

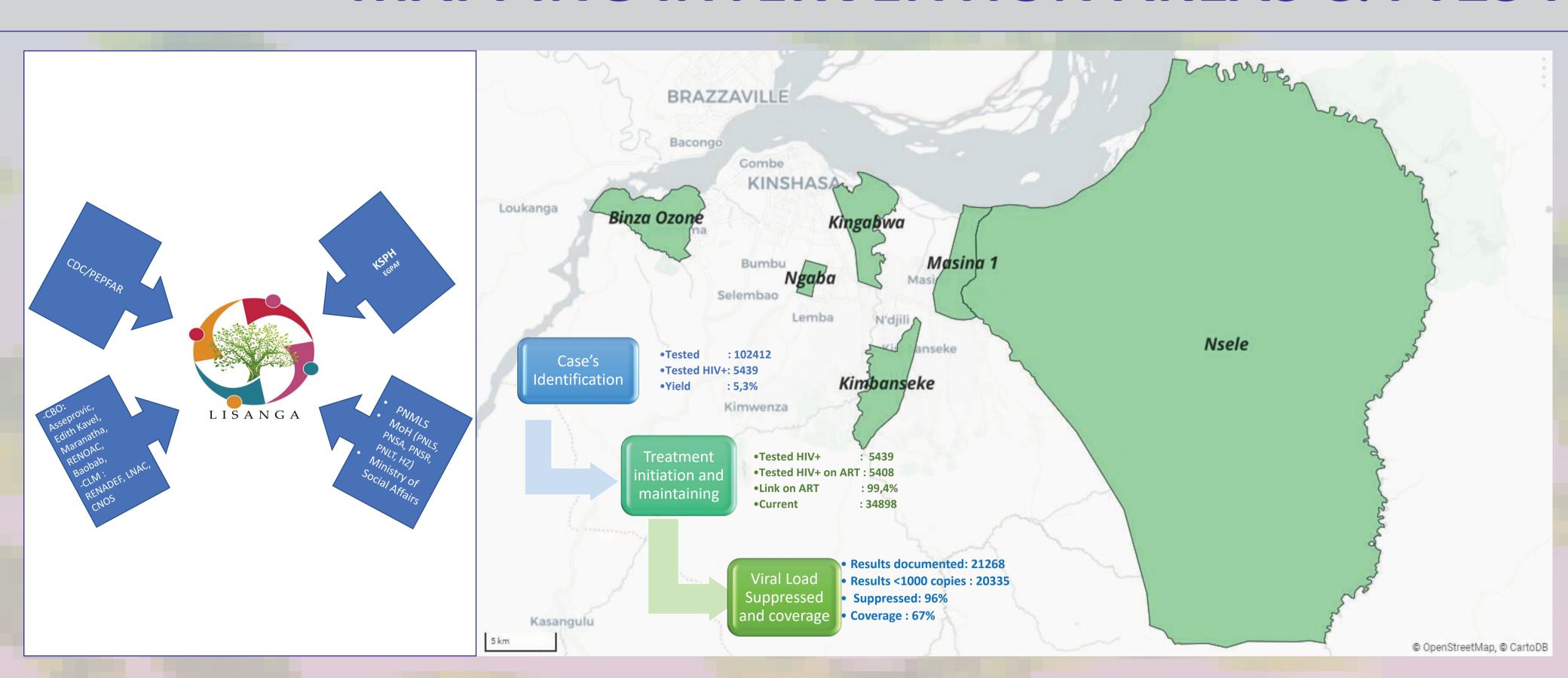
Ecole de Santé Publique de Kinshasa Kinshasa School of Public Health UNIVERSITE DE KINSHASA





Achieving and Maintaining Epidemic Control through Comprehensive HIV/AIDS Prevention, Care and Treatment Services in the Kinshasa Region of the Democratic Republic of Congo under the President's Emergency Plan for AIDS Relief (PEPFAR)

