



HIV Notes from MEASURE DHS March 2009

Health Facilities in Uganda, Rwanda, Not Meeting Needs for HIV-related Services

Despite a relatively low HIV prevalence, Rwanda's health facilities are some of the best equipped in Africa to address the AIDS crisis. Recent Service Provision Assessment (SPA) Surveys in Uganda and Rwanda show the availability of HIV prevention and treatment services. While Rwanda's facilities are more likely to have various HIV-related components of care, serious gaps remain in both countries.



Uganda

Over 6% of Ugandans age 15-49 are HIV-positive (2004-05 UHSBS), but the health system is limited in its ability to provide prevention and care services. Currently, less than one-third of health care facilities

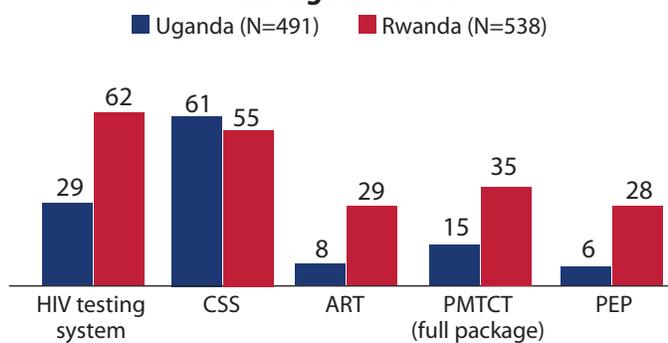
in Uganda can provide HIV testing services. Three-fifths of facilities provide care and support services (CSS), defined as any care for HIV/AIDS-related illnesses or provision of counseling or social support services for people living with HIV or AIDS. Treatment of sexually transmitted infections (STIs) is a crucial component of HIV-related care. Almost all facilities offering CSS also provide STI treatment services, but among these, only half have first-line medications to treat four common STIs—syphilis, gonorrhea, chlamydia, and trichomoniasis.

The high level of care necessary for antiretroviral treatment (ART) is scarce. Only 8% of all facilities provide ART, and the large majority of facilities providing ART had recent stock-outs of first-line drugs.

Prevention of mother-to-child transmission (PMTCT) of HIV requires several components: HIV counseling and testing; counseling on child feeding and family planning; and provision of prophylactic antiretroviral drugs to HIV positive women and their newborns. Only 15% of health care facilities in Uganda offer all of these PMTCT services.

Post exposure prophylaxis (PEP) is the provision of preventive antiretroviral drugs to persons who have been exposed to HIV infection. Only 6% of facilities nationwide have PEP services available to their staff.

Availability of HIV/AIDS-Related Services among All Facilities



Rwanda

HIV prevalence is lower in Rwanda than in Uganda—only 3%—and yet Rwandan facilities are far more likely than Ugandan facilities to provide HIV testing services. Three in five health care facilities in

Rwanda have an HIV testing system. More than half (55%) of all facilities in Rwanda offer care and support services (CSS). Almost all facilities offering CSS also provide STI treatment services, and among these, 82% have all medicines to treat common

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What's Coming...

Surveys with HIV Prevalence

- Cameroon (field work late 09)
- Congo (Brazzaville) (in the field)
- Equatorial Guinea (planning)
- Lesotho (planning)
- Malawi (field work fall 09)
- Mozambique (field work spring 09)
- Sao Tome (field work complete, final report in Fall 09)
- Sierra Leone (field work complete, final report late 09)
- Uganda (planning)

Upcoming HIV SPA Surveys:

Namibia

Conferences:

- Population Association of America, Detroit, April 29-May 2
- Global Health Council Conference, Washington, D.C., May 26-30
- 2009 HIV/AIDS Implementers' Meeting, Namibia, June 10-14

Recent Analytical Publications:

- Levels and Spread of HIV Prevalence and Associated Factors: Evidence from National Household Surveys
- Evaluating HIV Estimates from National Population-Based Surveys for Bias Resulting from Non-Response
- Orphans and Vulnerable Children in High HIV-Prevalence Countries in Sub-Saharan Africa
- Youth Reproductive and Sexual Health
- Medical Injection Use and HIV in Sub-Saharan Africa
- HIV and Nutrition among Women in Sub-Saharan Africa
- Evaluating HIV Seroprevalence Estimates from Ethiopia
- Changes in HIV-Related Knowledge and Behavior in Ethiopia, 2000-2005
- Factors Associated with Prevalent HIV Infections among Ethiopian Adults

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Health facilities, cont'd

STIs—syphilis, gonorrhea, chlamydia, and trichomoniasis.

