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HEALTH PROFILE: DEMOCRATIC REPUBLIC OF THE CONGO

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	1.1 million (low-high estimates 450,000–2.6 million)
Total Population (2005 estimate)	60.1 million
Population < 15 years	28.9 million
Adult HIV Prevalence (end 2003)	4.2%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	29%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	4.1%

Sources: UNAIDS, U.S. Census Bureau

The Democratic Republic of Congo (DR Congo) was one of the first African countries to recognize HIV, registering cases of HIV among hospital patients as early as 1983. At the end of 2001, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 1.3 million Congolese (adult and children) were living with HIV/AIDS, yielding an overall adult HIV prevalence of 4.9%. Beyond the 5% mark, the country's epidemic will be considered "high level," or firmly established within the general population. By the end of 2003, UNAIDS estimated that 1.1 million people were living with HIV/AIDS, for an overall adult HIV prevalence of 4.2%.

The main mode of HIV transmission occurs through heterosexual activity, which is linked to 87% of cases. The most affected age groups are women aged 20 to 29 and men aged 30 to 39. Life expectancy in the DR Congo dropped 9% in the 1990s as a result of HIV/AIDS.

According to UNAIDS, several factors fuel the spread of HIV in the DR Congo, including movement of large numbers of refugees and soldiers, scarcity and high cost of safe blood transfusions in rural areas, a lack of counseling, few HIV testing sites, high levels of untreated sexually transmitted infections among sex workers and their clients, and low availability of condoms outside Kinshasa and one or two provincial capitals. With the imminent end of hostilities and a government of transition, population movements associated with increased stability and economic revitalization will exacerbate the spread of HIV, which is now localized in areas most directly affected by the presence of troops and war-displaced populations. Consecutive wars have made it nearly impossible to conduct effective and sustainable HIV/AIDS prevention activities. In addition, the HIV-tuberculosis coinfection rate ranges from 30 to 50%.

The number of Congolese women living with HIV/AIDS is growing. UNAIDS estimates indicate that, at the end of 2001, more than 60% (670,000) of 1.1 million adults aged 15-49 currently living with HIV/AIDS were women. Infection rates among pregnant women tested in 1999 in major urban areas ranged from 2.7 to 5.4%. Outside the major urban areas, 8.5% of pregnant women tested in 1999 were HIV-positive.

Between 1985 and 1997, infection rates among sex workers in Kinshasa ranged from 27 to 38%. More than one-half (58%) of the total population is under 15 years of age. The AIDS epidemic has had a disproportionate

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impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40% of infants born to HIV-positive mothers will become infected with HIV. According to UNAIDS, by the end of 2001 an estimated 170,000 children under the age of 15 were living with HIV/AIDS, and 927,000 children had lost one or both parents to the disease.

In 2003 and 2004, a national HIV surveillance survey conducted jointly by the U.S. Centers for Disease Control and Prevention (CDC) and the National AIDS Control Program among pregnant women revealed an increase in HIV prevalence rates in rural and urban areas highly affected by consecutive wars, e.g., in Lodja (6.6%) and in Kisangani (6.6%).

NATIONAL RESPONSE

DR Congo is emerging from years of civil conflict. In 2003, former combatants signed peace agreements, and foreign troops left the country. National elections are scheduled for 2005. Despite poor health indicators and rampant poverty—leading to its 2004 rank as one of the 10 poorest countries in the world—DR Congo was one of the first countries in Africa to recognize and address HIV/AIDS as an epidemic and one of the few in which the rate of HIV infection has remained relatively stable.

The interim DR Congo government has shown growing interest in expanding HIV/AIDS services and improving the quality of services but lacks the necessary infrastructure and resources. Therefore, HIV/AIDS activities have recently resumed, but only to a limited extent. As per the national HIV/AIDS strategic framework (1999–2008), the DR Congo government favors prevention, care, and advocacy activities that highlight community participation, human rights and ethics, and the needs of persons living with HIV/AIDS. To implement this strategy nationwide, the DR Congo government solicits participation from all development partners, including private sector, faith-based, and nongovernmental organizations (NGOs).

Internal migration, endemic poverty, widespread risk behavior, sexually transmitted infections, and lack of a safe blood supply are some of the challenges to stemming HIV/AIDS in DR Congo.

The National AIDS Control Program, chaired by the Minister of Health, was established in the early 1990s. Recently, with considerable support from the World Bank, the DR Congo is establishing a multisectoral national control program called Programme National Multisectorial de Lutte contre le SIDA. It is attached to the Office of the President and will act as the central unit for planning, coordination, and monitoring and evaluation of all HIV/AIDS/STI activities in the country. Another important opportunity offered to the DR Congo is funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

USAID SUPPORT

The United States provides DR Congo with more than $20 million per year in development assistance for health activities. About $4 million of this funding targets HIV/AIDS.

Since the 1980s, the U.S. government has joined hands with the Ministry of Health in developing a strong HIV/AIDS program. The Centers of Disease Control and Prevention (CDC) and the National Institutes of Health conducted groundbreaking research to increase our understanding of the HIV/AIDS epidemic. USAID provides funds for the social marketing of condoms. These activities represent the base from which all HIV/AIDS activities worldwide started.

USAID supports local NGOs through Population Services International (PSI), Christian AID, Family Health International (FHI), Interchurch Medical Assistance, Catholic Relief Services, and the University of Tulane. The Mission also works closely with CDC, the World Bank, and key United Nations agencies, and participates actively in the Country Coordinating Mechanism for the development of proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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The participation promoted and facilitated greater multisectoral involvement in planning, proposal development, and collaboration on existing and proposed HIV control activities.

