

**DEMOCRATIC  
REPUBLIC OF THE  
CONGO**

**Mid-term Assessment**

Global Fund Breaking Down  
Barriers Initiative

April 2021

Geneva, Switzerland

# DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

## Acknowledgements

The mid-term assessment of the *Breaking Down Barriers* initiative was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health comprised of: Joseph J. Amon (Drexel University), Leo Beletsky (Northeastern University), Sandra Ka Hon Chu (HIV/AIDS Legal Network), Joanne Csete (Columbia University), Richard Elliott (HIV/AIDS Legal Network), Mikhail Golichenko, (HIV/AIDS Legal Network), Cécile Kazatchkine (HIV/AIDS Legal Network), Diederik Lohman (Consultant), Julie Mabilat (Consultant), Megan McLemore (Consultant), Nina Sun (Drexel University) and Susan Timberlake (Consultant).

For the Democratic Republic of the Congo assessment, Julie Mabilat led the research and writing of this report. The author would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and others who provided information, insights and various other contributions, and who demonstrated their dedication – despite the challenges of the global COVID-19 pandemic – to their programs and beneficiaries

## Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. The Democratic Republic of the Congo is a Rapid + assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Côte d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

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# Summary

## Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends in 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale up these programs in the Democratic Republic of the Congo (DRC). It seeks to: (a) assess the Democratic Republic of the Congo's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## Breaking Down Barriers Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.<sup>1</sup> This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

## Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in the Democratic Republic of the Congo to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in the Democratic Republic of the Congo was a rapid+, sub-national assessment. It was conducted primarily between December 2020 and April 2021.

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<sup>1</sup> **For HIV and TB:** stigma and discrimination reduction; training for health care providers on human rights and medical ethics; sensitization of lawmakers and law enforcement agents; legal literacy (“know your rights”); legal services; monitoring and reforming laws, regulations and policies relating to the 3 diseases; and reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** mobilizing and empowering patient and community groups; ensuring privacy and confidentiality; interventions in prisons and other closed settings; and reducing gender-related barriers to TB services (TB).

## Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming include: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### ***Creating a supportive environment to address human rights-related barriers***

At the time of the finalization of the mid-term assessment, not all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services had been achieved in the Democratic Republic of the Congo (see Table 1). What remained outstanding was the finalization of the national plan to reduce human rights-related barriers and the establishment of a Working group on human rights, HIV and TB to support the follow up on the plan. Achievement of all these steps will contribute to developing a supportive culture of human rights that is needed to scale up and sustain sufficient programs by which to remove barriers to HIV and TB services.

**Table 1: Key milestones**

Milestone	Results	Date
<b>Matching funds</b>	The country accessed USD 3 million in matching funds and invested approximately 3 million from the GF allocation.	Disbursed May/June 2018
<b>Baseline assessment</b>	Literature review, key informant interviews and focus groups conducted	September – October 2017
	Report finalized	June 2018
<b>Multi-stakeholder meeting</b>	The multi-stakeholder consultation consisted of three meetings gathering key stakeholders (the Country Coordinating Mechanism (CCM), government stakeholders, NGOs, technical partners, and representatives of PLHIV and other key populations). The objective was to discuss the findings of the baseline assessment and support the working group for the development and operationalization of the national multi-year plan.	January 2020
<b>Working group on human rights, HIV and TB</b>	A technical working group has not yet been established. However, a Comité de pilotage has been put in place during the multi-stakeholder meeting and is still in place.	
<b>National plan to reduce human rights-related barriers</b>	The draft of the multi-year plan is being finalized and costing is underway. <sup>2</sup>	

<sup>2</sup> **Secretariat Footnote:** Delays in finalizing the multi-year plan were due to the impact of COVID-19. Since completion of the mid-term assessment in April 2021, the multi-year plan has been finalized and undergoing validation in early 2022.

## ***Scale-up of Programs: Achievements and Gaps***

The Democratic Republic of the Congo showed some progress in expanding the scale of human rights programs for both HIV and TB (see Table 2).

With regard to HIV, by mid-term, the Democratic Republic of the Congo had continued implementing activities in all key program areas, but compared to the 2017 baseline, there has not been real scale-up of activities. In parallel, new promising projects have been put in place, whose impact can only be assessed at end-term. Finally, some programs remain particularly weak (e.g. legal literacy), and key gaps remain.

However, when asked about activities and programs to be implemented under DRC's new grant in the 2020-22 allocation ("NFM3"), key informants were unanimous (one key informant describing it as finally putting the Democratic Republic of the Congo "on the right track") that the NFM3 will enable the implementation and scale-up of activities, with improvements in key population and geographic coverage, as well as in quality programming and sustainability. Thus, while the baseline and mid-term scores of program comprehensiveness remain much the same, this is expected to change at end-term.

With regard to programs to remove human rights-related barriers to TB barriers, at the time of the baseline assessment, none of the 10 programs to address human rights-related barriers to TB services were being implemented. While the baseline assessment found that there was "growing multi-sectoral engagement within the national TB response", this had not translated into the implementation of human rights or gender-focused interventions in the context of TB. At mid-term, the situation has changed, with efforts present or about to be launched in seven human rights-related program areas. In addition, the Ligue Nationale Antituberculeux et Anti-lépreuse du Congo (LNAC) was appointed in early March 2021 as a new sub-recipient, which represents a positive development. Nevertheless, current resources and capacity to address barriers to TB services are still very limited. Thus, programs to address human rights-related barriers to TB services are far from comprehensive.

However, lessons have been learned. During strategic reflections at provincial and national round tables that took place in 2019-2020, participants highlighted the issue of human rights investments for TB patients being too low and not harmonized with HIV projects.\* As for HIV, NFM3 will lead to some major changes.

**Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness**

Program areas	HIV		TB	
	Base line	Mid-Term	Base line	Mid-Term
Stigma and discrimination reduction	2.2	2.4	0.0	2.2
Training for health care providers on human rights and medical ethics	2.1	2.3	0.0	1.0
Sensitization law-makers and law enforcement agents	2.0	1.9	0.0	0.0
Legal literacy (“know your rights”)	*	*	0.0	0.0
Legal services	2.8	3.0	0.0	0.0
Monitoring and reforming laws, regulations and policies relating	2.1	3.0	0.0	0.0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.3	2.5	0.0	1.0
Ensuring confidentiality and privacy		N/A	0.0	*
Mobilizing and empowering patient and community groups			0.0	0.0
Programs in prisons and other closed settings			0.0	0.0
<b>Average score</b>	<b>2.3</b>	<b>2.5</b>	<b>0.0</b>	<b>0.5</b>

**0 – no programs present**  
**1 – one-off activities**  
**2 – small scale**  
**3 – operating at subnational level**  
**4 – operating at national level (>50% of geographic coverage)**  
**5 – at scale at national level (>90% geographic coverage + >90% population coverage)**  
**Unk / \* - Unable to assess**  
**N/A – Not applicable**

## ***Cross-cutting Issues related to Quality Programming and Sustainability***

In examining programs, the mid-term assessment reviewed, where possible, not only the scale of the programs, but also whether individual programs are gender-responsive and whether they are being implemented in accordance with lessons learned over the last years, which have now been documented in an implementation guide for programs to reduce human rights-related barriers.<sup>†</sup> Researchers found several cross-cutting issues related to program quality for which some general recommendations can be made regarding HIV and TB programming overall:

- Use the Multi-Year Plan as an organizing framework to scale up programs to remove human rights-related barriers to HIV and TB in more strategic, coordinated ways.
- Increase support for programs to remove human rights-related barriers to TB services, both in terms of funding and capacity-strengthening (including regarding monitoring and evaluation).
- Continue to identify opportunities to integrate human rights programs into HIV and TB prevention and treatment programming.
- Ensure the combination of programs, where strategic and possible (e.g. develop joint interventions that cover both HIV and TB comprehensively, making sure the specificities of both HIV- and TB-related issues are taken into account).
- Prioritize the coordination of programs to remove human rights-related barriers and identify gaps in coverage (i.e. ensure dialogue among stakeholders to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these).
- Ensure that programs are designed to include all key and vulnerable populations, including LGBTI individuals. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes.
- Encouragingly, there have been promising developments in recent years, including successful integration of human rights programs with health service delivery programs; the examples of programs areas combined to reduce human rights-related barriers to both HIV and TB services; the launch of OnelImpact and of the TOPICS project; indicators available for activities and programs to be implemented under DRC's new grant in the 2020-22 allocation ("NFM3"), which is crucial for a robust monitoring and evaluation (M&E) process; and the key role of the mid-term assessment in allowing some key stakeholders to understand that the activities developed were part of a process, namely the *Breaking Down Barriers* initiative.

## Emerging Evidence of Impact

At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV and TB services in the form of a case study: OnelImpact TB Tolongi.

### **Case Study: OnelImpact TB Tolongi**

Club des Amis Damien (CAD), the National Tuberculosis Control Program (PNLT), community health workers and first responders (CAD volunteers), and people affected by TB have implemented a community-based surveillance system of TB-related services. The OnelImpact digital platform is used by people diagnosed with TB, peer supporters, community health workers and/or lead community-based organization, TB health care workers, and the National TB Programme (NTP). It ensures the monitoring and evaluation of the quality, accessibility, availability and acceptability of TB services in their communities. The OnelImpact digital platform empowers TB patients to access health and support services, claim their human rights, and identify and reduce stigma. It also produces real time data and information that can be used to immediately address human rights barriers, and generates evidence to improve local and national TB policies and practices to increase access to TB services in the longer term.<sup>‡</sup>

In the Democratic Republic of the Congo, the pilot project, launched in April 2019 in 29 health centres in Kinshasa, ended in December 2019. Club des Amis Damien has already leveraged the information gathered during this period to successfully advocate for the inclusion of a TB stigma study in the PNLT Action Plan (*Plan d'Action Communauté, Droits humains et Genre TB*)<sup>§</sup> and DRC Global Fund proposal.\*\* Hand in hand with the National TB Program, Club des Amis Damien has also created Health Facility Teams to address the reported challenges and to strengthen linkages between community and health systems.<sup>††</sup>

The project was being scaled up, with the support of Stop TB Partnership as part of the Challenge Facility for Civil Society Round 9 for one year (from July 2020 to June 2021), in two provinces (Kinshasa and Kongo Central). An extension of the implementation for a period of three months (i.e. until September 2021) was also planned.

With the support from the Stop TB Partnership and the Global Fund in NFM3, community-based surveillance with OnelImpact TB will expand into three or four other provinces during the period from 2021 to 2023. A key informant also reported that, starting with the NFM3, the OnelImpact and UCOP+' observatoire will operate with the same indicators.

Thus, at baseline, there were almost no specific, human rights or gender-focused interventions in the context of TB in the Democratic Republic of the Congo, and a still a scarcity of such interventions reported at mid-term. However, OnelImpact TB Tolongi, supported by the new funding model 3 cycle, represents an excellent opportunity to change this.

## Conclusion

The mid-term assessment has demonstrated some encouraging achievements in the Democratic Republic of the Congo. To build on those promising developments, there is great need to scale up programs to remove human rights-related barriers to HIV and TB services, and to monitor and evaluate such programs for their impact. There is also a need to ensure that a human rights-based approach is understood and implemented, particularly for TB. Capacity-strengthening is key, not only regarding monitoring and evaluation, but also to foster understanding of the human rights and gender dimensions of TB, including by lawmakers and law enforcement agents.

Additionally, key population-led organizations need to be supported so that their capacity to implement human rights programming is strengthened. Among other things, this would facilitate the integration of human rights programming into the programming of a greater diversity of program implementers and enhance geographical coverage of programs.

It is imperative that these issues are addressed if the Democratic Republic of the Congo is to make significant progress towards a comprehensive response to human rights-related barriers to HIV and TB services.

## Key Recommendations (see Report Annex for a full set of recommendations)

### Creating a Supportive Environment

- Ensure the adoption of the Multi-Year Plan (2021-2025) for comprehensive programs to remove human-rights related barriers to HIV and TB services, including the finalization of the resource mobilization component.
- Ensure that the Technical Working Group is established and meets regularly to both finalize and oversee the implementation of the Multi-Year Plan.