Antiretroviral therapy (ART) is provided in 29% of all facilities, one of the highest rates in Africa. However, about three-fourths of facilities that prescribe ART experienced a stock-out in the six months before the survey.

One-third of Rwandan facilities (35%) offer the full package of PMTCT services and only 28% of facilities have post-exposure prophylaxis (PEP) available to their staff.

What is the SPA? The SPA describes how the formal health sector provides services for family planning, maternal health, child health, malaria, HIV/AIDS, and other communicable diseases. The survey includes interviews with providers and clients, as well as observations at health facilities. Different facility types, ranging from small health posts to national hospitals, are included in the survey. Facilities are also identified by managing authority, that is, facilities run by the government, private facilities, faith-based facilities, and NGOs, as well as any other relevant category.



© 2007 Gilbert Awekofua, Courtesy of Photoshare. An adolescent (with back to camera) receives counseling prior to HIV testing at Gulu Youth Centre in northern Uganda.

The Uganda SPA was carried out by the Ministry of Health in collaboration with the Uganda Bureau of Statistics. The USPA involved a nationally representative sample of 491 facilities, including all hospitals throughout Uganda, half of all Health Centre-IVs (HC-IVs), and a sample of HC-IIIs and HC-IIs.

The 2007 Rwanda SPA was carried out by the National Institute of Statistics of Rwanda (NISR) in collaboration with the Ministry of Health (MOH). The RSPA involved a sample of 538 facilities, including all public health facilities and a sample of private facilities throughout Rwanda. Trained interviewers collected the data through surveys with providers, clients, and observations at health facilities between June and August 2007.

HIV Prevalence Low in West African Countries

Sierra Leone and Cape Verde are the newest countries to include HIV testing in DHS surveys, and in both cases, HIV prevalence is under 2%.

Less than 2% of Sierra Leonians HIV-Positive

Preliminary results of the 2008 Sierra Leone Demographic and Health Survey (SLDHS) report that 1.5% of adults age 15-49 are HIV-positive. Prevalence is highest in urban areas, where 2.5% of adults are infected, compared to only 1% in rural areas. Prevalence also varies by region, ranging from less than 1% in Southern to 3% in Western.

As seen in other countries, HIV prevalence in Sierra Leone increases with education. HIV prevalence is twice as high among women and men with more than secondary education as among those with no education or only primary education.

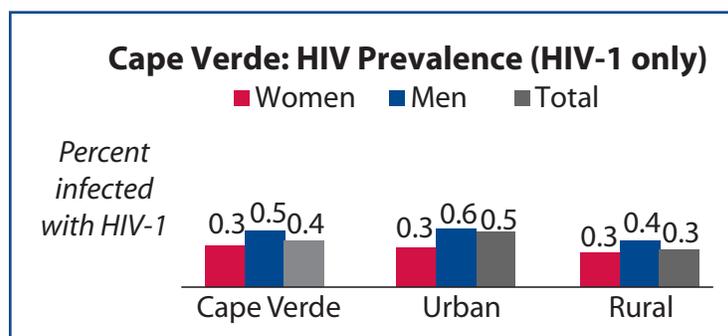
Over 6,000 women and men in Sierra Leone provided blood spots for HIV testing during the 2008 SLDHS.

HIV Rare in Cape Verde

Fewer than 1% of Cape Verdians age 15-49 are HIV-positive. Contrary to the pattern seen in most African countries,

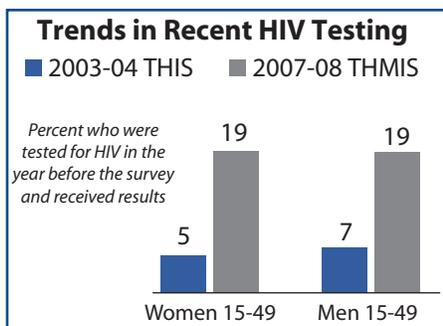
HIV prevalence is almost the same among women and men in Cape Verde (0.3% versus 0.5%). Prevalence among both women and men is highest among those age 25-29.

