

## HIV Prevention & Treatment

The Integrated Health Project Plus (IHPplus) was implemented in the Democratic Republic of Congo (DRC) from June 2015 to June 2018 by Management Sciences for Health (MSH) and Overseas Strategic Consulting, Ltd. (OSC), under a subcontract via Pathfinder/Evidence to Action. This USAID-funded project was designed to avoid a gap in services in USAID-supported health zones upon completion of the USAID Health Office's five-year flagship Integrated Health Project (IHP) in 2015. The two major project components were direct support for service delivery and health systems strengthening activities. The service component included increased use of high impact family planning, maternal, newborn, and child health (FP/MNCH), nutrition, malaria, tuberculosis (TB), HIV and AIDS, water, sanitation, and hygiene services (WASH), and adoption of healthy practices in targeted health zones. The health systems strengthening component included improved implementation of selected policies, program advocacy, and decision-making, particularly at the provincial levels. Ultimately, the project was designed to create better conditions for, and increase the availability and use of, high-impact health services, products, and practices for more than 31 million people in nine provinces of the DRC with 168 target health zones (an increase from the 78 health zones supported by IHP).

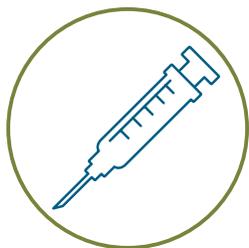
### Integrated Health Project Plus in the Democratic Republic of Congo



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FROM THE AMERICAN PEOPLE



This fact sheet describes the work of the Integrated Health Project Plus in the Democratic Republic of Congo, which was made possible by the generous support of the United States Agency for International Development (USAID), the United States President's Malaria Initiative (PMI), and the United States President's Emergency Program for AIDS Relief, under Subagreement Number OAA-A-11-00024-01-MSH under USAID Cooperative Agreement Number AID-OAA-A-11-00024. The contents are the responsibility of the Integrated Health Project Plus and do not necessarily reflect the views of USAID or the United States Government.

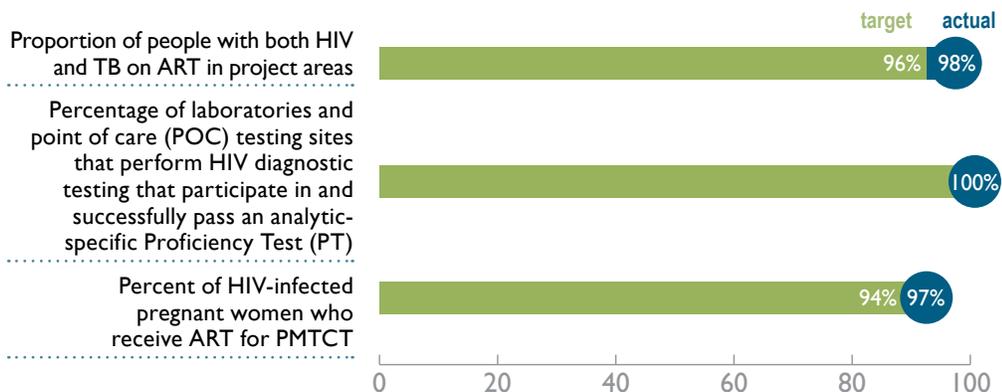


### Strategy

Some provinces of the DRC, such as Lualaba, have larger at-risk populations and fewer services. By integrating HIV and tuberculosis (TB) services, providing laboratory services and community care, equipping health workers with the tools they need, and building awareness and access to services, DRC-IHPplus has made significant progress in HIV prevention and treatment, while establishing a strong link between facilities and the communities they serve.

## RESULTS

**97%** of pregnant women living with HIV received antiretroviral therapy (ART) to reduce the risk of mother-to-child transmission (PMTCT), exceeding the Ministry of Health's target



**88,708**

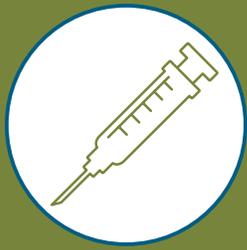
PEOPLE RECEIVING VCT

voluntary counseling and testing (VCT) services were provided at 45 facilities in 8 health zones

**4,607**

ADULTS AND CHILDREN

on ART in project areas



# HIV Prevention & Treatment

**Challenge:** While UNAIDS estimates HIV prevalence in DRC at just over 1 percent overall for the 15-49 age group, it measures over 3 percent in some areas, including some health zones in Lualaba where IHPplus works. In addition, particular populations are more at risk, services are often few and far between, and the stigma of testing and treatment remains high.

**DRC-IHPplus response:** Working closely with the DRC's Ministry of Health, DRC-IHPplus focused on:

- Building the capacity of health service providers to integrate HIV services along the continuum of care
- With partner non-governmental organizations, building community awareness of HIV to lower stigma and encourage voluntary counseling, testing, and treatment
- Preventing mother-to-child transmission (PMTCT) through antiretroviral therapy (ART)
- Getting tests, medication, and other HIV commodities to targeted health facilities
- Equipping health workers to target key and priority populations—female sex workers, men who have sex with men, as well as truck drivers, mine workers, fishermen, and those in military service—all of whom live apart from their families
- Integrating voluntary family planning services at all facilities supported by PEPFAR
- Integrating HIV and tuberculosis (TB) services so that people with one are tested and, if necessary, treated for both
- Integrating the innovative WHO “Test and Treat” strategy at all HIV treatment sites, through which PLHIV are started on ART immediately after diagnosis to reduce their viral load and their risk of transmitting HIV

**317 DOCTORS, NURSES, MIDWIVES, LABORATORY TECHNICIANS, AND COMMUNITY HEALTH WORKERS**

at 45 health facilities in 8 health zones were trained in nutrition assessment, counseling, and support; HIV testing, counseling, treatment, and sample transport; psychosocial assistance; and “Test and Treat” protocols.

## Finding a way forward with HIV

In 2013, the government of the DRC approved a new WHO initiative called “Test and Treat.” This initiative aims to reduce the number of people who are not on treatment for their HIV/AIDS infection by eliminating several criteria for initiating ART. In October 2016, the initiative took effect at HIV care sites in the province of Lualaba through the USAID-financed, PEPFAR-supported IHPplus.

Marie\*, an unmarried 25-year-old, was first admitted to the hospital in February 2015. For three months she was treated for jaundice and prolonged fever. She recovered briefly, but when she fell ill again, her parents brought in traditional healers and prophets. Finally, in December 2016, Marie arrived at the Luilu HIV health center of the Dilala health zone. At that point, she weighed barely 70 pounds.

The criteria for initiating ART used to entail collecting a patient's CD4 count to measure the progression of the disease. The process takes two to four months—time that Marie did not have—and the Luilu health center was not



equipped with a PIMA CD4 analyzer. But with “Test and Treat,” when Marie's HIV test came back positive, the nurse could put her on ART immediately. Because she was by then too weak to care for herself, the nurse counseled her mother on how to administer her treatment.

The Luilu HIV health center where Marie received treatment is only the second in Dilala to offer the “Test and Treat” approach, and it is clearly filling a need: from January to March 2017, the center treated 1,369 HIV-positive patients, most of whom had not been receiving care previously.

In February 2017, two months after her admission, Marie had gained back 35 pounds and was enjoying life again. She joined a local HIV and AIDS support group and admits to taking pleasure in confounding her neighbors: “They were sure that I was dying,” she says. “I thank everybody—God, my mother, my nurse, the support group organizers—who helped me recover from this terrible disease and start a new life.”

\*A pseudonym for confidentiality