

# Chad: PMTCT



UNITE FOR CHILDREN  
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## Statistics, 2010

Estimated # of children (0-14) living with HIV	23,000 [12,000 - 35,000] (2009)[3]
Population	11,206,000 (2009)[1]
Annual births	508,000 (2009)[1]
Neonatal mortality rate	42/1,000 (2004)[15]
Infant mortality rate	124/1,000 (2008)[2]
Under 5 mortality rate	209/1,000 (2009)[2]
Maternal mortality ratio	1,200/100,000 (2008)[14]
Adult (15-49) HIV prevalence	3.4% [2.8% - 5.1%] (2009)[3]
HIV prevalence young people (15-24)	female: 2.5% [1.7% - 5.2%] male: 1.0% [0.7% - 2.0%] (2009)[3]
Estimated # of pregnant women living with HIV	16,000 [8,300-29,000] (2009)[4]
Exclusive breast-feeding for infants <6 months	2.1% (2004)[7]
Comprehensive knowledge about HIV (15-24 yrs)	female: 8% male: 20% (2004)[5]
Condom use at last higher-risk sex (15-24)	female: 17% male: 25% (2004)[5]
Unmet need for family planning:	23.3% (2000-2007)[6]
% ANC facilities that provide testing and ARVs for PMTCT	8% (2008)[4]
Timing of first ANC visit (months)	No ANC: 56% <4 months: 17% 4-5 months: 17% 6-7 months: 9% 8+ months: 1% DK: <1% (2004)[7]
% of women attending at least 4 ANC visits during pregnancy	urban: 44% rural: 12% overall: 18% (2004)[7]

### DRAFT: National targets by 2016 [10]

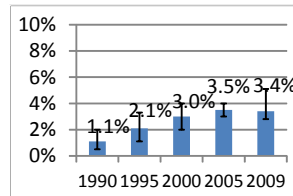
- ≥ 90% of health facilities offer quality ANC and PMTCT services
- 25,000 women and 25,000 children over age 5 treated with antiretroviral (ARV) prophylaxis

### Strategic Focus of National Plan [10]

- Expand PMTCT to all health districts
- PMTCT uptake increased within pre-natal facilities
- Promote awareness about voluntary HIV testing
- Increase access to reagents and supplies for diagnostic tests for mothers and newborns (for early detection)
- Increase availability of hemoglobinometers and accessories for PMTCT sites
- Increase condom-use among women living with HIV
- Produce guidance and train physicians in paediatric treatment
- Improve nutritional support for HIV-positive women and children within mother-child care facilities

### HIV prevalence remains relatively stable at 3.4%

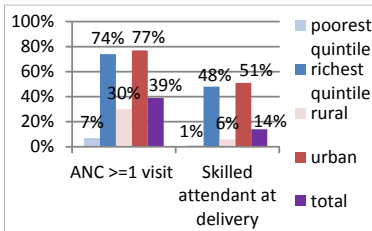
Adult HIV (15-49) prevalence (%) (1990-2009) [3]



With an adult HIV prevalence level that has remained relatively stable since 2005, Chad has a generalized epidemic in the context of a more than 30 year armed conflict. An estimated 3% of pregnant women are living with HIV. [8] Levels of infection are higher among young women (2.5%) than young men (1.0%) [3], and generally higher in urban areas than rural areas, with very high levels in the capital city N'Djaména (8.3%). [8]

### Very few rural and poor women receive skilled attendant care during pregnancy and delivery

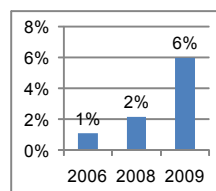
At least 1 antenatal care (ANC) visit (%) & skilled attendant at delivery (%) (2004) [7]



Overall ANC utilization is very low, at 39%, while only 14% of all births were attended by a skilled health professional. Both services are strongly associated with wealth and residence. Coverage of ANC or skilled birth attendants at delivery among the poorest women is 7% and 1% respectively; that proportion is slightly higher among rural women (30% and 6% respectively). This has strong implications in light of Chad's exceptionally high maternal mortality ratio (1,200/100,000). [14]

### HIV-testing among pregnant women has remained low over time

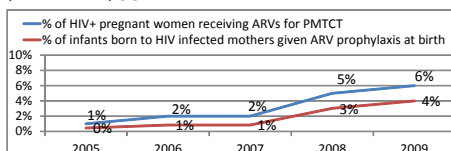
Trends in the percentage of pregnant women tested for HIV (2006-2009) [4]



Levels of HIV-testing among pregnant women are exceedingly low, reaching 6% in 2009. This low level of HIV testing perhaps reflects the low availability of testing itself: only 8% of ANC sites offer HIV-testing services. [4]

### Of the estimated 16,000 pregnant women living with HIV in 2009, only 6% received ARVs for PMTCT; even fewer HIV-exposed infants did

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT, (2005-2009) [4]



There is very low coverage of ARVs for HIV-positive pregnant women (6%) and HIV-exposed infants (4%). Robust efforts will be needed if Chad is to reach even a fraction of women and children that need PMTCT services.

## POLICY ENVIRONMENT

- PMTCT scale-up plan (2012-2016) in development; costed R10 Global Fund proposal submitted
- Sub-national plans in development
- WHO Option B adopted

## BUDGET ENVIRONMENT

- Global Funds GFATM) recipient: R3 & 8 [11]

### Domestic Health Financing

- Govt expenditure on health, as percent of total govt spending: 5.6% [16]
- Total Health Financing: [12]  
Out of pocket: 62%; Public: 12%; Aid: 24%; Private (pooled risk): 2%

## THE BOTTOM LINE

If Chad is to meet its national targets, the following actions are essential:

- ✓ **preventing new infections** among young women & **increasing access to family planning services** among HIV-positive women
- ✓ **improving equitable access** to antenatal care and skilled attendants at delivery; exceptionally high out of pocket fees for health must be addressed.
- ✓ **increasing availability of PMTCT services** within ANC. The modest reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed.
- ✓ **improving the quality** of maternal and child health services

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