Many Cape Verdians are not well informed about HIV. While most women and men know that using a condom and limiting sex to one uninfected partner reduces the risk of contracting HIV, only half of Cape Verdians know that HIV cannot be transmitted by mosquito bites. The 2005 Cape Verde DHS included HIV testing of over 5,500 women and men age 15-49.



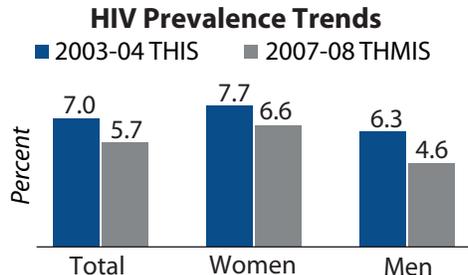
Tanzania: Voluntary HIV Testing Up; Prevalence Little Changed

Nineteen percent of Tanzanian adults age 15-49 were tested for HIV in the year before the survey, a three-fold increase from 2003-04. The 2007-08 THMIS reports that almost one in five adults had recently undergone HIV testing and received the results, while only 5% of women and 7% of men had recently been tested prior to the 2003-04 survey. This result follows a major VCT campaign funded by PEPFAR and the Government of Tanzania.



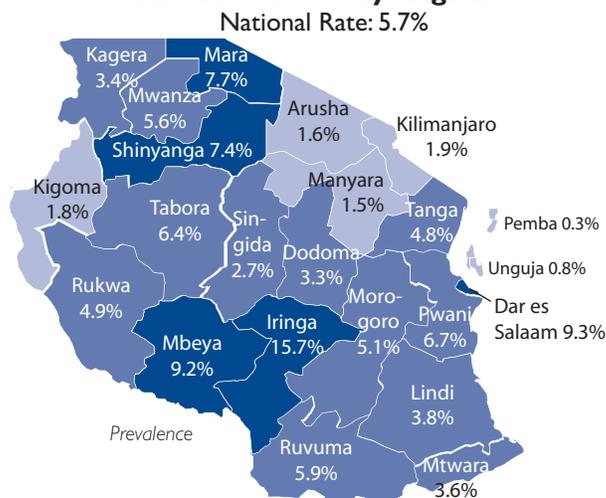
The 2007-08 THMIS included HIV testing of over 8,700 women age 15-49 and 6,300 men age 15-49. According to the 2007-08 THMIS, 5.7% of Tanzanians age 15-49 are HIV-positive. Women are more likely to be infected than men (6.6% versus 4.6%). Tanzania's HIV prevalence has declined slightly in recent years, from 7.0% in 2003-04. The 2003-04 THMIS reported that 7.7% of women (6,000 tested) and 6.3% of men (4,900 tested) were HIV-positive.

The 2007-08 THMIS results show a statistically significant decline in HIV prevalence among men, but not among women.



The current survey reports that HIV prevalence is higher in urban areas than in rural areas (8.7% versus 4.7%) and ranges from a low of 0.3% in Pemba to 15.7% in Iringa. HIV prevalence is highest among those who completed primary education (6.2%), although all educational groups are affected. In general, HIV prevalence increases with wealth, with 8.1% of women and men in the wealthiest households HIV-positive. HIV prevalence is especially high among those who are divorced/separated or widowed. One in four widowed women in Tanzania is HIV-positive.

HIV Prevalence by Region



Knowledge of prevention of mother-to-child transmission has also increased markedly, from only 15% of women in 2003-04 who knew that HIV can be transmitted by breastfeeding and that the risk can be reduced by taking drugs during pregnancy to 49% in 2007-08. Other measures of knowledge have remained stable. Two-thirds of women and three-quarters of men, for example, know that using condoms reduces the risk of getting HIV.

DHS in Tanzania: Putting Data to Use

Tanzanians are eager to use the 2007-08 THMIS data. A variety of materials have already been produced, including fact sheets, policy briefs, pamphlets on HIV and malaria, and a wall chart. Additional materials will focus on special groups, such as youth and gender. The local magazines Fema and Si'Mchezo will feature THMIS data, and regional seminars will disseminate findings outside of the capital. Partners include the National Bureau of Statistics, TACAIDS, the National Malaria Control Programme, the Health Information Project, EngenderHealth, and Family Health International.

