ADVANCING PARTNERS & COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: DEMOCRATIC REPUBLIC OF THE CONGO

JULY 2017

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Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc. in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Recommended Citation
Kristen Devlin, Kimberly Farnham Egan, and Tanvi Pandit-Rajani. 2017. *Community Health Systems Catalog Country Profile: Democratic Republic of the Congo.* Arlington, VA: Advancing Partners & Communities.

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ACRONYMS

APC	Advancing Partners & Communities
CHS	community health system
CAC	community outreach unit (cellule d'animation communautaire)
CODESA	health area development committee (comité de développement de l'aire sanitaire)
CPD	provincial development committee (comité de développement provincial)
CLD	local development committee (comité local de développement)
DPS	provincial health division (division provincial de santé)
DRC	Democratic Republic of the Congo
ECZ	zone management team (équipe cadre de la zone)
FP	family planning
GTTAP	Community Participation Technical Working Group (Groupe de Travail Technique d'Accompagnement de la Participation Communautaire)
iCCM	integrated community case management
IUD	intrauterine device
MSP	Ministry of Public Health (Ministère de la Santé Publique)
NGO	nongovernmental organization
PARTICOM	community participation (participation communautaire)
PNDS	National Health Development Plan (Plan National de Développement Sanitaire)
RECO	relais communautaire
RMNCH	reproductive, maternal, newborn, and child health
TB	tuberculosis
USAID	Unites States Agency for International Development
WASH	water, sanitation, and hygiene

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and to achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

DRC COMMUNITY HEALTH OVERVIEW

In 2016, the Democratic Republic of the Congo's (DRC) population was 80 million, and by 2015, it is projected to more than double to 213 million (PRB 2016). This growth will have significant effects on health and development indicators. In 2015, the DRC was one of many nations to commit to the Sustainable Development Goals, and it developed a poverty reduction strategy to help different sectors achieve them.

Community participation is a central pillar of this strategy. In the past few years, the Ministry of Public Health (MSP) has reoriented the health system to increase the role of the community in health care delivery as a way to improve accountability and sustainability and better reach underserved populations. Health policies refer to community participation as 'PARTICOM,' which crosscuts many sectors as part of a holistic approach to development.

The *National Health Development Plan (PNDS) 2016–2020* offers a framework to address the country's health challenges, such as poor access to quality health services, insufficient human resources, and a lack of coordination across the health system, and includes expanding and strengthening the roles of community members and structures as central to efforts.

The *Procedural Manual for Community Structures and Approaches* and the *Strategic Framework for Community Participation in the DRC*, both developed in 2016, are the main reference documents for community health. The *Procedural Manual* notes key health actors and defines the processes and systems to support them. One such structure is the community outreach unit (CAC), which comprises stakeholders across different sectors, including civil society. The CAC plans and manages village health

Table 1. Community Health Quick Stats

Main community health policies/strategies	*Health Zone Standards for Integrated Mother, Newborn and Child Health Interventions in the DRC (Normes de la zone de santé relatives aux interventions intégrées de santé de la mère, du nouveau-né, et de l'enfant en RDC)*	*National Health Development Plan (PNDS) 2016–2020 (Plan national de développement sanitaire)*	*Procedural Manual for Community Structures and Approaches (Manuel des procédures des structures et approches communautaires)*	*Strategic Framework for Community Participation in the DRC (Cadre stratégique de la participation communautaire en RDC)*
Last updated	2012	2016	2016	2016
Number of community health provider cadres	1 main cadre: relais communautaires (RECO)			
Recommended number of community health providers	*Information not available in policy*			
Estimated number of community health providers	*Information not available in policy*			
Recommended ratio of community health providers to beneficiaries	1 RECO: 50 households			
Community-level data collection	Yes			
Levels of management of community-level service delivery	National, provincial, health district, health area, community			
Key community health program(s)	Programs across different health areas (e.g., reproductive health and nutrition) have community components.			

Community health in the DRC is part of a holistic approach to development. Health actors at each level and stakeholders from sectors such as agriculture, education, and social protection participate on development committees.

and development processes, activities, and events. The document stipulates that the CAC and equivalent structures at higher levels of the system must have at least 30 percent female representation. The *Strategic Framework* guides monitoring and evaluation of the PARTICOM strategy. Because the DRC's development approach is multi-sectoral, these documents also describe non-health aspects of PARTICOM, such as community responsibilities in birth registration, promoting education, strengthening agriculture, protecting the environment, and reducing violence against women and children.

