HIV in DRC
Approximately 440,000 people are living with HIV in DRC. Of those, approximately 66,000 are children under the age of 15 (UNAIDS, 2013).
By the end of 2013, the rate of mother-to-child transmission of HIV was approximately 29 percent. (UNAIDS Gap Report, 2014)

About the DRC Program
The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began supporting critical prevention services in the Democratic Republic of the Congo (DRC) in 2001, providing funding and technical assistance to prevention of mother-to-child transmission (PMTCT) of HIV programs implemented by the Kinshasa School of Public Health and the University of North Carolina. In subsequent years, EGPAF has added support for care and treatment programs, early infant diagnosis, and sexual and gender-based violence services and is establishing pediatric care and treatment services. Between 2001 and 2012, EGPAF-supported sites were able to increase uptake of HIV testing in pregnant women from 68 percent to 91 percent. As of September 2014, EGPAF is supporting more than 340 sites across four provinces in the DRC.

In collaboration with the Democratic Republic of the Congo Ministry of Health (MOH), the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID), and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), EGPAF is increasing the coverage of HIV and PMTCT services, strengthening community and facility linkages, and building local ownership and sustainability of its programs.

Key Program Accomplishments
Since 2002, the DRC program has supported the MOH in:
- Introducing PMTCT services into antenatal care, which increased quality and utilization of antenatal care.
Key Projects and Activities in DRC

Taking over after more than a decade of implementation partnership with the University of North Carolina (UNC), EGPAF provides support to health facilities across Kinshasa and Oriental provinces through Project Kimia, funded by CDC through PEPFAR. The Kimia platform uses PMTCT services as the gateway to identify clients and provide comprehensive continuum of care services for HIV, SGBV, and tuberculosis (TB). EGPAF works closely with health facilities, health zones, and the MOH to improve the quality of HIV services.

Providing a Comprehensive Continuum of Care and Treatment Services in the DRC - Project Malamu (2011-2016): Project Malamu takes a comprehensive approach to providing coverage and improving the continuum of care for HIV services in Kinshasa and Katanga provinces over the span of five years. Malamu has focused on providing PMTCT services in Kinshasa and Lubumbashi, including syphilis testing, screening for sexual and gender-based violence, and male involvement activities. TB co-infection services and support to pediatric care and treatment sites have been integrated into these existing services. Project Malamu increases the quality and coverage of services in facility and community settings while focusing on local ownership and sustainable approaches. At the core of Malamu's design are sustainability and local ownership, which have been strategically incorporated into project activities to ensure lasting effects beyond the life of the project. Malamu is funded by CDC through PEPFAR.

Integrated HIV/AIDS Project in the Democratic Republic of the Congo (Projet Intégré de VIH/SIDA au Congo) (2009-2015): USAID’s flagship HIV program in DRC, ProVIC’s mission is to reduce the incidence and prevalence of HIV and to mitigate its impact on people living with HIV/AIDS and their families in five provinces (Bas Congo, Katanga, Kinshasa, and Orientale, and Sud Kivu). By integrating comprehensive HIV/AIDS services into local health systems, ProVIC seeks to foster engaged, active “Champion Communities” that are ultimately responsible for their own futures. Led by PATH, EGPAF is responsible for PMTCT and early infant diagnosis activities. In 2010, EGPAF established a network to provide early infant diagnosis services to HIV-exposed infants in catchment areas surrounding urban areas. Since DNA/PCR testing became available in DRC in mid-2010, EGPAF has led the way in the collection, transportation, and return of infant testing results.

ProVIC activities evolved as a result of the Strategic Pivot, announced by USAID and PEPFAR in March 2013 with the aim to shift the primary focus of the HIV response in DRC towards refining the existing PMTCT program and building off this platform to ensure a comprehensive continuum of care. EGPAF has been instrumental in leading the ProVIC consortium to quickly and effectively transition to this technical strategy. Originally slated to end in 2014, ProVIC was extended through June 2015 in four provinces (Bas Congo, Katanga, Kinshasa, and Orientale), with EGPAF as PATH’s main PMTCT implementing partner.

Kinshasa School of Public Health PMTCT Program:
For the last decade, EGPAF has been providing financial and programmatic support to the Kinshasa School of Public Health’s PMTCT program. By 2012, the program served clients through 55 sites in Kinshasa and rural areas of DRC in the Equateur, Orientale, Kasai Oriental, Bandundu, and Bas Congo provinces.

Support to the Ministry of Health: EGPAF is credited with introducing PMTCT to DRC in 2001. When requested, EGPAF provides targeted technical assistance to the National AIDS Control Program. An EGPAF-sponsored trip to Rwanda in 2007 led the MOH to introduce HIV counseling and testing into labor and delivery wards. In 2009, EGPAF led a national meeting on the transition to combination regimens for PMTCT. In 2010, EGPAF staff led the national process that resulted in the adoption of revised guidelines for PMTCT.

To find out more about EGPAF’s work to eliminate pediatric AIDS, visit www.pedaids.org.

*Data cumulative from program start through June 30, 2014

EGPAF is the global leader in the fight against pediatric HIV/AIDS and has reached 20 million women with services to prevent transmission of HIV to their babies. It currently supports more than 7,000 health facilities and works in 15 countries to implement prevention, care, and treatment services; to further advance innovative research; and to execute global advocacy activities that bring dramatic change to the lives of millions of women, children, and families worldwide.

*The contents are the responsibility of the Elizabeth Glaser Pediatric AIDS Foundation and do not necessarily reflect the views of the United States government or other donors.