



DEMOCRATIC REPUBLIC OF CONGO

Adaptation of the National HIV Control Program in a Crisis Context

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BACKGROUND

- Despite major disruptions, the Democratic Republic of Congo (DRC) has maintained its progress toward the **95-95-95 targets (85-98-87)**.
- The main challenges affected **viral suppression, awareness-raising among key populations, the health information system, and the supply chain**.
- In response, the DRC **activated a national coordination body** and launched an **emergency action plan**.
The **government reallocated national resources** to stabilize services, while **essential HIV services were reviewed and prioritized**.
- A **progressive realignment** is underway, grounded in epidemiological realities and aligned with the **national budget and external funding**.

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

- Institutionalization of the health promotion tax** to increase domestic resources | July 2025
- Presidential pediatric HIV initiative** launched | June 2025
- Rationalization of partners**: focus on priority provinces
- Development of the **sustainability roadmap**
- Strengthened financial support** from the government and partners (PEPFAR, Global Fund, UN)
- Universal health coverage (UHC)**: an efficient approach for the HIV/AIDS response
- Establishment of an **integrated and secure transport system** for HIV & TB samples (TISE)

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES				
Component	Intervention	DRC	Component	Intervention	DRC	Component	Intervention	DRC	Component	Intervention	DRC	Component	Intervention	DRC		
Infant prophylaxis	Infant PEP HR 0-6w		Blood products	Blood product screening		Community-based (virtual and in-person)	CB HIVST points >15		ART continuity	Uninterrupted ART for all		OI management	TB Xpert for symptomatic			
	Infant PEP HR 6-12w			Facility-based	Symptomatic testing (entry)			ANC first test			MMD 3-6 months			TB treatment		
	Infant PEP LR			ANC late retest			Postnatal PBFW 6-monthly			Enroll less-intensive DSD			TPT per regimen			
PEP	Facility PEP (guidelines)		HEI 6w/6-9-18m EPI		HEI birth test		Maintain facility DSD-indiv		Maintain community DSD-indiv		CRAG for symptomatic		Cryptococcal treatment			
	Community PEP (GBV/KP)		Community condom points		TB clients (newly diagnosed)		Maintain client-managed groups		Maintain adolescent groups (HCW)		LAM S3/4 seriously ill		CRAG S3/4 IPD			
Condoms	Facility condoms/lube		Community condom points		TB clients (presumptive TB)		Active transfer same-day 3MMD		Maintain community DSD-indiv		CD4 S3/4 new or >90d		CD4 S1/2 new or >90d		LAM S1/2 CD4<200	
	KP condom points		Facility PrEP 3MMD/6m		STI clients (new STI)		Men targeted outreach		Fluconazole secondary proph		CRAG S1/2 CD4<200		Fluconazole pre-emptive		PAP smear never-screened	
PrEP continuation	Facility PrEP PBFW 3MMD/6m		Facility PrEP PBFW 3MMD/6m		Hep B/C (new)		Men workplace testing		Initiate <5 years		Confirm contacts each visit		Phone trace abnormal labs		Phone trace high-risk	
	Facility PrEP others 3MMD/6m		Annual PrEP review		Inpatient (new admission)		Children targeted outreach		Initiate all positives		Phone trace >28d missed		Home trace abnormal labs		Home trace high-risk	
	Annual PrEP review		PrEP review 6-monthly		Children in malnutrition clinics		Prisoners: On entry/discharge		Initiate stage3/4 or CD4 low		Home trace >28d missed		Home trace abnormal labs		Home trace high-risk	
	Facility PrEP DSD-indiv		Out-facility PrEP DSD		EPI child post-screen		Prisoners' entry/annual		Initiate stage1/2 (CD4 high)		ART start literacy		Adherence assessment visits		VL and DSD prep	
	Out-facility PrEP DSD		Virtual PrEP refills		FP initiation clients		ABYM targeted outreach		Resistance test per guidelines		EAC for high VL		EAC for high VL		Child disclosure support	
	Adherence/risk counselling		Continue DVR PrEP		FP <25 init+annual		Recency testing				MH screening at start		MH screening high VL		MH screening all visits	
	Continue DVR PrEP		Continue LAI PrEP		FP init+biennial+change											
	Continue LAI PrEP		Start PrEP PBFW self-ID		Self-initiated HIVST (annual)											
	Start PrEP PBFW at-risk		Start PrEP KP		VCT/HIVST any frequency											
	Start PrEP PBFW at-risk		Start PrEP AGYW self-ID		PrEP users 1m+6m											
PrEP initiation (& re-initiation)	Start PrEP KP		Start PrEP others self-ID		PrEP users 1m+3m											
	Test post-start 1-3m		PrEP demand creation		VMMC clients											
	PrEP demand creation		Continue DVR PrEP		PN EPN +HIVST/FBT											
	Continue DVR PrEP		Continue LAI PrEP		PN APN +FBT (virtual)											
	Continue LAI PrEP		PrEP start education		PN APN +community test											
	PrEP start education		Facility-first NSP+naloxone		Female index: child FBT/HIVST											
	Facility-first NSP+naloxone		Community NSP+naloxone		Female index: child CBT											
	Community NSP+naloxone		Continue OAMT refills (PWID)		PN EPN +HIVST (VL>1000)											
	Continue OAMT refills (PWID)		Initiate/continue OAMT (PWID)		PN EPN +HIVST FP/ANC<25											
	Initiate/continue OAMT (PWID)		Targeted VMMC scale-up		PN EPN +HIVST (FP/ANC)											
Harm reduction for people who inject drugs	Facility-first NSP+naloxone		Targeted VMMC scale-up		KP SNT +HIVST											
	Community NSP+naloxone				AGYW SNT +HIVST											
VMMC	Continue OAMT refills (PWID)				PN EPN +HIVST (95s STI-neg)											
	Initiate/continue OAMT (PWID)				PN EPN +HIVST (STI-neg)											
VMMC	Targeted VMMC scale-up				PN APN +FBT (STI-neg)											

