

DEMOCRATIC REPUBLIC OF CONGO

Assessment of the Epidemiological Situation & Demographics	HIV/AIDS Impact on the Macroeconomic Level
<p><u>Estimated percentage of adults living with HIV/AIDS, end of 2001</u> These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: 4.9%</p> <p><u>Estimated number of deaths due to AIDS</u> Estimated number of adults and children who died of AIDS during 2001: 120,000</p> <p><u>Estimated number of orphans</u> Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: 930,000</p> <ul style="list-style-type: none"> • From 1985 to 1999, the median HIV prevalence rate among antenatal clinic (ANC) attendees in Kinshasa, the major urban area, fluctuated between 3% and 7%. In 1999, 5.4% of antenatal clinics attendees tested were HIV positive. • Sentinel surveillance outside of Kinshasa is infrequent. Studies conducted showed that HIV prevalence among antenatal women tested was between 3% and 4% between 1988 and 1993. • In 1997, HIV testing was conducted at 14 sites outside Kinshasa; about 4% of ANC attendees tested HIV positive with prevalence ranging from 0.4% to 6.3%. In Lubumbashi, HIV prevalence rose from 2.7% in 1989 to 8.5% in 1999. <p><i>Source: UNAIDS/WHO epidemiological fact sheet – Malawi</i></p> <ul style="list-style-type: none"> • According to the researcher Radhika Sarin of the Worldwatch Institute, more than 40% of soldiers in the DRC are infected with HIV. • A report entitled "HIV and Conflict: A Double Emergency", issued at the international AIDS conference in Barcelona, Spain, said conflict situations in Congo Brazza and the Democratic Republic of Congo were fuelling the rapid spread of HIV as a result of the exploitation of women forced to resort to sexual bartering due to food scarcity; people being forced from their homes; low levels of HIV awareness; an absence of sexual and reproductive health services; and an increased likelihood of use of unscreened blood. • According to an inquiry carried out by "Progrès des Nations" magazine, UNICEF publication, teachers who have died of AIDS in the Democratic Republic of the Congo (DRC) in the past two years have left 27,000 children without instructors. <p><i>Source: AIDS Education Global Information System. http://www.aegis.com/news/irin/2002/ir020708.html</i></p>	<ul style="list-style-type: none"> • A recent study by the Harvard Institute of International Development estimated that the total cost to Congo by 1995 due to AIDS-associated deaths was US\$350 million, which was about 8% of GDP. <p><i>Source: Cited in Ojo, K and M Delaney. (1997) "Economic and Demographic Consequences of AIDS in Namibia: Rapid Assessment of the Costs." International Journal of Health Planning and Management; 12: 315-326, 1997.</i></p>
	HIV/AIDS Impact on the Private Sector
	<ul style="list-style-type: none"> • A study of a textile mill in Kinshasa found that the highest rate of HIV prevalence was discovered in the managers, followed by the foremen, with the lowest rates found in the workers. Thus the effect of HIV/AIDS will be felt most strongly in the more highly skilled workers, who are more difficult to replace. <p><i>Source: PHNFlash Issue 58, Feb 22, 1995, "The Economic Impact of AIDS," found at website http://www.worldbank.org/html/extdr/hnp/hddflash/issues/00075.html</i></p> <ul style="list-style-type: none"> • In 1990, large corporations in Congo were required to provide health benefits to their employees and to the families of the employees. A study evaluated the impact of HIV infection on the costs of health care for a large bank in Kinshasa by examining medical records of 90 HIV-positive employees. The evidence indicated that health care utilization increased substantially for these employees over time, and consequently so did health care costs for the company. <p><i>Source: Mposo, N, S Bertozzi, M Kamenga, A Doppagne, B Engel, and R Ryder (1990) "Large increase in health care utilization by HIV infected employees at a commercial bank in Kinshasa, Zaire," Int Conf AIDS; 6(1):172 (abstract no. Th.D.218).</i></p>

