



Democratic Republic of the Congo (draft)

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^{[1]**}	[1.2-1.6%]	2009
HIV prevalence - pregnant women (all ages) ^{[1]**}	1.8%	2009
Number of women living with HIV delivering ^{[2]*}	50,000 [41,000-61,000]	2010
Est. # children (ages 0-14) living with HIV ^{[1]**}	[33,000-86,000]	2009
Maternal mortality ratio ^[3]	540/100,000	2010
Est. annual births ^[4]	2,912,000	2011
Infant mortality rate ^[5]	111/1,000	2011
Under-5 mortality rate ^[5]	168/1,000	2011

Adult HIV prevalence (ages 15-49) in the Democratic Republic of the Congo (DRC) has remained relatively stable over the last decade. Current prevalence estimates range from 1.2% to 1.6% in 2009. HIV prevalence is twice as high in urban areas as in rural areas (1.9% versus 0.8%)^[6] and slightly higher among pregnant women (1.8%) as compared with the general population. For both men and women, HIV prevalence is highest among those living in the wealthiest households^[6].

DRC has both a high maternal mortality rate (540/100,000) and one of the highest infant mortality rates (111/1000) in sub-Saharan Africa.

A costed national MTCT elimination plan (2011-2015) has been developed to accelerate efforts and the national program has adopted the WHO Option A regimen for prophylaxis^[7].

Reaching High Level Targets

Global 2015 Targets

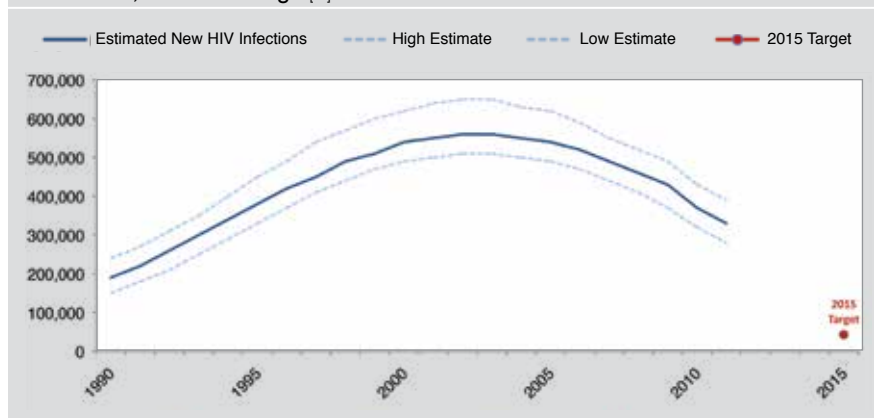
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015^[11].

Figure 1: Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target^[11]



Source: UNAIDS, unpublished HIV estimates, 2012

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^{[2]*}	19,000	18,000	–				
	Number HIV-associated maternal deaths ^[3]	1,140 (2005)	1,100	N/A				
Child Targets	Percentage of under-5 deaths due to HIV ^[9]	1.3%	1.3%	N/A				
	Number of children (ages 0-14) receiving ART ^{[10]†}	4,053	5,937	6,238				
Prong One	HIV incidence in women (ages 15-49) ^{[2]*}	0.23%	0.23%	–				
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	27% ^[6] (2007)	24% ^[11]	N/A				
Prong Three	Mother-to-child transmission rate ^{[2]*}	37%	37%	–				
	Number of HIV+ pregnant women receiving ARVs (prophylaxis & ART, excluding single-dose nevirapine) [†]	2,232 ^{[12] a}	307 ^[2]	2,098 ^[10]				
	Breastfeeding ARV Coverage ^[10]	–	–	–				
Prong Four	Number of HIV+ pregnant women in need of treatment receiving ART ^{[10]†}	–	–	984				

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _{[1]**}	Female: [0.9-1.5%]	2009
	Male: [0.4-0.6%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[11]	Female: 16%	2010
	Male: N/A	2010
Male partners of pregnant women attending ANC tested in last 12 months _[10]	Male: 4%	2011
Unintended pregnancies (ages 15-49) _[6]	Female: 30%	2007