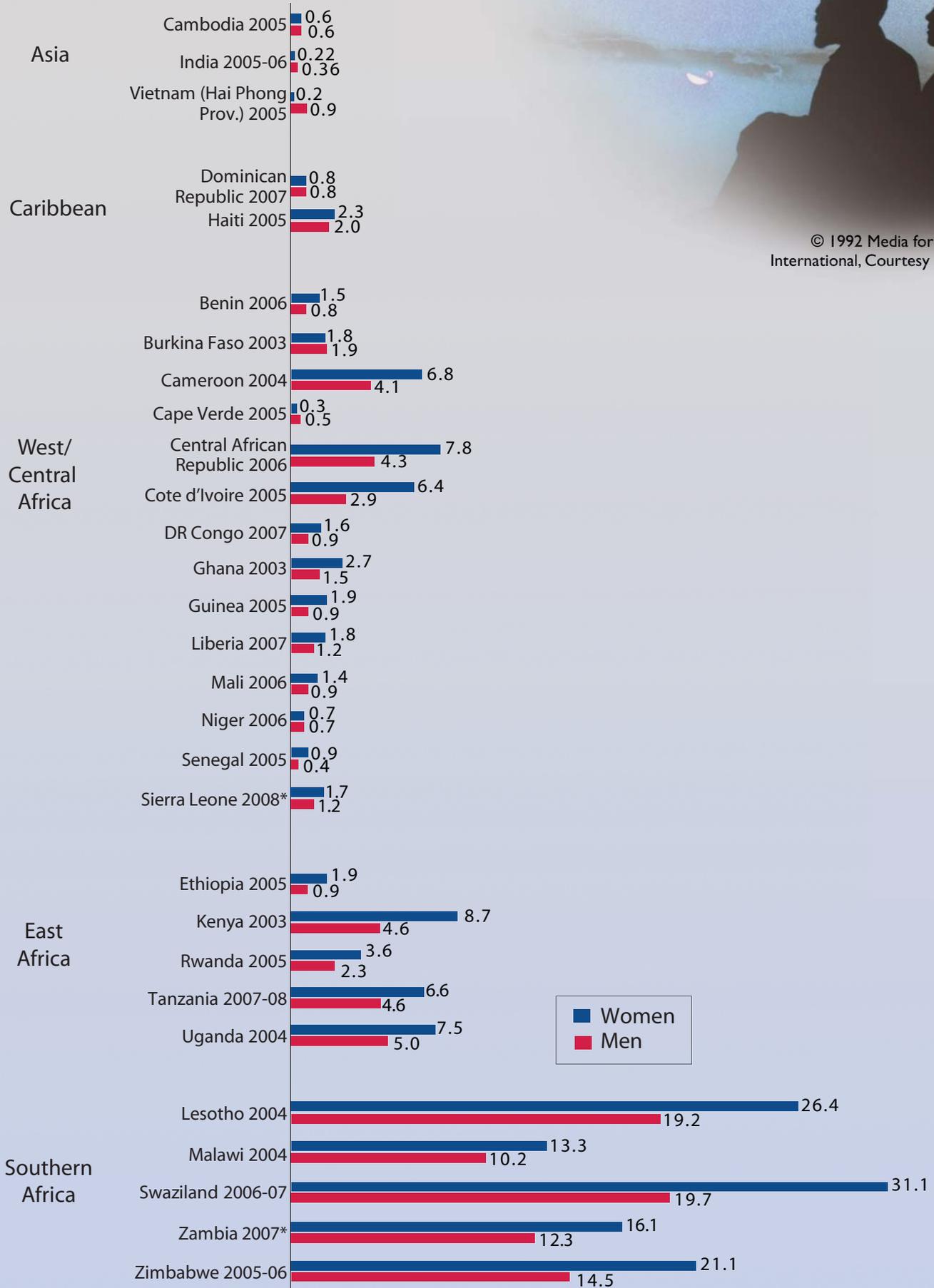


© 2009 Ayesha Mawji. Aisha Felix is the Chairperson of the TUPENDANE Group, an organization for women living with HIV/AIDS. She is a single parent with three children. Her sign reads: "The vision of TUPENDANE is to see people living with HIV and their children living in peace and friendship."

HIV Prevalence by Sex: Results from the DHS



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*preliminary data