***HIV Epidemic and SGBV\* in DRC***

**Context**

The Democratic Republic of the Congo (DRC) is one of the biggest countries in Central Africa with around 72 million habitants. It has a generalized HIV epidemic, with HIV prevalence around 1.2%. The prevalence is higher among women (1.6%) than men (0.6%), and the most affected by the epidemic is key populations such as female sex workers (6,9%) and men who have sex with men (16,9%). The percentage of the population with in-depth knowledge about HIV rose from approximately 4% in 2007 to 19% in 2013. This situation leads not only to risky behavior as a result of ignorance, but it also generates to the level of stigmatization and discrimination. These factors limit access to, and use of, health care and information services, reinforcing social barriers and contributing to social exclusion, loss of employment and loss of income. The estimated number of people living with HIV (PLHIVs) in DRC was 409,769 in 2014. In addition to disparities between the prevalence in men and women, the figures reveals significant disparities in age, with a prevalence rate among young people (15-24 years old) of 0.7% in 2007 and 0.8% in 2013. “*Regarding Sexual and Gender Based Violence (SGBV) and human right violations, the following figures are an example for the 2nd quarter of 2015; the UN registered a total of 31 adult victims of sexual violence, which represent a high increase in comparison to the previous month of 2015 (six victims). Taking into account the wide definition of SGBV, the prevalence of these violations are very high in all provinces in DRC (Kinshasa, Kivu, Katanga etc.). The violations of human rights were reportedly in the province Orientale (22 victims) and South-Kivu (nine victims). The main perpetrators of these violations in 2015 were the combatants of armed groups. During the same period, 280 human rights violations were reported, which represents an increase in comparison to the first quarter on 2015. The most reported types of violations recorded recently are violations of the right to physical integrity (94 violations and 155 victims including 31 adult victims of rape), violations of the right to liberty and security of the person (93 violations and 296 victims) and violations of the right to life (47 violations and 86 victims). The most affected provinces remains the eastern provinces of the DRC, namely the provinces of North Kivu (132 violations), Orientale (69 violations) and South Kivu (26 violations). The trends between HIV prevalence and the consequences of violation of rights such as SGBV, indicates a strong relationship as in the east of DRC, the prevalence of HIV is higher, (varies between 1.3 and 4%), compared to a national prevalence of 1.2%*.” DRC has started to implement a horizontal approach to handle issues like sexual violence, by aiming at providing universal health coverage. Furthermore, donor funding for the health sector was doubled between 2007 and 2012, with an increase from 255 million to 530 million USD.

Between 2010 and 2014, significant progress has been made in DRC with regards to stabilization of HIV prevalence, reduction in new infections, decrease in annual AIDS related deaths, in addition to increased coverage of antiretroviral therapy, especially for the prevention of mother to child transmission. The UN Joint Programme on HIV/AIDS has contributed to these achievements in partnership with national authorities, civil society, especially Faith Based Organizations (FBO), by focusing on high level political commitment, national ownership (from NAC, NGO, private sector), evidence based planning, mobilization of resources, provision of commodities and technical support to accelerate prevention, treatment, human rights and gender based equality services in the most affected regions. It is noted that the population in DRC have strong religious believes which highly influence the community. Often, social, political and health issues are managed by the religious networks at all levels.

**Concrete results**

**Increasing domestic investments and partnership with faith based organization**

The UNAIDS Secretariat and its cosponsors continue high-level advocacy towards parliamentarians, policymakers, faith based organizations (FBO), journalists, lawyers, and the private sector to increase investment of financial domestic resources in the AIDS response. The goal is to sustain a more effective national response, and lead the fight against HIV related stigmatization and discrimination. Key achievements in 2014 include a commitment by the head of state of the Democratic Republic of the Congo to the UNAIDS campaign “Protect the goal” and the organization of five parliamentary forums regarding HIV and human rights in five provinces in the country. UNAIDS also supported the Panzi Hospital to create a “listening/counselling” center for women affected by sexual and gender based violence in close cooperation with FBO. Several training sessions with FBO have been organized at central and provincial level. The national HIV/AIDS strategic plan for 2014–2017 was adopted by the Government of the Democratic Republic of the Congo under the leadership of the head of state, following high level advocacy by the UNAIDS Director. A key result from the advocacy was that the Government committed to increase state resources to 59.8 USD (from 3 million USD) within 2015–2017 and to increase its engagement in the national response to address human right’s needs.