The National Response	Multisectoral Response*
<ul style="list-style-type: none"> • One of the first African countries to recognize HIV, the DRC registered cases of HIV among hospital patients as early as 1983. The DRC was also the first African country to actually design and implement an HIV/AIDS program. However, the economic crisis, internal conflict, and related population displacements have limited the effectiveness of programs. • 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. • According to the UN Population Fund (UNFPA), in December 2002 the military and police in the Democratic Republic of the Congo announced that they were planning to launch a countrywide HIV/AIDS awareness campaign. 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. 	<ul style="list-style-type: none"> • Bralima, the brewery company in the DRC owned by Heineken, has developed a program against AIDS for its workforce as part of a larger cooperation between Heineken and the German Technical Cooperation (GTZ). The program includes sensitization, anti-stigmatization and treatment. • In the telecoms sector, Vodacom is sponsoring a publicity campaign for AIDS prevention. • The German Technical Cooperation (GTZ) is working with the University of North Carolina (USA) to implement awareness and prevention programs in the military. • Population Services International (PSI) collaborates with the Ministry of Health, the National AIDS, Family Planning and Malaria agencies, and many international and local NGOs involved with HIV/AIDS, family planning and reproductive health and malaria prevention for communication and social marketing activities in all major urban centers in the country. Those programs are mainly targeting to high-risk groups, such as commercial sex workers, the military and the police, long-haul truckers, miners, adolescents, dockworkers, and fishermen. • The United States Agency for International Development in the Democratic Republic of Congo (USAID/DRC) focuses 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. • More recently (August 2002) the World Bank's International Development Association (IDA) arm has approved a \$44m grant to the DRC for projects to prevent and treat AIDS, as well as other diseases such as malaria and tuberculosis.
<p><i>Source: United States Agency for International Development (USAID) AIDS in DRC (2002)</i></p>	<p><i>*For details and contact information, please see List of Potential Direct Partners that follows</i></p>
<p>SELECTED LINKS AND CONTACTS</p>	
<ol style="list-style-type: none"> 1. Population Services International – Association de Santé Familiale, Building Shell, No. 12 Blvd. 30 Juin, Kinshasa 1, Phone and Fax: (243) 12-20544 E-mail: 103361.3624@compuserve.com 2. German Technical Cooperation (GTZ), Contact person: Mrs. Dr. Salua Nour. 21 rue Ituri, B.P. 7555, Kinshasa 1, Tel: (243) 88-43543, 88-03882, Fax: (243) 88-03882 Email gtzvwl@ic.cd, copemeco@raga.net 3. USAID/DRC, Contact person: Anthony Gambino, Mission Director, American Embassy Kinshasa, Unit 31550, APO EE 09828. Tel: (243) 88-03142 E-mail: agambino@usaid.gov, Web site: www.usaid.gov/cg 4. Association Femmes Plus: Aline Okongo Dishashi, Contact Person, 112 Lokolenge Commune de Ngiri-Ngiri, Kinshasa 12605. Fax: (243) 884-3675 	

Democratic Republic of Congo – List Of Potential Direct Partners			
Source	URL/Contact Info	What to find	Comments
Association Femmes Plus	Contact persons: Aline Okongo Dishashi or Philomene Wenge 112 Lokolenge Commune de Ngiri- Ngiri, Kinshasa 12605 Fax: (243) 884-3675	Information and help regarding support to People Living With HIV/AIDS (PLWA).	Key activities include: Provision of material, and information on prevention, treatment, care and support. Number of PLWA engaged in the association: 50
Action d'Aide Sanitaire aux plus Démunis	Contact person: Mr. Jean-FrancoisEkofo-Panzoko, Coordinator BP 10892 Kinshasa 1	Information and help regarding support to People Living With HIV/AIDS (PLWA).	Action d'Aide Sanitaire aux plus Demunis in the Democratic Republic of the Congo helps provide health care and schooling for children orphaned by HIV/AIDS and people living with HIV/AIDS. It carries out HIV/AIDS advocacy and awareness campaigns and investigates conditions faced by HIV-positive people and children orphaned by HIV/AIDS in the Kinshasa area.
Association Nationale Des Entreprises De La République Du Congo (ANEZA)	10, av. des Aviateurs- B.P. 7247, Kinshasa Tel: (243) 2 862 2565, (243) 2 342 4565 Telex number(s): 21071 ANEZA Zr	ANEZA could provide contacts with other companies that are interested in joining forces and sharing experience and information in the fight against AIDS.	The association acts as a union to link entrepreneurs and to promote their interests in the Democratic Republic of the Congo.
Bralima/Heineken	Contact persons: L. Kitenge, Bralima/Heineken, Avenue du Flambeau 912, Gombe – Kinshasa Email C. Kitenge@Heineken.nl D. Denolf, Projet Sida Hôpital Général de Kinshasa, Gombe – Kinshasa Email projetsida@ic.cd	Bralima/ Heineken is doing groundbreaking work in implementing HIV/AIDS programs for its workforce. It mainly concentrates on Voluntary Counseling and Testing and Mother-to-Child Transmission. Heineken is one of the first companies in Africa to provide antiretroviral (ARV) treatment to all its employees that may need it.	The medical department of Bralima/Group Heineken in Kinshasa and a counseling center (Projet Sida) established a partnership for a feasibility study for the prevention of perinatal HIV transmission. HIV testing with appropriate counseling was offered to all pregnant women (female employees and wives of employees). All costs were funded by Bralima. Between March '98 and January 2000, 512 women were tested for HIV with their full consent. <i>Source: Partnership with the private sector: pilot program for the prevention of perinatal HIV transmission in the Democratic Republic of Congo, XIII International AIDS Conference Abstracts: http://www.iac2000.org/abdetail.asp?ID=TuPeE3921</i> The ARV project started on 1 September 2001 with a pilot in Rwanda and Burundi. From this pilot, Heineken learned lessons that enabled the company to start projects in Congo-Kinshasa and Congo-Brazzaville. <i>Source: HAART in the Heineken companies in Africa, International Antiviral Therapy Evaluation Center, http://www.iatec.com/update.html?folder=3&page=93</i>

