

DEMOCRATIC REPUBLIC OF THE CONGO

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, FAO, IOM, MONUSCO HIV DIVISION

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In the Democratic Republic of the Congo (DRC), extensive contributions were made by the Joint Team towards expanding access to HIV treatment, care and support services among vulnerable people living with HIV. Besides implementing better first line treatment regimens, food and entrepreneurship assistance was provided to thousands of vulnerable or severely malnourished people living with HIV improving treatment adherence and health outcomes. HIV testing and early infant diagnosis were strengthened through scale up of point of care sites and installment of superior diagnostic equipment; expansion of HIV testing services to populations left behind, such as refugees and people in humanitarian settings. Through community engagement and capacity building initiatives, the Joint Team also worked towards delivering quality sexual and reproductive health services and comprehensive sexuality education for adolescent and young people and building leadership. Legal and rehabilitation assistance and other health services were provided for survivors of sexual- and gender-based violence (SGBV).

HIV TREATMENT AND ADHERENCE

The national HIV treatment guidelines were revised to include Dolutegravir-based (DTG) paediatric treatment regimen and the national paediatric DTG transition plan was developed to direct implementation of the new treatment regimen aimed at improving the health outcomes of children living with HIV. Technical assistance was also provided in revising the viral load algorithm for all people living with HIV, particularly for pregnant women living with HIV.

The National HIV/AIDS Programme (NAP) was supported to develop and validate person-centred HIV case reporting and surveillance guidelines aligned with the World Health Organization's consolidated HIV strategic information guidelines. NAP was also provided with a District Health Information System 2.0 (DHIS2) trackers model to ensure implantation of the person-centred HIV surveillance system in the country.

In 2021, capacity building was conducted for 164 national level experts strengthening their understanding of various national HIV procedures, including HIV prevention, testing and treatment guidelines for key populations, integration of HIV services, advanced HIV treatment, and treatment of sexually transmitted infections (STIs). Similarly, 17 doctors and pharmacists

working for the national therapeutic committee were also trained enhancing their capacity in pharmacovigilance aimed at boosting HIV reporting and data quality. A reporting and data processing circuit was defined, including with the adoption of an android app, Med Safety, for the electronic notification of adverse drug reactions.

The Joint Team supported a study on food and nutritional vulnerability among people living with HIV in two humanitarian provinces, Kasai Central and Kasai Oriental provinces. It revealed important food and nutrition vulnerability—a 16.5% prevalence of acute malnutrition was recorded among people living with HIV aged 18 year and older, 32% among children and adolescents living with HIV aged 5-18 years, and 34.7% among pregnant and breastfeeding women in people living with HIV households.

In partnership with the Open Air Campaigners (OAC) and the Union of Congolese people living with HIV (UCOP+), nutrition assistance programmes led by the Joint Team reached 6000 malnourished people living with HIV and coinfecting with tuberculosis in 15 health zones of Kasai Central and Kasai Oriental. This included nutritional care, awareness raising, voluntary HIV testing and community follow-up and support initiatives to ensure access to HIV services and adherence to treatment among people living with HIV. The 15 health facilities involved also benefited from anthropometric materials (scales, measuring rods and MUAC-Adults) to assess nutritional needs, and personal protective kits were distributed to all training and survey participants from households of people living with HIV. To support implementation of the nutritional assessment and subsequent assistance programmes, training was conducted for 161 health zone service providers—medical doctors, nurses, nutritionists, representatives from UCOP+ and OAC strengthening their understanding on Nutrition Assessment, Counselling and Support (NACS) and HIV.

The National AIDS Programme received financial support to carry out another survey on food, nutritional and social vulnerability of households of people living with HIV in Bunia, the capital city of Ituri Province, which showed a 62% food insecurity in households of people living with HIV. With the Joint Team's support, vulnerable and key populations from Bunia city received capacity strengthening and incentives in 2021 to start income generating ventures—mini soap factor, flour mill, and chicken breeding.

