

DEMOCRATIC REPUBLIC OF THE CONGO AND HIV/AIDS

Key Talking Points

Consecutive wars have made it nearly impossible to carry out effective and sustainable HIV/AIDS prevention activities in Congo.

- The HIV prevalence rate for Congo is estimated at more than 4 percent of the adult (age 15 and over) population.
- Close to one million Congolese are living with HIV—510,000 of them with AIDS.

AIDS Deaths From 1990 to 2010, AIDS will increase the crude death rate in Congo by 20 percent. An estimated 93,000 people died of AIDS-related diseases in 1997. Life expectancy has dropped 9 percent during the 1990s as a result of HIV/AIDS.

Women and HIV/AIDS The number of Congolese women living with HIV/AIDS is growing. The ratio of new infections has evolved from 1:6 (women to men) in 1991 to 1:3 in 1997. HIV-infection rates in antenatal clinics in 1997 ranged from 2.5 percent in Nyankunde (Province Orientale) to 6.2 percent at one of Kinshasa's health centers (Boyambi).

Children, Youth and HIV/AIDS Forty-seven percent of the total Congolese population is under age 15. The infant mortality rate remains high (95 per 1,000 live births) while life expectancy at birth remains low (52 years). The most affected age groups are 20 to 29 for women, and 30 to 39 for men. According to UNAIDS, an estimated 410,000 children have been orphaned by HIV/AIDS to date. The increasing number of orphans is changing the country's social structure. When extended families can no longer support them, adolescents often assume responsibility for their siblings and households.

USAID only recently reopened its office in Kinshasa. The mission is planning several HIV/AIDS prevention activities which will focus on providing support for information, education, and communication (IEC) programs targeting high-risk groups, and will also support and implement several counseling and testing programs.

National Response Mobutu Sese Seko's rule left Congo with an almost complete lack of social services, and the capacity of the Congolese government to fulfill its most basic obligations is quite limited. However, the government has developed a multisectoral response to the epidemic; what is needed now is a sound implementation strategy that will bring this response to the communities and individuals most affected by the epidemic.



**U.S. Agency for
International Development**
**Population, Health and Nutrition
Programs**
HIV/AIDS Division
1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516-9779
Fax: (703) 516-9781
URL: www.fhi.org

DEMOCRATIC REPUBLIC OF THE CONGO AND HIV/AIDS

Country Profile

Mobutu Sese Seko's rule left the Democratic Republic of the Congo worse off in 1997, in many ways, than it was at the time of independence. Ranking 142 out of 175 on the United Nations Human Development Index, with a per capita annual income of \$154, the country has few resources. And with government offices in disarray, the new government must incorporate democratic practices, revitalize a moribund economy, and replace defunct public education and health services. Although several positive changes have occurred, there are still several challenges and constraints facing the new government in terms of providing adequate health care to a population of more than 49 million.

The almost complete lack of social services is an appalling legacy of the Mobutu era. Revitalization

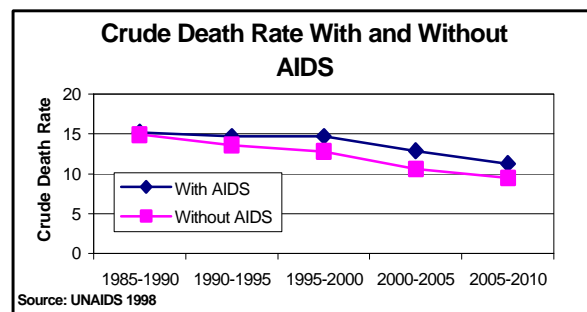
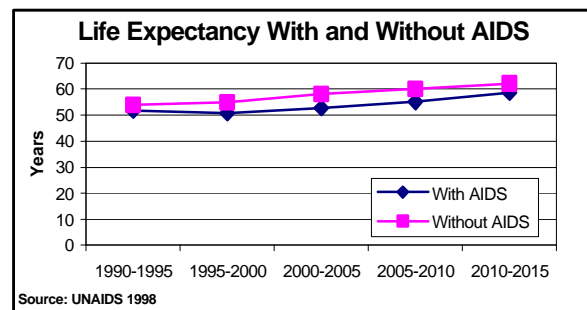
and strengthening of a sustainable health care system is a high priority for the new government. The infant mortality rate remains high (95 per 1,000 live births) while life expectancy at birth remains low (52 years). A 1999 UNICEF study found that 207 of every 1,000 children die before they reach the age of 5. Immunizing children can reduce these mortality rates. However, as of 1996 only 41 percent of children were immunized for measles and 35 percent for diphtheria (DPT). The maternal mortality rate remains alarmingly high (870 per 100,000 live births), while most women bear an average of seven children, increasing their risk of death. Only 26 percent of the population have access to basic health care and as of 1995, only 1 percent of central government expenditure was allocated to health.