<p>United States International Development Agency – Democratic Republic of Congo (USAID/DRC)</p>	<p>Contact Person: Anthony Gambino, Mission Director, American Embassy Kinshasa, Unit 31550, APO EE 09828. Tel: (243) 88-03142, E-mail: agambino@usaid.gov, Web site: www.usaid.gov/cg</p>	<p>Awareness material, information, support to people living with AIDS.</p>	<p>USAID supports the following country programs:</p> <ul style="list-style-type: none"> • 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), USAID 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. USAID/DRC's condom social marketing project sold more than 12 million condoms in 2000. 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.
<p>Doctors Without Borders/ <i>Médecins sans Frontières</i> (MSF)</p>	<p>Médecins Sans Frontières Artsen Zonder Grenzen Max Euweplein, 40 P.O. Box 10014 1001 EA Amsterdam Holland Tel:+31 (20) 520.87.00 Fax:+31 (20) 620.51.70 Web site: http://www.artsenzondergrenzen.nl/homepage.php</p>	<p>MSF has experience in Information, Education, and Communication (IEC) activities that address sexuality, STD and HIV prevention and treatment.</p>	<p>Since September 2000, MSF-Holland has been working in Bagira, one of the three health zones in Bukavu town, through Information, Education, and Communication (IEC) activities and the development of a Sexually Transmitted Diseases (STD) clinic. The IEC activities included information sessions and social support groups for adolescents, truck drivers and commercial sex workers. The sessions addressed sexuality, STD and HIV prevention and treatment. The impact of IEC activities was assessed by a Knowledge, Attitude and Practice (KAP) survey in September 2000 and June 2001. The STD clinic treats about 175 patients per month with several repeat patients and follow up.</p> <p><u>Lessons learned:</u> Collaboration of local and international NGOs has led to the development of training modules on syndromic STD management, as well as the implementation of supervision guidelines. Collaboration in the areas of training of nurses, reinforcement of local clinics and unique funding arrangements have created a meaningful intervention in this context.</p> <p><u>Recommendations:</u> Following the success of the STD clinic in Bagira, these services were expanded to other health zones in Bukavu. Two new clinics commenced operation in February 2002. MSF has handed over the IEC activities to another international NGO. The model of care established by the STD clinics has been applied to a clinic for HIV-related opportunistic infections that opened in February 2002.</p>

<p>Avenir Meilleur pour les Orphelins – AMO-Congo</p>	<p>Contact person: Dr. Henri MUKUMBI MASANGU/Director Address: BP 67 KIN 1, 1290, avenue Kasa-vubu, Bandalungwa, Kinshasa Tel: (243) 884-6763</p>	<p>AMO-Congo has valuable experience in Voluntary Counseling and Testing (VCT) in the DRC and it can apply that experience in a workplace setting and provide assistance, information and material on HIV/AIDS prevention.</p>	<p>Voluntary counseling and testing in Kinshasa, the experience of OVEC/Amo-Congo Author: J. Ditekemena po box 13869, Kinshasa, Democratic Republic of Congo Issues: VCT is not developed in Democratic Republic of Congo; a country troubled by the war and the poverty. This program aimed to evaluate the impact of VCT on the behavior. Description: OVEC/Amo-Congo program has followed 915 clients during more of a year. A questionnaire has been used before and after. * in June 2000: occasional sexual reports by 6 months before; 686 (75%) which were not protected reports; 494 on 686 as (72%). After the test 13% of results were HIV positive. * in November 2001: occasional reports: 606 on 891 (the rest of the sample) as 68% ;which were not protected reports 285 on 606 (47%). Lessons learnt: there is significant diminution of the rate of occasional sexual reports with risk, and relative diminution of occasional reports. Recommendation: to strengthen the VCT for reducing the risk and the vulnerability due to HIV/AIDS in Democratic Republic of Congo. Presenting Author: John Ditekemena <i>Source: Abstract from the XIV International AIDS Conference – Barcelona, July 7-12, 2002</i></p>
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