PMTCT AND EARLY INFANT DIAGNOSIS

Technical and financial support from the Joint Team enabled the Government to increase the number of Point-of-Care (PoC) sites for early infant diagnosis (EID) from 56 Health Zones in 2020 to 67 by 2021. The paediatric treatment acceleration plan was also launched to address the low ART coverage—only 34% of children living with HIV accessed treatment by the end of 2021.

HIV counselling and testing (HTC) programme implemented in the refugee camps of eastern DRC enabled 4141 pregnant women to get tested during their antenatal care and the 29 women who tested positive for HIV were put on antiretroviral treatment (ART). Thirty-six children who were born with HIV were also started on ART. Five laboratories in refugee health zones were supplied with GeneXpert system for testing and biological monitoring. Meanwhile, 289 030 refugees and host communities received information on HIV, and 294 137 male and 6219 female condoms were distributed to the target communities.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team and partners provided technical and financial support to the Our Rights, Our Lives and Our Future programme to scale up comprehensive sexuality education (CSE) targeting adolescent and young people in and out of school. As a result, sensitization and capacity building initiatives mobilized 540 teachers, 100 itinerant inspectors, 40 agents of the Directorate of Programmes and Teaching Materials (DIPROMAD), 25 experts from the sector Ministries in charge of education, 60 leaders of associations improving their understanding and skills on use of the Hello Ado mobile application and Hello Ado games. The mobile app and

games seek to increase the knowledge of out-of-school adolescent and young people around various issues, including HIV, SGBV, sexual and reproductive health (SRH), menstruation, and COVID-19. A total of 41 267 adolescents and young people (31 049 girls) also received health services, including HIV prevention and STI treatment while 38 693 received psychosocial care. Additionally, following the implementation of the All In to End Adolescent AIDS initiative in 12 provinces, 103 688 adolescents, including 54 631 adolescent girls were sensitized on HIV prevention, and psychosocial life skills.

To ensure the health, wellbeing, and empowerment of adolescent and young students in Kinshasa, the Joint Team supported sensitization of 117 community leaders and parents on HIV, SGBV, and COVID-19 prevention and management, CSE and SRH. A total of 250 hand washing kits and 4 800 reusable masks were distributed for teachers in 125 secondary schools in Goma and Nyiragongo. The Joint Team also organized a four-days information and awareness raising programme for 80 community leaders and parents (28 women) boasting their knowledge on HIV, SGBV, and COVID-19 prevention in schools in Goma.

The Joint Team supported the development of a three-year plan and an operational framework to improve access to HIV, STI and SGBV prevention programmes and services in three nexus provinces—Nord-Ubangi, Sud-Ubangi et Tanganyika. The multi-year plan includes capacity building for adolescents and young people (in and out of school), parents, teachers, care providers on HIV, SRH, SGBV, and protection; promoting social and behaviour change communication on these areas and risks associated with substance abuse; improving access to adolescent and youth-friendly health services, education and protection; creating an enabling environment for adolescents and young people; and coordination of the Provincial Multisectoral Task Force for Adolescent and Youth Development.

GENDER INEQUALITY AND GENDER-BASED VIOLENCE

In partnership with the Parlons Sida project for communities (PASCO ONGD), the Joint Team provided support to legal clinics (CEDHUC) reaching 781 people, including people living with HIV, survivors of SGVB, female sex workers, men who have sex with men, and transgender people with legal and rehabilitation assistance. Services rendered included ART and care services for people living with HIV, referral of all rape cases to law enforcement and legal offices, and capacity building of police officer, lawyers, magistrates, and health care providers. Between May and December 2021, around 150 rape cases were reported, and 130 rape survivors received post-exposure prophylaxis (PEP) kits. Medical supplies, including medicines and laboratory reagents were procured for the syndromic management of STIs and other health conditions among key populations and survivors of sexual violence.

In 2021, a total of 520 people from key populations received support through friendly centres and 4969 people, including female sex workers, people who inject drugs, transgender people, and gay men and other men who have sex with men received HTC, of whom 195 were diagnosed with HIV and linked to ART services. Currently two friendly centres offer SRH, HIV, STI, GBV, HIV/tuberculosis coinfection, psychosocial, and awareness raising services for vulnerable and key populations in seven health zones in Kinshasa, and a model centre was established in Kalemie to serve people from two additional health zones.

