage (50%) and CD4+ assessment (7%) for HIV+ pregnant women and CTX for infants remain relatively weak pieces of the MNCH service delivery system and the maternal and child care continuum (96% attend ANC; 58% deliver with SBA; 67% HIV T&C; 50% ARVs for PMTCT; 7% CD4 assessment; 7% CTX prophylaxis; 31% EID and 21% paediatric ART)

High unmet need for family planning

The Bottom Line

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

Investments needed to build the capacity within MNCH services and communities (HR capacity building; equipment for MNCH and PMTCT including CD4; reducing commodities stockouts; linkages/referrals mechanisms within/between facilities and with communities) for the provision of quality follow up care for mothers and children

Expand access to family planning and strengthen linkages between PMTCT and Family Planning/Sexual and Reproductive Health services

References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2012, unpublished estimates
- 2 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010, unpublished estimates, 2010
- 3 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
- 4 United Nations Children's Fund, *State of the World's Children 2013*, preliminary
- 5 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality*, Report 2012
- 6 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 2012*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2012
- 7 As reported in 2011 Universal Access country data reporting
- 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. Progress report, 2011*
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards the Elimination of Mother-to-child Transmission of HIV and Keeping Their Mothers Alive: Abbreviated Progress Report 2012*, preliminary report
- 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 UNAIDS, *Report on the Global AIDS Epidemic, 2012: Statistical Annexes*, published estimates, <http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2417_GR%202012_Annexes_en.pdf>
- 12 Uganda Demographic and Health Survey 2006, Final Report
- 13 Uganda Demographic and Health Survey 2011, Preliminary Report
- 14 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 15 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2012
- 16 As reported in 2012 Universal Access country data reporting

Notes:

- ** Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the **UNAIDS, Report on the Global AIDS Epidemic, 2010**.
- 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