



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	70.9 million (mid-2010)
Estimated Population Living with HIV/AIDS**	400,000–500,000 (end 2007)
Adult HIV Prevalence***	1.3% (2007)
HIV Prevalence in Most-at-Risk Populations	Sex Workers: 14.7% (Kinshasa) (2007)**, 23.3% (Lubumbashi) (2006)****
Percentage of HIV-Infected People Receiving Antiretroviral Therapy*****	24% (end 2007)

*U.S. Census Bureau **UNAIDS Epidemic Update 2009 ***UNAIDS Epidemic Update 2008
****Behavioral Surveillance Survey 2006
*****WHO/UNAIDS/UNICEF *Towards Universal Access* report, 2008

The Democratic Republic of the Congo (DRC) was one of the first sub-Saharan African countries to recognize HIV/AIDS when its first cases were registered in 1983. Presently, the country has a generalized epidemic, though data from surveillance studies show cases are concentrated among most-at-risk populations in numerous hotspots across the country. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimated there were between 400,000 and 500,000 people living with HIV/AIDS (PLWHA) and 1.3 percent prevalence among adults at the end of 2007; recent studies suggest prevalence may be increasing. Despite an abundance of natural resources, the DRC remains mired in poverty. Health indicators are among the worst in the world and reflect

the hardships resulting from the protracted conflict and the corresponding deterioration of health services throughout the country. Consequently, the health sector's ability to respond to the needs of the citizens of the DRC has declined significantly over the past decades. It is estimated 70 percent of the population has little or no access to health care, including HIV/AIDS services.

The main mode of HIV transmission is heterosexual sex, which accounts for 83 percent of new cases. According to the DRC 2008 antenatal care (ANC) surveillance survey data, the mean prevalence among pregnant women is 4.3 percent; ANC prevalence is particularly high in urban Kisangani, Oriental Province (8.7 percent) and in rural Kasumbalesa, Katanga Province (16.3 percent). Data from ANC surveys and the 2007 Demographic and Health Survey suggest the epidemic may be changing, with rural rates surpassing urban rates in some areas for the first time. While previous data showed a higher prevalence in urban areas, the 2008 ANC surveillance data found HIV prevalence in rural areas was 4.6 percent, compared to 3.7 percent in the capital, Kinshasa, and 4.2 percent in other urban areas.

The epidemic in the DRC has become increasingly feminized since 1990 due to low levels of knowledge about HIV prevention, gender norms that subordinate women, and high levels of sexual violence against women. According to the 2008 United Nations General Assembly Special Session (UNGASS) report, young women between the ages of 15 and 24 are a particularly high-risk group. Available data from the World Health Organization (WHO) indicate HIV prevalence is twice as high in young women as it is in young men, and the National Multisectoral AIDS Commission reports HIV infections among women far outnumber infections among men, with two HIV-positive women for each HIV-positive man in the country.

The DRC also has one of the highest estimated numbers of pregnant women living with HIV (32,000 in 2008) and one of the lowest proportions of HIV-positive pregnant women receiving antiretroviral therapy (ART) at 5 percent, according to the 2009 *Towards Universal Access* report, far from the 80 percent UNGASS target. According to UNAIDS, between 37,000 and 52,000 children under 15 years of age are infected with HIV. The DRC 2009 OVC Rapid Assessment, Analysis, and Action Plan Situational Analysis estimates there are 8.2 million orphans and vulnerable children (OVC); EPP-Spectrum suggests more than 1 million of these children have been orphaned due to HIV/AIDS.

Available data show that protracted conflict has exacerbated the country's epidemic. Recently, UNAIDS estimated HIV prevalence among women who have suffered sexual violence in areas of armed conflict to be as high as 25.6 percent, compared with the 1.8 percent prevalence among women in the general population. This is primarily attributable to the use of sexual violence as a weapon of war. In parts of the DRC, the prevalence of rape is believed to be the highest in the world, according to the 2008 UNAIDS *Epidemic Update*. The continuing conflict has also increased concerns about HIV infection spreading in orphan, refugee, and internally displaced person (IDP) populations, who are highly vulnerable. HIV prevalence is estimated at 7.6 percent among female IDPs and



7.8 percent among military women. Those in impoverished living situations are more likely to engage in high-risk behaviors, such as exchange of sex for money or gifts for survival, and also have reduced access to information and health services.

Several factors fuel the spread of HIV/AIDS in the DRC: major transport hubs and corresponding roadways, which generate economic activity and exchange of money and gifts for sex; movements of the military and armed groups; and multiple concurrent partnerships. These drivers are exacerbated by women's lack of economic and negotiating power, low availability of condoms in most areas, lack of counseling, few HIV testing sites, and high levels of untreated sexually transmitted infections (STIs) among sex workers and their clients. According to the 2008 UNGASS report, HIV was the leading cause of both morbidity and mortality for Congolese between 20 and 49 years of age, decimating the country's human capital and elevating HIV from an epidemic into a major handicap on development.

Consecutive wars have made it extremely difficult to conduct effective and sustainable HIV/AIDS prevention activities, expand outreach services, and collect accurate data on the epidemic.

In addition, the DRC ranks 10th among the world's 22 high-burden tuberculosis (TB) countries and fourth among those in Africa, according to WHO. The estimated incidence of TB was 380 cases per 100,000 population in 2008, and HIV prevalence in adult-incident TB patients is estimated to be 8 percent. At three USAID-supported clinics, HIV-TB co-infection was as high as 18.4 percent between 2006 and 2009. HIV-TB co-infection complicates the care and treatment of both diseases.