HIV/AIDS in Congo

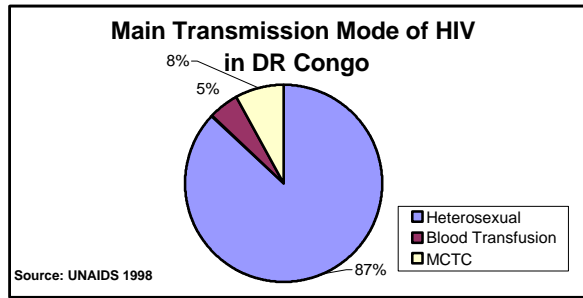
The average HIV prevalence rate for Congo is estimated at more than 4 percent of the adult (age 15 and over) population. Consecutive wars have made it nearly impossible to carry out effective and sustainable prevention activities.

- Close to one million Congolese are living with HIV—510,000 of them with AIDS.
- From 1990 to 2010, AIDS will increase the crude death rate in Congo by 20 percent.
- An estimated 93,000 people died of AIDS-related diseases in 1997.
- Life expectancy has dropped 9 percent during the 1990s as a result of HIV/AIDS.

The Ministry of Health estimates that three main transmission mechanisms account for new HIV infections in Congo: heterosexual sexual contact (87 percent), mother-to-child transmission (8 percent) and blood transfusions (5 percent). According to UNAIDS, several factors contribute to the spread of HIV in Congo, including:



DEMOCRATIC REPUBLIC OF THE CONGO AND HIV/AIDS



- Movement of large numbers of refugees and soldiers.
- Scarcity and high cost of safe blood transfusions in rural areas, and a lack of counseling and

testing sites throughout the country (three hospitals in Kinshasha and four or five throughout the whole country).

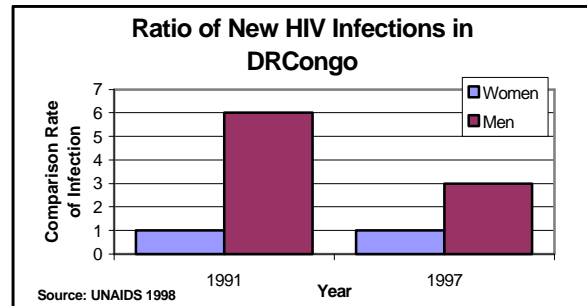
- An unwillingness to enforce preventive measures in personal sexual life, although level of information is high.
- High levels of untreated sexually transmitted infections (STIs) among sex workers and their clients.
- Low availability of condoms outside Kinshasha and one or two provincial capitals.

Women and HIV/AIDS

The number of Congolese women living with HIV/AIDS is growing. The ratio of new infections has evolved from 1:6 (women to men) in 1991 to 1:3 in 1997. Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at increased risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound their vulnerability.

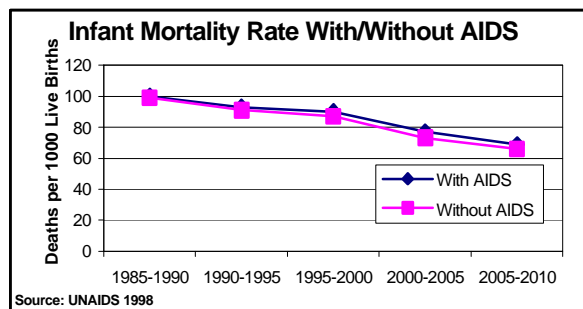
- According to the Ministry of Health, 1997 HIV-infection rates in antenatal clinics ranged from 2.5 percent in Nyankunde (Province Orientale) to 6.2 percent at one of Kinshasha's health centers (Boyambi).

- Presently, no preventive pre-delivery treatment is available to HIV-infected mothers.
- Due to lack of counseling and testing sites, most HIV-infected Congolese women are unaware of their status.



