



THE DEMOCRATIC REPUBLIC OF CONGO PROGRAM

Working with Women, Children, and Families to End Pediatric AIDS

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION IN THE DEMOCRATIC REPUBLIC OF CONGO

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began supporting critical HIV and AIDS services in the Democratic Republic of Congo (DRC) in 2001, providing funding and technical assistance to prevention of mother-to-child HIV transmission (PMTCT) programs implemented by the Kinshasa School of Public Health and the University of North Carolina. Since, EGPAF has implemented and scaled up access to HIV testing and counseling, early infant HIV diagnosis (EID), adult and pediatric HIV care and treatment, TB prevention and treatment, sexually transmitted infection management, and sexual and gender-based violence services.

EGPAF has worked in close collaboration with DRC's Ministry of Health, the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Agency for International Development (USAID), the U.S. Department of Defense, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and Unitaid. With our partners, we aim to increase coverage of PMTCT, TB and HIV care and treatment services, while strengthening community-health facility linkages, and building local ownership and sustainability of comprehensive health programs.

KEY PROGRAM ACCOMPLISHMENTS*

Currently, EGPAF-DRC is supporting:



HIV treatment to nearly **30,000 adults**



Antiretroviral therapy to **over 1,300 children**



PMTCT services to **400 pregnant women**



HIV testing services to over 155,000 individuals



Virologic testing to **324 infants** within the first eight weeks of life

COUNTRY PROFILE**

	Population	86,790,567
	Number of people living with HIV	520,000
	Adult (15-49 years of age) prevalence rate	0.8%
	Deaths due to AIDS	15,000
	Women aged 15 and older living with HIV	330,000
	Children (0-14 years of age) living with HIV	68,000
	ART coverage for adults 15 years and older	57%
	ART coverage for children 14 and younger	28%
	Co-management of TB/HIV infection	40%
	Estimated TB-related deaths among people living with HIV	7,500
	Orphans due to AIDS aged 0 to 17	440,000

CURRENT EGPAF-DRC PROGRAM GEOGRAPHIC COVERAGE



^{*} Accomplishments as of September 2018

^{**} Sources: Joint United Nations Programme on HIV and AIDS (2019), DRC's DHS (2013-2014); World Bank, Democratic Republic of the Congo, population estimates (2020)

PROGRAM IMPLEMENTATION

Integrated HIV/AIDS Project-Kinshasa (2017-2022)

The Integrated HIV/AIDS Project (IHAP)-Kinshasa is a major USAID-funded HIV/AIDS program in Kinshasa. Its mission is to improve service delivery and provide technical assistance to the Government of DRC and specific health zones in Kinshasa. IHAP-Kinshasa will scale up HIV/AIDS services, including comprehensive prevention, HIV testing, ART enrollment, and treatment retention support services at high-yield entry points throughout these health zones. EGPAF will focus on community engagement to increase demand for HIV and AIDS services. Through IHAP-Kinshasa, EGPAF will also work to address TB/HIV co-infection through increased access to TB testing and prevention services, and more efficient laboratory functions for more readily accessible diagnostics of HIV/AIDS and TB. This work will be sustained by building and reinforcing the capacity of staff at the health zones, Ministry of Health, and the National AIDS Control Program.

Catalyzing Pediatric Tuberculosis Innovations (CaP TB) Project (2017-2021)

This project, funded and sponsored by Unitaid, aims to improve TB screening in children and accelerate access to TB diagnosis and new child-friendly treatments for both active and latent TB cases - a disease which affects one million children worldwide. This project, launched in 2017, will bring new child-friendly TB drug formulations and improved diagnostic technology to ten countries, including DRC

Elikya-Forces Armées de la République Démocratique du Congo (Elikya-FARDC) (2019-2022)

EGPAF is a partner in the Department of Defense HIV/AIDS Prevention Project: Military Specific HIV/AIDS Prevention, Care, and Treatment Program for PEPFAR-funded Countries. The project, locally known as Eliyka-FARDC, aims to reduce the number of new HIV infections and other sexually transmitted infections among members of the FARDC, their families, and the civilian communities served by FARDC health services, and support the continuum of care and treatment for those infected with HIV/AIDS.

ADVOCACY

As an implementing partner to DRC's Ministry of Health, EGPAF provides targeted technical assistance to the National AIDS Control Program and the National TB Control Program. EGPAF is supporting and facilitating discussion and adoption of the new World Health Organization treatment recommendations through its continued support to the pediatric and adult care and treatment technical working groups. EGPAF is also focused on supporting the roll-out of new pediatric TB detection technologies and child friendly treatments. As part of its community outreach, EGPAF is focused on working with religious leaders and health zone staff to promote the uptake of PMTCT and HIV testing, care, and treatment. Our work in this area also enables orphans and vulnerable children (OVCs) to attend school and receive vocational training in addition to HIV testing and treatment services, while furthering policy development for OVC care. EGPAF is also contributing to the strengthening of civil society organizations (CSOs) and communities' capacities to advocate for childhood TB at national and local levels by providing small grants to CSOs to facilitate community-led advocacy and demand creation for national TB policy reforms for the implementation and scale up of pediatric TB care, including screening, diagnostic, adherence support, treatment of active TB and TB preventive therapy.

RESEARCH

Under IHAP-Kinshasa, EGPAF is implementing an evaluation of local postes de distribution (PODI+) evaluation of local postes de distribution (PODI+). The PODI+ evaluation aims to compare differences in retention in care, adherence and viral suppression during a one-year study period between clients receiving multimonth dispensation through PODI+ sites and the facility-based model. This study will also describe barriers, facilitators, and experiences of the PODI+ model from the perspective of PODI+ clients and staff and other health workers and determine the costs associated with this differentiated service delivery approach (2017-2020).

To learn more about EGPAF's work in DRC, and to access program resources and publications developed by the team, please visit

https://www.pedaids.org/country/democratic-republic-congo/

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