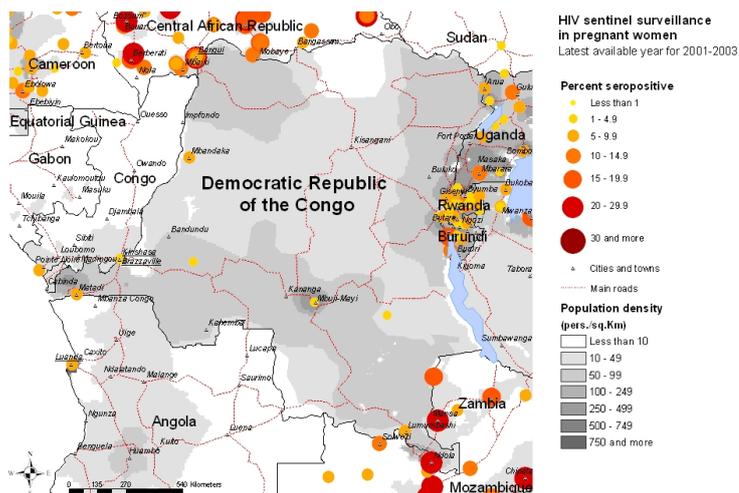


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 209 000
 Antiretroviral therapy target declared by country: 24 300 by the end of 2005



1. Demographic and socioeconomic data

2. HIV indicators

	Date	Estimate	Source
Total population (millions)	2004	58	Ministry of Planning
Population in urban areas (%)	2005	32.7	United Nations
Life expectancy at birth (years)	2003	44	WHO
Gross domestic product per capita (US\$)	2002	108	World Bank
Government budget spent on health care (%)	2002	44.2	WHO
Per capita expenditure on health (US\$)	2002	4	WHO
Human Development Index	2003	0.385	UNDP

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	1.7 - 9.9%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	450 000 - 2 600 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Sep 2005	6 695	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	209 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	184	WHO
HIV testing and counselling sites: number of people tested at all sites	2004	59 379	WHO
Knowledge of HIV prevention methods (15-24 years)% - female*		NA	
Knowledge of HIV prevention methods (15-24 years)% - male*		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

**=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

3. Situation analysis

Epidemic level and trend and gender data
 The Democratic Republic of the Congo is facing a large-scale growing HIV/AIDS epidemic, with an estimated national average adult prevalence of 4% and 1.19 million people living with HIV/AIDS at the end of 2005. The principal mode of transmission is heterosexual. The most severely affected age groups are 20-29 years among women and 30-39 years among men. The epidemic has severely affected children - an estimated 770 000 children younger than 17 years had lost one or both parents to AIDS at the end of 2003. Data available from isolated surveillance activities conducted in the eastern part of the country suggest that the prevalence of HIV infection is higher there than in the western part. The epidemic has been worsened by large-scale population movements that resulted from the armed conflict and political instability of the mid-1990s, the related economic crisis, high levels of untreated sexually transmitted infections and weak health system infrastructure.

Major vulnerable and affected groups
 Infection rates are high among sex workers, men working for the armed forces, mining workers, long-distance truck drivers, blood donors and prisoners. According to a survey conducted by Médecins Sans Frontières in 2001, the prevalence of HIV infection among sex workers was 27%.

Policy on HIV testing and treatment
 In 2002, the National AIDS Control Programme developed national guidelines for antiretroviral therapy and the treatment of opportunistic infections in adults in collaboration with the German Gesellschaft für Technische Zusammenarbeit (GTZ). The guidelines are being revised to take into account issues such as treatment in resource-constrained settings, treatment for children, treatment for pregnant women and HIV and TB coinfection. HIV diagnosis is based on an algorithm combining two rapid tests with clinical signs. A CD4 count is mandatory before initiating antiretroviral therapy. The national guidelines promote HIV testing on a voluntary and confidential basis. The National Strategic Plan for HIV/AIDS for 1999-2008 specifies that all reproductive health services should integrate services for preventing the mother-to-child transmission of HIV, including access to voluntary counselling and testing, antiretroviral therapy for women living with HIV/AIDS and nutritional counselling for infant feeding.

Antiretroviral therapy: first-line drug regimen, cost per person per year
 The recommended first-line drug regimens are stavudine + lamivudine + nevirapine or stavudine + lamivudine + efavirenz. The average cost of first-line treatment is US\$ 348 per person per year.