### Programmatic Scale-up

- Use the Multi-Year Plan as an organizing framework to scale up quality programs to remove human rights-related barriers to HIV and TB services in more strategic, cohesive fashion.
- Increase support for programs to remove human rights-related barriers to TB services, both in terms of funding and capacity-strengthening (including regarding monitoring and evaluation).

### Programmatic Quality and Sustainability

- Continue to identify opportunities to integrate human rights programs into HIV and TB prevention and treatment programming.
- Ensure combination of programs, where strategic and possible, e.g. develop joint interventions that cover both HIV and TB comprehensively, making sure the specificities of both HIV- and TB-related issues are taken into account.
- Prioritize the coordination of programs to remove human rights-related barriers and identify gaps in coverage, i.e. ensure dialogue among stakeholders to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these.
- Ensure meaningful participation of all key and vulnerable populations, in the HIV and TB response, including program design and implementation. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes, as their guidance regarding planning and implementing HIV and TB programming is crucial.

# Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including the Democratic Republic of the Congo, comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in the Democratic Republic of the Congo from December 2020 to April 2021 to: (a) assess the progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services in the Democratic Republic of the Congo; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## ***Breaking Down Barriers Initiative's Theory of Change***

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services<sup>3</sup> increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”,<sup>††</sup> and Global Fund Key Performance Indicator 9a that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible and/or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).<sup>§§</sup>

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<sup>3</sup> The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

## Text Box 1: Program Areas to Remove Human Rights-related Barriers

### For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases; and
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

### Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings; and
- Reducing gender-related barriers to TB services (TB).

According to the theory of change of the *Breaking Down Barriers* initiative, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving “matching funds”), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In December 2020, the Global Fund supported a mid-term assessment examining the progress of the Democratic Republic of the Congo towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

## Methods

In the *Breaking Down Barriers* initiative, the mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. In the case of the Democratic Republic of the Congo, a rapid, sub-national assessment was undertaken. However, due to the complexity of the work undertaken in DRC and its importance, a greater number of interviews were undertaken and more time devoted to the assessment than in other rapid assessments, making this a “rapid+” assessment. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Democratic Republic of the Congo mid-term program assessment was conducted between December 2020 and April 2021 (Table 1). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

## Limitations

At the time of the mid-term assessment, the COVID-19 pandemic had seriously affected the implementation of programs to remove human rights-related barriers to HIV and TB services. It also affected the capacity of stakeholders to engage with the assessment. To the extent possible, the mid-term assessment adapted to the new country realities and documented results and programmatic impact. The evaluation team sought different perspectives from a diverse set of key stakeholders, carefully selected, but there were many limitations in terms of resources (human, time and financial). The findings and recommendations in the assessment should therefore be understood as being the best assessment possible, with those limited resources, for a diverse, dynamic and complex initiative influenced by many political, economic and social forces. The team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides a useful, if partial, snapshot and a basis for further development of programs seeking to remove human rights-related barriers to HIV and TB services.

**Table 1: Democratic Republic of the Congo Mid-Term Assessment Timeline**

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Julie Mabilat	December 2020 – February 2021
Written questionnaires completed by and/or interviews conducted remotely with a total of 12 key informants	Julie Mabilat	February – March 2021
Follow-up with relevant key informants	Julie Mabilat	February – April 2021
Presentation of the report to the Global Fund	Julie Mabilat	April 2021

# Part I. Background and Country Context

## Epidemiologic Context

According to the latest estimates from UNAIDS, as of 2019, there were 520 000 adults and children living with HIV in the Democratic Republic of the Congo, of whom 53% were receiving antiretroviral therapy.<sup>\*\*\*</sup> HIV prevalence among adults and adolescents aged 15 to 49 is 0.8%, with higher prevalence among women at 1.2% compared to 0.4% for men.<sup>†††</sup> HIV in the Democratic Republic of the Congo is a generalized epidemic.<sup>†††</sup> Key populations that face a higher HIV burden include men who have sex with men (7.1%), transgender women (no data), sex workers (7.5%), people who inject drugs (3.9%), and prisoners (0.8%).<sup>§§§</sup> Adolescents and young people and women, particularly adolescent girls and young women, are also identified as “vulnerable populations”.<sup>\*\*\*\*</sup>

HIV prevalence rate is higher in urban areas than rural areas.<sup>††††</sup> There were also significant variations by region. In 2018, HIV prevalence reached 6.9% in Haut-Uele, and 3.9% and 2.8% in Maniema and Haut-Katanga, respectively. Elsewhere, it was 1% or less (0.8% in Kongo Central, for example).<sup>††††</sup>

The Democratic Republic of the Congo is among the 30 countries that bear 87% of the global TB burden with approximately 278 000 people living with TB.<sup>§§§§</sup> It is also one of the top 20 high TB and HIV/TB burden countries by estimated absolute number, and one of the top 20 high MDR-TB burden countries by estimated absolute number defined by WHO for the period 2016-2020.<sup>\*\*\*\*\*</sup> As of 2019, the estimated total TB incidence rate was 320 per 100 000 population; the HIV-positive TB incidence rate was 34 per 100 000 population; the MDR/RR-TB incidence rate was 7.5 per 100 000 population; and TB treatment coverage was 64%.<sup>†††††</sup> Key populations for TB include people living with HIV (PLHIV), mine workers, children under 5, health care workers, prisoners and other persons in detention and prison workers, displaced persons and refugees, people who use drugs (PWUD), and people living in extreme poverty.<sup>†††††</sup>

As for HIV, TB prevalence varies across the provinces. Of all the cases detected in 2018, 14% were in Kinshasa, followed by the provinces of Kasai Oriental and Haut Katanga. The incidence of tuberculosis was highest in Kasai Oriental, Sankuru and Lomami.<sup>§§§§§</sup>

## Legal and Policy Context

The Democratic Republic of the Congo’s HIV response is guided by its current *Plan stratégique nationale de lutte contre le VIH et le Sida 2018-2021*,<sup>\*\*\*\*\*</sup> which has a “clear focus on human rights and gender concerns”<sup>††††††</sup>. The Democratic Republic of the Congo also has a specific law that governs its HIV response: the HIV Law of 14 July 2008,<sup>††††††</sup> which addresses stigma and discrimination, confidentiality and privacy, and testing and treatment, among other issues, but also contains some provisions of concern (e.g. regarding disclosure of HIV status and

criminalisation of HIV transmission) that warrant improvement in order to better protect human rights in the context of HIV and TB.

In parallel, at the time of the assessment, the national response to TB in the Democratic Republic of the Congo was guided by its *Plan stratégique national de lutte contre la tuberculose 2018-2020*,<sup>§§§§§§</sup> which also recognizes issues of human rights, including of prisoners, and gender.<sup>\*\*\*\*\*</sup> In parallel, the country developed, *via* its National Tuberculosis Control Program (Programme National de Lutte contre la Tuberculose (PNLT)), in June 2020, a “Community, Human Rights and Gender, Tuberculosis Action Plan” (“Plan d’Action Communauté, Droits humains et Genre TB”).<sup>††††††††</sup> This plan, which is intended to be an annex of the National TB strategy for 2021-2023, includes the recommendations that emerged from the *Community, Rights and Gender assessment of the response to TB*. The latter was conducted in 2018 by PNLT and Club des Amis Damien (CAD) with support from the Stop TB Partnership as part of the Global Fund Strategic Initiative ‘Finding missing people with TB’. It analyzed the causes of health inequalities that reside in the social, economic and political environment and that have a particular impact on the vulnerability of populations to TB and their ability to access TB care and support services in the Democratic Republic of the Congo. Unlike the case with HIV, the country does not have a specific law on TB.

Finally, the current draft (version 30 December 2020) of the new *Five-Year Plan for Reducing Human Rights-Related Barriers to HIV and TB Services in the Democratic Republic of Congo*<sup>4</sup> includes specific interventions, such as scaling up and sustaining activities in communities that engage openly disclosed PLHIV and members of key populations,<sup>††††††††</sup> but also local cultural, religious and political leaders, in HIV and TB-related stigma and discrimination reduction,<sup>§§§§§§§§</sup> reviewing and strengthening training on medical ethics in all training institutions for health care workers,<sup>\*\*\*\*\*</sup> and strengthening and sustaining the capacity of all HIV and TB service providers to recognise and address gender-based violence,<sup>††††††††</sup> to name a few.

## **Other Key Considerations for the HIV and TB Responses**

The Democratic Republic of Congo, the largest country in Sub-Saharan Africa, is still recovering from a series of conflicts that broke out in the 1990s.<sup>††††††††</sup> It has been classified by the Global Fund as a challenging operating environment (COE). According to the 2016 COE policy of the Global Fund, “COEs are countries or regions characterized by weak governance, poor access to health services, and manmade or natural crises. The Policy classifies COEs based on countries with the highest External Risk Index (ERI) level in the Global Fund portfolio and allows for *ad hoc* classification to enable rapid responses to emergency situations.”<sup>§§§§§§§§</sup> This designation may enable some reprogramming of country allocations to respond to crises and opens the possibility of complementary support from the Emergency Fund.<sup>\*\*\*\*\*</sup> The allocation to a COE country affected by emergencies may also be used to support services for those emergency-affected populations. In COEs, partnerships with experienced humanitarian organizations may also be struck on an emergency basis.

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<sup>4</sup> **Secretariat Footnote:** Delays in finalizing the multi-year plan were due to the impact of COVID-19. Since completion of the mid-term assessment in April 2021, the multi-year plan has been finalized and undergoing validation in early 2022.

Programs to reduce human rights-related barriers to HIV and TB services, of the kind highlighted in this mid-term report, remain crucial in COEs. As noted in the 2017 *Global Fund guidance on human rights and gender programming in COEs*,<sup>+++++</sup> the programs meant to reduce stigma and discrimination, increase access to justice, overcome gender inequality and otherwise reduce human rights barriers may be among the most important actions to be taken to ensure health service access in COEs.

Finally, despite a general improvement of the situation in the Democratic Republic of the Congo, particularly since presidential, legislative, and provincial elections held on December 30, 2018, following a two-year delay, mechanisms for the protection and promotion of human rights and gender equality remain limited and largely inaccessible to a significant proportion of the population. Similarly, major gaps in technical skills and access to justice, along with impunity for human rights violations and abuses, are still predominant in several areas of the country, especially in those affected by conflict and insecurity.<sup>+++++</sup>

## **COVID-19**

Gender-based violence (GBV) and gender inequality remain prevalent in the Democratic Republic of the Congo.<sup>§§§§§§§§</sup> Regrettably, as in many other countries, human rights challenges have been further exacerbated by the COVID-19 pandemic, including for girls and women who became even more vulnerable. During the COVID pandemic, the unpaid care workload for women as primary caregivers and water collectors, the number of cases sexual and gender-based violence (SGBV) nationally, particularly in North Kivu (and Goma), early marriage, and transactional sexual relationships increased.<sup>\*\*\*\*\*</sup>

The impact of the pandemic in prisons, jails and other closed settings is of great concern, particularly in the Democratic Republic of the Congo where conditions are life-threatening due to gross overcrowding<sup>+++++</sup> and inadequate sanitary conditions and medical care. At the beginning of the pandemic, between mid-March 2020 and mid-April 2020, over 2,000 pretrial detainees detained for low-level offenses were released. Yet, in a country where about 70% of the entire population in detention are pre-trial detainees,<sup>+++++</sup> a much greater effort to reduce overcrowding and the resulting health impacts is needed.

## Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming include: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers to HIV and TB services within the Democratic Republic of the Congo through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included: conducting a baseline assessment to identify human rights-related barriers to services, the populations affected, existing programs and elements of a comprehensive response; applying for matching funds to increase funding for programs to remove human rights-related barriers to services; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group on human rights, HIV and TB, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to HIV and TB prevention, treatment and care for key and vulnerable populations.

