

# Final Dissertation for Advanced Course of Master in International Health at Swiss Tropical Institute, Basel

What are the bottlenecks of access to Highly Active  
Antiretroviral Therapy in the Democratic Republic of the Congo?  
The example of Kisantu, a semi-rural health zone in Bas-Congo  
province

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## **What are the bottlenecks of access to Highly Active Antiretroviral Therapy in the Democratic Republic of the Congo?**

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#### **Abstract**

Despite the availability of large funds and considerable efforts to improve access to HAART (Highly Active Antiretroviral Therapy), coverage of treatment with HAART remains low in DRC. We identified the bottlenecks for adults' access to HAART in a semi-rural health zone in DRC, compared HAART coverage in the urban and rural area and described the outcomes and yield of different HIV testing settings. An operational model was used to examine bottlenecks in the flow of patients. The study period covered the start of the HIV care program in April 2006, until December 2008. An estimated 505 PLWHA (People Living With HIV/AIDS), of whom 201 were in need of HAART, lived in the health zone. The proportion of PLWHA in need of HAART who were actually receiving HAART was estimated at 53%. 6451 adults were tested for HIV, 328 of them were HIV positive and 173 accessed the HIV care programme. 107 of the 130 to 168 eligible patients initiated HAART. Overall, access to the HIV care programme for the patients testing HIV positive was identified as the biggest bottleneck. 41% of the PLWHA identified in urban areas accessed the HIV care programme, versus 11% of the rural PLWHA, showing a serious inequity. 75% of the total estimated 92 co-infected patients of the health zone were detected by the TB programme. Only 13 % of women testing positive in the PMTCT (Prevention of Mother-To-Child Transmission) programme accessed the HIV care programme, showing that this bottleneck is greatly accentuated in this specific group. By testing all pregnant women and all TB patients in the health zone, 28 % of all PLWHA could potentially be detected in a period of 33 months, showing its great potential in settings with a relatively low HIV prevalence.

#### **Introduction**

HIV prevalence in DRC (Democratic Republic of the Congo) has recently been estimated at 1.3%.<sup>1</sup> The Demographic and Health Survey estimates the prevalence in people living in urban and rural areas at 1.9 and 0.7 % respectively. Despite the availability of large funds and considerable efforts to improve access to HAART (Highly Active Antiretroviral Therapy)<sup>2</sup>, coverage of treatment with HAART in DRC is low. The WHO '3 by 5' target for DRC was 80000 people receiving HAART. The Global Fund's Performance Monitoring Report mentions only 13064 people who were receiving HAART on the 30<sup>th</sup> June 2007<sup>3</sup>. With coverage of less than 10%, DRC is classified amongst the worst countries in the world in terms of scaling up.<sup>4</sup> According to national data, only 4.1 % of all adults have been tested