Assessment of overall health sector response and capacity



The Democratic Republic of the Congo was among the first African countries to design and implement a programme for HIV/AIDS awareness and prevention in the early 1980s. In 1987, the government established the National AIDS Control Programme to lead the fight against a rapidly increasing epidemic. However, progress was interrupted by the political and civil crisis that broke out in the mid-1990s. In 1999, a National Strategic Plan for an integrated response to HIV/AIDS covering the period 1999-2008 was adopted, including prevention, care and interventions related to the provision of antiretroviral therapy and essential drugs to treat opportunistic infections. A National Health Sector Plan for HIV/AIDS 2002-2004 was also developed. With the end of hostilities and the establishment of a transitional government in 2003, the Democratic Republic of the Congo has witnessed a renewed commitment to the fight against the disease. Since June 2002, a joint public-private initiative piloted by the government has trained health workers, strengthened laboratory capacity and begun procuring generic antiretroviral drugs. The approach is multisectoral. In January 2005, the Democratic Republic of the Congo finalized its National Strategic Plan for Scaling Up Access to Antiretroviral Therapy for the Period 2005-2009. The Plan includes strategies for training additional health workers to deliver antiretroviral therapy, expanding prevention and care facilities, strengthening the capacity of national laboratories and improving the procurement and supply management systems for antiretroviral drugs and other supplies. A total of 74 health workers had been trained by June 2004 to deliver antiretroviral therapy in accordance with national standards, mostly in Kinshasa, the capital; and 276 had been trained by September 2005. Coverage of services for voluntary counselling and testing and preventing mother-to-child transmission has expanded. Laboratory facilities for CD4 count are available in Kinshasa, Lubumbashi and Mbuji Mayi. Efforts have been made to expand behaviour change communication with the support of a variety of communication channels.

Critical issues and major challenges

Many years of civil unrest have damaged the health care delivery system. The country is large, has a sizeable mobile population and health care services are inadequately decentralized. There is a severe shortage of human resources trained to deliver antiretroviral therapy. Access to antiretroviral therapy is limited in many provinces. Systems for procurement and supply management of drugs are inadequate, and the cost of treatment remains high. Coordinating mechanisms and monitoring and evaluation systems need to be strengthened. Rapidly scaling up HIV prevention, treatment and care requires accelerating the training of health workers, expanding services for voluntary counselling and testing and preventing mother-to-child transmission, reducing the cost of antiretroviral drugs and diagnostics, extending coverage of services to rural areas and reinforcing synergy among the activities of various partner organizations.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 84.6 million and US\$ 88.3 million was required during 2004-2005 to scale up treatment in the Democratic Republic of the Congo and reach the WHO "3 by 5" treatment target of 80 000 people.
- The Democratic Republic of the Congo submitted a successful funding proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 3 with a total funding request of US\$ 113.6 million and approved two-year funding of US\$ 34.7 million. The proposal covers a range of HIV prevention and care activities, including providing antiretroviral therapy. It also focuses on monitoring and evaluating the programme and training health personnel. As of November 2005, US\$ 21.4 million had been disbursed for implementation of activities.
- In March 2004, the World Bank Multi-Country HIV/AIDS Program for Africa allocated US\$ 102 million for the period 2004-2007 in support of the implementation of the country's national multisectoral strategic plan for HIV/AIDS. Of these funds, US\$ 1.2 million was expected to be available for purchasing antiretroviral drugs in 2005.
- The Democratic Republic of the Congo is a beneficiary of the subregional Great Lakes Initiative against AIDS supported by UNAIDS and the World Bank, which provides support for refugees from outside the Democratic Republic of the Congo, internally displaced populations and refugees from the Democratic Republic of the Congo returning to their homeland. Some support is also available from the Oubangui-Chari initiative of the African Development Bank and UNAIDS, which focuses on prevention activities in the Central African Republic, Congo and the Democratic Republic of the Congo.
- The United States Agency for International Development allocated US\$ 4 million to HIV/AIDS prevention and care in the Democratic Republic of the Congo in 2004. The Belgian Cooperation and other bilateral partners also provide financial support for HIV/AIDS interventions in the Democratic Republic of the Congo.

5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated the total treatment need for the Democratic Republic of the Congo to be 160 000 people, and the WHO "3 by 5" treatment target was calculated as 80 000 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that the number of people needing treatment in the Democratic Republic of the Congo had risen to 209 000.
- The National Strategic Plan for Scaling Up Access to Antiretroviral Therapy for the Period 2005-2009 established treatment targets of 24 300 people by 2005, 81 648 by 2006 and 235 146 between 2007 and 2009, to reach a total coverage rate of 69% by 2009.
- The Global Fund Round 3 proposal initially made provision for delivering antiretroviral therapy to 15 000 people within five years, but it is expected to increase coverage as the prices of antiretroviral drugs are reduced. The proposal also provides for the establishment of 21 sites for preventing mother-to-child transmission and 15 providing voluntary counselling and testing.
- The World Bank Multi-Country HIV/AIDS Program for Africa anticipates the establishment of 50 sites providing voluntary counselling and testing services; integration of services for the prevention of mother-to-child transmission in 50 maternal health facilities; and the provision of antiretroviral therapy to 5200 people in 50 health centres.
- In November 2004, 3836 people were reported to be receiving antiretroviral therapy in the Democratic Republic of the Congo, most of whom were in Kinshasa. By May 2005, 5327 people were reported to be receiving antiretroviral therapy in the country. By September 2005, this had increased further to 6695 people.
- At the end of 2003, there were 43 sites providing antiretroviral therapy in the country. By September 2005, there were 70 sites providing antiretroviral therapy in the country, of which 28 were in the public sector, and the others in the private sector or supported by nongovernmental organizations. Médecins Sans Frontières has provided free antiretroviral therapy to people in the eastern Democratic Republic of the Congo since 2003. However, access remains limited, covering only 18 of 515 districts as of September 2005.
- In June 2004, there were 95 voluntary counselling and testing sites in the country. By September 2005, this had increased to 184 sites, covering 90 of 515 districts. Of these sites, 143 are in the public sector. The coverage of services for preventing mother-to-child transmission has also expanded in recent years with pilot projects supported by partners including UNICEF, UNDP and the University of North Carolina, United States. However, coverage is still insufficient; in September 2005, only 81 of 515 districts in the country had at least one centre providing services to prevent mother-to-child transmission.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