USAID allocated $4 million to HIV/AIDS prevention and care activities in DR Congo in 2004. Concurrent with an anticipated increase in resources, USAID will step up its HIV/AIDS prevention and surveillance activities in DR Congo during the next five years. The Mission will focus on enhancing care and community support activities, increasing political and social commitment to HIV/AIDS, and reducing the stigma of persons living with the disease.

USAID/DR Congo currently supports HIV interventions that emphasize prevention (i.e., behavior change communication and condom social marketing, counseling and testing). With pending available funds, USAID will:

- Provide support for surveillance activities to fill the current gap in existing HIV seroprevalence and behavioral data in collaboration with CDC
- Revitalize behavior change communication activities targeting vulnerable groups
- Increase condom social marketing
- Improve management of sexually transmitted infections
- Promote care and support activities, including counseling and testing, prevention of mother-to-child transmission of HIV, and tuberculosis prevention and management
- Improve blood safety.

Prevention

The U.S.-led HIV/AIDS prevention program combines social marketing of condoms with focused behavior change communications strategies to implement the ABC (**a**bstain, **b**e faithful to one partner, and use **c**ondoms correctly and consistently) concept of HIV prevention.

In urban areas, USAID supports the standard foundation of HIV prevention: behavior change communications, counseling and testing, peer education, and social marketing designed to encourage behavior change among at-risk individuals. In rural areas, USAID is working to improve the safety of the blood supply and to reduce the number of sexually transmitted infections.

One recipient of USAID funding is the *Association de Sante Familiale* (ASF), which PSI manages. ASF carries out a comprehensive social marketing program for a variety of populations, particularly commercial sex workers and their clients, military and police force personnel, and long-haul truck drivers. The program's goal is to promote positive change in sexual behavior by disseminating mass multimedia messages at social gatherings and at bar and hotel events.

USAID continues to support efforts to increase the demand for condoms and to improve their availability. In 2004, about 27 million condoms were distributed in DR Congo. The PSI/ASF project has distributed and marketed *Prudence* condoms since 1987 and began distributing *Confiance* family planning products in 2003.

Condom distribution activities are complemented with targeted education programs designed to help individuals change high-risk behaviors, peer education activities to disseminate information about HIV/AIDS prevention, and program monitoring and evaluation.

Treatment

The largest health problems in DR Congo are malaria, measles, tuberculosis (TB), childhood illnesses, and HIV/AIDS. Access to antiretroviral drugs to treat HIV/AIDS is generally not available. As of June 2004, only 2,500 out of 160,000 people needing antiretroviral therapy were receiving treatment. As malaria and TB are treatable and have an epidemiological relationship with HIV (an estimated 24% of adults with TB in DR Congo are also infected with HIV), USAID supports efforts to prevent HIV infection while simultaneously treating TB and preventing and treating malaria.

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To support delivery of drugs and services, USAID is working with the national government to reduce taxes and tariffs on imported insecticide-treated bed nets and medications to prevent and treat malaria and to improve drug management of TB.

Care and Support

More than half of DR Congo's population is under age 17, and thousands of these children live on the street, abandoned by or otherwise separated from their families. About 4.2 million children in DR Congo are orphans—18% (770,000) of whom lost one or both parents to AIDS. By the end of 2003, nearly 34,000 children under age 17 had lost one or both parents to AIDS, and only 1,000 had received assistance such as food aid, health care, protection services, and psychosocial support.

USAID supports HIV counseling and testing initiatives through FHI and provides care and support to those living with HIV/AIDS through Christian AID. In cooperation with the CDC, the Mission is considering expanding HIV counseling and testing initiatives and interventions to reduce HIV transmission from mother to child. In addition, given the DR Congo's high tuberculosis-HIV coinfection rate, USAID supports projects that identify and effectively treat tuberculosis infections among people who are HIV-positive. USAID provides a continuum of care for people living with AIDS through community-based services and referral networks to hospital and health centers.

Strategic Information

DR Congo has a limited network of counseling and testing services. USAID is supporting four of these and helping the Ministry of Health upgrade national and regional surveillance systems and procedures. Through the USAID-funded project IMPACT, FHI is beginning a behavioral sentinel surveillance (BSS) system to identify and track risky behaviors.

Through the BSS, two specific objectives will be achieved:

1. Determine the behavioral changes related to STD/HIV transmission such as STD history, partner changes, and consistent condom use

2. Determine, in each target group, some aspects such as the exposure level on STD/HIV interventions, STD/HIV knowledge, and the impact of key interventions

Surveillance data are one of the priorities of the DR Congo National AIDS Program (PNLS) strategic plan and USAID in collaboration with the CDC. The CDC worked with the PNLS and other interested partners to design and support a BSS system to capture trends in behavioral changes among selected populations and decide what/where interventions must be carried out to reduce the spread and impact of HIV epidemic. Subpopulations and geographic focal areas include commercial sex workers, uniformed services, youths between 15 and 19 years, mining workers, and long-distance truck drivers located in five regions of the DR Congo, including Kinshasa, Bas Congo, Katanga, Eastern Kasaï, and North Kivu.

STI Management

USAID focuses on vulnerable populations in cities and rural areas with HIV/STD sensitization and counseling to encourage treatment seeking in the nearest health centers and behavior change. It also improves medical care by training health care providers in a syndromic approach to STI management.

IMPORTANT LINKS AND CONTACTS

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