**Chad: PMTCT**

**Statistics, 2010**

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Estimated # of children (0-14) living with HIV</td>
<td>23,000</td>
</tr>
<tr>
<td>Population</td>
<td>11,206,000</td>
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<tr>
<td>Annual births</td>
<td>508,000</td>
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<tr>
<td>Neonatal mortality rate</td>
<td>421/1,000</td>
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<tr>
<td>Infant mortality rate</td>
<td>124/1,000</td>
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<tr>
<td>Under 5 mortality rate</td>
<td>209/1,000</td>
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<tr>
<td>Maternal mortality ratio</td>
<td>1,200/100,000</td>
</tr>
<tr>
<td>Adult (15-49) HIV prevalence</td>
<td>3.4% [2.8% - 5.1%]</td>
</tr>
<tr>
<td>HIV prevalence young people (15-24)</td>
<td>2.5% [1.7% - 3.2%]</td>
</tr>
<tr>
<td>Estimated # of pregnant women living with HIV</td>
<td>16,000 [3,300-29,000]</td>
</tr>
<tr>
<td>Exclusive breastfeeding for infants &lt;6 months</td>
<td>2.1%</td>
</tr>
<tr>
<td>Comprehensive knowledge about HIV (15-24 yrs)</td>
<td>8% male; 20% female</td>
</tr>
<tr>
<td>Condom use at last higher-risk sex (15-24)</td>
<td>17% male; 25% female</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>23.3% [2000-2007]</td>
</tr>
<tr>
<td>% ANC facilities that provide testing and ARVs for PMTCT</td>
<td>3%</td>
</tr>
<tr>
<td>Timing of first ANC visit (months)</td>
<td>No ANC: 56%; 4-6 months: 17% 4-5 months: 17% 6-7 months: 9% 6+ months: 1% DK: &lt;1%</td>
</tr>
<tr>
<td>% of women attending at least 4 ANC visits during pregnancy</td>
<td>urban: 44% rural: 12% overall: 18%</td>
</tr>
</tbody>
</table>

**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 & B) [11]
- Domestic Health Financing:
  - Govt expenditure on health, as per cent of total govt spending: 5.6% [11]

**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.
- Improving 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

**By 2015, 90% of women of reproductive age should have access to modern contraceptive methods.**

**HIV prevalence remains relatively stable at 3.4%**

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. Levels of infection are higher among young women (2.5%) than young men (1.0%) and generally higher in urban areas than rural areas, with very high levels in the capital city N’Djaména (8.3%).

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

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]

Levels of HIV-testing among pregnant women have remained low over time


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

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**DRAFT: National targets by 2016**

- ≥ 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**

- 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

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