ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

Universal Periodic Review of the Democratic Republic of the Congo (DRC)

Submission: Elizabeth Glaser Pediatric AIDS Foundation

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I. Introduction: EGPAF in the DRC

1. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a leading implementer of HIV/AIDS prevention, care, and treatment services in the Democratic Republic of the Congo (DRC).

2. EGPAF began supporting critical prevention services in the DRC in 2001, supporting prevention of mother-to-child transmission of HIV (PMTCT) programs implemented by the Kinshasa School of Public Health (KSPH) and the University of North Carolina (UNC). In subsequent years, EGPAF added support for care and treatment programs to its portfolio of work in the DRC, including male involvement, early infant diagnosis of HIV, and sexual and gender-based violence services. Today, EGPAF/DRC also supports syphilis testing and treatment; TB/HIV co-infection services; family planning services; and HIV treatment for clinically eligible HIV-positive pregnant women, their male partners and other family members.

EGPAF currently supports services in four of the country's eleven provinces, implementing activities in more than 140 sites.

II. HIV and the right to health in the DRC

4. The right to health is a universal human rights recognized by the Universal Declaration of Human rights and Article 12 of the International Covenant on Economic, Social and Cultural Rights. The right of the child to health is also enshrined in Article 24 of the Convention on the Rights of the Child. As all human rights are interdependent, the enjoyment of the right to health – including as it relates to HIV/AIDS – both affects and is affected by the enjoyment of other rights.

5. Over a decade of civil war, political instability, and violence in the Democratic Republic of Congo (DRC) has resulted in a weakened and overburdened health sector. HIV is now a generalized epidemic with more than 1.1 million Congolese infected as of the end of 2011,[1] affecting their right to health, right to education, right to equality and non-discrimination and many other human rights.

6. National HIV prevalence is approximately 1.6 percent; however, prevalence among adults aged 25-49 is estimated to be 4.2 percent, with infection rates as high as 9.5 percent in some areas.[2]

The 2007 the DRC Demographic Health Survey (DHS) estimated that only 9 percent of adults know their HIV status, in part due to the limited availability of HIV counseling and testing (HCT). Access to lifesaving HIV treatment and critical HIV prevention, care and support services is also limited. The National AIDS Control Program (PNLS) estimates that only 10 percent of eligible people living with HIV (PLHIV) are enrolled on antiretroviral therapy (ART) and less than 30 percent of those enrolled are receiving palliative care.[3]

7. The Ministry of Health (MoH) and National AIDS Control Programme (PNLS) have taken lead roles in addressing the HIV epidemic in the DRC. In recent years, the MoH has

[1] PEPFAR DRC Operational Report, PY 2011
[2] 2012 DRC National Elimination Plan for Pediatric HIV (PNLS)
[3] PEPFAR DRC Operational Report, PY 2011

decentralized the health care system, placing increased responsibility on Health Zones (HZs). In 2012, the Government dedicated a portion of the national budget to HIV for the first time, but adequate financing for HIV remains elusive. At present, the DRC is completely dependent on donors for all anti-retroviral medication (ARVs). Basic inputs, such as health provider salaries, are grossly insufficient, resulting in frequent staff turnover and necessitating expensive re-training.

8. Fragmented and uncoordinated interventions have led to ad-hoc HIV service provision, making it difficult for people living with HIV to access comprehensive HIV services. People living with HIV in the DRC continue to face high levels of stigma in the community and by healthcare providers. Care and support services for children and adults living with HIV are not widely available in the DRC. According to recent figures, only 9 percent of children in the DRC requiring HIV treatment received it in 2012 – down from 12 percent in 2011.[4]

III. Sexual and gender-based violence in the DRC

9. Sexual and gender-based violence (SGBV) is one of the greatest threats to women's health in the DRC, where SGBV rates are among the highest in the world. Power inequality, and physical and sexual partner violence have been linked to a substantial proportion of new HIV infections in the country, yet the issue is not being adequately addressed. Laws regarding SGBV exist but are relatively unknown among the general population and are rarely enforced.