The main community health provider is the *relais communautaire* (RECO). RECOs are volunteers who have promoted and provided health interventions in communities for many years. Given the size and diversity of the DRC, the RECO scope of practice and support systems differ across the country, based on local priorities and partners such as donors and nongovernmental organizations (NGOs). Still, the 2016 PARTICOM documents provide general guidance for RECOs. The *Health Zone Standards for Integrated Mother, Newborn and Child Health Interventions in the DRC*, an eight-volume regulatory document, outlines priority health interventions at the health zone level. The final volume focuses on communities, provides a definition for RECOs, and outlines their responsibilities.

A multitude of health programs operate in the DRC and include community interventions such as the National Reproductive Health Program, the National Nutrition Program, and programs to reduce malaria, diarrheal diseases, respiratory illnesses, HIV and AIDS, and tuberculosis (TB). Most have been active for decades and are funded by the MSP, donors, and NGOs. Many are multi-sectoral with links to the education, agriculture, and private sectors, and operate nationwide in rural, urban, and peri-urban areas. Some operate at limited sites, depending on local disease burden and available resources.

Table 2. Key Health Indicators, DRC

Total population[1]	79.8 m
Rural population[1]	58%
Total expenditure on health per capita (current US$)[2]	$12
Total fertility rate[3]	6.6
Unmet need for contraception[3]	27.7%
Contraceptive prevalence rate (modern methods for married women 15-49 years)[3]	7.8%
Maternal mortality ratio[4]	693
Neonatal, infant, and under 5 mortality rates[3]	28 / 58 / 104
Percentage of births delivered by a skilled provider[3]	80.1%
Percentage of children under 5 years moderately or severely stunted[3]	42.7%
HIV prevalence rate[5]	0.8%

[1]PRB 2016; [2]World Bank 2016; [3]MPS, MRM, MSP, and ICF International 2014; [4]World Health Organization 2015; [5]UNAIDS 2015.

Policy guidance for community health in the DRC covers many health topics, such as HIV and AIDS and WASH. However, documents contain fewer details about RECOs, such as the number needed in the country and the processes by which they are supported, like training and supervision. Policies neither specify how RECOs access supplies nor interact with other community health providers and facility-based health workers. Overall, policy documents are not widely available and comprehensive.

LEADERSHIP AND GOVERNANCE

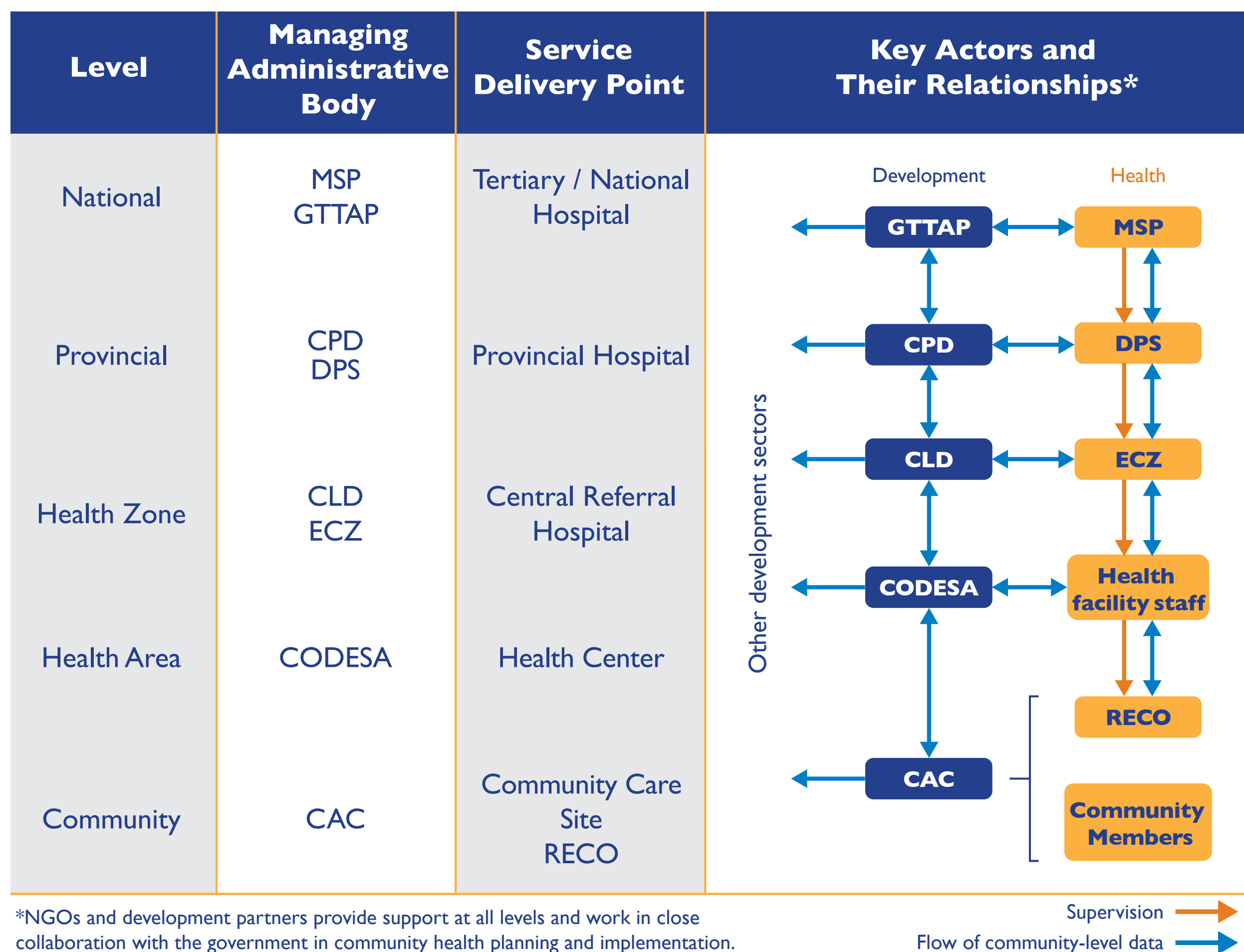
In the DRC, community-level service delivery is managed and coordinated across the national, provincial, health zone, health area, and community levels. Each stakeholder works closely with those of other sectors to ensure an integrated approach to development.