Key Points

Among young people (15-24 years), HIV prevalence was higher among young women (0.9 - 1.5%) than young men (0.4 - 0.6%) in 2009. Only a small proportion of young women with more than one sexual partner in the year (16%) reported utilizing a condom at last sex in 2010. In 2011, HIV testing coverage was very low among male partners of pregnant women attending ANC (4%). For women (ages 15-49), there was a high unmet need for family planning (24% in 2010)_[11] and a high rate of unintended pregnancies (30% in 2007).

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

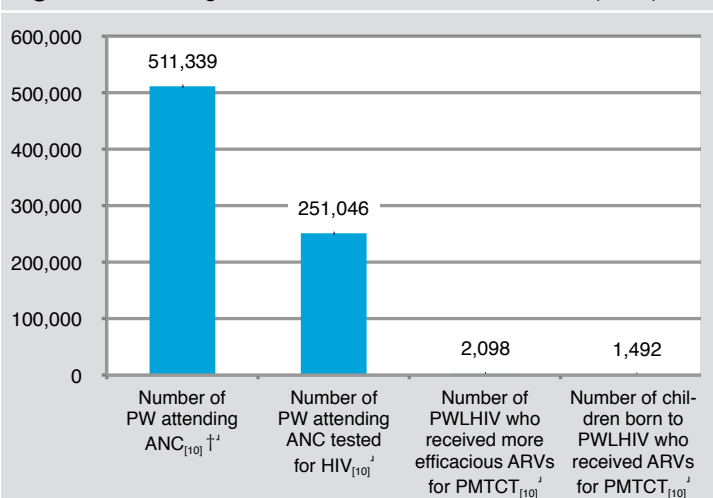
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[6]	No ANC: 12%	2007
	<4 months: 19%	
	4-5 months: 37%	
	6-7 months: 28%	
	8+ months: 3%	
	DK: 2%	
Percentage of women attending at least 4 ANC visits during pregnancy _[11]	Total: 45%	2010
	Urban: 54%	
	Rural: 41%	
Number of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _{[10]†}	251,046	2011
Number of infants born to HIV+ women receiving ARVs for PMTCT _{[10]†}	1,492	2011
Skilled attendant at delivery (%) _[11]	80%	2010
Exclusive breastfeeding for infants <6 months _[11]	37%	2010

Figure 2: Coverage of selected PMTCT interventions (2011)



† Indicator from ANC health facility data. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

Although the majority of women access skilled attendance at delivery (80%), maternal mortality remains high (540/100,000 live births)_[3]. In 2011, 511,339 pregnant women were reported to attending ANC, of which 251,046 were tested for HIV. 2,098 HIV+ pregnant women received ARV prophylaxis (more efficacious regimens) in 2011 and 1,492 children born to PWLHIV received ARVs for PMTCT. Overall, the data suggest low intervention coverage.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Number of HIV-infected pregnant women assessed with CD4 testing ¹	–	2011
Number of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^{10,11}	396	2011
Number of infants born to HIV-infected women tested for HIV within 2 months of birth ¹³	1,468	2011

Key Points

Of the 3,706 pregnant women living with HIV who received ARVs for PMTCT in 2011, 30% received efficacious ARV regimens in line with the 2010 WHO recommendations, 27% received ART, while a large proportion (43%) received single dose nevirapine, a regimen no longer recommended by WHO (See Figure 3). The number of children receiving virologic testing by 2 months of age (1,468), and number of children receiving ART (6,238) were very low in 2011, although the modest upward trend relative to 2010 is encouraging.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2011^[13]

