HIV/AIDS situation in Republic of Congo

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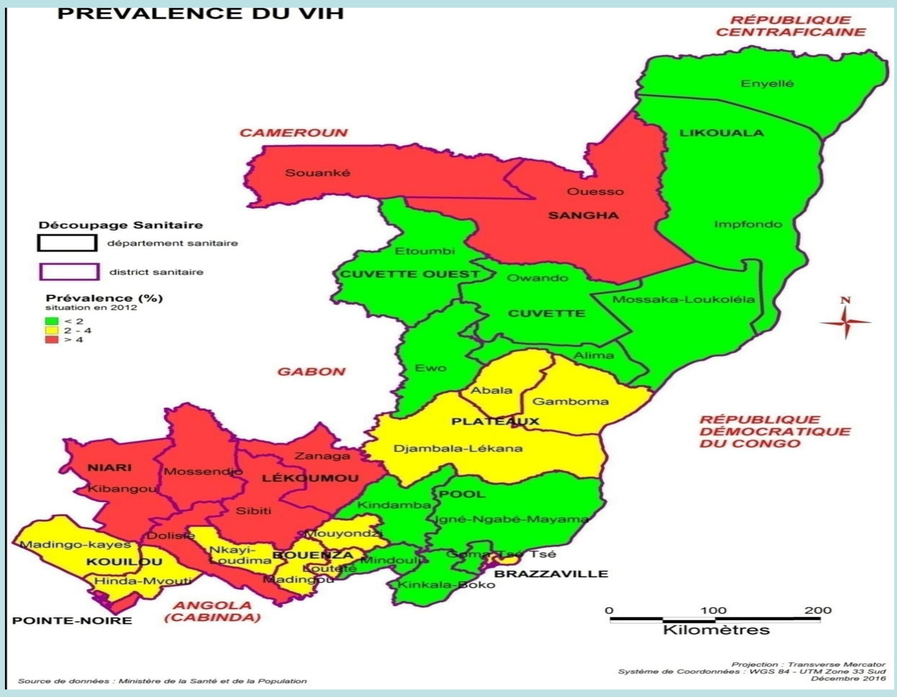
Keys data



Population: 5 092 127 people(2017)

Population growth: 3.680%/year

Superficies: 341821 Km^2

Life expectancy: 59,30 years (2016)

HIV prevalence: 3.2% (ESISC-2009), 2.64 (SPECTRUM 2015)

UNAIDS 90-90-90 goals: 23-79-27 (2017)

Key population

The MoT 2013 study shows that the dynamics of HIV infection are characterized by a predominance of new infections among :

- –People with occasional heterosexual intercourse at 52.2% (This large proportion illustrates the risk factors inherent in multi-partnership)
- –Stable heterosexual couples (23.7%),
- –Regular female of MSM partners, (14.6%)
- –Sexual workers clients, contributed for 3.4%.

These four subgroups account for 90% of new infections in the general population in Congo

Also, the magnitude of new infections within the key population group is

- –MSM, 23.8%
- –Sexuals workers 1.7%

The study (May 2017) on programmatic mapping of the key populations most exposed to HIV infection in the Republic of Congo, noted a low coverage of TB, STI,and HIV interventions .

- –Only a few interventions targeting female sex workers have been identified in the cities of Pointe Noire and Brazzaville.
- –Existing interventions are punctuals, non-harmonized, and are dependent of funding.

To date, there are no interventions targeting UDI or distributions of aqueous lubricating gels (for MSM) in all study areas.

Results:

To achieve the elimination of mother-to-child transmission of HIV, as recommended by WHO in 2013, new national guidelines have been adopted. These include:

- Option B+,
- Tasks shifting to nurses and midwives in:
  - –Screening,
  - –ART initiation,
  - –Breastfeeding counseling

to HIV - positive woman during pregnancy, labor and delivery.
Since 2012, there has been an increase in the number of women placed under option B + from 531 to 754 women in 2015.

In addition, the gradual increase in the financial resources allocated by GFTAM and the implementation of the free ART initiative by law number 128 of 23 June 2008 in particular contributed to increase the number of people on antiretroviral therapy from 14,870 in 2010 to 20,734 in 2015.
The increase of the threshold of CD4 count to start antiretroviral therapy at 500 cells/mm^3 in national guidelines since 2014 and initiation on antiretroviral therapy of:

- –HIV-positive pregnant women,
- –at-risk populations including key populations,
- –HIV-positive children under 5,
- –Serodiscordant couples,
- –HIV / hepatitis / TB / HIV co-infected patients

Have improve access to antiretroviral therapy for HIV – positive patients, from19.55% in 2010 to 79% in 2015,(UNAIDS 2015).
But since 2012, repeated stock - out of antiretroviral drugs have slowed initiation to antiretroviral therapy for new HIV positive patients.
A recent assessment of HIV care in April 2015 through the Early Warning Indicator (EI) survey of HIV drug resistance to antiretroviral drugs showed a rate of loss of follow-up (VDP) to 37%

Community activities

Concerning community involvement, we note:

- The presence of civil society in some decision-making bodies (40% at the National comity of GFTAM), allowing them to participate in the various processes of access to finance and governance,
- The participation of civil society in the implementation of health programs and projects financed by Government, GFTAM, World Bank, WHO and other donors.

Community-based interventions are carried out at the:

- –Screening level,
- –HIV health care continuum, and
- –Creation of an enabling environment to remove barriers to access to prevention and care for key populations.

But huge challenges remain in improving:

- –Prevention,
- –Quality of care services,
- –Reducing the number of people lost to follow-up and
- –Early detection of ART failure in order to achieve the goals of 90-90-90.

To do so some measures remain priorities:
At the community level, it is to perpetuate:
(i) Prevention and peer education activities,
(ii) promotion and distribution of condoms,
(iii) mobilization to increase the demand for HIV testing (by using mobile and fixe strategies) and STI,
(iv) research and reintegration of persons lost to follow-up in the active line of health facilities;
(v) support for marginalized or discriminated and stigmatized people (PLHIV, MSM, Female Sex Worker and detained);
(vi) psychosocial support for PLHIV on ART or not : home visit, adherence support, patient preparation, psychological and social follow-up

References:

1. https://www.populationdata.net/pays/congo/
2. Spectrum 2015
3. Carte Sanitaire nationale du Congo / Congo National Health Card(ed. 2015)
4. UNAIDS Global AIDS update 2017