MAPPING INTERVENTION AREAS & FY23 PERFORMANCE



HTS_TST 102 412	HTS_TST_POS 5 439	TX_NEW 5 408
TX_CURR 24000	TX_PVLSD 21 268	VLC 67%
34 898	TX_PVLS N 20 335	VLS 96%

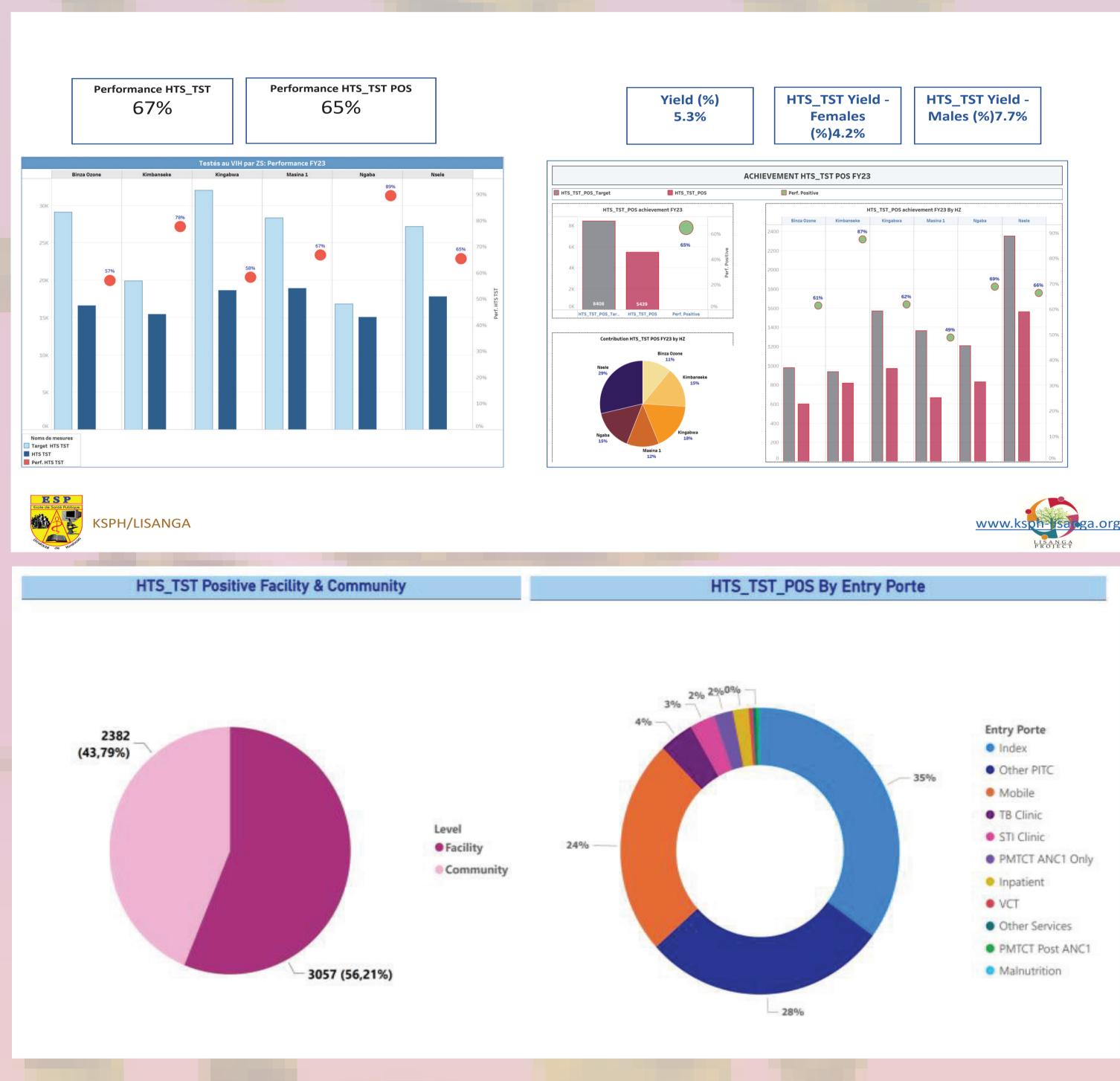
7082

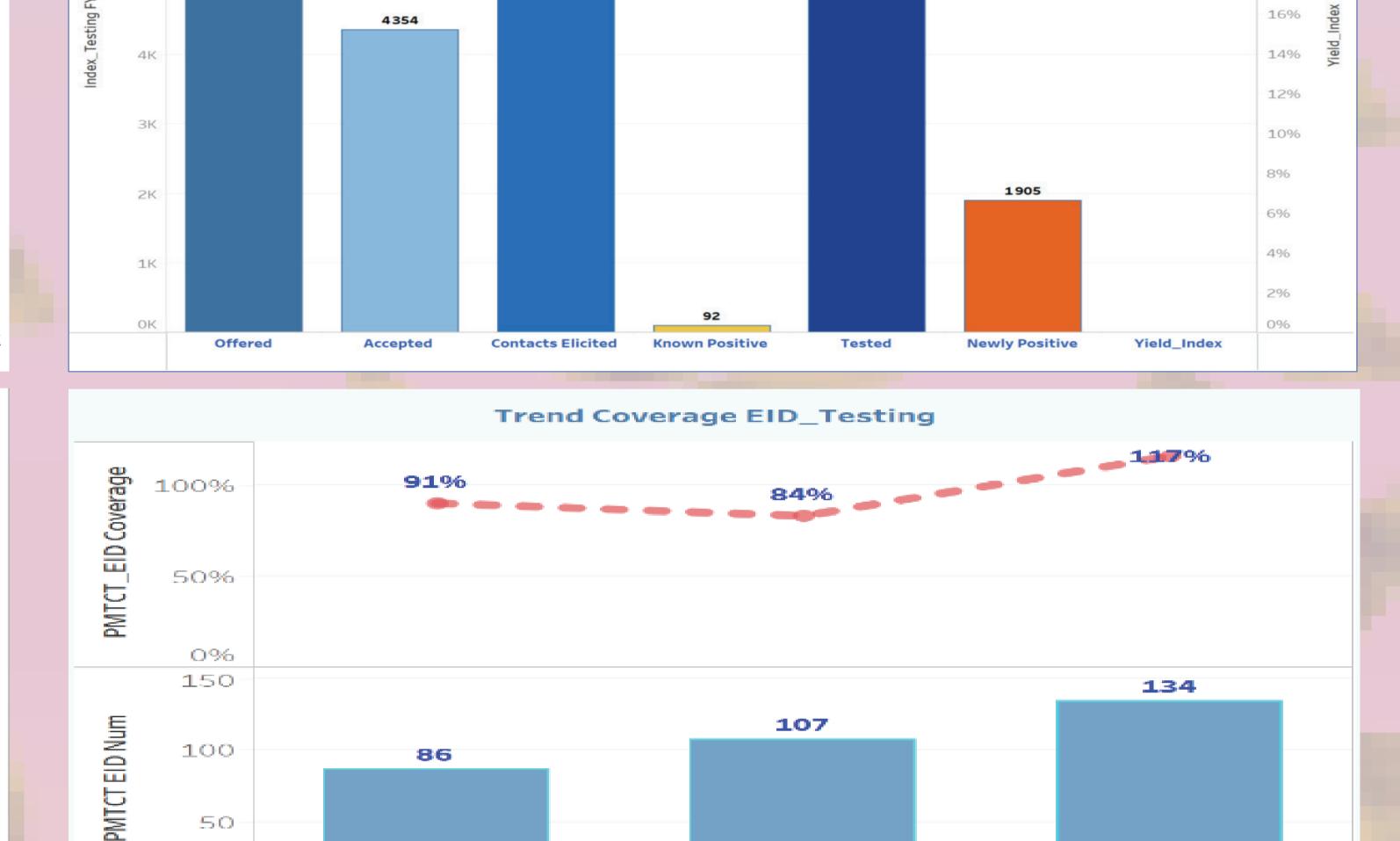
22%

18%

Q3FY23