IV. Government response

10. In its *National report submitted in accordance with paragraph 15(a) of the annex to Human Rights Council Resolution 5/1*, the DRC government said that:

> "The Government is making a considerable effort to provide greater access to health care. A law to protect the rights of people living with or affected by HIV/AIDS was passed in 2008. .... Financing is being provided for projects to combat such diseases as AIDS, tuberculosis and malaria, and national programmes targeting these maladies are under way."[5]

11. Further, in its *Combined sixth and seventh periodic report* to CEDAW, and its *Replies to the List of issues and questions with regard to the consideration of periodic reports,* the DRC government noted that it has established a national multi-sector plan on HIV/AIDS (PNMLS), a National Policy on Gender Issues (PNG), and an Act on Sexual Violence. Unfortunately, despite these policy advances, resources remain scarce, and the DRC remains nearly 100 percent donor dependent for all HIV services and commodities.

12. To ensure the success of these initiatives, the international community needs to support the government of the DRC in accessing a reliable source of ARVs, and the government needs to invest in basic health infrastructure, including adequate provider salaries. In addition, due to the DRC's large population and low number of trained health care providers,

[4] WHO, Children eligible for and receiving antiretroviral therapy, and antiretroviral therapy coverage in the 22 priority countries in the Global Plan, 2011 and 2012 (table), available here: http://www.who.int/entity/hiv/data/global_treatment_report_2013_tables_web.xlsx

[5] Human Rights Council, A/HRC/WG.6/6/COD/1, available at: http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G09/152/38/PDF/G0915238.pdf?OpenElement

a policy shift that allows task shifting of ART initiation to nurses would allow HIV services to reach a broader population.

V. Key recommendations to the DRC government:

a. **Increase access** to quality comprehensive HIV/AIDS prevention, care, and treatment services and **address barriers to women** accessing such services.

b. **Increase national financing** for HIV prevention, care and treatment services, with a view to becoming less dependent on donor aid and in line with commitments made under the Abuja Declaration, in which African governments pledged to allocate at least 15 percent of their annual budget to improve their health sector.

c. **Ensure that all women receive voluntary testing for HIV during ANC visits or facility deliveries,** as the DRC's high fertility rate (six live births per woman),[6] and high rates of at least one ANC visit per pregnancy (87 percent)[7] make this the perfect entry point for identifying HIV-positive women and linking them and any HIV-positive partners and children into care and treatment services for HIV.

d. **Strengthen the provision of integrated clinical services.** Integrated services will strengthen the national health care system and create efficiencies by reducing redundancies and programmatic costs, while also streamlining patient flow and reducing barriers to adherence and retention in services.

e. **Ensure that a minimum package of integrated HIV services is offered in each of the country's "health zones".** To do this effectively, the DRC government should conduct methodical reviews of needs and gaps and adapt tools, successfully developed and tested in other African countries, to ensure all health zones meet benchmarks for the provision of integrated HIV services. The DRC government should also provide support to health zones to assess, plan, and monitor site performance to ensure a minimum standard of quality services are available to patients.

f. **Encourage the establishment of peer support groups to improve women's adherence and retention in HIV services.** To mitigate stigma and discrimination, peer support groups specifically designed to provide psychosocial support to HIV-positive women should be established. Psychosocial support empowers women living with HIV to take better care of themselves, disclose their status to family and friends, speak out in the community, and support friends. Support groups also play a key role in tracing and encouraging attendance at health facility appointments.

g. Reinforce systems for **early infant diagnosis of HIV infection**, and organize integrated services and/or linkages to family planning; young child HIV care, support and treatment; and TB services.

h. Ensure clinic-based HIV services and community-based support services assess and address the **reproductive health and family planning needs of women living with**

[6] 2007 DRC Demographic Health Survey Report
[7] Ibid.

HIV, such as promoting partner testing, disclosure, STI management, risk reduction and prevention counseling, and access to condoms.