At mid-term, not all milestones identified as necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services had been achieved (see Table 2). What remains outstanding is the finalization of the national plan to reduce human rights-related barriers and the establishment of a Working group on human rights, HIV and TB.

**Table 2 – Key milestones towards comprehensive programs**

Milestone	Results	Date
<b>Matching funds</b>	The country accessed circa USD 3 million and invested approximately 3 million from the allocation.	Disbursed May/June 2018
<b>Baseline assessment</b>	Literature review, key informant interviews and focus groups conducted	September – October 2017
	Report finalized	June 2018
<b>Multi-stakeholder meeting</b>	The multi-stakeholder consultation consisted of three meetings gathering key stakeholders including the Country Coordinating Mechanism (CCM), government stakeholders, NGOs, technical partners, and representatives of PLHIV and other key populations. The objective was to discuss the findings of the baseline assessment and support the working group for the development and operationalization of the national multi-year plan.	January 2020

<b>Working group on human rights, HIV and TB</b>	A technical working group has not yet been established. A Comité de pilotage was put in place during the multi-stakeholder meeting and is still in place at the time of assessment.
<b>National plan to reduce human rights-related barriers</b>	The draft of the multi-year plan is being finalized and costing is underway at the time of assessment.

### **Baseline Assessment (2017)**

In 2017, a Baseline Assessment was conducted to identify the key human rights-related barriers to HIV and TB services; describe recent or existing programs to reduce such barriers, thereby providing a reference point against which to subsequently measure the scale-up of such programs; indicate what a comprehensive response to existing barriers would include in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale over the period of the Global Fund’s 2017-2022 Strategy. The baseline assessment involved a desk review, key informant interviews, focus group discussions (convened with representatives from key or vulnerable populations, including people living with HIV; people living with TB; gay men and other men who have sex with men; male and female sex workers; male and female people who inject drugs; transgender men and women; and older adolescents and young people, including those living with HIV). A preliminary results validation meeting was convened during the final week of data collection. Unfortunately, the assessment team was not able to collect data in conflict-affected areas for reasons of security and accessibility.

The baseline assessment revealed key human rights-related barriers to HIV services: insufficient enforcement of the laws and policies that protect the rights of people living with HIV (PLHIV); low levels of legal literacy and access to justice; and socio-cultural norms that result in stigma (including self-stigma) and discrimination against PLHIV. While the researchers found numerous efforts underway to address those barriers, most activities were small in scale and were supported by small amounts of funding. §§§§§§§§§§ Regarding TB, the baseline assessment identified the following as key obstacles to remove human rights-related barriers: stigma in communities (including self-stigma), mainly due to lack of knowledge about the disease and its treatment; poor implementation and compliance with infection control and workplace and safety standards (especially in the mining sector, where TB is a major concern); and poor physical conditions in prisons, limiting the effectiveness of the provided TB services. The researchers found almost no specific, human rights or gender-focused interventions in the context of TB. \*\*\*\*\*

### **Matching Funds (2018)**

In the 2018-2020 cycle, the Democratic Republic of the Congo applied for and was awarded USD 3 million in matching funds, alongside which it also invested approximately USD 3 million from the main allocation grant from the Global Fund. Thus, as part of the NFM 2 allocation, Global Fund support for programs to reduce human rights-related barriers to services totaled approximately USD 6 million. The matching funds were disbursed in May/June 2018.

## ***Multi-Stakeholder Meeting (2020)***

After the baseline assessment was completed, Global Fund technical assistance was mobilized in September 2019 to support the multi-stakeholder meeting and the development of a multi-year plan for scaling up programs to reduce human rights-related barriers to HIV and TB services. The national multi-stakeholder consultation was organized in January 2020 to review the evidence for human rights and gender barriers, to assess the status of interventions aimed at reducing or eliminating barriers and to identify priorities to be included in the five-year plan.†††††††††† It brought together many key stakeholders from the Country Coordinating Mechanism (CCM), government stakeholders, NGOs, technical partners, and representatives of PLHIV and key populations. Several key informants described the meeting as useful and constructive, and taking into account the majority of the participants' views. It was praised by most of the key informants for its inclusiveness. Yet, two key informants regretted that only the 14 priority provinces (and not all the 26 provinces) were invited to participate, and two informants stated that not all the key and vulnerable populations were represented. The meeting was lauded by a key informant for the richness of its exchanges, especially with the various panels organized during which emerged testimonies from the field demonstrating the different realities of each province. One informant stated that the consultation should have lasted longer, as two days did not suffice to cover all the topics.

## ***Technical Working Group on Human Rights***

A technical working group has not been established as efforts in 2020 focused on the development of the new funding request, as well as COVID-19. As a consequence, the Comité de pilotage put in place during the multi-stakeholder meeting remained in place. It is composed of 15 members involving representation from the: National Multisectoral AIDS Control Program (Programme National Multisectoriel de Lutte contre le SIDA (PNMLS)), National AIDS Control Program (Programme National de Lutte contre le Sida (PNLS)), National Tuberculosis Control Program (Programme national de lutte contre la tuberculose (PNLT)), Ministry of Justice, Ministry of Human Rights, and NGOs (UCOP+, RACOF, RENADEF, CAD, LNAC, ALTB, PSSP, PASCO, and Femmes Plus).

## ***National Plan***

A national multisectoral steering committee was convened in September 2019 to mobilize support for the development of the plan and to guide the process. This Committee consolidated and shared among the main stakeholders the conclusions of the various studies and evaluations concerning the human rights-related barriers to HIV and TB services. In addition, with the support of Programme National Multisectoriel de Lutte contre le SIDA (PNMLS), round tables at the provincial level were convened to validate the results and provide additional information relevant to specific provincial contexts. Technical support has also been provided during reviews. After the Multi-Stakeholder Meeting which took place in January 2020, a zero draft of the five-year plan was prepared and reviewed by the National Steering Committee. It was then made available to guide the development of the 2021-2023 HIV/TB funding request, including the catalytic component of matching funds for programs to reduce human rights-

related barriers. A revised and complete version of the five-year plan was prepared with technical support from the Community, Rights and Gender Department of the Global Fund and submitted to the National Steering Committee. The draft plan has been circulated for review by the National Steering Committee to key stakeholders at national, provincial and local levels. A national validation process was convened by the National Steering Committee to examine and formally adopt the plan.##### The comprehensive, five-year plan to reduce human rights-related barriers to HIV and TB services is now being finalized and costing is underway. Its latest version dates from end of December 2020<sup>5</sup>.

### ***Recommendations***

- Ensure the adoption of the 5-year plan (2021-2025) for comprehensive programs to remove human-rights related barriers to HIV and TB, including the finalization of the costing component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB services.
- Ensure that the Technical Working Group is established and meets regularly to both finalize and then oversee the implementation of the 5-year plan, making sure the efforts and programs are coordinated.

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<sup>5</sup>**Secretariat Footnote:** Delays in finalizing the multi-year plan were due to the impact of COVID-19. Since completion of the mid-term assessment in April 2021, the multi-year plan has been finalized and undergoing validation in early 2022.

## Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale-up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on “Ensuring Quality Programming”.

### Programs to Remove Human Rights-related Barriers to HIV Services

In the Democratic Republic of the Congo, programs exist in seven key program areas to remove human rights-related barriers to HIV services, but compared to the 2017 baseline, there has not been real scale-up activities. However, new promising projects have been put in place whose impact can not yet be assessed. Finally, interventions in some program areas remain particularly weak (e.g. legal literacy), and key gaps remain.

The Democratic Republic of the Congo has not yet made sufficient progress toward institutionalizing interventions to reduce human rights-related barriers and ensuring that these interventions are linked to and reinforce one another, which would have improved their quality, impact, reach and sustainability. A sustained effort is urgently needed to move toward full, nationwide and sustainable integration of such programs into public services and official training programs. Monitoring and evaluation of programs to remove human rights-related barriers remain weak.

However, when asked about NMF3, key informants were unanimous in feeling that this comprised promising steps forward. For example, one key informant described it as putting the Democratic Republic of the Congo “on the right track”. They cited a wide range of improvements, including (but not limited to): better coordination, an emphasis on paralegals, a new dynamic for TB (which would no longer be limited to a pilot phase), and clear guidelines and policies. As described in more details below, NFM3 will enable the implementation and scale-up of activities, with improvements in key population and geographic coverage, as well as in quality programming and sustainability. Thus, while the baseline and mid-term scores of program comprehensiveness do not show significant progress in scale-up, this is expected to change at the end-term of the *Breaking Down Barriers* initiative.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.2	2.4

In the Democratic Republic of the Congo, the law prohibits discrimination based on HIV status, but social stigma persists and people living with HIV face difficulties accessing health care services. With regard to the vulnerabilities of LGBTI individuals, no law specifically prohibits consensual sexual conduct between same-sex adults, but people can be prosecuted under public decency laws. Furthermore, they experience harassment, stigmatization, and violence, including “corrective” rape, sometimes encouraged by some religious leaders, radio broadcasts, and political organizations. The vast majority of those human rights abuses go unpunished as authorities are often reluctant to investigate, prosecute, or punish officials who committed them. These realities drive LGBTI people away from HIV prevention and treatment services.

The Democratic Republic of the Congo has made some progress in rolling out HIV-related stigma and discrimination reduction programs, largely in line with the recommendations of the baseline report.

A new Stigma Index study of HIV stigma among people living with HIV was carried out in 2019 in 14 of the 26 provinces, updating the previous study from 2012. This Stigma Index showed mixed results. On one hand, it reported increasing levels of social acceptance of in most areas of the country where the study took place. On the other hand, it indicated there is still a long way to go, there being persistent negative moral judgements around HIV linked to prevailing socio-cultural norms. This has led to stigma and discrimination, and nearly 54% of people living with HIV feel ashamed or uncomfortable about their HIV status.

With regard to other key and vulnerable populations at baseline, there was a significant gap in available data on the burden of HIV for most of these populations (KVP). The 2018-2019 integrated bio-behavioural surveillance (IBBS) survey, supported by the Global Fund, provided information on this topic when its results were published in August 2020. Yet, this study failed to measure stigma, discrimination and other human rights barriers to HIV services experienced by key and vulnerable populations, having only included one question on the “fear of being stigmatized”.

At baseline, the researchers had reported that “the inclusion of key populations in national documents [...], ha[d] helped to bring issues for MSM, transgender and male and female sex workers ‘out of the shadows’”. Further, following the 2016 survey on programmatic mapping and size estimation of key populations at risk of HIV and STIs in 12 provinces which did not take trans people into account, a situation analysis of transgender people was carried out in four cities of the country (i.e. Kinshasa, Matadi, Goma and Lubumbashi) to address this gap. The PNLS, with the financial support of the Global Fund, organized this analysis which included a stigma and discrimination component. It also showed that specific health services and organizations for transgender people existed, and that such centers were known by this population through outreach from peer educators, educational talks, the media, and significantly by word of mouth, with transgender individuals

communicating with each other about transgender-friendly health centers.\*\*\*\*\* This analysis represents a key improvement and can contribute to the reduction of human rights barriers that hinder transgender access to HIV and TB services in the Democratic Republic of the Congo.

In parallel, starting in 2018, Progrès Santé Sans Prix (PSSP) has conducted advocacy activities with political, administrative, health, religious and community authorities regarding improving the access of men who have sex with men (MSM), people living with HIV and sex workers to care and treatment services free of stigma and discrimination. Since the beginning of this initiative, an increase in the use of health services by key populations has been reported.

In addition, starting in 2019, RENADEF developed broadcasts on sexual and reproductive health of adolescents and young girls, HIV, gender-based violence (GBV), human rights, and the situation of key and vulnerable (including the stigma and discrimination they face). Over 200 programs were broadcast on 22 radio channels and 4 television channels. Due to insufficient financial resources, those broadcasts were regularly interrupted before being suspended in September 2020.