KSPH LISANGA 'S FY23 KEY RESULTS: 1st 95





Contacts

Elicited'HIV

Patient

1,8

7922

Accepted

Index Services

81%

50

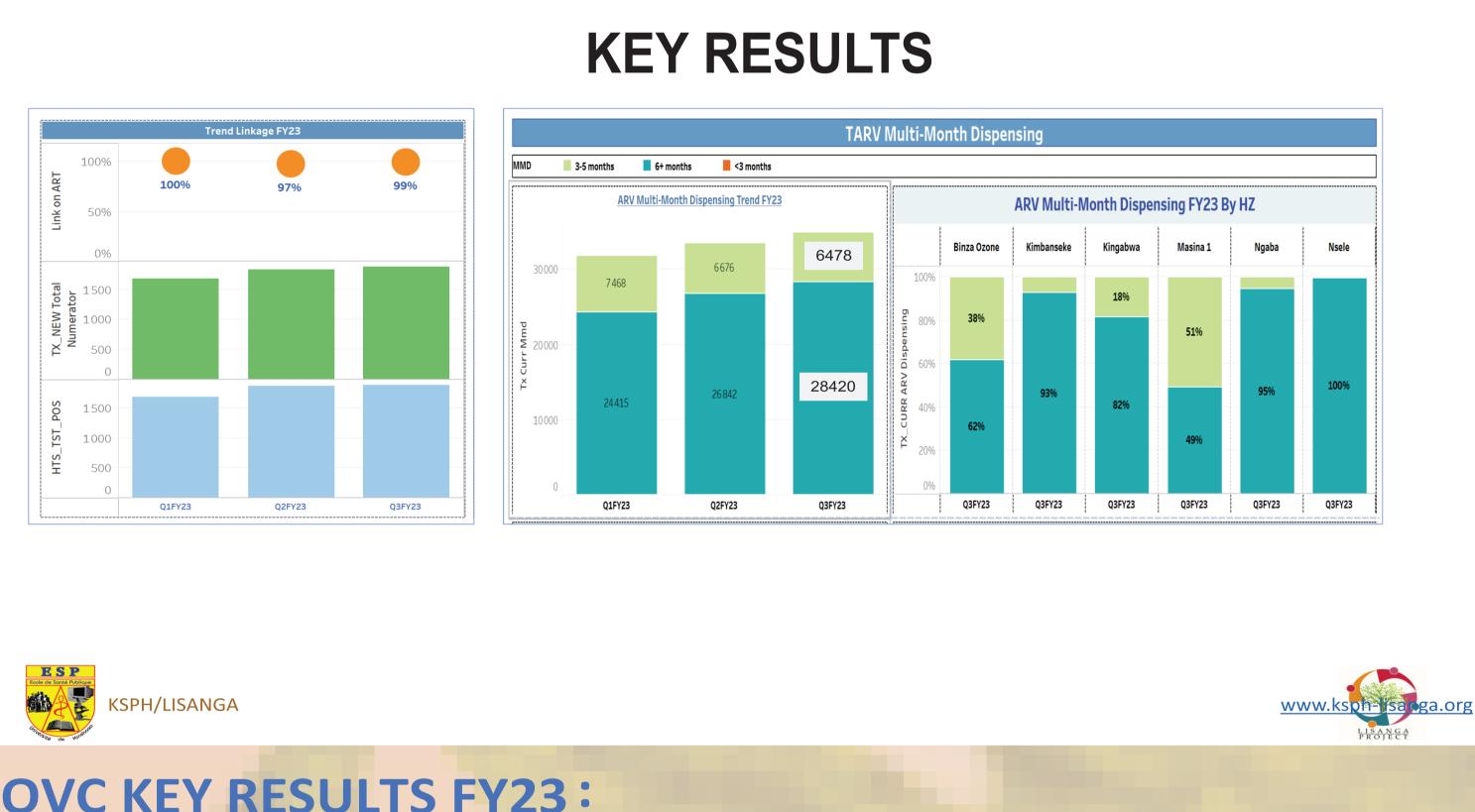
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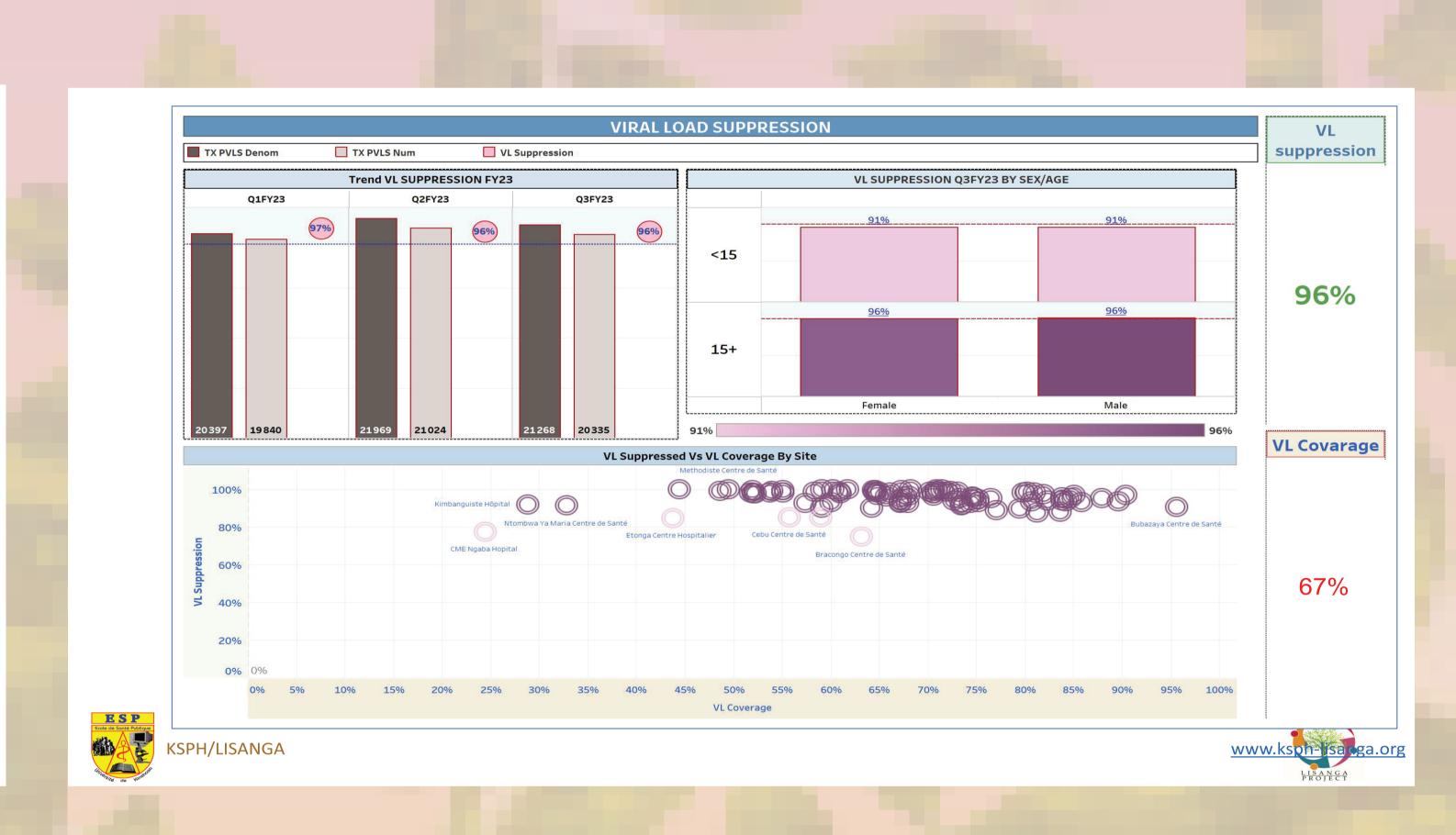
PMTCT EID Num

