



ANALYTIC BAROMETER ON THE HIV AND AIDS RESPONSE IN THE DEMOCRATIC REPUBLIC OF THE CONGO

PROGRESS TOWARDS THE 95-95-95 TARGETS

2021

SUMMARY



EXECUTIVE SUMMARY

Nearly four decades after the HIV epidemic began, the DRC has made encouraging progress despite multiple challenges related to inadequate health financing, insecurity, and humanitarian crises, particularly in the east and center of the country. The DHS 2013-2014 estimated the HIV prevalence in the adult population aged 15–49 years at 1.2% and the latest SPECTRUM estimates indicate a prevalence of 0.7 % and an annual incidence of 0.21 in adults aged 15–49 years in 2020.

The government of the DRC was among the first to recognize the AIDS epidemic and to take action at the highest level of political leadership. In this regard, the DRC first established a strong institutional framework with the National AIDS Control Program (PNLS) and the National AIDS Council (PNMLS), as well as a globally recognized research center that has contributed significantly to the HIV and AIDS science. The national response is now bolstered by a normative framework that includes, on the one hand, the PNLS Strategic Plan to fight AIDS 2018-2021 and the Plan to Strengthen and Expand HIV Services for Key Populations and, on the other hand, the PNMLS National Strategic Plan for HIV Response 2020-2023. These instruments clearly reflect the country's commitment to achieve the 95-95-95 targets and an AIDS-free generation by 2030.

Objectives

This analytical barometer aims to identify priority actions to accelerate progress towards the 95-95-95 targets and the elimination of AIDS by 2030 with three specific objectives:

- (i) to determine the level of coverage of HIV interventions with the trend and equity analyses over the last five years, and the performance typologies of the provinces;
- (ii) to identify the major health system bottlenecks on which to act to improve the DRC's response to HIV and AIDS; and
- (iii) to make recommendations on priority strategies and actions to accelerate the response in order to meet the 95-95-95 targets.

Methodology

The development of this report followed a six-step methodology:

- (i) desk review,
- (ii) data collection and triangulation (SPECTRUM, DHIS2, MICS 2017-2018, program monitoring),
- (iii) coverage, trend, and equity analysis;
- (iv) health system bottleneck analysis,
- (v) identification and prioritization of key strategies for acceleration, and
- (vi) validation of results by key players.

The review focused on three key programmes:

- Elimination of mother-to-child transmission (MTCT) of HIV,
- HIV care, treatment and support in adults aged ≥ 15 years, and
- HIV care, treatment and support in children aged 0–14 years.

Elimination of mother-to-child transmission (MTCT) of HIV

The findings show that MTCT of HIV elimination services have remained slightly below 40% for the past four years, with an uneven average annual rate of change, despite a steady increase in ANC coverage, which has reached 85 % in 2020, compared to 39 % of pregnant women living with HIV receiving ARVs for MTCT of HIV elimination. There is a 46-percentage point difference between the two interventions, indicating that HIV integration in the RMNCH services remains suboptimal.

The two major bottlenecks related to MTCT of HIV elimination are:

- (i) The low supply of services for MTCT of HIV elimination as a result of the selective national implementation strategy in a limited number of health zones and health structures, and
- (ii) The high dropout rates as a result of the weak patient monitoring system in MCH.

HIV care, treatment and support in adults aged ≥ 15 years

The coverage of antiretroviral treatment for adults living with HIV aged ≥ 15 years has more than doubled in the last five years to reach 82% in 2020, with an average annual rate of change of $\geq 19\%$. The data shows that all adults living with HIV aged ≥ 15 years who were tested for HIV and know their HIV status (82%) were put on ART (82%).

The three remaining obstacles are:

- (i) The low rate of viral suppression observed with only 19% of all adults living with HIV on ART mainly because of the low availability of viral load tests,
- (ii) The significant access disparities between men and women with more men living with HIV on ART (> 98%) than women living with HIV (74%) and
- (iii) Access to HIV testing not yet universal to reach the rest of adults living with HIV who are not yet on TARV.

HIV care, treatment and support in children aged 0–14 years

The data also showed that only 31% of children aged 0-14 years who were treated with antiretroviral therapy (ART) compared with 82 % for adults living with HIV aged ≥ 15 years, a 51-percentage point difference. The average annual rate of change has also been uneven, alternating between one year of progress and one year of regression, similar to the elimination of MTCT of HIV.

The major bottlenecks related to HIV care, treatment and support in children aged 0–14 years are:

- (i) Access to ART for children living with HIV, like the two previous interventions, combines the first obstacle to MTCT of HIV elimination, which is inadequate service supply, particularly HIV testing, and
- (ii) The first obstacle of the antiretroviral treatment for adults living with HIV aged ≥ 15 years, which is the low rate of viral suppression, with only 11 % of children living with HIV started on ART achieving viral load suppression due to:
 - a. Lack of tests and
 - b. Poor monitoring system for HIV-positive children.

Limitations

The data analysis had a number of limitations, including the non-representativeness of the 33 health zones monitored with health system bottleneck analysis and the lack of new qualitative data collected during this exercise to help understand the causes of bottlenecks and point to possible context-specific solutions. The low quality of DHIS2 and SPECTRUM data is due to weaknesses in completeness, reliability, and internal and external consistency. Some of these limitations will need to be addressed for the future editions of the Analytical Barometer.

Recommendations

Four recommendations emerged from the DRC's experience and that of other countries in Asia, America, and Africa that have made significant progress:

1. **Make a strategic shift toward universal HIV testing and counseling in all health facilities (ANC, vaccines, tuberculosis centers, nutritional rehabilitation centers) and a family approach to the HIV testing of PLWHIV (using those on ART as index cases) coupled with the networking of HIV care and treatment centers and viral load testing laboratories to ensure national coverage.**
2. **Establish an active and individualized patient monitoring system for identified PLWHIV (pregnant women in ANC, children exposed during vaccination, and PLWHIV in HIV care and treatment centers) to improve enrollment into treatment, treatment adherence and retention, and viral suppression.**
3. **Improve the equity of access for women and children by improving the performance of services for the elimination of MTCT of HIV as an important entry point of women and children living with HIV into HIV care, treatment, and support; and applying the family approach to the testing of adult men with HIV aged ≥ 15 years, almost all of them already on ART, to serve as index cases for the identification of women and children living with HIV in their families.**
4. **Improve the quality and use of routine data (DHIS2) and SPECTRUM by conducting external assessments of DHIS2 data quality, quarterly performance monitoring at local level, and adjusting SPECTRUM modeling assumptions on the DRC.**

These recommendations will have considerable implications on the health system capacity and resources, including funding, commodities, and human resources. The PNLS and PNMLS should quickly update the health map of services for the MTCT of HIV elimination and HIV care, treatment, and support, with clarity on the networked locations of ART centers and viral load testing laboratories, in collaboration with key partners. Furthermore, the PNLS and PNMLS should quantify the additional resource requirements and work closely with the key partners on resource mobilization to ensure an effective implementation.