Similarly, starting in 2018, RENADEF and CORDAID developed broadcasts on HIV, gender-based violence and other HIV-related human rights issues, including stigma and discrimination faced by key and vulnerable populations. Due to insufficient financial resources, those shows were also regularly interrupted and were suspended after more than 1,000 talks shows were broadcast on the radio.

Finally, the baseline assessment had identified support activities for people living with HIV developed by UCOP+ that represented “opportunities to share experiences of stigma and discrimination[, ...] to collectively discuss how to resolve them [...] [and] for PLHIV, particularly those newly diagnosed, to address self-stigma.”<sup>6</sup> These interventions continued and 380 support group sessions were held in 2019, according to the latest annual report available.<sup>7</sup> There was no evaluation to measure the impact of those support activities. Yet, a key informant reported a decrease in self-stigma, with an increasing number of people living with HIV becoming mentors for others and agreeing to talk about their experiences in public, including in remote areas such as the Kenge health zone (Kwango province).

Another project to monitor and document human rights violations involved the development of three Observatories which were established under NMF1 and 2 to report human rights violations. However, it is noted during 2019-2020 strategic reflections at provincial and national round tables that these Observatories were “insufficiently integrated into the legal system.”\*\*\*\*\* Under NFM3, all the violations reported by the activists will be integrated into the database and linked to an appropriate service.\*\*\*\*\*

PEPFAR’s Country Operational Plan 2020 also planned for community-monitoring systems to be put in place. These used LINK technology-based systems in order to routinely monitor client

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<sup>6</sup> Baseline, p. 43.

<sup>7</sup> Rapport UCOP 2019, p. 12.

satisfaction with HIV services and document health provider perspectives that may affect client experience of violence, stigma and discrimination.+++++

Last but not least, the Programme National Multisectoriel de Lutte contre le Sida (PNMLS) has been conducting stigma and discrimination awareness sessions in prisons, in addition to screening and nutritional support. Under NFM2, this was supported by UNDP. Under NFM3, the Global Fund will take over from UNDP.

**Table 3 – Examples of activities to reduce stigma and discrimination**

Description of Activities	Organizations	Location/Reach
In February 2019, 60 secondary school teachers (30 in Kinshasa and 30 in Mbuji-Mayi) received a 5-day training on sexual and reproductive rights (SRH), HIV, gender and human rights. This training only happened once due to lack of financial means.	PNLS CORDAID RENADEF Programme National de Santé de la Reproduction (PNSR) Programme national de la santé de l'adolescent (PNSA)	Kinshasa, Mbuji-Mayi
In April 2019, 60 secondary school students (30 in Kinshasa and 30 in Mbuji-Mayi) received a 5-day training on sexual and reproductive rights (SRH), HIV, gender and human rights.	PNLS CORDAID RENADEF Programme National de Santé de la Reproduction (PNSR) Programme national de la santé de l'adolescent (PNSA)	Kinshasa, Mbuji-Mayi
In 2019, 60 parents, heads of NGOs working in the education sector, and religious leaders from subsidized schools (30 in Kinshasa and 30 in Mbuji-Mayi) received a 1h30 training on sexual and reproductive rights (SRH), HIV, gender and human rights.	RENADEF CORDAID	Kinshasa, Mbuji-Mayi
From 2018 to the end of December 2020, community theatres with the aim of raising public awareness on sexual and reproductive health (SRH), HIV, gender and human rights were organised.	RENADEF	Kinshasa, Mbuji-Mayi

### Recommendations

- Use the Rapport d'analyse situationnelle des transgenres to develop interventions addressing specific issues for transgender individuals.
- As recommended at baseline, support the work of key-population-led networks in communities to reduce stigma and discrimination (including self-stigma) and to build personal and collective resilience to resist the negative impacts of stigma among their members. The role that these networks play should be recognized, expanded, and supported with both technical and financial resources.
- Re-start the broadcasts on HIV, gender-based violence and human rights.

- Bolster the strengthening of advocacy groups to ensure the effective participation of people living with HIV and members of other key and vulnerable populations in the strategic meetings with national actors and civil society structures, and strengthen linkages with community-led monitoring interventions and broader HIV, including human rights strategies and approaches. Those groups should include representatives of all the key and vulnerable populations, coming from different health districts/cities to take into consideration local specificities (not only from Kinshasa).
- Scale up advocacy activities with political, administrative, health, religious and community authorities for all key and vulnerable populations for care and treatment services free of stigma and discrimination.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	2.1	2.3

The baseline assessment had identified the *Observatoire de l'accès et de la qualité des services VIH/TB*, implemented by UCOP+\*\*\*\*\* and launched in 2013, through funding and technical support from UNAID. It was a community-based initiative designed to collect and analyze data to help the government and civil society define and implement national policies to improve access to and the quality of HIV and HIV/tuberculosis services. At baseline, only three provincial health departments were covered. \*\*\*\*\* At mid-term, this number had not increased, and this “community observatory”, which had yet been integrated in the concept note for the Democratic Republic of the Congo of the Global Fund,\*\*\*\*\* was still only covering Kasai Oriental, Kinshasa and North Kivu, despite the extension recommendation advocated by the baseline assessment.\*\*\*\*\*

In parallel, since baseline, a new project emerged, called TOPIC. It was carried out with the financial support of the Government of Canada provided through Global Affairs Canada. Officially launched in October 2020 by RENADEF, the TOPICS project aims to implement technological tools to allow service users (including marginalized groups) to express their opinion on the health service used. It intends to build up an information base with anonymous, useful data available in real time, and to make this data understandable and useful to target audiences (i.e. decision-makers, but also populations) through knowledge transfer and advocacy on rights and health needs. As the baseline assessment pointed out that there were “no mechanisms to monitor trends in HIV-related stigma and discrimination amongst health care workers”,\*\*\*\*\* the TOPICS project seems to provide a unique opportunity to fill the gap.

From 2018 to December 2020, RENADEF, les formations sanitaires (FOSA), CORDAID and PNLS also organized, in six health zones in Kinshasa and Mbuji-Mayi, Collaborative Learning meetings to sensitize health service providers on any harmful treatment that could cause discrimination (especially against HIV key and vulnerable populations) in the care environment. Those meetings, chaired by the head doctors of the different health zones, occurred once per month per health zone, and gathered 15 health providers per meeting per health zone.

In parallel, as part of a large project to facilitate access to care services and strengthen awareness and access to SRH information in 16 Provincial Health Divisions of the country,

developed since 2018, RENADEF (as a sub-beneficiary of CORDAID) supported the organization of circa 200 collaborative learning sessions for health providers on the appropriate and effective management of adolescents and young women in health facilities (99 in Kinshasa and 99 in Mbuji-Mayi). This collaboration has made it possible to set up 10 sites for adolescents and young people (*Centre Conviviaux*) equipped with educational tools in 10 Health Facilities (6 in Mbuji-Mayi and 4 in Kinshasa) in order to improve the offer of services for adolescents and young people.

The experience of stigma and discrimination in the healthcare setting has been cited as one of the primary human rights-related barriers to HIV services. Despite this, apart from the TOPICS project, the country has made very limited progress toward implementing programs aimed at training health care workers in human rights and medical ethics. The current programs remain a combination of one-off activities and some on-going initiatives with limited geographic scale and capacity. Interviews conducted at mid-term did not point to positive changes as a key informant pointed out that, while health care workers training activities had been carried out by PNLS during the NMF2 in 11 provinces, fewer activities had been carried out under NFM3.

**Table 4– Examples of activities to train health care workers in human rights and medical ethics**

Description of Activities	Organizations	Location/Reach
Starting 2018, capacity-building sessions of health care providers on human rights and HIV, including stigma and discrimination, were put in place. In 2018, 225 people attended those sessions, and this number reached 403 in 2019.	PNMLS PNLS PSSP Health Zones Ministry of Justice	Kinshasa, Matadi, Mbijimayi, Kisangani, Bunia.
In October 2018, a two-day capacity-building session was organized for a total of 18 healthcare providers and lawyers from user-friendly centres on the theme “HIV, human rights, gender and sexual and reproductive health (SRH)”.	PASCO	Kinshasa

## Recommendations

- Ensure the coordination and harmonization of TOPICS, LINK and the observatories to avoid fragmentation of community-led monitoring data and advocacy efforts.
- Institutionalize training in human rights and medical ethics for health care workers in the country’s medical universities and nursing schools.
- Increase funding and support for capacity-building sessions of health care providers in human rights and medical ethics. Measure changes in knowledge, attitudes and practices of health care workers following those interventions. Conduct routine studies to measure the effectiveness of those training programs in reducing stigma and discrimination.
- Support community to advocate for “key populations-friendly” services in all public health centers, tailored to key and vulnerable populations, e.g. consider adapting the working hours of some services to suit the needs of these populations.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	2.0	1.9

The laws regarding the protection of the rights of people living with HIV and other key and vulnerable populations are not well known in the community and, more concerning, among actors in the justice sector, including magistrates, lawyers and auxiliaries of justice. This indicates a pressing need to sensitize lawmakers and law enforcement officials. Yet, efforts in this area have not increased since the baseline assessment.

In 2018, two sessions to raise awareness on the laws relating to the rights of key and vulnerable populations were held in Kinshasa and Kongo central. Implemented by PSSP and led by the HIV and Human Rights Country Focal Point of the Ministry of Justice and the CEDHUC Legal Clinic, those sessions included 75 justice actors, including magistrates, lawyers, and police officers.

Similarly, in October 2018, PASCO ran a capacity-building session for 20 magistrates and other justice actors of Kinshasa on HIV, human rights and gender. This was supposed to be taken over by RENADEF, but a key informant indicated that this did not occur.

Starting 2018, capacity-building activities have been implemented by PLNS for the national police and the Armed Forces of the Democratic Republic of the Congo on the issue of gender and human rights to reduce the impact of discriminatory and stigmatizing behaviors. These include training of trainers - one from the national police and one from the armed forces in 11 provinces, representing a cumulative total of 22 trainers, and awareness-raising activities held during the military and police parades which happen every Saturday. Finally, it has to be noted that once trained, trainers are still supported by central trainers to enhance the management teams' capacities of the different health zones.

**Table 5– Examples of activities to sensitize law-makers and law enforcement officials**

Description of Activities	Organizations	Location/Reach
October 2018, a two-day capacity building session was organized for a total of 18 healthcare providers and lawyers from user-friendly centres on the theme “HIV, human rights, gender and sexual and reproductive health (SRH)”.	PASCO	Kinshasa
Since November 2012, capacity-building sessions have been organized on the 2008 HIV Law and human rights laws. Led by a panel of trainers (including HIV experts, human rights experts, representatives of the Ministry of Justice, of civil society and of the PNMLS), those activities happened 2-3 times a year in Kinshasa and 2-4 times per year in other cities/towns, depending on available resources.	PNMLS	Kinshasa, other cities/towns (depending on available resources)

*Whilst under NFM2, this activity was developed at small scale, it is planned to be scaled up under NFM3.*

In 2018, legal clinics organized activities to upgrade legal service providers on the 2008 HIV law. 33 individuals participated in those activities.

CEDHUC

Kinshasa

In 2019, UCOP+ organized training of police officers from the Bunia Police Academy on human rights, HIV, and counselling and voluntary HIV testing.

UCOP+

Bunia

No progress has thus been made on implementing the recommendations, except for one. This has involved the development of a multi-year strategy to engage senior policy-makers and parliamentarians in a process with civil society advocates, including people living with HIV and other key and vulnerable populations, to build a protective law and policy environment for key and vulnerable populations. \*\*\*\*\*

**Recommendations**

- Strengthen awareness among senior policy-makers and parliamentarians through trainings on the rights of people living with HIV and other key populations with the active participation of these populations.
- Integrate human rights, including of key populations, into police pre- and in-service training in a systematic manner, but also in trainings for judges and prosecutors.
- Work with the prison medical personnel and related staff to monitor, encourage and advocate for possible actions to ensure the right to health among prisoners.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	*	*

As previously mentioned, the laws regarding the protection of the rights of people living with HIV and other key and vulnerable populations are very little known by the communities in the Democratic Republic of the Congo. “Know your rights” activities are therefore essential.

