

# DEMOCRATIC REPUBLIC OF THE CONGO



photo: James Pursey

**T**he Democratic Republic of the Congo (DRC), one of Africa's largest countries, is home to an estimated 66 million people. More than a decade of civil war, political instability, and violence in DRC has resulted in a weakened and overburdened health system. HIV is now an epidemic with more than 1.1 million Congolese infected by the end of 2011.

The national HIV prevalence is approximately 1.6 percent; however, prevalence among adults aged 25-49 is estimated to be 4.2 percent, with infection rates as high as 9.5 percent in some areas. HIV prevalence among pregnant women 3.5 percent, and the rate of mother-to-child transmission of HIV is estimated to be 33 percent.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is recognized as a lead implementing partner in DRC with proven expertise in the prevention of mother-to-child transmission (PMTCT) of HIV and pediatric HIV care and treatment. EGPAF is credited by the DRC Ministry of Health (MOH) with introducing PMTCT to DRC in 2001, when it began supporting PMTCT programs implemented by the Kinshasa School of Public Health (KSPH) and the University

of North Carolina (UNC). In subsequent years, the EGPAF-DRC team has expanded, adding support for care and treatment programs, including male involvement and early infant diagnosis of HIV. EGPAF currently supports services in 6 of the country's 11 provinces in more than 240 sites.

EGPAF-DRC focuses on holistic PMTCT programming. This includes a variety of services: family planning; syphilis screening and testing; pediatric care and treatment; tuberculosis (TB) services; HIV treatment for HIV-positive pregnant women, their male partners and other family members; data quality assurance/quality improvement; and sexual and gender-based violence (SGBV).

EGPAF is well placed to continue to contribute to the elimination of pediatric HIV in DRC. According to data from the National AIDS Control Program, the coverage of PMTCT services in DRC is 13 percent. At the same time, DRC has developed and adopted an MTCT elimination plan with a stated goal of achieving elimination of pediatric HIV by 2017. Currently, the MOH is planning to pilot and roll-out Option B+ through implementing partners of the U.S. President's Emergency Fund for AIDS Relief (PEPFAR), including EGPAF.

**“Elimination of pediatric AIDS is imperative to EGPAF-DRC. The country has struggled to overcome this pandemic for a number of years, but increased access to HIV prevention, care, and treatment services for pregnant mothers, children, and families is helping turn the tide against the virus. We know what works; we are committed to fighting AIDS just as a mother fights for the survival of her child.”**

***John Ditekemena, MD, MPH, EGPAF-DRC Country Director***

# DRC: HIV/AIDS BY THE NUMBERS

## 2001



**440,000**

Number of people living with HIV/AIDS (2001 Estimate)\*

**70,000**

Children aged 0 to 14 living with HIV (2001 Estimate)\*

**1.5%**

HIV/AIDS prevalence rate among adults (2001 Estimate)\*

**31,000**

Number of people who died from AIDS-related illness (2001 Estimate)\*

**930,000**

Orphans due to AIDS, aged 0-17\*\*\*

\*\*\*(Source: UNAIDS Report on the global HIV/AIDS epidemic, 2002)

\*Source: UNAIDS Report on the global HIV/AIDS epidemic, 2013

## 2012



**480,000**

Number of people living with HIV/AIDS (2012 Estimate)\*\*

**88,000**

Children aged 0 to 14 living with HIV (2012 Estimate)\*\*

**1.1%**

HIV/AIDS prevalence rate among adults (2012 Estimate)\*\*

**32,000**

Number of people who died from AIDS-related illness (2012 Estimate)\*\*

**390,000**

Orphans due to AIDS, aged 0-17 (2012 Estimate)\*\*

\*\*Source: UNAIDS DRC webpage, 2013



photo: James Pursey

## STORY OF HOPE: BULANI

“My name is Bulani Mayoki, my wife is Madiya Sabu, and we are in Kinshasa. I have HIV. Because of the virus, I lost my job, all my daily profit. The time of starvation started for me. ”

# BARRIERS

TO PROGRESS **in DRC**

Obstacles, both structural and cultural, can affect the way that health services are provided, and can seriously affect health outcomes.

## INSUFFICIENT HUMAN RESOURCES



Too few health care workers, especially well-trained health care staff, are available to serve the entire population, leading to long wait times at clinics.

## INADEQUATE SUPPLY CHAIN AND INFRASTRUCTURE



Lack of centralized supply chain management can lead to outages of HIV test kits, essential HIV medications, and other commodities needed by health clinics for their clientele.

## LOSS TO FOLLOW-UP



Many HIV-positive pregnant women do not return to the same facility where they were tested for HIV when they need to deliver, so HCWs do not know if HIV-exposed babies receive care.

## DISPERSED SERVICE PLACEMENT



The majority of health clinics and hospitals do not offer PMTCT services or HIV testing - 851 out of 7,573. This means HIV-positive people must travel long distances for HIV care.