Green	Maintain no change
Red	Keep (Modify)
Grey	Discard
White	Not applicable
Black	No data

Prevention services are the most affected; interventions will now be primarily focused within healthcare settings.

Maintain the three-test algorithm, promote self-testing, implementing targeted testing for priority populations, and discontinuing workplace-based testing for men.

HIV treatment remains a national priority. The PNLS continues its advocacy efforts to mobilize additional resources to ensure continuity of services.

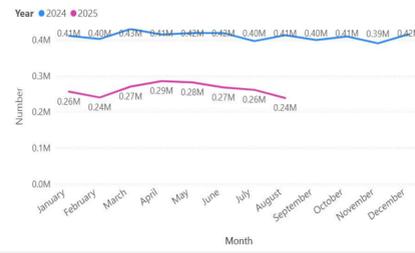
SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1 HIV testing at ANC1



- In 2025, the number of pregnant women receiving antenatal care (ANC1) and tested for HIV remains well below the levels observed in 2024.
- This decline may reflect underreporting, delays in data entry, or a temporary reduction in testing coverage at the primary care level.

Fig 2 HIV testing



- The number of people tested for HIV and receiving their results in 2025 remains significantly lower than the levels observed in 2024, possibly reflecting reduced service coverage or partial reporting due to delays in reporting in the first months of the year.
- Although not illustrated here, the gradual decline in positivity rates observed in 2024 continued in 2025, with levels remaining generally stable but lower than in the previous year, reinforcing this trend.

Fig 3 Viral load samples collected



- Viral load sample volumes remained lower in 2025 compared to 2024.
- These trends may reflect delays in data reporting, a decrease in sampling rates, logistical constraints in transporting or analyzing samples, or the adaptation to the new HIV module in DHIS2.
- A partial recovery is observed starting in June 2025, but levels remain below those of 2024, suggesting a gradual resumption of laboratory activities.

SYSTEMS & SERVICES ADAPTATIONS

Key decisions in the face of funding reductions:

- Categorization of provinces** according to disease burden and intervention packages
- Strengthening domestic resources** through the health promotion tax to finance **Universal Health Coverage (UHC)** and HIV care and treatment
- Global Fund zones**: continuation of community activities but with reduced supervision frequency and adjustments to community-led monitoring (CLM)
- PEPFAR zones**: discontinuation of certain activities (CLM, community HTS, tracing clients lost to follow-up, contact tracing, KP activities)
- Electronic Medical Records** maintained
- Integrated and secure transport of HIV & TB samples (TISE)** operational

NEXT STEPS / WAY FORWARD

- Scaling up of the Presidential Initiative for the Elimination of Pediatric AIDS – DRC
- Decentralization of Alliance plans across the remaining 16 provincial health divisions (DPS)
- Dissemination of IPESE and establishment of the national monitoring framework
- Impact analysis and development of resource mobilization strategies
- Advocacy for increased domestic resources (Governors' Conference)
- Reconciliation of PLHIV data on ART in all 26 provinces
- Expansion of integrated and secure transport of HIV & TB samples (TISE)
- Strengthening monitoring, evaluation, and data quality
- Promoting multisectoral coordination and community engagement
- Regularly evaluate results and impact