One key informant mentioned that, during the implementation of NMF2, this program was not funded, though the capacities of actors to carry out interventions in this area had been strengthened. He underlined the importance of NFM3 funding which includes activities aiming at building the capacity of key and vulnerable populations to know their rights and to get users to claim them where appropriate at all levels. Those activities will be implemented by CORDAID and RENADEF in Kinshasa, Mbuji-Mayi, Bukavu, Kikwit, Matadi, Kindu, Goma, Kisangani, Bunia, and Isiro.

Some interventions were put in place in 2019 (see Table 6) and are comparable to what was reported at baseline.

**Table 6– Examples of activities to sensitize law-makers and law enforcement officials**

Description of Activities	Organizations	Location/Reach
In April 2019, training of 18 peer educators (MSM, sex workers, transgender people, and PWID) by Progrès Santé Sans Prix (PSSP) on human rights, sexual and reproductive health.	PNLS	Bunia
In 2019, under the “Human Rights Capacity Building” Project (Projet Parcours) supported by the UNDP, actions were carried out in favour of HIV prevention; against stigma, discrimination, and gender-based violence; and for the promotion of women's rights, sexual and reproductive health (SRH).	UCOP+	Kasai Central and Tanganyika

### Recommendations

- Produce easily accessible leaflets on rights and legal remedies in the main languages spoken in the Democratic Republic of the Congo, i.e. French, Kituba, Lingala, Tshiluba, and Swahili. Those leaflets could also include a list of legal services available to people living with HIV and other key and vulnerable populations. Materials with illustrations could be piloted to determine effectiveness with individuals of limited literacy.
- Strengthen peer educators on the topics of rights, duties and remedies.
- Hold trainings and workshops on a regular basis at community-based organizations, ideally where testing and other health services are offered.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.8	3.0

Created in 2013, the Center of Expertise in Human Rights and Criminology/Public Health (*Centre d'Expertise en Droits Humains et Criminologie/Santé Publique* (CEDHUC)) has put in place legal clinics which provide legal, psychosocial and medical referral services to vulnerable groups, and implement awareness and capacity-building activities on human rights related to HIV, gender, sexual violence, and sexual and reproductive health (SRH). According to the most recent data available, in 2018, more than 4,300 people had been trained or sensitized in 39 sites in Kinshasa. Regarding psychological and legal care *stricto sensu*, in 2020, 233 people benefited from those services. This number is quite stable as in 2018, the number of beneficiaries reached 228 and, in 2019, 289.

In 2018, CEDHUC also provided technical support to public and community organizations (UCOP+, Ministry of Justice, PSSP, PASCO, Jeunialissime, and Oasis) to build the capacities of their members on human rights, gender, and sexual and reproductive health (SRH) in connection with HIV. Among the beneficiaries, there were magistrates, police officers, lawyers, healthcare providers, prison staff, journalists, political administrative authorities, human rights activists, key populations, etc. These sessions took place in the provinces of Kinshasa, Kongo Central, Tshopo and Kasai.

Those initiatives are of the utmost importance in a country where the HIV law is very little known by the community, including by the magistrates, lawyers and auxiliaries of justice.

Those clinics are part of a large project to facilitate access to care services, and strengthen awareness and access to sexual and reproductive health information in 16 Provincial Health Divisions of the country. This project has been developed since 2018 by RENADEF as a sub-beneficiary of CORDAID, with the Financing of the Global Fund in NMF2. This project has supported 34 legal clinics for psychological, legal and judicial support. Since 2018, more than 3,500 survivors of sexual violence have benefited from legal and judicial support, and almost 1,200 judgments have already been pronounced. The project has also contributed to the training of 180 peer educators and 60 healthcare providers on sexual and reproductive health for adolescents and young women, and supported the organization of collaborative learning sessions for health providers (for more details, see HIV program area “Training of health care workers in human rights and medical ethics”). Combined, all those activities contributed to an 80% increase in reporting of rape cases by the community, a 70% reduction in cases of amicable settlement between families, an integration of the community-based skills approach into peer education, an integration of the collaborative learning approach in health facilities in order to improve the care services for adolescents and young people, and an improvement of work in synergy between community, health and school environments.

Legal services have thus grown since the baseline assessment, but what is even more promising is that they are about to be significantly scaled up under NFM3. While under NFM1 and 2, 37 legal clinics across the country were dedicated to the care of survivors of sexual violence, participants in 2019-2020 strategic reflections at provincial and national round tables considered that their mandate was insufficient. Therefore, under NFM3, those legal clinics will have a broader mandate and more resources; but they will only provide assistance to the populations targeted by the project, i.e. people living with HIV, TB survivors, and key and vulnerable population members of communities whose rights have been violated. In addition, peer educators specific to each population will be trained in human rights and will form a paralegal network.

In parallel, under NFM3, there will be the setting up of hubs with the objective to offer access to appropriate services to all key populations, as well as to people living with HIV, TB patients, victims of human rights violations, and those wishing to exercise legal recourse. It was decided to follow the motto “less coverage, more impact” to ensure that all victims wishing for legal assistance will be able to access it. The project will be launched in 2021 in three pilot cities - Kinshasa, Goma, and Mbuji-Mayi. The first semester will be dedicated to prerequisites, training and implementation of the project. During the second semester of 2021, it is planned that the first clients will receive support. RENADEF was selected in early 2021 to coordinate the implementation of these hubs.

Finally, it should be noted that in April 2020, the Minister of Justice banned lawyers from visiting their clients in prison due to the COVID-19 pandemic. In addition to this

exceptional situation, detainees who are unable to pay for a lawyer are seldom able to access legal counsel.

### **Recommendations**

- Increase training of paralegals to provide paralegal consultations for people living with HIV and other key populations to extend the reach of programming. Provide support for the planned formation of a paralegal network.
- Increase funding and human resources for building the capacities of members of the public and community organizations on human rights, gender, and sexual and reproductive health (SRH) in connection with HIV.
- Encourage a “one-stop” approach by strengthening formal medical-legal partnerships between hospitals/clinics and legal associations/lawyers/paralegals.
- Collaborate with CEDHUC on opportunities to enhance the quality and accessibility of legal services in prison.

<b>HIV Program Area</b>	<b>Score</b>	
	<b>Baseline</b>	<b>Mid-term</b>
<b>Monitoring and reforming policies, regulations and laws</b>	2.1	3.0

At baseline, there were important efforts made at the national level in this program area to change problematic legal provisions regarding criminalization of HIV transmission, as well as age of consent rules for HIV services. There were also some important actions for more government engagement on HIV in some provinces. All those efforts were ongoing at the mid-term assessment.

For instance, starting 2018, RENADEF has been developing national level advocacy activities with members of government concerning gender and human rights. More specifically, it had also engaged in advocacy concerning the financing of activities to address gender-based violence and other human rights abuses, such as discrimination and stigmatization of key and vulnerable populations.

In addition, since 2019, RENADEF, together with CORDAID, has been advocating at the national level for the revision and respect of laws relating to the protection of vulnerable populations. However, a key informant noted that this initiative has been hampered by the country’s “deleterious political climate”, and the fact that the authorities continued to ignore calls for change.

In 2018, CEDHUC made several technical contributions in the advocacy process for the revision of the 2008 HIV law. In this regard, it intervened during exchanges with parliamentarians in the process of modifying some articles and offered technical support to the Advocacy Consortium (the CEDHUC being an active member of the Consortium set up in 2010, as well as of the Law and HIV/Justice and Human Rights Thematic Group). The desired changes concerned the following provisions:

- Section 37 on access of minors to HIV testing with the authorization of parents or legal guardians;

- Section 39 regarding knowledge of serological status by a minor or an incapable person only with the authorization of his/her parent or legal guardian;
- Section 41 on the obligation to reveal the serological status "immediately";
- Section 45 on the criminalization of the transmission of HIV.

Those advocacy efforts have proven to be effective as, on 9 July 2018, a new law was adopted.\*\*\*\*\* This law modified Sections 39 and 41:

- Section 39 now states that a minor or an incapable person can have access to information about his/her serological status without the authorization of his/her parent or legal guardian if his/her the best interests require otherwise. In addition, the minor is informed of his/her HIV status, and can access examinations necessary for his state of health, according to his age and his faculties of comprehension;
- Section 41 no longer requires the serological status to be revealed "immediately" but "within a reasonable time and before any new sexual intercourse".

Section 45 of the criminalization of the transmission of HIV was abrogated.

Section 37 was not revised and remains the same.

The efforts underway during the baseline assessment regarding the 2008 HIV Law proved largely successful by mid-term; but important gaps remain regarding protections for key populations. For example, people who inject drugs still cannot access harm reduction programs which have not been introduced.+++++

A comprehensive approach to improving the law and policy environment and attempting to fill those gaps can nevertheless be found in the 2021-2025 Multi-Year Plan.+++++ In addition, investments in advocacy projects are also included in NFM3, \$\$\$\$\$\$ Finally, under the hubs model, starting NFM3, PLNS plans combined interventions to improve prison policies and practices regarding access to HIV prevention, treatment and harm reduction. Those activities will be led by CORDAID and RENADEF.

**Recommendations**

- Continue advocating for the amendment of section 37 of the 2008 HIV Law.
- Continue advocating for the introduction of harm reduction interventions, including opioid substitution therapy.
- Identify other opportunities in existing laws and policies to improve legal and human rights protections for key and vulnerable populations.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.3	2.5

In the Democratic Republic of the Congo, sexual and gender-based violence are common, especially in conflict-affected areas. Although discrimination against women is prohibited by law, in practice women face discrimination in nearly every aspect of their lives, especially in rural areas.

A key informant noted that the Programs to Reduce Discrimination Against Women in the Context of HIV have been considered since NMF2. Efforts have emerged to strengthen the capacities of organizations for the protection of girls and women and increase community awareness-raising activities. In that spirit, a close collaboration was developed between the PNLS, the Ministry of Human Rights, and the Ministry of Gender, Family and Children through the National Agency for the Fight Against Violence Against Women, Young and Little Girls (*Agence Nationale de Lutte Contre les Violences Faites à la Femme, à la Jeune et Petite Fille* (AVIFEM)). This led to the initiation of a reform of policies and laws relating to gender inequality with the support of UN Women.

At baseline, other major efforts were underway to address harmful gender norms and prevent sexual and gender-based violence, including a community intervention to reduce harmful gender norms and practices, the pilot of a Francophone version of the SASA! Intervention model, implemented by CORDAID.\*\*\*\*\* In 2019, in Kinshasa and Mbuji-Mayi, phase 2 of the SASA! Approach (to raise awareness about how communities accept men's use of power over women, fueling the dual pandemics of violence against women and HIV) was rolled-out by PNLS, RENADEF, and CORDAID. 240 human rights activists (students, journalists, members of youth associations, community leaders, etc.) (120 in Kinshasa and 120 in Mbuji-Mayi) attended a 5-day workshop on HIV, gender-based violence, and human rights, but also on awareness-raising and community mobilization. Unfortunately, this training was ended due to lack of financial means.

Additionally, RENADEF has been supporting 16 listening centers for the psychological care of survivors of sexual violence. From 2018 to the first semester of 2020, almost 2,000 survivors of sexual violence have benefited from this service. RENADEF has also supported the aforementioned legal clinics and one legal clinic of the Panzi Foundation offering legal and judicial support for survivors of sexual violence and other key and vulnerable populations. On 11 October 2020, RENADEF also organized a conference-debate with adolescents and young people on sexual and reproductive health in Kinshasa with discussions revolving around three topics: HIV, sexual and reproductive health, and sexual and gender-based violence.

It should be pointed out that RENADEF, which is the National NGO Network for the Development of Women, will be a new sub-recipient for the human rights funding under NFM3, which should translate to a strengthening of the commitment to gender priorities in the context of HIV.