Q1FY23

Pmtct Eid D

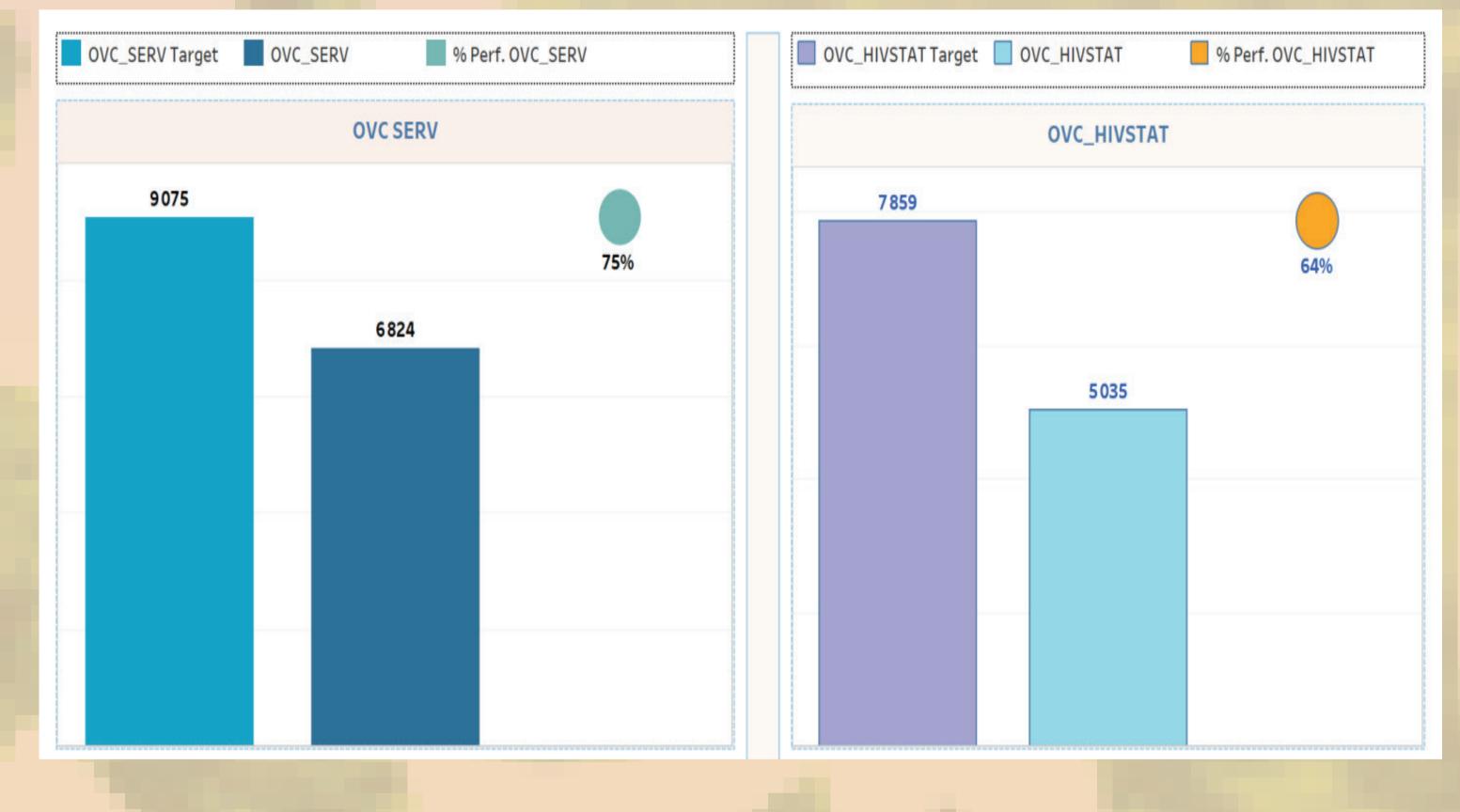
KSPH LISANGA 'S FY23 KEY RESULTS: MMD and Viral Load