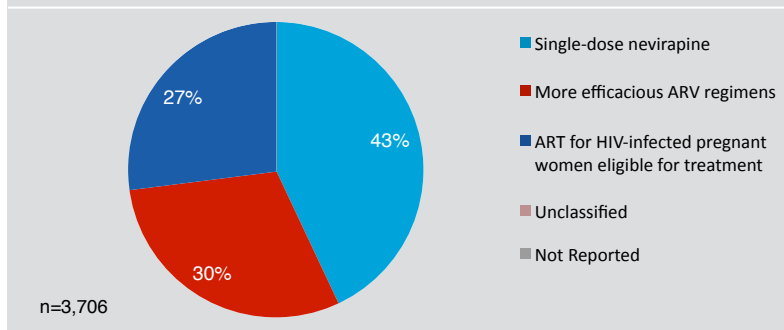
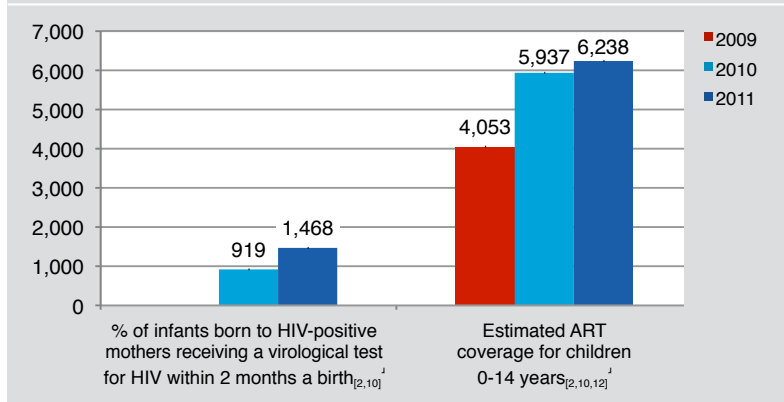


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

Very limited availability of PMTCT and family planning services with only 40% of ANC facilities offering PMTCT

Low performing MNCH service delivery system with weak linkages between ANC, PMTCT, childbirth and ART resulting in high dropout across the maternal and child care continuum

Insufficient quality of MNCH and PMTCT services with high MMR despite high ANC and SBA rates and 43% of women receiving ARV for PMTCT receiving single dose nevirapine

The Bottom Line

If national EMTCT targets for DRC are to be met by 2015, the following actions should be considered:

Rapid expansion of PMTCT service delivery and paediatric HIV care and treatment in all ANC clinics and other relevant primary health care facilities prioritizing provinces and health zones with the highest unmet needs. This will require leveraging resources and making essential commodities available

Investments in building the capacity within MNCH services and communities (HR capacity building; equipment for MNCH and PMTCT; linkages/referrals mechanisms within/between facilities and with communities) for the provision of quality antenatal and postnatal follow up care

Investments in building human resource capacity on quality MNCH and PMTCT services and leverage resources (domestic and external) to make commodities available especially at the subnational level.

References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 3 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 4 United Nations Children's Fund, *State of the World's Children 2013*, preliminary
- 5 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2012*
- 6 Democratic Republic of the Congo Demographic and Health Survey 2007, Final Report
- 7 The Democratic Republic of the Congo, Ministry of Health, *Plan d'Élimination de la Transmission Mère Enfant du VIH et du Maintien des Mères en Vie de la République Démocratique du Congo 2011-2015-2017*, Unpublished document, 2011.
- 8 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 9 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2012*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2012
- 10 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards the Elimination of Mother-to-child Transmission of HIV and Keeping Their Mothers Alive: Abbreviated Progress Report 2012*, preliminary report, unpublished estimates
- 11 UNAIDS, *Report on the Global AIDS Epidemic, 2012: Statistical Annexes*, published estimates, <http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2417_GR%202012_Annexes_en.pdf>
- 12 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2010*
- 13 As reported in 2012 Universal Access country data reporting

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***.
- ** Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***UNAIDS, Report on the Global AIDS Epidemic, 2010***.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ^a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.
- ^j 2012 Spectrum-estimated denominators have not been reported for the Democratic Republic of the Congo. Because of this, coverage estimates could not be calculated and numbers are reported in place of percentages.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization