Democratic Republic of Congo

Title
Programme National de Lutte Contre le SIDA et les MST
National Program to Combat AIDS and STDs

Date of Plan
1999-2001

Contributors
Ministry of Health, Agriculture, Youth, Information, Education, Defense, and Universities. Community Sector, Section de Coopération Belge, UNAIDS, UNDP, GTZ, WHO, ECC and ALPI.

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I. Introduction

A. Summary

According to the United Nations Population Division, Democratic Republic of Congo’s population in 1999 was 50,335,000. Adults, aged 15 to 49, the group most likely to engage in high-risk behavior for HIV infection, represented approximately 43 percent of the total population. The HIV prevalence rate among this group was estimated by UNAIDS to be 5.07 percent. By the end of 1999, 1,100,000 adults and children were living with HIV and AIDS in Democratic Republic of Congo and more than 680,000 children had been orphaned due to AIDS.

In response to the epidemic, Democratic Republic of Congo developed the Programme National de Lutte Contre le SIDA et les MST, 1999-2001 (National Program to Combat AIDS and Sexually Transmitted Diseases). According to our overview of this plan, Democratic Republic of Congo has developed strategies and programs in 17 different areas to address the epidemic. Some examples of those activities are programs that focus on illiteracy, substance abuse, human rights, orphans, and mother-to-child transmission of HIV. Special programs have been developed to target prisoners, religious leaders, commercial sex workers, truck drivers, military personnel and youth.

B. Background

This plan was developed after several consensus workshops with the main national AIDS partners: Government, NGOs, and International agencies. The national AIDS plan for 1999 through 2001 focuses on the following priorities:

- Decreased sexual transmission of HIV;
- Decreased vertical transmission;
- Management of STD using syndromic approach;
- Safety of blood transfusion;
- Medical care and psycho-social support for PLWA;
- Respect of the rights of PLWA; and
- Epidemiologic surveillance.

The strategic plan includes coordination of activities among the different partners, decentralization, integration of programs, support of partnership, and promotion of multi-sectorial approach.
II. Goals of the Plan

A. Instructions

This grid is intended to outline the priorities set forward by national HIV and AIDS plans of several sub-Saharan African countries. The goals of each plan were assessed by Harvard AIDS Institute researchers according to "Critical Areas of Concern" and categorized with respect to the type(s) of "Intervention(s)" planned for each area. The Critical Areas of Concern and the intervention categories were developed by researchers and faculty at the Harvard AIDS Institute. Please see Appendix A for definitions of these terms.

The areas which are marked as a "Priority" in this grid have a corresponding paragraph, quoted directly from the national plan, so that one can read the goal as it is stated in the plan. In order to view these quotes, simply click on the word "Priority."

On printed versions of this document, please locate the coordinates of the Priority on the grid using the line number in the far left column and the letter of the Intervention in the top row. Combining these coordinates will give you a Priority reference number. Please proceed to the following pages, Section II C, List of Priorities, to find the appropriate Priority reference number and the corresponding quote.

B. Grid of Priorities

<table>
<thead>
<tr>
<th>Critical Areas of Concern</th>
<th>Interventions</th>
<th>A. Develop Policy</th>
<th>B. Strengthen Institutions</th>
<th>C. Service Delivery</th>
<th>D. Research</th>
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<td><strong>Reduce HIV Transmission</strong></td>
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<td>Socioeconomic Factors</td>
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<td>1. Poverty</td>
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<td>2. Illiteracy</td>
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<td>3. Mobility</td>
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<td>4. Gender</td>
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<td>5. Substance Abuse</td>
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<td><strong>Behavioral Factors</strong></td>
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<td>6. Sexual Behavior/Condom Use</td>
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<td>7. Counseling Services</td>
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<td><strong>Biological Factors</strong></td>
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<td>8. Perinatal Transmission/Breastfeeding</td>
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<td>9. STDs</td>
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<td>11. Vaccine Development</td>
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<td><strong>Reduce HIV Impact</strong></td>
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<td>Individual</td>
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<td>12. Treatment - ARV</td>
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<td>13. Treatment - Opportunistic/Other</td>
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<td>14. Support - Psychological</td>
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<td>15. Human Rights/Legal Framework</td>
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<td><strong>Household and Community</strong></td>
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<td>16. Children</td>
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<td>17. Orphans</td>
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<td>18. Health Services</td>
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<td>19. Income Decline/ Welfare</td>
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<td><strong>National</strong></td>
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<td>20. Workforce (Including Health Workers)</td>
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<td>21. Resource Constraints</td>
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<td>22. Political Constraints</td>
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<td>23. Health Services</td>
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<td>24. Surveillance</td>
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<td><strong>Special Focus Areas</strong></td>
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<td>25. Prisoners</td>
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<td>26. Religious Leaders</td>
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<td>27. Commercial Sex Workers</td>
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<td>28. Truck Drivers</td>
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<td>29. Military Personnel</td>
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<td>30. Youth</td>
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</table>
## Programme National de Lutte Contre le SIDA et les MST, Democratic Republic of Congo 1999-2001
### National Program to Combat AIDS and STDs

#### C. List of Priorities

<table>
<thead>
<tr>
<th>2C</th>
<th>• Implement education programs using the media to target specific groups.</th>
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<tbody>
<tr>
<td>5C</td>
<td>• Implement specific programs for prevention of transmission of HIV/AIDS in IV drug users.</td>
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</tbody>
</table>
| 6C | • Awareness campaign among at-risk groups using peer educator approach.  
• Implement education programs for general population, including condom promotion.  
• Implement programs to Change Behavior Group for transmission of STDs.  
• Implement program to modify behavior of individuals, families, and communities for safer sex and better knowledge of transmission of STDs and HIV/AIDS.  
• Provide condoms. |
| 6D | • Conduct behavioral survey. |
| 7B | • Provide testing in all health care facilities for HIV/AIDS and STDs. |
| 7C | • Implement centers for Voluntary Counseling and Testing services (VCT).  
• Promotion of VCT in prenuptial consultations. |
| 8B | • Integration of management of prophylaxis of vertical transmission at a level of healthcare services. |
| 8C | • Implement epidemiologic surveillance and program for prevention of radical transmission in pregnancy and delivery, program for breast feeding, program to decrease the transmission of HIV mother to child.  
• Integration of vertical transmission at operational level in health care services.  
• Offer anti-viral prophylaxis for mother to child transmission.  
• Reduce vertical transmission risk by promotion of AZT in voluntary prenuptial tests.  
• Provide antiretroviral prophylaxis for mother-to-child transmission for HIV positive pregnant women.  
• Education program for breast-feeding. |
| 8D | • Conduct survey for evaluation of breast-feeding and transference of HIV from mother to child. |
### Programme National de Lutte Contre le SIDA et les MST, Democratic Republic of Congo 1999-2001
### National Program to Combat AIDS and STDs

#### 9C
- Management of diagnosed syphilis cases associated with syphilis testing for pregnant women.
- Management of STDs based on guidelines in syndromic approach.
- Management of STDs for patients and their partners.
- Promote treatment in case of diagnosed STDs.
- Systematic notification of partners about STDs.
- Insure systematic testing of pregnant women for syphilis.

#### 9D
- Systematic identification of STDs.

#### 10A
- Design policy to reduce the need for blood transfusion.

#### 10B
- Implement national blood transfusion program with national coverage.
- Train personnel to avoid contact with contaminated blood.

#### 10C
- Avoid blood transfusion with non-tested blood.
- Awareness campaign with traditional healers and traditional midwives.
- Conduct systematic testing for HIV before all transfusion, blood transfusion.
- Mobilize blood donors to increase the availability of blood, of quality blood, in transfusion centers.
- Implement programs to reduce risk of transmission of HIV/AIDS for blood transfusion.
- Promote guidelines for sterilization and destruction of contaminated material.

#### 10D
- Design study of implantation of national network of blood transfusion.

#### 12B
- Provide antiretrovirals to treat patients suffering from HIV/AIDS.

#### 13B
- Provide drugs for the treatment of opportunistic infection.

#### 14B
- Complete health screen program including psychosocial support for people living with HIV/AIDS.
- Support and psychological programs for people living with HIV/AIDS.
- Support psychological health through spiritual and religious communities.

#### 15B
- Create a legal assistance system for people living with HIV/AIDS.
- Improve confidentiality of medical files of people living with HIV/AIDS.
- Improve legislation for clinical trials in human beings.
- Involve expert in medical and legal problems linked with HIV/AIDS status.
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15C
• Creation of a national network of medical and legal partners.
• Increase awareness of human rights of people living with AIDS and HIV.
• Provide legal assistance to people living with HIV/AIDS.
• Respect human rights of people living with HIV/AIDS.
• Suppress all mandatory testing for HIV/AIDS.

15D
• Conduct surveys about medical and legal problems with elaboration of recommendations.

17C
• Provide economic help to orphans, including school, payment of medical care, food, housing, and funerals.
• Program for financial support to orphans.

18B
• Improve health care services by local provision of syringes, and condoms.

18C
• Promote home based care for people living with HIV/AIDS.

19C
• Individual economic health plan for people living with HIV/AIDS, including cost of care, basic care, food, housing, and funerals.
• Promotion of income generating activities in order to decrease dependency of families.
• Social support program for people living with HIV/AIDS.
• Program for income decline for people living with HIV/AIDS.

19D
• Conduct design and conduct surveys of the social economic impact of STDs and HIV/AIDS.

22A
• Design policy to mobilize private sector in national program against HIV/AIDS.

23B
• Improve list of essential drugs, including drugs for treatment of opportunistic infection, HIV/AIDS and STDs.
• Include traditional medicine in national program against HIV/AIDS. Suggest legal framework for traditional medicine and HIV/AIDS.
• Design policy to mobilize private sector in national program against HIV/AIDS.

23C
• Integration of vertical transmission at operational level in health care services.
• Integration of prevention activities into the health care structures.
• Individual economic health programs for people living with HIV/AIDS, including cost of care, basic care, food, housing, and funerals.
<table>
<thead>
<tr>
<th>23D</th>
<th>• Conduct research on traditional medicine and HIV/AIDS.</th>
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</table>
| 24C | • Systematic identification of AIDS cases diagnosed in the country.  
   • Surveillance of epidemiology of HIV/AIDS and STDs.  
   • Surveys on-site of sexual behavior and risky practices for HIV/AIDS and STDs.  
   • Syndromic notification of STD cases.  
   • Implement surveillance system of HIV and syphilis. This system will be associated with a surveillance system of behavior and will address practice for HIV/AIDS in all sites and within certain specific groups.  
   • Implement surveillance of resistance of STDs to antibiotics.  
   • Implement systematic identification of AIDS cases. |
| 25C | • Implement specific program designed for at-risk groups such as prisoners, commercial sex workers, adolescents, truck drivers, and military. Provide them with condoms to prevent HIV transmission. |
| 26C | • Implement programs for mobilization of communities, including leaders of religious communities, Catholic, Protestants, Kimbanguistes, or Muslims. |
| 27C | • Implement specific programs designed for at-risk groups such as prisoners, commercial sex workers, adolescents, and truck drivers, military. Provide them with condoms to prevent HIV transmission. |
| 28C | • Implement specific programs designed for at-risk groups such as prisoners, commercial sex workers, adolescents, and truck drivers, military. Provide them with condoms to prevent HIV transmission. |
| 29C | • Implement specific programs designed for at-risk groups such as prisoners, commercial sex workers, adolescents, and truck drivers, military. Provide them with condoms to prevent HIV transmission. |
| 30C | • Implement specific programs designed for at-risk groups such as prisoners, commercial sex workers, adolescents, and truck drivers, military. Provide them with condoms to prevent HIV transmission. |
III. Implementation

A. Organizational Structure

Minister of Health and Population

\[ \downarrow \]

PNLS

Programme National de Lutte Contre le SIDA (National program against AIDS)

\[ \downarrow \]

Consultative organisms

Comité National de Lutte Contre le SIDA (CNLS)
Comité National de Pilotage

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Local organisms

CPLS/CDLS (province and district level)
CLLS (local)

B. Research, Monitoring, Evaluation

PNLS will publish monthly, quarterly and annual reports, with an annual internal review. External reviews will be completed every three years by multi-disciplinary teams.

The plan defined indicators for impact and effectiveness for:

- Financial management of the program;
- Prevention of transmission of HIV and STDs, and
- Reduction of impact of HIV on individuals, families, and communities.

C. Impact and Effectiveness Indicators

No information available.

D. Resource Mobilization and Funding

Internal sources for these programs include the Ministries of Health and Finance. An external HIV/AIDS fund will also be created. International cooperation from the United Nations and international NGOs will also be offered.