

Democratic Republic of the Congo : PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	33,000 - 86,000 (2009)[15]
Population	66,020,000 (2009)[1]
Annual births	2,930,000 (2009)[1]
Neonatal mortality rate	47/1,000 (2004)[17]
Infant mortality rate	126/1,000 (2008)[2]
Under 5 mortality rate	199/1,000 (2008)[2]
Maternal mortality ratio	670/100,000 (2008)[16]
Adult (15-49) HIV prevalence	1.2% - 1.6% (2009)[15]
HIV prevalence young people (15-24)	female: 0.9% - 1.5% male: 0.4% - 0.6% (2009)[15]
Estimated # of pregnant women living with HIV	20,000 - 54,000 (2009)[3]
Exclusive breast-feeding for infants <6 months	36% (2007)[6]
Comprehensive knowledge about HIV (15-24 yrs)	female: 15% male: 21% (2007)[6]
Condom use at last higher-risk sex (15-24)	female: 17% male: 27% (2007)[6]
Unmet need for family planning:	24% (2010)[14]
% ANC facilities that provide PMTCT services	8% (2008)[3]
Timing of first ANC visit (months)	No ANC: 12% <4 months: 19% 4-5 months: 37% 6-7 months: 28% 8+ months: 3% DK: 2% (2007)[6]
% of women attending at least 4 ANC visits during pregnancy	overall: 47% urban: 53% rural: 43% (2007)[6]

National Targets by 2010 [8]

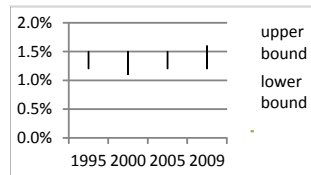
- 32,460 or 80% of pregnant women and 6,229 or 80% of HIV-exposed children receive comprehensive PMTCT services
- 40% of eligible pregnant women living with HIV receive ART for their own health
- 50% of HIV-exposed children and 70% of pregnant or lactating women living with HIV receive cotrimoxazole prophylaxis, treatment, care and support for HIV

Strategic Focus of National Plan [8]

Pending

Epidemic levels among adults appear stable; they are eclipsed by rates among pregnant women

Adult HIV (15-49) prevalence (%) (1995-2009) [15]

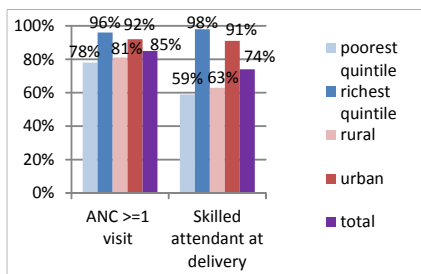


Note: The bar indicates the uncertainty range around these estimates

Adult HIV prevalence ranged from 1.2% to 1.6% in 2009 and has remained somewhere in this range for over a decade. In contrast, the estimated prevalence among pregnant women is 4.3%. [12] Prevalence rates among women who have suffered sexual violence in areas of armed conflict are estimated to be as high as 25.6%, compared with 1.3% among women in the general population. [12]

Most women receive skilled care during pregnancy, many do during delivery

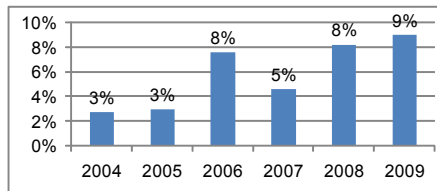
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2007) [6]



Overall, 85% of women received antenatal care in 2007. 74% received the services of a skilled attendant during delivery, though this overall rate masks variation: 98% in the richest women versus 59% in the poorest. With a high maternal mortality ratio (670/100,000) [16], both inequitable availability of services and quality of services are major concerns.

Too few women are tested; too few ANC sites offer testing

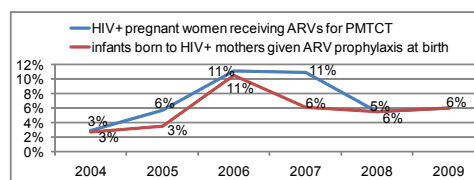
Trends in the percentage of pregnant women tested for HIV (2004-2009) [3]



An estimated 9% of pregnant women were tested for HIV in 2009. This low rate of testing parallels the availability of testing itself: 8% of ANC sites offered HIV-testing services in 2009.

Most pregnant women living with HIV do not receive ARVs for PMTCT; neither do their children

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [3]



In 2009, 6% of HIV-positive pregnant women and 6% of HIV-exposed infants received ARVs to prevent HIV infection in the child. Data suggest that of the PMTCT regimens that are provided, most, if not all, are single-dose nevirapine. [3]

The Democratic Republic of the Congo is not on track to meet its national targets for PMTCT by the end of 2010.

POLICY ENVIRONMENT

- 2007-2010 PMTCT scale up plan in place; plan is not costed

BUDGET ENVIRONMENT

- Global Fund (GFATM) recipient: R 3,7 & 8 [10]
- Limited re-programming of GFATM R8 funds approved for PMTCT [11]
- PEPFAR Programme Country

Domestic Health Financing

- Govt expenditure on health, as per cent of total govt spending: 6.4% [5]
- Total Health Financing: [13]
Out of pocket: 63%; Public: 8%; Aid: 29%; Private (pooled risk): 0%

THE BOTTOM LINE

If fewer children and women are to become infected in the future:

- ✓ **intensified efforts to prevent new infections** among women of childbearing age and **to provide family planning services** to HIV-positive women must be strong considerations, and sexual violence must be addressed.
- ✓ **improving equitable access** to skilled attendants at delivery is essential; exceptionally high out of pocket fees for health must be addressed.
- ✓ **increasing availability of PMTCT services** within ANC must be prioritized. The high reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed.
- ✓ **improving the quality of ANC and PMTCT services** is essential.

References



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