Since NFM1 and 2, the AJF project has also been implemented in the Democratic Republic of the Congo. It aims to reduce the vulnerability of adolescents and young women to HIV by improving access to adolescent-friendly health services; providing psychological, legal and judicial care for survivors of sexual violence; improving the knowledge of adolescents and

young women regarding sexual and reproductive health and rights; reducing gender-based violence in schools.

Recently, on July 22, 2020, a preparatory meeting for the training of peer educators on HIV, sexual and reproductive health, gender-based violence and human rights was held. After that, from 27-31 July 2020, a workshop was organized for peer educators to build the capacity of young people, aged 18 to 22, from 3 health zones (Makala, Kintambo and Kalamu) so that they can serve as community intermediaries in their respective communities.

While this project had a 'pilot dimension' under NFM1 and NFM2 and focused on Kinshasa and Mbuji-Mayi, it emerged, from the 2019-2020 strategic reflections collected at provincial and national round tables, that this project should refocus on sex workers under NFM3.

Finally, during NFM1 and 2, a hotline has been operational to assist victims of sexual violence throughout the country. PSSP and legal clinics offered legal support through this hotline. During 2019-2020 strategic reflections at provincial and national round tables, this hotline was considered insufficient. It was thus decided that under NFM3, the hotline will be dedicated only to the provinces and populations concerned, and will offer a medical, psychological and legal advice service. With regard to legal advice, it will refer such cases to the appropriate services (Paralegal, legal clinic).

**Table 7– Examples of efforts to reduce discrimination against women in the context of HIV**

Description of Activities	Organizations	Location/Reach
From 2018 to the end of 2020, through students trained in sexual and reproductive health, HIV, gender and human rights, there was support to GBV case management system in schools by referral to health facilities.	RENADEF CORDAID PNLS PNSA PNSR	Kinshasa, Mbuji-Mayi
An advocacy and educational chat session on gender-based violence and rights was organized at the end of 2020 for community, political, administrative and health leaders, magistrates, police, the army, specialized programs, and persons in charge of prison centres. 300 people benefited from this program.	RENADEF CORDAID PNLS	National
Debate conferences with more than 1,000 adolescents took place from 2019 to 2020. Those conferences provided spaces for information and sensitization of young people on sexual and reproductive health, HIV, gender and human rights.	RENADEF	Kinshasa

### Recommendations

- approach to addressing and preventing GBV amongst key and vulnerable populations.
- Encourage PEPFAR/USAID/the World Bank and other donors to support SASA! in places where they are also supporting Adolescent Girls and Young Women (AGYW) programming.
- Ensure the integration of gender-based violence prevention, care and legal support services in key population programming, including for sex workers, men who have sex with men and transgender

people in the overall set of programs dedicated to addressing gender-based violence, and that programs address the specific needs of transgender individuals.

- Include legal support in the activities conducted to assist victims of gender-based violence.<sup>8</sup>
- Support community mobilization activities (including the engagement of community and religious leaders) to advance discussion of sexual and reproductive health rights and the need to confront gender-based violence and support those who have experienced it.
- Support and ensure optimal functioning of the hotline (e.g by clearly defining the provinces and populations concerned).

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<sup>8</sup> **Secretariat Footnote:** Under the NFM3 funding cycle, activities now include legal support to assist victims of gender-based violence.

## Programs to Remove Human Rights-related Barriers to TB Services

At baseline, none of the 10 programs to address human rights-related barriers to TB services existed. While the baseline assessment found that there were “growing multi-sectoral engagement within the national TB response”, this had not translated into the implementation of human rights or gender-focused interventions in the context of TB. At mid-term, the situation has changed, with efforts present or about to be launched in 7 program areas. In addition, Ligue Nationale Antituberculeux et Anti-lépreuse du Congo (LNAC) was appointed, early March 2021, as a new sub-recipient. This represents a marked improvement. Nevertheless, current resources and capacity to address barriers to TB services are still considerably less than what is devoted to HIV and very limited. Thus, programs to address human rights-related barriers to TB services are far from comprehensive.

However, lessons have been learned. During the strategic reflections at provincial and national round tables that took place in 2019-2020, participants highlighted the issue of human rights investments for TB patients being too low and not harmonized with HIV projects. As for HIV, NFM3 is to lead to some major changes to tackle those specific issues.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	0.0	2.2

The mid-term assessment identified two major initiatives in TB-related stigma and discrimination reduction efforts.

First, Club des Amis Damien (CAD), the PNLT, community health workers and first responders (CAD volunteers), and people affected by TB have implemented a community-based surveillance through the Stop TB Partnership digital tool, OneImpact TB. This involves people benefiting from anti-tuberculosis treatment and members of the community to ensure the monitoring and evaluation of the quality, accessibility, availability and acceptability of TB services in their communities. It empowers TB patients to access health and support services, claim their human rights, and identify and reduce stigma. The pilot project, launched in April 2019 in 29 health centres in Kinshasa, ended in December. Now, the project has entered the phase of scaling up with the support of the Stop TB Partnership as part of the Challenge Facility for Civil Society Round 9 for one year, from July 2020 to June 2021. This takes place in two provinces of the country (Kinshasa and Kongo Central). There will be an extension of the implementation for a period of three months (i.e. until September 2021). Community-based surveillance with OneImpact TB will expand to three or four other provinces, supported by NFM3, during the period from 2021 to 2023. Thus, in total, there will be five to six provinces of the Democratic Republic of the Congo which carry out community-based surveillance by 2023. Last but not least, a key informant reported that starting with NFM3, OneImpact and UCOP+’ *observatoire* will operate with the same indicators.

In parallel, the PNLT adopted, in June 2020, a Community, Human Rights and Gender TB Action Plan (*Plan d'Action Communauté, Droits humains et Genre TB*).\*\*\*\*\* This plan, to be an annex of the National TB strategy for 2021-2023, was elaborated from the recommendations that emerged from the 2018 *Community, Rights and Gender assessment of the response to TB*. The latter was conducted by PNLT and Club des Amis Damien (CAD) with support from the Stop TB Partnership as part of the Global Fund Strategic Initiative 'Finding missing people with TB'. It analyzed the causes of health inequalities that reside in the social, economic and political environment and that have a particular impact on the vulnerability of populations to TB and their ability to access TB care and support services in the Democratic Republic of the Congo.

The plan's specific objectives align with the three pillars of the WHO End TB Strategy, i.e. (i) integrated, patient-centred care and prevention, (ii) bold policies and supportive systems, and (iii) intensified research and innovation; and outlines specific activities, indicators, and a timeline. A budget for every objective has also been made available.

### Recommendations

- Support and ensure expansion of the Onelmpact tool, as well as its complementarity to other CLM tools.
- Support the implementation of the activities planned in the TB Action Plan.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	0.0	1.0

At mid-term, activities were scarce in this program area, except for PNLT who implemented, in 2018, a training of medical personnel, including prison health workers, which included a medical ethics related to TB component. This constituted a first step.

Nonetheless, under NFM3, Club des Amis Damien (CAD), a national network of people living with or recovered from TB and one of the main CSOs active in the community component of the national TB programme, will implement an activity devoted to coupling programs for the promotion of patients' rights with training activities for health care workers in non-discrimination, gender mainstreaming, confidentiality and informed consent. It will also implement an intervention specifically dedicated to the training of health care workers, including in prisons.

### Recommendations

- Scale up TB training for health care workers. Include content regarding TB in HIV training for health care workers, ensuring the inclusion of the human rights component.
- Expand training for staff of TB clinics, general practitioners and prison personnel.

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.0	0.0

The mid-term review did not identify any specific ongoing programs on sensitization of lawmakers and law enforcement officials. Recommendations from the baseline study have not yet been implemented.

### Recommendations

- Integrate TB-related human rights issues in HIV trainings and sensitization activities for lawmakers and law enforcement officials, including by inviting representatives of TB communities to participate in them.

TB Program Area	Score	
	Baseline	Mid-term
Legal Literacy	0.0	0.0

As highlighted in the Multi-Year Plan, various legal literacy interventions existed for HIV. However, these generally did not extend to the TB community. Therefore, the mid-term review did not identify any specific ongoing programs related to legal literacy, and recommendations from the baseline study have not been implemented.

### Recommendations

- Integrate TB topics within HIV-related legal literacy programs.
- Ensure a “know-your rights” component in the work of the TB peer educators/outreach workers.
- Produce and display/disseminate posters and leaflets on human rights and TB, but also on free and for-fee services (and their cost) in all health centers and NGOs, in both French and other main languages.

TB Program Area	Score	
	Baseline	Mid-term
Legal Services	0.0	0.0

The mid-term review did not identify any specific ongoing programs related to legal services. However, under NFM3, as for HIV, hubs will be set up. Thus, starting 2021, in three cities (Kinshasa, Goma, and Mbuji-Mayi), people affected by TB who have experienced violations of their human rights and wish to exercise legal recourse will have access to appropriate legal services. The first semester of 2021 will be dedicated to prerequisites, training, and implementation, in order to be able to support victims of human rights violations starting the second part of the year.

### Recommendations

- Continue to expand capacity through OneImpact to identify cases for referral to legal assistance services.
- Ensure full integration of TB with HIV-related legal assistance programs.
- Support the development and ensure optimal functioning of the hubs.

TB Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws related to TB	0.0	0.0

On monitoring and reforming TB-related policies, regulations and laws, the national TB program has some guidance documents and policies for TB control, including its Community, Human Rights and Gender TB Action Plan (*Plan d’Action Communauté, Droits humains et Genre TB*). This Action Plan’s second Pillar is dedicated to “Bold policies and support systems to ensure that strategic actions that can enable and ensure universal access to integrated and patient-centred TB care and prevention for all”. It includes activities such as advocating for the revision of laws (e.g. the 2008 HIV Law and the Labour Code) to ensure that the provisions adequately cover people with TB.

At mid-term, the only specific ongoing programs to monitor and reform TB-related policies, regulations and laws were advocacy sessions, led by LNAC and scheduled for April 2021, in ten provincial health divisions (*Divisions Provinciales de la Santé (DPS)*) to promote the extension of the 2008 HIV Law to TB patients.

With the exception of OnelImpact, no structured, ongoing monitoring activities were identified.

### Recommendations

- Strengthen and scale up advocacy efforts to monitor and reform TB-related policies, laws and regulations with an emphasis on rights-related barriers.
- Expand monitoring through OnelImpact to all the provinces of the country, training of community volunteers, support groups, paralegals on use of the tool, and ensure easy access through multiple electronic platforms.

TB Program Area	Score	
	Baseline	Mid-term
Addressing gender-related risks and barriers to services	0.0	0.0

At the time the baseline assessment was being done, a new gender assessment was underway in three provincial health divisions (Kinshasa, Kongo Central and Nord Kivu). Results were published in 2018 and recommendations were made to fill the gaps in services and data, and improve the TB legal environment.

### Recommendations

- Support the implementation of the human rights-related aspects of the findings of the TB gender assessment by developing a comprehensive action plan and monitoring framework, to reinforce gender as a crosscutting component.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring confidentiality and privacy	0.0	*

The mid-term review did not identify any stand-alone, ongoing programs on confidentiality and privacy. Recommendations from the baseline study had not yet been implemented.

### Recommendations

- Based on the results of the assessment, develop a plan to strengthen confidentiality and privacy of health information across the national TB response.
- Roll out training in human rights and medical ethics for health care workers, including respecting and protecting patient privacy, in a systematic manner and institutionalize it in the country's medical universities and nursing schools.

TB Program Area	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	0.0	0.0

At mid-term, a few promising activities were present in this program area.

The national TB caucus was relaunched by PNLT and LNAC, with increased capacity on human rights and TB. A meeting with LNAC was held in November 2020 and with the PNLT in March 2021.

A key informant also reported that, starting April 2021, there will be a mobilization of TB patient groups, led by UCOP+, to capitalize on efforts. This will take place in Kinshasa in four health zones.

### Recommendations

- Support the mobilization of TB patient groups, led by UCOP+, for mutual empowerment and support, joint action around human rights advocacy, and activities to reduce TB-related stigma and discrimination.
- Build capacity of civil society and key population representatives to serve as monitors, especially by training them to teach people affected by TB to use the CLM tools.