**Tackling sexual transmission through BCC-Key messages –community dialogue and condoms**

UNAIDS, MONUSCO, civil society including FBO, have played an important role in the reduction of sexual transmission through the UNAIDS Joint Programed. Concrete actions include the sensitization of key populations regarding HIV prevention and their rights, the distribution of 11 508 554 condoms nationally in 2014 (10 190 134 male, 1 318 420 female), including in areas of conflict and humanitarian emergency (reaching 142 778 people in the humanitarian context with information, education and communication and behavior change communication) and the development of an action plan for the control of HIV and AIDS at the workplace. It should be noted that religious groups also are involved in the advocacy and the prevention material for the general population. Anglican, Protestants, the Catholic Church and many others religious groups have been highly involved in the HIV national response in DRC. (School materials, capacity building, socio-psychological support are key areas). For example has community dialogue (focus groups) and advocacy plan been implemented through faith-based networks within the health and the social system in DRC.

**Fast tracking elimination of new infections among children and reducing maternal mortality**

With the support of the UNAIDS Executive Director, the Government of the Democratic Republic of the Congo launched a national plan to eliminate new infections among children and keep their mothers alive in 2012. The UNAIDS Secretariat, the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) supported a pilot project on option B+ in the Katanga region, complementing grants from the United States of America, as the President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). As a result, the annual number of pregnant women living with HIV receiving antiretroviral therapy has risen from 4176 in 2012 to 10 560 in 2014, among them, 2600 benefit from the option B+ protocol.

Despite these encouraging gains, low male involvement in the use of prevention of mother to child transmission services and discrimination and stigmatization by health personnel are some obstacles to the prevention of sexual transmission and prevention of mother to-child transmission service use. The Joint Programed on HIV/AIDS in DRC, where FBO are key members, will continue its high level advocacy in order to tackle critical barriers (e.g. socio-cultural, structural, gender inequalities).

**Fast tracking antiretroviral therapy and availability of Pep Kit**

There has been a rapid expansion in antiretroviral therapy coverage in the Democratic Republic of the Congo since the end of 2012. The Number of people on antiretroviral therapy regiment has increased from 64 219 in 2012 to 101 324 in 2014. The Joint UN programmed on HIV/AIDS has contributed to this success through antiretroviral therapy retargeting, intelligent programming, advocacy to engage partners like FBO and national health sector leaders, support for improvement of national guidance, health staff capacity building, procurement planning, nutritional assistance, quality management and field supervision. The UN Joint programmed has also involved the civil society, religious groups, creating a network of people living with HIV/AIDS for a community based early warning system.

**Humanitarian and social challenges**

The sociopolitical context within the Democratic Republic of the Congo remains very complex. The ongoing conflict within the country has resulted in increased incidence of sexual and gender based violence. Human rights and gender-based violence have been key priorities in the 2014 political and diplomatic agenda for UNAIDS-Country Office as well as for religious groups in DRC. Support has been focused on sensitization of local parliamentarians, justice, lawyers, law enforcement, mayors and police officers and capacity strengthening of the civil society, including women’s networks and care and support for victims, particularly in the eastern provinces. The UN system will continue to support the national response and advocate for the fighting of gender inequities and increasing coverage of prevention of mother to child transmission in the context of a humanitarian emergency. Capacity building on gender issues and adapted tools for gender assessment have been improved by the UNAIDS Secretariat. Sensitization campaigns and voluntary HIV counselling and testing activities have also been promoted, for example by UNAIDS and UNHCR in refugee settings and camps in the east.

**Key challenges**

* **Stigmatization and discrimination towards SGBV victims and a lack of knowledge and perception** about HIV and SGBV limit community led interventions programming and implementation
* **Lack of high quality data collection, analysis, and use mechanism**making it difficult to monitor social progress and evidence based planning by FBO and various stakeholders
* **Weak coordination and lack of synergy mainly at operational** **level between actors** (NGO, FBO, health system, government and development partners) involved in combating HIV/AIDS and SGBV in context of conflict situations
* **The legal environment and the insecurity remains key barriers for access to and delivery of integrated HIV prevention and treatment services to the SGBV and HIV most at risk populations** as prisoners, commercial sex workers, IDP, IDU, LGBIT, young girls and women.
* **Multi-sectorial funding and human resources capacity, guidelines and commodities**remain insufficient

**Recommendations and (UNAIDS/Fast track 90-90-90)**

**Way forwards**

1.    **To engage political and community leaders and law makers** for non-application and removal of punitive laws and integration and delivery of HIV & SGVB services to the most affected populations

2.    **To enhance multi-sectorial coordination, harmonization** at national and operational between actors (NGO, FBO, health system, government and development partners)

3.    **To promote community-led HIV & SGBV program**s on Human rights and gender equality in order to eliminate stigmatization and discrimination

4.     **To strengthen HIV & SGVB data collection and analysis** for informed planning, intelligent investment and social progress monitoring

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**\**SGBV: Sexual Gender Based violence***

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