## CONTINUED STIGMA



Some people still experience prejudice because of their HIV status.

## HOW EGPAF WORKS TO END PEDIATRIC AIDS IN DRC

**Comprehensive PMTCT services:** EGPAF aims to increase the quality and coverage of comprehensive HIV services while strengthening local ownership and sustainable approaches. EGPAF-led projects have provided holistic services at PMTCT and HIV care and treatment sites. EGPAF has incorporated TB co-infection services and pediatric care and treatment support at sites. EGPAF-supported programs track mother-baby pairs after delivery, ensuring that they are not lost to follow-up. Through its work with international partners, EGPAF has developed strategies to increase the number of children enrolled in HIV care and place children and families on antiretroviral medications (ARVs).

**Health systems strengthening:** A strong national health system is better able to provide a wide range of essential health services to its citizens. EGPAF supports a decentralized, zonal approach for high-quality HIV service implementation in Kinshasa and Katanga provinces. In 2010, EGPAF staff was instrumental in incorporating new World Health Organization (WHO) recommendations into DRC's national guidelines for PMTCT and pediatric care and treatment. EGPAF continues to lead the national working group on PMTCT and pediatric care guideline revisions, and plays a key role in national discussions on movement to and the initial rollout of Option B+. EGPAF has also helped maintain a consistent supply of pediatric ARVs to avoid stock outs.

**Peer-to-peer site strategy:** Approved by DRC's National AIDS Control Program (PNLS), this model organizes health facilities into service delivery networks to implement PMTCT services in the most cost-effective manner within target health zones. Under this approach, high-volume, high-capacity sites are linked with partner sites in a network of mentorship, supportive supervision, and collective data use and program quality improvement. Central sites support partner sites according to their specific needs.

**Mentor Mothers:** The Mentor Mother approach empowers women living with HIV to live as role models. Having navigated the health care system for themselves, these dynamic women have been trained to work in collaboration with health workers and other peer educators to act as support systems, helping HIV-positive mothers to attend and adhere to the services that will save their and their babies' lives.

**“When I got infected, I was not aware. Suddenly I fell sick and started coughing. I started getting tested, and finally I was informed that I am infected with HIV. I was afraid to disclose my HIV-positive status to my wife, and my wife, after learning that she is HIV-positive during antenatal testing, was also afraid to disclose her HIV-positive status to me. Finally, my wife got the courage and told me that we are infected with HIV.”**  
— **Bulani**

# OUR IMPACT IN DRC

**As of September 30, 2013, EGPAF had supported programs that:**

- Provided more than 621,000 women with PMTCT services.
- Tested nearly 592,000 women for HIV.
- Provided nearly 9,000 HIV-positive women and more than 6,700 HIV-exposed infants with lifesaving antiretroviral drugs to prevent transmission of HIV from mother to child.
- Supported the enrollment of more than 3,000 people into primary HIV care. Of those, more than 1,200 have begun antiretroviral treatment, and nearly 700 are children.
- Introduced PMTCT services into antenatal care, which increased quality and utilization of antenatal care.

*\*Data cumulative from program start through September 30, 2013*

“We decided to get tested together and received counseling on how to start the treatment. After starting the treatment, I recovered my health. My wife received the treatment related to pregnant women and delivered safely, and we continue receiving the treatment to date. I told my wife not to fear, instead, we should keep taking the treatment.

As I keep taking the treatment and considering the hope that care providers are providing me with, as my health is normal now, and as I am having children with normal health, I have hope.”

—  
**Bulani**

## HOW YOU CAN HELP

**You can help EGPAF eliminate pediatric AIDS starting right now.**

- Just \$19 could reach one pregnant woman with the services she needs to prevent transmission of HIV to her baby. Make a donation.
- Watch our Take Action Today page to learn more about lending your voice to EGPAF's advocacy efforts.
- Interact with EGPAF on social media; we're on Facebook, Twitter, YouTube, and Pinterest.
- Attend one of EGPAF's high-profile events.
- Explore the ways EGPAF is changing lives around the world for the better on our website.

### Partners

*The activities described here were made possible by the active leadership of the Government of DRC and the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Agency for International Development (USAID), the Bill & Melinda Gates Foundation, the Gilead Foundation, and other development partners. The content included here is the responsibility of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and does not necessarily reflect the views of the United States government, CDC, or other EGPAF sponsors.*

*The 2014 budget for EGPAF's DRC program totals more than \$6.8 million.*

### About EGPAF

*EGPAF is a global leader in the fight against pediatric HIV and AIDS, and has reached more than 18 million women with services to prevent transmission of HIV to their babies. It currently supports more than 7,300 health facilities and works in 15 countries to implement prevention, care, and treatment services; to advance innovative research; and to conduct global advocacy activities that bring dramatic change to the lives of millions of women, children, and families worldwide.*