

Côte d'Ivoire: PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	63,000 [32,000 - 91,000] (2009)[1]
Population	21,075,000 (2009)[3]
Annual births	729,000 (2009)[3]
Neonatal mortality rate	64/1,000 (2004)[15]
Infant mortality rate	83/1,000 (2008)[4]
Under 5 mortality rate	119/1,000 (2008)[4]
Maternal mortality ratio	470/100,000 (2008)[14]
Adult (15-49) HIV prevalence	3.9% (2009)[1]
HIV prevalence young people (15-24)	female: 1.5% [1.1% - 2.3%] male: 0.7% [0.5% - 1.1%] (2009)[1]
Estimated # of pregnant women living with HIV	20,000 [10,000 - 31,000] (2009)[2]
Exclusive breastfeeding for infants <6 months	4% (2006)[13]
Comprehensive knowledge about HIV (15-24 yrs)	female: 18% male: 28% (2005)[6]
Condom use at last higher-risk sex (15-24)	female: 39% male: 53% (2005)[6]
Unmet need for family planning	--
% ANC facilities that provide testing and ARVs for PMTCT	44% (2008)[2]
% of women attending at least 4 ANC visits during pregnancy	overall: 45% urban: 59% rural: 36% (2005)[6]
Timing of first ANC visit (months)	No ANC: 7% < 4 moths: 31% 4-5 months: 33% 6-7 months: 22% 8+ months: 4% DK: 4% (2005)[6]

National targets by 2011 [8]

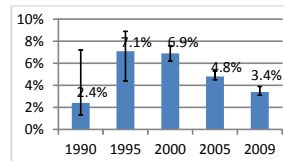
- Reduce the rate of mother-to-child transmission of HIV to 5%
- 80% of HIV-positive pregnant women receive ARVs for PMTCT
- 80% of HIV-exposed infants receive prophylactic ARVs for PMTCT
- At least 60% of HIV-infected children access care and treatment

Strategic Focus of National Plan [8]

- Encourage voluntary testing & counselling;
- Provide primary prevention services for women through ANC;
- Increase use of efficacious PMTCT services;
- Support exclusive breastfeeding, and make alternative feeding methods safer;
- Strengthen capacity to diagnose/monitor HIV-positive mothers and children;
- Institutionalise the systematic monitoring of children born to HIV-positive mothers for overall health and HIV management;
- Increase access to ARV treatment for families; and
- Strengthen community engagement and the provision of psychosocial support to HIV-positive families.

Infections among adults are declining but still high

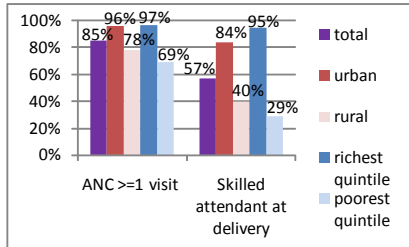
Adult HIV (15-49) prevalence (%) (1990-2009) [1]



An estimated 3.4% of adults were living with HIV in 2009 - an apparent decline from 4.8% in 2005. Levels of infection are two times higher among young women (1.5%) than young men (0.7%). [1]

Use of skilled medical care during pregnancy care is high overall, not so with skilled delivery care

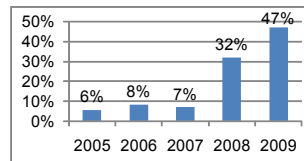
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2006) [7]



Overall, 85% of women received antenatal care (at least 1 ANC visit) in 2006 while only 57% of all births were attended by a skilled health professional. Great wealth disparities exist in the use of ANC (97% vs 69%) and skilled birth attendants (95% vs 29%) among the richest and the poorest women.

Rates of HIV-testing among pregnant women are increasing

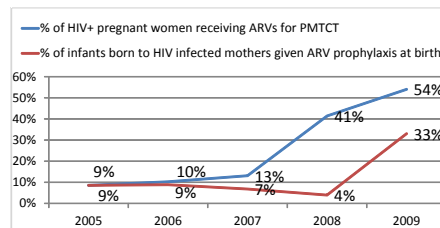
Trends in the percentage of pregnant women tested for HIV (2005-2009) [2]



47% of pregnant women were tested for HIV in 2009, a dramatic increase from 6% in 2005. This increase in the rate of HIV testing parallels the availability of testing through increased facility coverage: 50% of ANC sites offered HIV-testing services in 2008.

There is steady progress in reaching more mothers and babies with PMTCT services, though too many babies are getting lost along the continuum of care

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [2]



Progress in coverage of ARVs for mothers (at 54%) far outpaces ARV prophylactic coverage for HIV-exposed infants (33%) in 2009. If the current trend in scale-up of coverage continues though, Côte d'Ivoire's targets for coverage of ARVs for HIV-positive pregnant women are within sight.

POLICY ENVIRONMENT

- Costed PMTCT scale up plan (2007-2011) in place
- 83 District integrated micro-plans have been developed & implemented in 3 regions
- WHO Option B adopted [16]

BUDGET ENVIRONMENT

- Global Funds recipient: R2, 3, 5 & 9 [9];
- PEPFAR Programme Country
- Recipient of support from World Bank, UNITAID, and the United Nations and other entities

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 4.8% [10]
- Total Health Financing: [11]
Out of pocket: 68%;
Public: 15%; Aid: 8%;
Private (pooled risk): 9%

THE BOTTOM LINE

If national targets for PMTCT are to be met by 2011:

✓ **improving equitable access** to antenatal care and skilled attendants at delivery is essential; exceptionally high out of pocket spending on health must be addressed. Government spending on health, which is below Abuja Declaration Commitments of 15%, should be increased.

✓ **increasing availability of PMTCT services** within ANC and delivery settings must be prioritized. The high reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed. This includes leveraging resources to support implementation of district integrated operational plans. More efforts should be made to engage women, households and communities in demand-creation and service-provision.

✓ **improving quality and continuity of care** for both the mother and the child is essential. This include quality antenatal, and childbirth care, and scaling up more efficacious ARV regimens for PMTCT.

References



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