INVESTMENT AND EFFICIENCY

As part of the CDC Public Health Crisis Cooperative Agreement (CoAg), the Joint Team in collaboration with the NAP and National Multisectoral AIDS Programme (PNMLS) continued to regularly monitor and update HIV data—disaggregated by health zone—from the 26 provinces contributing to the efficiency of the national HIV response. Technical support was also initiated to improve the quality of HIV-related data collection, analysis and use, and generate sub-national data estimates for strengthened strategic planning and monitoring of progress at decentralized level. Field visits in Haut Katanga, Kasai Oriental, and Kinshasa provinces

(postponed to 2022) are expected to strengthen the capacity of provincial coordinating offices of detecting errors in their data, analysing the data and tracking progress in the prevention, testing, and treatment services.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team made significant contributions to reinforcing DRC's progress towards the Sustainable Development Goals (SDGs), particularly SDGs 2 (Zero Hunger) and 3 (Good health and well-being). Technical assistance including simplification and optimization of ARTs, community-led client follow-up, integration of nutrition and HIV services, capacity building, and economic support improved treatment adherence, viral load suppression and health outcome among people living with HIV. Food and nutrition assistance for vulnerable people living with HIV also averted AIDS-related deaths attributed to malnutrition. Efforts were made in identifying the needs of vulnerable populations and informing advocacy initiatives and HIV and social protection programming, such as advocacy for HIV sensitive social safety nets in humanitarian settings. Linkages of facility-based and community-led programmes were strengthened ensuring continuity of health services for people in emergency situations, including ART in the initial emergency phase and in the stabilization phase.

Although access to reproductive, maternal, newborn, and child health (RMNCH) in DRC remains low, critical support was provided to integrate HTC services in antenatal care for refugee pregnant women and increase the number of Point of Care in the country strengthening EID and HIV diagnosis. National capacities, community partnerships and strategic information were strengthened to improve the quality of SRH, HIV, STI, and GBV services among adolescent and young people, and survivors of GBV—contributing to SDGs 3 and 5 (Gender Equality).

In line with SDGs 16 (Peace, justice and strong institutions) and 17 (Partnerships for the goals), capacity building, partnerships, and active engagement of the justice sector enhanced legal protection, knowledge on and respect for human rights in relation to HIV—a strong area of support that was acknowledged by Government.

CHALLENGES AND LESSONS LEARNED

Viral load coverage among all people living with HIV and paediatric treatment coverage remain considerably far from the 95% target by 2025. Efforts must be further leveraged to fast-track the national HIV response.

The COVID-19 pandemic coupled with security concerns, and the volcanic eruption in the city of Goma in North Kivu Province have had a negative impact on the implementation of HIV programmes in northeast DRC. There is a need to scale up innovative and integrated health, including HIV and social protection services. Experiences from the HIV response have been an asset to reduce the harmful effects of the COVID-19 pandemic, for example the introduction of multi-month dispensing of ARTs ensured continuity of treatment and adherence among vulnerable people living with HIV.

Implementation of food and nutrition programmes targeting people living with HIV and/or affected by tuberculosis continued to be extensively challenged with shift in already scarce financial and human resources; dilapidated roads and railways needed for transporting supplies; lack of policy and public spending for social protection and safety net programmes; and low coverage of nutritional assistance. Lessons from the recent studies on the food and nutritional security of vulnerable people living with HIV led to stronger collaboration and programme synergy between the National Nutrition Programme (PRONANUT), NAP, and the Ministry of Health.

In DRC, majority of rape survivors report their cases after 72 hours, exceeding the recommended PEP treatment timeframe after exposure to HIV. Shortage of PEP supplies in some health facilities, lack of resources for rape case management and monitoring of gender-based violence, and delays in processing rape cases in courts exacerbate the challenge.

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