The National AIDS Control Programme leads the effort to scale up access to antiretroviral therapy in the country. The World Bank plays a key role in supporting national authorities to mobilize financial resources for the fight against AIDS. UNAIDS and WHO provide support to national authorities in planning and policy development.

Service delivery

The National AIDS Control Programme provides leadership in the health sector response to HIV/AIDS, including development of national norms and guidelines, training of health workers and expanding voluntary counselling and testing, treatment and laboratory services. The Ministry of Health's Department of Medicines, Pharmaceuticals and Laboratories, together with the National Programme for the Procurement of Medicines, coordinates the procurement and management of medical supplies. Procurement of antiretroviral drugs is undertaken in partnership with the private sector (Générale de Santé et Services, a subsidiary of the pharmaceutical company Cipla, headquartered in India). The German Gesellschaft für Technische Zusammenarbeit (GTZ) provides institutional support to the National AIDS Control Programme. WHO provides normative guidance to support the national response, including providing antiretroviral therapy, treating opportunistic infections and blood safety. UNICEF supports activities related to preventing mother-to-child transmission and behaviour change communication among young people. The United States Agency for International Development and the United States Centers for Disease Control and Prevention also support activities related to preventing mother-to-child transmission. In addition, the United States Agency for International Development supports intervention related to behavioural change communication, social marketing of condoms and voluntary counselling and testing. Support is expected for activities related to treating tuberculosis infections among people living with HIV. The Belgian Cooperation supports treatment and care programmes in three provinces. Médecins Sans Frontières undertakes activities related to voluntary testing and counselling and to treating opportunistic infections and sexually transmitted infections.

Community mobilization

Many local community-based organizations provide care and support to people living with and affected by HIV/AIDS in the Democratic Republic of the Congo. Most community-based organizations are grouped under the network Forum SIDA, which was created in 1994. The Democratic Republic of the Congo also has an active network of associations of people living with HIV/AIDS. In 2002, an inter-faith council for the fight against HIV/AIDS was established to bring together various faith-based organizations. Médecins Sans Frontières supports the provision of home-based care and nutritional and psychosocial support for people living with HIV/AIDS. The World Food Programme also provides nutritional and material support for people living with HIV/AIDS. Other community-based organizations providing care and support to people living with HIV/AIDS and their families include Avenir Meilleur pour les Orphelins du Congo (AMO-CONGO) and Fondation Femmes Plus. UNDP, the European Union, the United States Agency for International Development, Christian Aid and the French Cooperation provide financial support to community organizations.

Strategic information

The National AIDS Control Programme provides leadership in surveillance, monitoring and evaluation. The national epidemiological surveillance system comprises three elements - routine epidemiological surveillance, sentinel surveillance and behavioural surveillance. WHO provides support for epidemiological surveillance. WHO, UNAIDS, the United States Agency for International Development and the United States Centers for Disease Control and Prevention also provide support to national authorities in surveillance and monitoring activities.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Conducting an advocacy and assessment mission to the Democratic Republic of the Congo to assess the situation of access to antiretroviral therapy, identifying the financial and human resources needed to scale up access to treatment and supporting national authorities in mobilizing partner support and beginning to scale up treatment
- Supporting national authorities in developing the National Strategic Plan for Scaling Up Access to Antiretroviral Therapy for the Period 2005-2009
- Supporting national authorities in revising national treatment guidelines for antiretroviral therapy
- Providing training to WHO Country Office staff and national representatives in managing the procurement and logistics of HIV/AIDS drugs and related supplies
- Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Supporting the finalization and distribution of national guidelines on antiretroviral therapy
- Supporting national authorities in scaling up activities at the provincial level
- Supporting the strengthening of systems for procuring and managing the supply of drugs
- Supporting the development of training materials and for training various categories of health workers
- Supporting the strengthening of surveillance, including drug resistance surveillance and systems for monitoring and evaluating programmes

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international HIV/AIDS Country Officer and one National Programme Officer for HIV/AIDS.