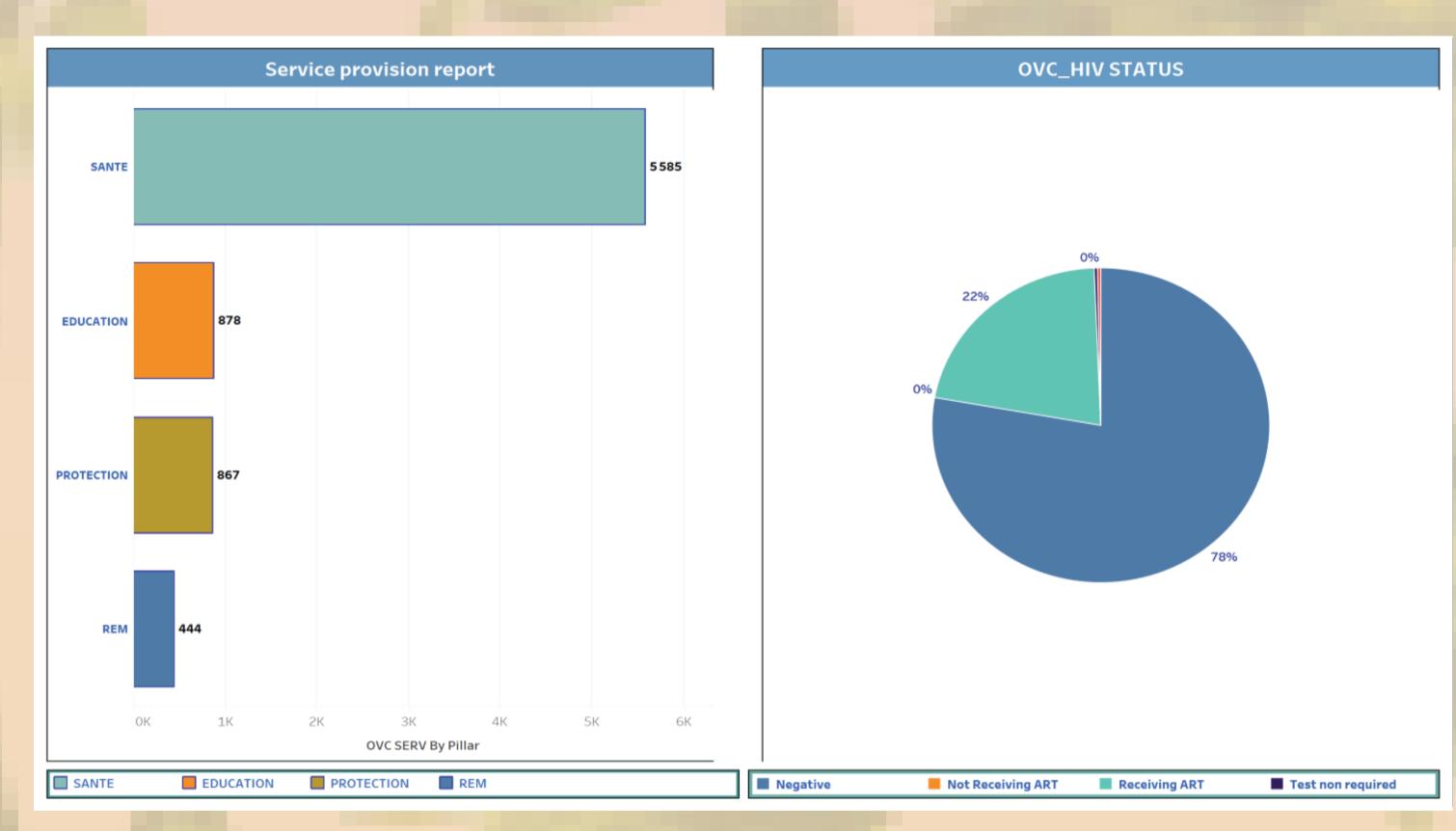




Q2FY23

OVC KEY RESULTS FY23:





1st 95

During Y2023 Lisanga Project provided rapid HIV test kits including Determine HIV tests, materials (lancets, capillary tubes). The HIV testing is conducted in the facilities and the community respectively by the HCW and the CCW according the national algorithm

The use of the Heart tool, the offer of the PNS coupled with the self-test have allowed to reach targets

The HEART tool is used in the community as well as in facilities at all modalities except for Index cases, PMTCT and TB.

that Lisanga Project started to use the Risk tool of vulnerability on young women, adolescent and pregnant women before testingOnly individual screened HIV-positive should be tested, meaning that they were likely to be infected of HIV

2nd 95

A package of support interventions has been offered to newly diagnosed **PLHIV** to ensure timely linkage to treatment. Lisanga technical team continued to accompany providers on Test and Treat strategy. Lisanga technical staff worked and kept improved documentation and monitoring referrals and linkage to care and treatment with a focus on same day ART initiation whenever feasible the linkage is 99%

Among the 34898 patients on ART, 21 159(60,6 %) are females, 13 739 (39,3 %) males. 1342 (3.8 %) were < 15 years. During Q3FY23: 0 in the cohort have <3 months of ARVs Dispensed, 6478 (18,5%) in the cohort-have 3-5 months of ARVs Dispensed and 28 420 (81,4%) in the cohort have 6+ months of ARVs Dispensed, so 100 % of eligible patients on ART are enrolled in multi months dispensing (MMD) of medication.

3rd 95

During the FY23, 21 268 VL results for patients on ART were received and documented within 12 months. Among these results, 20335, or 96% of patients on ART had their VL suppressed

Concerning key populations, there is a suppression of 95% (2042 VL results suppressed out of the 2153 received and documented) broken down by KP categories as follows: - MSM: 470/502, i.e. 94%; - TG: 14/14, or 100% and FSW: 1558/1637, i.e. 95%.

A follow-up program for patients who have not suppressed their viral load set up to improve their adherence and compliance to treatment.

Perspective to reinforce the existant VL network in adjonction of 2 referal Viral Load Laboratory in Kinshasa