



U.S. Agency for International Development

Bureau for Global Health

# COUNTRY PROFILE

HIV/AIDS

## DEMOCRATIC REPUBLIC OF CONGO

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 1.3 million Congolese were living with HIV/AIDS at the end of 2001, yielding an overall adult prevalence of 4.9 percent—only just within the 5 percent mark. Beyond this figure, the epidemic will be considered high level, and firmly established within the general population. The three main modes of transmission for new HIV infections are heterosexual contact (87 percent), mother-to-child transmission (MTCT; 8 percent), and blood transfusions (5 percent). The most affected age groups are 20 to 29 for women, and 30 to 39 for men. Life expectancy in the Democratic Republic of Congo (DRC) dropped 9 percent in the 1990s as a result of HIV/AIDS.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	1.3 million
Total Population (2001)	52.5 million
Adult HIV Prevalence (end 2001)	4.9%
HIV-1 Seroprevalence in Urban Areas	
Sentinel surveillance among population groups known to be at high risk (i.e., sex workers and clients; STI patients; others with known risk factors).	29%
Sentinel surveillance among population groups with no known high risk factors (e.g. pregnant women, blood donors).	4.1%

Sources: UNAIDS, U.S. Census Bureau

According to UNAIDS, several factors are fueling the spread of HIV in the DRC, 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 (STIs) among sex workers and their clients, and low availability of condoms outside Kinshasa and one or two provincial capitals. Consecutive wars have made it nearly impossible to conduct effective and sustainable HIV/AIDS prevention activities. In addition, the HIV-tuberculosis co-infection rate ranges from 30 to 50 percent.

The number of Congolese women living with HIV/AIDS is growing. UNAIDS estimates indicate that at the end of 2001, more than 60 percent (670,000) of those 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 percent. Outside the major urban areas, 8.5 percent 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 percent. More than one-half (57 percent) of the total population is younger than 15 years old. The AIDS epidemic has had a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40 percent 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 930,000 children had lost one or both parents to the disease.



Map of Democratic Republic of Congo: PCL Map Collection, University of Texas

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## National Response

One of the first African countries to recognize HIV, the DRC registered cases of HIV among hospital patients as early as 1983. According to the World Bank, although the DRC was the first African country to actually design and implement an HIV/AIDS program and is one of a handful of African countries to maintain relatively stable infection rates, the epidemic has worsened dramatically as a result of economic crisis, conflict, and related population displacements.

The National AIDS Control Program (NACP) was established in the early 1990s with considerable support from the World Bank. The NACP's main responsibilities include planning, coordinating, and developing short- and medium-term plans and a national strategic plan. The NACP consists of a multisectoral committee, *Comité National de Lutte contre le SIDA* (CNLS), chaired by the Minister of Health. In addition, a central office, *Bureau Central de Coordination du Programme National de Lutte Contre le SIDA/MST (BCC/SIDA)*, acts as the central unit for planning, coordination, and monitoring and evaluation of all HIV/AIDS/STI activities.

In 2001, the DRC adopted a national strategic plan for an expanded and integrated response to HIV/AIDS. The plan defines priorities for intervention, highlighting the importance of access to antiretroviral medicines and essential drugs for the treatment of opportunistic infections. The DRC is committed to cooperation with its neighbors under a regional collective response to combat the growing HIV/AIDS pandemic in Africa.

## USAID Support

The U.S. Agency for International Development (USAID) allocated more than \$3.4 million to HIV/AIDS prevention and care activities in DRC in FY 2001, a significant increase from the FY 2000 budget of \$1.5 million. Concurrent with an anticipated increase in resources, USAID will step up its HIV/AIDS prevention and surveillance activities in DRC during the next five years. The Mission will focus on enhancing treatment and community support activities, increasing political and social commitment to HIV/AIDS, and reducing the stigma of persons living with the disease.

USAID/DRC currently supports HIV interventions that emphasize prevention (i.e., behavior change communication and condom social marketing). Pending available funds, USAID will:

- Provide support for surveillance activities to fill the current gap in existing HIV seroprevalence and behavioral data;
- Revitalize behavior change communication activities targeting vulnerable groups;
- Increase condom social marketing;
- Improve management of STIs;
- Promote care and support activities, including voluntary counseling and testing (VCT), prevention of MTCT of HIV, and tuberculosis prevention and management); and
- Improve blood safety.

USAID supports the following country programs:

### ***Blood Safety***

Through Catholic Relief Services, USAID introduced rapid HIV diagnostic tests to improve blood safety in rural health delivery sites.

### ***Care and Support***

USAID finances VCT initiatives and provides care and support to those living with HIV/AIDS. In cooperation with the Centers for Disease Control and Prevention (CDC), the Mission is considering expanding VCT initiatives and interventions to reduce HIV transmission from mother to child. In addition, given the DRC's high tuberculosis-HIV co-infection rate, USAID supports projects that identify and effectively treat tuberculosis infections among people who are HIV-positive.

## **Condom Social Marketing**

Condom distribution programs in the DRC target vulnerable groups in major urban areas, such as the police, military, truck drivers, and commercial sex workers and their clients. Although approximately 1 million condoms are distributed each month, the unmet need remains high. USAID/DRC's condom social marketing project sold more than 12 million condoms in 2000, exceeding planned sales of 8 million.

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.

## **Surveillance**

With CDC's assistance, USAID is supporting the revitalization of 10 sentinel surveillance sites throughout the country.

## **Challenges**

In his 2001 statement before the United Nations General Assembly Special Session on HIV/AIDS, the Chairman of the DRC's delegation highlighted the following challenges to HIV/AIDS prevention:

- War in DRC exacerbates the spread of HIV/AIDS;
- Movement of large numbers of refugees and displaced persons increases the population's vulnerability;
- Acts of violence perpetrated by soldiers in occupied territories place women and children at greater risk of HIV infection;
- Disruption of social and governance systems impedes the provision of HIV/AIDS prevention and care services; and
- Chronic poverty and food insecurity cripple DRC.

## **Selected Links and Contacts**

1. USAID/DRC: Anthony Gambino, Mission Director, American Embassy Kinshasa, Unit 31550, APO EE 09828.  
Tel: (243) 88-03142, E-mail: [agambino@usaid.gov](mailto:agambino@usaid.gov), Web site: [www.usaid.gov/cg](http://www.usaid.gov/cg).
2. Population Services International/Kinshasa: Association de Sante Familale, Building Shell, No. 12 Blvd. 30 Juin, Kinshasa 1, Democratic Republic of Congo. Tel: (243) 12-20544, Fax: (after 19:00) (243) 12-20544, E-mail: [103361.3624@compuserve.com](mailto:103361.3624@compuserve.com).
3. Association Femmes Plus: Aline Okongo Dishashi, Contact Person, 112 Lokolenge Commune de Ngiri-Ngiri, Kinshasa 12605, Democratic Republic of the Congo. Tel: (243) 61-752 Fax: (243) 884-3675.

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For more information, see [www.usaid.gov/pop\\_health/aids/](http://www.usaid.gov/pop_health/aids/) or [www.synergyaids.com](http://www.synergyaids.com).*

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