National Response

The National Program for the Control of AIDS and STIs, established in 1987 within the Ministry of Health (MOH), provides leadership in the health sector for control of the HIV/AIDS epidemic. The National Multisectoral AIDS Commission was established within the Office of the President in 2004, after the establishment of a transitional government in 2003; since 2008, it has been located within the Office of the Prime Minister. The MOH leads the Commission, which has members from the Ministries of Finance, Education, Planning, and Public Works, as well as from donors, the private sector, and civil society. The Commission coordinates a multisectoral response to the HIV epidemic.

Currently in a process of national reconstruction, the Government of the DRC has named HIV/AIDS control a priority in its Poverty Reduction Strategy Paper but lacks the necessary infrastructure and resources to put many of its plans into action. Therefore, HIV/AIDS activities have resumed only to a limited extent since the 1998 war. In 2009, the country finalized its 2010–2014 National HIV/AIDS Strategic Framework, focusing on four strategic axes: reinforce access to HIV prevention, especially for high-risk populations; improve the universal access to care and treatment; reduce the socioeconomic impact of HIV in people infected and affected by HIV/AIDS; and support activities to implement the plan, which include health systems strengthening, coordination, sustainable financing, resources management, strategic information, and partnership. To implement this strategy nationwide, the Government solicits participation from all development partners, including the private sector, faith-based organizations, and nongovernmental organizations (NGOs).

EPP-Spectrum estimates that nearly 1.2 million Congolese will be infected with HIV by the end of 2010 and that almost 300,000 Congolese will be eligible for ART by 2010. However, even with eighth-round support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, ART is only planned for 67,000 PLWHA over the next five years. EPP-Spectrum also estimates 141,500 HIV-positive women in the DRC delivered 42,450 children infected through mother-to-child transmission in 2008. The National AIDS Control Program (PNLS) has prioritized the scale-up of prevention of mother-to-child transmission (PMTCT) programs, with a goal of universal access to PMTCT with ART services for pregnant women by 2009 – a target that will need to be revised.

The Global Fund, the World Bank, and the U.S. Agency for International Development (USAID) are the three largest donors for HIV prevention and treatment programs between 2004 and 2010. In 2004, the World Bank approved a \$102 million grant to support implementation of the National Strategic HIV/AIDS Framework and provide resources to improve service delivery mechanisms.

Since 2005, the Global Fund has disbursed \$130.4 million for HIV prevention and treatment programs in the DRC. The most recent eighth-round grant was approved for \$71.3 million; as of July 2010, \$5.2 million have been disbursed. Grant implementing partners include the Catholic Organization for Relief and Development Aid, the DRC Church of Christ, and the United Nations Development Program. This project funded by the Global Fund grant expands a previous project financed by the Global Fund and aims to integrate a package of HIV care and treatment services into the health system in 196 priority zones. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions worldwide. This project will end in December 2010, but a follow-up plan is not yet envisioned, likely due to the limited results achieved under the current project.

USAID Support

Through USAID, the DRC received \$10.1 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in the DRC are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Since the 1980s, the USG has worked with the DRC MOH to develop HIV/AIDS programming. USAID currently supports activities that contribute to the reduction of HIV prevalence while increasing access to quality HIV/AIDS prevention, care, and support. USAID supports HIV/AIDS prevention, treatment, and care activities in the high-prevalence areas of Kinshasa, Matadi, Lubumbashi, and Bukavu, as well as 57 health zones through the Primary Health Care program. USAID uses a comprehensive continuum-of-care approach that includes:

- behavior change communication and condom social marketing targeting high-risk populations, including truckers, commercial sex workers, police, military, miners, and youth;
- HIV voluntary counseling and testing (VCT), including integrated VCT with family planning and TB services in community, standalone, and mobile sites; and
- PMTCT, safe blood transfusion, and care and support, including home-based care (HBC) and support to PLWHA and OVC, as well as systems strengthening.

The HBC package of services includes basic health care, prevention of opportunistic infections, psychosocial support, nutritional counseling and food support, vocational training, income-generation activities (IGAs), and referral and support for treatment adherence. The OVC package of services includes assistance for education, vocational training, nutrition support, IGAs, and psychosocial support.

At the national level, USAID is providing technical assistance (TA) to the Ministry of Social Affairs to lead the implementation of the newly developed OVC National Action Plan. The USG is providing support to the PNLs in institutional and organizational capacity building to strengthen coordination of partners. USAID provides TA to strengthen the pharmaceutical and supply chain management to improve availability and decrease stock-outs of essential health commodities and drugs, including those for HIV, at the facility level. In addition, USAID has supported the first National Health Accounts in the DRC, which will inform policymakers on health financing.

In 2009, the Government and the USG developed a Partnership Framework to increase joint collaboration by aligning the goals of the two Governments in the fight against AIDS. The Framework is based on the four strategic axes established in the MOH Health Sector Strategic Plan for the Fight against HIV for 2008–2012, the National Multisector Strategic Plan for 2010–2014, and the GDRC Ministry of Social Affairs OVC National Action Plan 2010–2014. In FY 2010, \$30 million have been planned to support the HIV activities, and at least the same amount is expected for the coming years until 2012.

USAID supports the involvement of civil society in HIV activity programming by building local capacity across the country. USAID provided HIV-related technical assistance to 105 indigenous organizations in 2009. The new integrated HIV program is seeking to increase the number of new local NGOs to implement HIV activities by coaching selected NGOs in planning, managing, monitoring, and reporting. Major achievements in FY 2009 also included:

- 254,589 individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful
- distribution of 16.9 million condoms
- 78,067 individuals counseled and tested for HIV, and received their test results
- 8,312 OVC provided with care and support services

- more than 53,000 pregnant women tested for HIV and given results

Important Links and Contacts

USAID/DR Congo

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Web site: <http://eastafrika.usaid.gov/en/Country.1005.aspx>

USAID's HIV/AIDS Web site for the DRC:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/congo.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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