TB Program Area	Score	
	Baseline	Mid-term
Rights and access to TB services in prisons	0.0	0.0

The baseline assessment reported no programs that address TB-related human rights issues, including access to TB services, in the country's prisons, even though this is a higher-risk environment and more vulnerable population. In the Democratic Republic of the Congo, prison conditions are harsh and life-threatening because of insufficient food (between January and

February 2020 more than 60 prisoners in Makala prison died of hunger), severe overcrowding (the country's main prisons are estimated at 432% of capacity, with prisons in the eastern cities of Goma and Uvira exceeding 600% capacity and Makala, Kinshasa's central prison, at 461%), inadequate sanitary conditions, and limited access to health care. ##### The high prevalence of pre-trial detention exacerbates the problem: in 2020, more than 70% of the total inmate population were detainees who had not been convicted of any crime and/or were awaiting trial. #####

To avoid the spread of COVID-19 in prisons, the authorities have taken measures to reduce the prison population by adjusting sentences, resulting in the release of thousands of pretrial detainees and prisoners detained for low-level offenses nationwide since March 2020, and instructing judges to only resort to detention when there was no other alternative. \*\*\*\*\* Still, more releases are required.

Starting 2019, PNLT and the USAID-funded Health Policy Plus (HP+) project have supported the NGO Health Prisoner which support prisoners affected by TB in two prisons in Kinshasa. This initiative has a component of improving knowledge and awareness about TB that also helps to reduce TB-related stigma. However, this support does not directly address human rights as one of its main areas of intervention. The justice area of the intervention comprises three activities: provides legal and judicial assistance to detainees; monitors the conditions of detention; and popularizes the various legal instruments guaranteeing the rights of persons in detention. However, it could not be rolled out as it would require external support in terms of finance, capacity-building and institutional support.

In parallel, starting mid-2021, prisoner peer educators will be trained to run awareness and training sessions in two detention facilities of Kinshasa (Makala and N'Dolo). This project will be implemented by LNAC. One of the Multi-Year Plan's planned activities is to equip the prisons service to develop and implement training and awareness programs, including rights literacy. ##### It is therefore hoped that such a component will actually be incorporated into the planned interventions, as there is dire need of additional efforts in this program area.

### **Recommendations**

- As recommended at baseline, equip national TB-focused civil society organizations to monitor the quality of services in prisons, advocate to reduce human rights-related barriers to services and to support prisoners to access TB screening/treatment.
- Improve the availability of comprehensive TB services (including information on health rights and on TB prevention and care), and ensure links to care in the community for those released.
- Identify opportunities to collaborate and support existing initiatives to advocate against over-reliance on pretrial detention to address overcrowding. (This can be accomplished without major legislative changes in criminal law.)

## **Cross-Cutting Issues related to Quality Programming and Sustainability**

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

### **Achieving Quality**

While programs to remove human rights-related barriers in Cameroon are still young, the country has made progress on several areas that are key to ensuring the quality of such programs:

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB services. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening capacity and sustainability; addressing the contexts and security concerns of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, much information could be gleaned from key informant interviews with implementers, community organizations, and donors, as well as from reviews of program data for certain programs and activities. This indicates that, while there are numerous indicators that the Democratic Republic of the Congo is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers, common gaps have emerged across all program areas and are discussed below.

### ***Integration of Human Rights and Service Delivery Programs***

The mid-term assessment found a few examples of successful integration of human rights programs into health service delivery programs. These programs include OneImpact, which facilitates monitoring of and resolving challenges with health services, ranging from identifying stockouts to training social workers in documenting cases of stigma, discrimination and other violations of rights. There was also a community intervention to reduce harmful gender norms and practices called SASA! which integrated training on HIV, gender-based violence (GBV), and human rights. Unfortunately, this came to a halt due to lack of funding. The Democratic Republic of the Congo needs to increase those efforts towards integration into or linkage with prevention and treatment services and key population programming, whenever possible.

## ***Combining Programs to Reduce Human Rights-Related Barriers***

At mid-term, some programs areas are combined to reduce human rights-related barriers to HIV and TB services. These include for example RENADEF which has been supporting, since 2018, legal clinics for psychological, legal and judicial support, but has also been contributing to the training of healthcare providers on sexual and reproductive health for adolescents and young women. In addition, gender concerns, particularly those related to gender-based violence, are integrated into several program areas, ensuring partial gender responsiveness. It is important that the Democratic Republic of Congo intensify the strategic combination of human rights programs to increase their impact in improving access to and retention in prevention and treatment services. This should include the development of joint interventions that cover both HIV and TB comprehensively, making sure the specificities of both HIV- and TB-related issues are taken into account.

## ***Monitoring and Evaluation***

There is an urgent need to increase monitoring and evaluation of existing programs to leverage successes and strengthen implementation. Encouragingly, there have been promising developments in recent years with the launch of OneImpact and the TOPICS project, for example. Yet, key informants underlined that significant gaps remain for measuring access, use and retention of services, as well as for monitoring and evaluating the effectiveness of programs to reduce barriers. They reported unclear targets, performance frameworks, and budget forecasts. The target of the number of people to reach with the human rights programming was only set at the end of NMF2. This has prevented a good definition and articulation of activities. Key informants stressed that in NFM3 indicators are going to be known from the start which should lead to improvements in monitoring and evaluation. Though the draft Multi-Year Plan includes output indicators for individual interventions, it unfortunately does not yet define how frequently those indicators will be reviewed, who will review them, and how such data would be used to make adjustments to the strategy.

in attention for HIV had led to increased risk behaviors and thus greater spread of HIV.

The pandemic also caused delays and disruptions in the development of the five-year plan. Meetings of the committee that wrote the plan were postponed and travel restrictions prevented the international consultant in some of the meetings. As a result, the plan has not yet been officially adopted although key informants said that the draft is final.

## ***Strengthening capacity and sustainability***

The MTA team found that sustainability remains a significant challenge as investment levels remain insufficient, particularly for TB services. Because of interruptions in funding of activities, many programs have been discontinued, which impedes scale-up to a response that is comprehensive.

Another concern cited by key informants was the technical capacity to engage in human rights programming. The human rights and gender dimensions of TB are still poorly understood, including by the judiciary and legal sectors. One key informant also highlighted that the mid-term assessment allowed some key stakeholders (implementers, communities) to understand that the activities developed were part of a process, namely the *Breaking Down Barriers* initiative.

### **Avoidance of duplication and gaps**

Regarding avoidance of duplication and gaps, the draft Multi-Year Plan indicated that “[m]echanisms for coordination, collaboration and accountability among sectors and stakeholders responsible for overcoming and removing barriers are inadequate or do not exist.”##### Several key informants also mentioned this element as an impediment to ensure the quality of programming to remove human rights-related barriers. Yet, they pointed out that the situation seems to be about to change under NMF3.

### **Political Will**

The Government has generally been supportive of the Global Fund *Breaking Down Barriers* initiative and, more generally, efforts to remove human rights-related barriers to HIV and TB services. For instance, the Comité de pilotage put in place during the Multi-Stakeholder meeting is composed of 15 members, including representatives of the National Multisectoral AIDS Control Program (PNMLS), National AIDS Control Program (PNLS), National Tuberculosis Control Program (PNLT), Ministry of Justice, and Ministry of Human Rights. The Government is also an active participant in the development of the country’s National Plan. Several key informants, however, pointed out the low level of political commitment to effect legislative changes to address the human rights concerns of certain key and vulnerable populations.

### **Community Engagement and Response**

Regarding community engagement and response, a predominant issue emerged during key informant interviews. They expressed the need to increase the number of sub-recipients and key population-led organizations in order to facilitate the mainstreaming of human rights into a greater diversity of program implementers and enhance geographical coverage of programs aimed at reducing barriers, not just urban areas and/or provinces and health zones with large investments in HIV and TB services.

### **Donor Landscape**

The Global Fund is the main funder of programs to reduce human rights-related barriers to access for HIV and TB services. In addition, in support of the National AIDS Control Program (PNLS), PEPFAR continues to implement programs in three key provinces, which represent approximately half of the total number of people living with HIV in the DRC.##### Key informants mentioned other donors, including: USAID, UNITAID, UNPD, and the Stop TB Partnership.

Programs to reduce human rights-related barriers to HIV and TB services have been expanded under the 2018-2020 Global Fund grant through increased investment in the form of catalytic funding. Similarly, other partners and donors also increased their support for these programs over the same period. The 2021-2023 Global Fund grant builds on the lessons learned from previous grants. \*\*\*\*\* For NFM3, the funds have already been estimated as not being sufficient to cover all the needs across DRC. Yet, synergies with other technical and financial partners in order to increase coverage have been considered (e.g. the World Bank for legal clinics, Expertise France for projects dedicated to adolescents and young women, UNFPA for projects related to sexual violence, and the United Nations Joint Office for Human Rights (UNJHRO) for human rights training).+++++

## Response to COVID-19

Between 24 March and 15 August 2020, a state of emergency in response to the COVID-19 pandemic was declared in the Democratic Republic of the Congo. During this period, some parts of the country (such as Kinshasa, district of Gombe, and Goma) were isolated from the rest of the provinces, with people forbidden to travel to and from those places except by special exemption. A curfew was also imposed starting 18 December 2020 from 9pm to 5am to deal with the second wave of the pandemic.

Those restrictions on movement have presented challenges to HIV- and TB-affected communities. There has been a decrease in attendance at community health structures (for both HIV+++++ and TB), concomitant to an increase in the needs of beneficiaries, along with a decrease in the level of implementation of activities, especially those specific to programs aimed at eliminating obstacles related to human rights in the country. Key informants also mentioned that numerous projects and activities were halted. Finally, gender-based violence and gender inequality remain prevalent in the Democratic Republic of the Congo. \$\$\$\$\$\$ Regrettably, as in many other countries, this situation, which creates a challenging environment in which to work towards removing human rights-related barriers to HIV and TB services, has been further exacerbated by the COVID-19 pandemic. Girls and women became even more vulnerable, and the human rights violations they experienced increased including with regard to the unpaid care workload, the number of cases sexual and gender-based violence nationally (particularly severe in North Kivu and Goma), early marriage, and transactional sexual relationships.\*\*\*\*\*

Finally, the impact of the COVID pandemic in prisons, jails and other closed settings is of enormous concern, particularly in the Democratic Republic of the Congo where conditions are life-threatening due to gross overcrowding,+++++ and inadequate sanitary conditions and medical care. At the beginning of the pandemic, from mid-March 2020 to mid-April 2020, over 2,000 pretrial detainees detained for low-level offenses were released. Yet, in a country where circa 70% of prison population are pre-trial detainees,+++++ there is still a significant amount of leeway for this effort to be amplified.

## **Recommendations**

- Use the Multi-Year Plan as an organizing framework to scale up programs to remove human rights-related barriers to HIV and TB in more strategic, cohesive fashion.
- Increase support for programs to remove human rights-related barriers to TB services, both in terms of funding and capacity-strengthening, including with regard to monitoring and evaluation.
- Continue to identify opportunities to integrate human rights programs into HIV and TB prevention, treatment and key population programming.
- Ensure combination of programs to remove human rights-related barriers, where strategic and possible, including the development of joint interventions that cover both HIV and TB comprehensively, making sure the specificities of both HIV- and TB-related issues are taken into account.
- Prioritize the coordination of programs to remove human rights-related barriers and identify gaps in coverage, i.e. ensure dialogue between stakeholders to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these.
- Ensure that programs are designed to include all key and vulnerable populations, including LGBTI individuals. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes, as their guidance regarding planning and implementing HIV and TB programming is crucial.
- Work with community- based and civil society organizations working with post-release prisoners to strengthen the linkage to the appropriate health services at the point of release.

## Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers.

### Case Study: OneImpact TB Tolongi

Community-based measures are “essential to ensure that TB programs are responsive and as comprehensive as possible, ensure coverage of basic services at the community level, and meet the needs of marginalized and excluded groups” and are thus key to move towards quality programs to remove human rights-related barriers. The mid-term assessment has thus identified OneImpact TB Tolongi as an example of success.