- At the **national level**, the Ministry of Public Health (MSP) develops health policies and standards and coordinates technical and financial partners, such as donors and NGOs. The Community Participation Technical Working Group (GTTAP) is a multi-sectoral structure that convenes experts from different ministries, partners, civil society organizations, and the private sector. Its primary roles are to compile, analyze, and use community-level data to guide planning, and to ensure PARTICOM in development activities.
- The **provincial** health division (DPS) collects, analyzes, and interprets health data from the health zones. It transmits information to administrative provincial authorities as well as the MSP. The provincial development committee (CPD) comprises delegates from the local development committee (CLD), partners, and actors from other provincial-level sectors. It manages development issues in the province, reviews the reports received from the CLD, transmits reports to the GTTAP, and provides feedback to community structures.
- In each health **zone**, the zone management team (ECZ) plans and implements health activities. It collects and analyzes data received from health centers for decision-making and ensures service delivery quality. The administrative levels that comprise a health zone are called territories, which may be sectors, chiefdoms, or rural and urban communes. The CLD is a multi-sectoral territorial entity with a role similar to the CPD at the provincial level. It submits reports to different sectors as well as to the health zone central office.
- The **health area** is a subdivision of a health zone, which each contains approximately one health center. The health area development committee (CODESA)[1] includes members from important social groups, local networks and opinion leaders, and social service partners. The CODESA represents the "the voice of the population" and it plans, co-manages, and mobilizes local resources to revitalize community-level social services, such as health, water, sanitation, education, legal and social protection, and nutrition. It also engages communities in social services, oversees the delivery of the minimum package of activities in the health zone, improves accessibility and use of high-quality health services, and ensures mechanisms for communities to co-manage health services. The CODESA participates in health activity planning, management, and monitoring; conducts community mobilization; receives reports from the CAC; and meets monthly with health center staff to analyze results and resolve issues.
- In **communities**, the CAC is led by a village chief and comprises influential elected individuals from that locality, including RECOs. The CAC delegates members to other community groups, such as the CODESA and various volunteer groups. The CAC meets monthly and reports to the CODESA. It coordinates village development activities; promotes healthy behaviors; coordinates RECO activities, including delivery of the minimum health package; supports distribution of health products; conducts community mapping and monitoring; and manages community care sites.

Figure 1 summarizes the DRC's health structure, including service delivery points, key actors, and managing bodies at each level.

1 Policies use the term 'development committee,' or CODEV, interchangeably with CODESA.

Figure 1. Health System Structure



Level	Managing Administrative Body	Service Delivery Point	Key Actors and Their Relationships*
National	MSP GTTAP	Tertiary / National Hospital	
Provincial	CPD DPS	Provincial Hospital	
Health Zone	CLD ECZ	Central Referral Hospital	
Health Area	CODESA	Health Center	
Community	CAC	Community Care Site RECO	

*NGOs and development partners provide support at all levels and work in close collaboration with the government in community health planning and implementation.