Children, Youth, and HIV/AIDS

Forty-seven percent of the total Congolese population is under age 15. The AIDS epidemic



has 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 also become infected with HIV.

- 17 percent of 15- to 19-year-old women give birth each year; only 3 percent of 15- to 19-year-old married women report using contraceptives.
- The most affected age groups are 20 to 29 for women, and 30 to 39 for men.
- According to UNAIDS, an estimated 410,000 children have been orphaned by HIV/AIDS.

The increasing number of orphans is changing the country's social structure. When extended families can no longer support them, adolescents often assume responsibility for their siblings and households.

Socioeconomic Effects of AIDS

About 90 percent of reported AIDS cases are adults 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a family

member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. And AIDS adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *analysis* presented by the Policy Project.)

Interventions

National Response

Due to recent civil strife and lack of resources, the Congolese government is quite limited in its ability to fulfill even the most basic obligations. In the past year the Ministry of Health and Education has not received any money to operate their budgets. Government employees at all levels are paid nominal salaries, decreasing their desire to become fully engaged in the programs. Systemic corruption has also severely limited the Congolese government's capacity to deal with the epidemic.

The National AIDS Control Program (NACP) was formed 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 of planning, coordination, monitoring and evaluation of all HIV/AIDS/STI activities and ten provincial

offices. Considering the fragile national telecommunication and air transport networks, most of these provincial offices operate in a semi-autonomous manner. Realization of decentralized projects is very difficult since the transfer of funds to most provincial capitals is impossible.

Since the cancellation of World Bank support in 1993, the NACP has been able to operate only through side benefits from programs financed by the UN, in particular a \$3,000,000 UNDP/WHO AIDS project from 1996 to July 1998. In 1997 UNAIDS also supported a \$300,000 project to support the NACP through 1999.

During 1997 and 1998, NACP strengthened its capacity to coordinate and implement HIV/AIDS control activities in Kinshasa and also throughout the provinces. During this period, the NACP also carried out several HIV/development workshops, strengthened its surveillance system, and conducted a comprehensive socio-cultural survey and several other field surveys.

Although there have been some improvements, the NACP is still very limited in its capacity and

DEMOCRATIC REPUBLIC OF THE CONGO AND HIV/AIDS

scope due to lack of resources, the magnitude of the HIV/AIDS epidemic in Congo, and the multiplicity of hindrances like communication and transportation difficulties. In July 1998, as one of the expected results of the UNDP/WHO AIDS program, a draft document of the National Strategic Plan was developed. In November 1998 a final draft of the “Plan National Stratégique” was finalized, as well as an implementation document, “Plan Directeur Triennal.” The NACP is currently

planning a consensus workshop with its main national partners, prior to presenting the text to the National AIDS Committee.

With UNDP funding completed in 1998, further funding is contingent upon acceptance of the National Strategic and Implementation Plan. Unfortunately, this process has been quite slow due to the evacuations and civil strife which further impede the government's ability to cope with the growing epidemic.

Donors

USAID recently reopened its office in Kinshasa. Four goals will be addressed by the mission this coming year:

- Building democracy.
- Stabilizing world population growth and protecting human health.
- Encouraging broad-based economic growth.
- Protecting the environment.

Considering the lack of attention paid to health care by the Mobutu regime, the revitalization and strengthening of a sustainable health care system is a high priority. USAID will provide technical assistance to Congo’s Expanded Program of Immunization staff in planning, organizing, and implementing immunization activities to increase

vaccination coverage for major childhood diseases and to eradicate polio in Congo. USAID is also planning several HIV/AIDS prevention activities which will focus on providing support for information, education, and communication (IEC) activities targeting high-risk groups. The mission will also support and implement several counseling and testing programs.

UNAIDS formed a coordinating Theme Group based in Congo, in March 1996. The Theme Group, chaired by UNFPA, consists of representatives from UNDP, UNICEF, UNFPA, WHO, and UNESCO. Support from the UNAIDS cosponsors in 1996-1998 included the following (some numbers are still not available):

Organization	Amount US\$ 1996-1997	Amount US\$ 1998-1999
UNDP	1,615,548	600,000 <i>(carry over from 96-97)</i>
UNFPA (also 5.7M condoms)	12,800	N/A
UNICEF	600,000	N/A
UNAIDS	300,000	300,000
Total	2,528,348	900,000

UNAIDS cosponsor support 1996-1999

UNAIDS has been actively working with the NACP to draft, finalize, and implement the National Strategic Plan. UNAIDS also sponsors several prevention activities targeting university students and health care personnel.

