Global Fund (GFATM) recipient: 32,460 or 80%
Total Health Financing: 66,020,000

40% of eligible pregnant women living
2007-2010 PMTCT scale up plan
Govt expenditure on health, as per
126/1,000

Limited re-programming of GFATM
50% of HIV-exposed children and 70% of
Democratic Republic of the Congo: PMTCT
Pending

Strategic Focus of National Plan

Epidemic levels among adults appear stable; they are eclipsed by rates among pregnant women
Adult HIV (15-49) prevalence (%)

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)
[14], both inequitable availability of services and quality of services are major concerns.

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

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. [5]
The Democratic Republic of the Congo is not on track to meet its national targets for PMTCT by the end of 2010.

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

Pregnant

PMTCT services

BUDGET ENVIRONMENT

Domestic Health Financing
• Govt expenditure on health, as per cent of total govt spending: 6.4% [5]
• Total Health Financing: [13]

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.

POLICY ENVIRONMENT

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

THE BOTTOM LINE

Strategic Focus of National Plan

Pending

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