HUMAN RESOURCES FOR HEALTH

RECOs are volunteers who deliver a minimum package of activities related to reproductive, maternal, newborn, and child health (RMNCH), including FP; integrated community case management (iCCM) for malaria, diarrhea, and respiratory diseases; nutrition; WASH; HIV and AIDS; and disease prevention. RECOs conduct home visits, household mapping, referrals, monitoring, and community-based surveillance. RECOs have three-year renewable contracts with local authorities but can be replaced before the end of the contract if the community is unsatisfied with their performance.

All RECOs undergo training on health promotion and prevention. Some receive additional trainings on curative interventions, which they deliver from centrally located community care sites. These are known as *service provider* RECOs; those without this extra training are referred to as *promotional* RECOs.

RECOs collaborate with the CAC to plan, implement, and monitor interventions. RECOs also work with other community and civil society groups to ensure community participation in health and development issues.

Other, less formal cadres, such as community-based distributors of FP, also deliver health interventions in the DRC. These cadres are normally tied to individual projects and programs in various areas of the country and are less documented in policies. The relationship between RECOs and these cadres is unclear.

Table 3 provides an overview of RECOs.

Table 3. Community Health Provider Overview

	RECOs
Number in country	*Information not available in policy*
Target number	*Information not available in policy*
Coverage ratios and areas	1 RECO : 50 households Operate in urban, rural, and peri-urban areas Promotional RECOs conduct health promotion and make referrals in the community and during home visits, while service provider RECOs mainly deliver interventions from community care sites.
Health system linkage	RECOs sign 3-year contracts with local authorities. They are also linked to public health centers.
Supervision	Policy outlines scant guidance for regular RECO supervision. The CAC ensures that RECOs complete reports. Health facility staff and the ECZ may conduct supervision visits of RECOs and other community-based entities, like the CODESA. NGOs also support supervision through partnership agreements, though policies do not provide guidance.
Accessing clients	On foot Bicycle Clients travel to the RECO
Selection criteria	18 years or older Lives in the village Can read and write Available Model citizen (good reputation, credible) Good communication skills Able to convince, mobilize, and influence others Has a sense of responsibility and leadership Has a source of revenue
Selection process	The RECO is elected by the village assembly through a poll organized by the CAC and supervised by the village chief.
Training	RECO undergo basic training, but there are no details about the duration. Refresher or additional trainings may be conducted to prepare RECOs for specific activities, such as vaccination campaigns.
Curriculum	No standardized national curriculum for RECOs is available, but they provide services related to RMNCH, including FP, iCCM, nutrition, WASH, HIV and AIDS, and disease prevention.
Incentives and remuneration	RECOs may receive per diems, and in some districts performance-based payments. Non-financial incentives may include free or discounted health care; t-shirts; umbrellas; bicycles; formal social recognition; and opportunities for career advancement. Many incentives are provided at the discretion of implementing partners. Incentives are supported by the MSP, NGOs, the community, and as a fee-for-service.

HEALTH INFORMATION SYSTEMS

RECOs document their activities using home visit registers, monthly reports, and supply and case management forms. They submit monthly reports to the CAC, which ensures accountability and uses the information to make decisions. The CAC conveys information to the community participation committees at the health area, health zone, provincial, and national levels.

RECOs also submit the monthly report to the health center. From there, health center staff compile data using paper forms and send them to the health zone office, which combines the data with those from referral hospitals and puts them into the district health information system.

The DPS collects data from the health zones and creates trimestral reports. The MSP receives data from the DPS and produces annual reports.

Although the *PNDS* indicates that there is a national health information system, recent community health and development policies do not mention it.

The blue arrows in Figure 1 show the flow of community-level information.

HEALTH SUPPLY MANAGEMENT

NGO partners may equip RECOs with supplies and medicines related to the programs to which they belong. RECOs may also obtain supplies from public and private health centers, which receive them from the health zones. Guidance provides little information on resupply processes, about how RECOs should access supplies during stockouts, and how they should dispose of medical waste.

Though a full list of commodities that RECOs provide is unavailable, Table 4 indicates selected medicines and products included in the DRC's *National List of Essential Medicines* (2010).