UNDP and WHO have been the major supporters of the NACP program through a \$3 million, multi-year grant from 1996 to 1998.

The German Federal Ministry for Economic Cooperation and Development (GTZ) has been involved in sponsoring STD control programs throughout Congo.

Médecins sans Frontières have sponsored several programs ensuring blood safety in Congo.

DEMOCRATIC REPUBLIC OF THE CONGO AND HIV/AIDS

Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)

A number of PVOs implement activities in Congo are funded by multilateral and bilateral donors. One of the major USAID cooperating agencies is Population Services International (PSI). *See attached preliminary chart for PVO, USAID cooperating agencies, and NGO target areas of HIV/AIDS activities. This list is evolving and changes periodically.*

Since 1993, bilateral cooperation mechanisms have discontinued any support through the government of Zaire/Congo, and have opted to channel a percentage of aid through churches, NGOs and community associations, concentrating mainly in the health sector. According to UNAIDS, considering the lack of coordinated

government action, NGOs remain the only efficient operators in the fight against HIV/AIDS in Congo.

More than 100 NGOs fighting HIV/AIDS in Kinshasa have developed a coalition, Forum SIDA, that meets once a month and provides an efficient coordination mechanism for other organizations. Similar coalitions are reported to exist in Kikwit, Mbuji Mayi, and Lubumbashi. Congo also has at least two associations of people living with HIV/AIDS (PLWHA) that provide counseling and mutual support, and contribute effectively in increasing awareness of, acceptance of, and cooperation with PLWHA.

Challenges

Major constraints to HIV/AIDS control in Congo include the following:

- Governmental and national priorities are set on other urgent issues, such as the ongoing war, political reorganization, and national reconstruction.
- The ongoing war inhibits other partners—national and international—from becoming involved in any long-term commitment or engagement.
- UNDP's program to support the NACP has now been completed, without any clear decision taken on future funding.
- Although HIV/AIDS is generally recognized and accepted as an important health issue, communities and individuals appear to resist enforcing any change in relevant decision making at individual or communal levels.

The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in Congo:

- Long-term government policy addressing the underlying causes of health problems, including inadequate housing, sanitation, water, and nutrition.
- Political leadership and commitment from the top levels.
- Behavior change interventions to complement all IEC activities.
- An implementation plan to fulfill the national AIDS strategy.
- Targeted interventions for at-risk groups.
- Legislation and enforcement to protect the human rights of PLWHA.

The Future

Due to the civil war and increased influx of migrants and soldiers, it is imperative that the Congolese government act swiftly to control the rapid spread of HIV/AIDS. The government has developed a multisectoral response to the epidemic; what is needed now is a sound implementation strategy that will bring this response to the communities and individuals most affected by the epidemic.

International donors must also continue to play an active role in supporting NGOs and community-based initiatives to curb the devastating effect HIV/AIDS is having on PLWHA, their families, and the general population. Only with such leadership and support will it be possible to slow the spread of HIV in Congo.

Important Links

1. UNAIDS Country Programme Advisor: John Grinling, UNAIDS c/o PNUD, BP 7248 KIN 1 Kinshasa; Tel: (243) 88 00 840; Fax: (1 212) 376 9466; e-mail: onusida_kin@kinpost.ccmail.compuserve.com
2. ForumSIDA



**U.S. Agency for
International Development
Population, Health and Nutrition
Programs
HIV/AIDS Division**

1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516 9779
Fax: (703) 516 9781
URL: www.fhi.org

June 1999

Congo

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
PSI						X											
PVOs/NGOs																	
[none currently]																	

KEY:	Advoc.	Advocacy	MTCT	Mother to Child Transmission activities
	BCI	Behavior Change Intervention	Research	HIV/AIDS research activities
	Care/S	Care & Support Activities	Policy	Policy monitoring or development
	Training	HIV/AIDS training programs	STD	STD services or drug distribution
	Cond.	Condom Distribution	VCT	Voluntary counseling and testing
	SM	Social Marketing	Orphan	AIDS orphan activities
	Eval.	Evaluation of several projects	TB	TB control
	HR	Human Rights activities	Other	(I.e. blood supply, etc.).
	IEC	Information, education, communication activities		