Table 4. Selected Medicines and Products Included in the DRC's *National List of Essential Medicines* (2010)

Category		Medicine / Product
FP	☑	CycleBeads®
	☑	Condoms
	☑	Emergency contraceptive pills
	☐	Implants
	☑	Injectable contraceptives
	☑	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☑	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☑	Zinc
Malaria	☑	Artemisinin combination therapy
	☑	Insecticide-treated nets
	☑	Paracetamol
	☑	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☑	Mebendazole
	☐	Ready-to-use supplementary food
	☑	Ready-to-use therapeutic food
	☑	Vitamin A

SERVICE DELIVERY

RECOs deliver a community minimum package of activities that focuses on health promotion and curative interventions related to RMNCH, including FP, iCCM, nutrition, WASH, HIV and AIDS, and disease prevention. Table 5 indicates the modes through which they deliver these services.

Promotional RECOs may refer clients to service delivery RECOs. Other types of community health providers may also refer clients to RECOs. All RECOs refer clients to health centers for higher-level services, and health center staff counter-refer to ensure follow-up care.

Using FP as an example, RECOs may provide clients with information on the Standard Days Method, and distribute CycleBeads, condoms, and oral contraceptive pills at community care sites. They refer clients to:

Table 5. Modes of Service Delivery

Service	Mode
	Provider's home
	Community sites
	Special campaigns
Health education	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
Community mobilization	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups

- **Health centers** for the methods provided at community care sites, as well as injectable contraceptives, implants, intrauterine devices (IUDs), and emergency contraceptive pills.
- **Hospitals** for the methods available at health centers and permanent methods.

Policy guidance is not clear about the difference between the two types of RECOs regarding FP education, provision, and referrals.

Table 6 provides details about selected interventions delivered by RECOs in the following health areas: FP, maternal health, newborn care, child health and nutrition, TB, HIV, malaria, and WASH. For the purpose of simplicity, the two types of RECOs are combined in this table.

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	RECO	RECO	RECO	RECO
	CycleBeads®	RECO	RECO	RECO	RECO
	Emergency contraceptive pills	Unspecified	Unspecified	Unspecified	Unspecified
	Implants	RECO	No	RECO	RECO
	Injectable contraceptives	RECO	No	RECO	RECO
	IUDs	RECO	No	RECO	RECO
	Lactational amenorrhea method	RECO		RECO	RECO
	Oral contraceptive pills	RECO	RECO	RECO	RECO
	Other fertility awareness methods	Unspecified		RECO	Unspecified
	Permanent methods	RECO	No	RECO	Unspecified
	Standard Days Method	RECO		RECO	RECO
Maternal health	Birth preparedness plan	RECO	RECO	RECO	RECO
	Iron/folate for pregnant women	RECO	RECO	RECO	RECO
	Nutrition/dietary practices during pregnancy	RECO		RECO	RECO
	Oxytocin or misoprostol for postpartum hemorrhage	Unspecified	No	RECO	Unspecified
	Recognition of danger signs during pregnancy	RECO	RECO	RECO	RECO
	Recognition of danger signs in mothers during postnatal period	RECO	RECO	RECO	RECO
Newborn care	Care seeking based on signs of illness	RECO			RECO
	Chlorhexidine use	Unspecified	No	Unspecified	No
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	Unspecified		Unspecified	Unspecified
	Nutrition/dietary practices during lactation	RECO		RECO	RECO
	Postnatal care	RECO	No	RECO	RECO
	Recognition of danger signs in newborns	RECO	RECO	RECO	RECO

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Child health and nutrition	Community integrated management of childhood illness	RECO	RECO	RECO	RECO
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years	RECO	RECO	RECO	RECO
	Exclusive breastfeeding for first 6 months	RECO		RECO	RECO
	Immunization of children[1]	RECO	No	RECO	RECO
	Vitamin A supplementation for children 6–59 months	RECO	Unspecified	RECO	RECO
HIV and TB	Community treatment adherence support, including directly observed therapy	RECO	RECO	RECO	RECO
	Contact tracing of people suspected of being exposed to TB	RECO	RECO	RECO	RECO
	HIV testing	RECO	Unspecified	RECO	RECO
	HIV treatment support	Unspecified	Unspecified	Unspecified	Unspecified
Malaria	Artemisinin combination therapy[2]	RECO	RECO	RECO	RECO
	Long-lasting insecticide-treated nets	RECO	RECO	RECO	RECO
	Rapid diagnostic testing for malaria[2]	RECO	RECO	RECO	RECO
WASH	Community-led total sanitation	Unspecified	Unspecified		
	Hand washing with soap	RECO			
	Household point-of-use water treatment	RECO			
	Oral rehydration salts	RECO	RECO	RECO	RECO

[1] Including newborns.
[2] RECOs may provide this intervention to children under five years of age.

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