Club des Amis Damien (CAD), the PNLT (a Global Fund grant sub-recipient), community health workers and first responders (CAD volunteers), and people affected by TB have implemented a community-based surveillance through the Stop TB Partnership. The OneImpact digital platform ensures the monitoring and evaluation of the quality, accessibility, availability and acceptability of TB services in communities. It is used by people diagnosed with TB, peer supporters, community health workers and/or lead community-based organization, TB health care workers, and the National TB Programmes (NTP).

It consists of three parts. The first part is the TB Affected People App, an innovative mobile application which provides information on TB (including a “Know your Rights” component), TB services, a way to connect with other people with TB and TB support groups and a way to report any barriers preventing them from being diagnosed or treated. The second part consists of a First Responder dashboard, a platform to allow first responders to monitor the aforementioned challenges faced by people affected by TB and to prompt the coordination of a response to overcome the human rights barriers that are undermining and hampering efforts to prevent TB and increase access to quality TB diagnosis, treatment, care and support. The third part is an Accountability Dashboard, a platform for community organizations to monitor community-based monitoring indicators that will inform the design of programmatic interventions and facilitate the evaluation of interventions that address the barriers to access care or treatment.

Thus, the OneImpact digital platform empowers TB patients to access health and support services, claim their human rights, and identify and reduce stigma. It also produces real time data and information that can be used to immediately address human rights barriers, and generates evidence to improve local and national TB policies and practices to increase access to TB services in the longer term.

In the Democratic Republic of the Congo, the pilot project was launched in April 2019 in 29 health centres in Kinshasa and ended in December 2019. During this period, 366 people with TB downloaded the OneImpact App, 48% of which actively monitored the TB response. More than 1,500 challenges were reported, 11% of people with TB who had downloaded the App having reported a barrier in accessing TB care and support services at least once. The predominant challenge was related to quality of TB care and support services, then came challenges related to availability, affordability, acceptability, and, at the end of the chain, accessibility. Regarding acceptability, 29% of the challenges reported was linked to stigma experienced by people with TB in their family or household. Club des Amis Damien has already leveraged this information to successfully advocate for the inclusion of a TB stigma study in the PNLT Action Plan (*Plan d'Action Communauté, Droits humains et Genre TB*) and DRC Global Fund proposal. Hand in hand with the National TB Program, Club des Amis Damien has also created Health Facility Teams to address the reported challenges and to strengthen linkages between community and health systems.

The project entered the phase of scaling up with the support of Stop TB Partnership as part of the Challenge Facility for Civil Society Round 9 for one year (from July 2020 to June 2021). This took place in two provinces of the country (Kinshasa and Kongo Central). An extension of the implementation for a period of three months (i.e. until September 2021) was planned.

With the support from the Stop TB Partnership and the Global Fund in NFM3, community-based surveillance with OneImpact TB will expand to three or four other provinces during the period from 2021 to 2023. By 2023, there will be five to six provinces of the Democratic Republic of the Congo carrying out community-based surveillance. A key informant also reported that, starting NFM3, OneImpact and UCOP+ observatoire will operate with the same indicators.

At baseline, there were almost no specific, human rights or gender-focused interventions in the context of TB in the Democratic Republic of the Congo. At mid-term, there was still a scarcity of such interventions reported. However, OneImpact TB Tolongi, supported by the new funding model 3 cycle, represents an excellent opportunity to significantly scale up action to remove human rights-related barriers to TB services.

# Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessment makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

## Key Recommendations

### Creating a Supportive Environment

- Ensure the adoption of the Multi-Year Plan (2021-2025) for comprehensive programs to remove human-rights related barriers to HIV and TB, including the finalization of the resource mobilization component.
- Ensure that the Technical Working Group is established and meets regularly to both finalize and then oversee the implementation of the Multi-Year Plan.

### Programmatic Scale-up

- Use the Multi-Year Plan as an organizing framework to scale up quality programs to remove human rights-related barriers to HIV and TB in more strategic, cohesive fashion.
- Increase support for programs to remove human rights-related barriers to TB services, both in terms of funding and capacity strengthening (including regarding monitoring and evaluation).

### Programmatic Quality and Sustainability

- Continue to identify opportunities to integrate human rights programs into HIV and TB prevention and treatment and programming.
- Ensure combination of programs, where strategic and possible (e.g. develop joint interventions that cover both HIV and TB comprehensively, making sure the specificities of both HIV- and TB-related issues are taken into account).
- Prioritize the coordination of programs to remove human rights-related barriers and identify gaps in coverage (i.e. ensure dialogue between stakeholders to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these).
- Ensure meaningful participation of all key and vulnerable populations, in the HIV and TB response, including program design and implementation. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes, as their guidance regarding planning and implementing HIV and TB programming is crucial.

## Comprehensive Recommendations

Cross-cutting	
<b>Creating a supportive environment</b>	<ul style="list-style-type: none"><li>• Ensure the adoption of the Multi-Year Plan (2021-2025) for comprehensive programs to remove human-rights related barriers to HIV and TB, including the finalization of the resource mobilization component, as well as the development of a robust monitoring and evaluation framework for both HIV and TB services.</li><li>• Ensure that the Technical Working Group is established and meets regularly to both finalize and then oversee the implementation of the Multi-Year Plan, making sure the efforts and programs are coordinated.</li></ul>
<b>Programmatic quality and sustainability</b>	<ul style="list-style-type: none"><li>• Use the Multi-Year Plan as an organizing framework to scale up quality programs to remove human rights-related barriers to HIV and TB in more strategic, cohesive fashion.</li><li>• Increase support for programs to remove human rights-related barriers to TB services, both in terms of funding and capacity strengthening (including regarding monitoring and evaluation).</li><li>• Continue to identify opportunities to integrate human rights programs into HIV and TB prevention and treatment and programming.</li><li>• Ensure combination of programs, where strategic and possible (e.g. develop joint interventions that cover both HIV and TB comprehensively, making sure the specificities of both HIV- and TB-related issues are taken into account).</li><li>• Prioritize the coordination of programs to remove human rights-related barriers and identify gaps in coverage (i.e. ensure dialogue between stakeholders to coordinate efforts and programs, jointly identify gaps and weakness, and employ a consensus-based approach to address these).</li><li>• Ensure meaningful participation of all key and vulnerable populations, in the HIV and TB response, including program design and implementation. Advocate for their meaningful participation in national stigma reduction strategies, and foster their involvement in decision-making processes, as their guidance regarding planning and implementing HIV and TB programming is crucial.</li></ul>

## HIV-related recommendations by program area

### Stigma and discrimination reduction

- Use the Rapport d'analyse situationnelle des transgenres to develop interventions addressing specific issues for transgender individuals.
- As recommended at baseline, support the work of key-population-led networks in communities to reduce stigma and discrimination (including self-stigma) and to build personal and collective resilience to resist the negative impacts of stigma amongst their members. The role that these networks play should be recognized, expanded, and supported with both technical and financial resources.
- Re-start the broadcasts on HIV, gender-based violence and human rights.
- Bolster the strengthening of advocacy groups to ensure the effective participation of PLHIV and KVPs in the strategic meetings with national actors and civil society structures, and strengthen linkages with Community-Led Monitoring interventions and broader HIV, including human rights strategies and approaches. Those groups should include representatives of all the KVPs, coming from different health districts/cities to take into consideration local specificities, not only from Kinshasa.
- Scale up advocacy activities with the political, administrative, health and community authorities, and religious leaders for all key and vulnerable populations for care and treatment services free of stigma and discrimination.

### Training of health care workers on human rights and ethics

- Ensure the coordination and harmonization of the TOPICS, LINK and the observatories to avoid fragmentation of Community-Led Monitoring data and advocacy efforts project.
- Institutionalize training in human rights and medical ethics for health care workers in the country's medical universities and nursing schools.
- Increased funding and support for capacity building sessions of health care providers in human rights and medical ethics. Measure changes in knowledge, attitudes and practices of health care workers following those interventions. Conduct routine studies to measure the effectiveness of those training programs in reducing stigma and discrimination.
- Support community to advocate for the "key populations-friendly" services in all public health centers, tailored to KVPs (e.g. consider adapting the working hours of some services to suit KVPs' needs).

### Sensitization of lawmakers and law enforcement agents

- Strengthen awareness among senior policy makers and parliamentarians through trainings on the rights of PLHIV and key populations with the active participation of PLHIV and key populations.
- Integrate human rights, including of key populations, into police pre- and in-service training in a systematic manner, but also in trainings for judges and prosecutors.
- Work with the prison medical personnel and related staff to monitor, encourage and advocate for possible actions to ensure the right to health among prisoners.

<b>Legal literacy</b>	<ul style="list-style-type: none"> <li>• Produce easily accessible leaflets on rights and legal remedies in the main languages spoken in the Democratic Republic of the Congo (i.e. French, Kituba, Lingala, Tshiluba, and Swahili). Those leaflets could also include a list of legal services available to PLHIV and key populations. Materials with illustrations could be piloted to determine effectiveness with individuals with limited literacy.</li> <li>• Strengthen peer educators on the topics of rights, duties and remedies.</li> <li>• Hold trainings and workshops on a regular basis at community-based organizations, ideally where testing and other health services are offered.</li> <li>•</li> </ul>
<b>Legal services</b>	<ul style="list-style-type: none"> <li>• Increase training of paralegals to provide paralegal consultations to PLHIV and key populations to extend the reach of programming. Provide support for the planned formation of a paralegal network.</li> <li>• Increase funding and human resources for building the capacities of members of public and community organizations on human rights, gender, and sexual and reproductive health (SRH) in connection with HIV.</li> <li>• Encourage a “one-stop” approach by strengthening formal medical-legal partnerships between hospitals/clinics and legal associations/lawyers/paralegals.</li> <li>• Collaborate with CEDHUC on opportunities to enhance the quality and accessibility of legal services in prison.</li> </ul>
<b>Monitoring and reforming laws, regulations and policies related to HIV</b>	<ul style="list-style-type: none"> <li>• Continue advocating for the amendment of section 37 of the 2008 HIV Law.</li> <li>• Continue advocating for the introduction of harm reduction interventions, including opioid substitution therapy.</li> <li>• Identify other opportunities in existing laws and policies to improve legal and human rights protections for key populations.</li> </ul>
<b>Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity</b>	<ul style="list-style-type: none"> <li>• Encourage PEPFAR/USAID/the World Bank and other donors to support SASA! in places where they are also supporting Adolescent Girls and Young Women (AGYW) programming.</li> <li>• Ensure the integration of gender-based violence prevention, care and legal support services in KP programs, including against sex workers, MSM and transgender people in the overall set of programs dedicated to addressing gender-based violence, and that programs address the specific needs of transgender individuals.</li> <li>• Include legal support in the activities conducted to assist victims of GBV.</li> <li>• Support community mobilization activities (including the engagement of community and religious leaders) to advance discussion of sexual and reproductive health rights and of the need to confront GBV and support those who have experienced it.</li> <li>• Support and ensure optimal functioning of the hotline (e.g. by clearly defining the provinces and populations concerned).</li> </ul>

<b>TB-related recommendations by program area</b>	
<b>Reducing stigma and discrimination</b>	<ul style="list-style-type: none"> <li>● Support and ensure expansion of the OnelImpact tool, as well as its complementarity to other CLM tools.</li> <li>● Support the implementation of the activities planned in the TB Action Plan.</li> </ul>
<b>Training of health workers on human rights and ethics</b>	<ul style="list-style-type: none"> <li>● Scale up TB training for health care workers. Include content regarding TB in HIV training for health care workers, ensuring the inclusion of the human rights component.</li> <li>● Expand training for staff of TB clinics, general practitioners and prison personnel.</li> </ul>
<b>Sensitization of lawmakers and law enforcement agents;</b>	<ul style="list-style-type: none"> <li>● Integrate TB-related human rights issues in HIV trainings and sensitization activities for lawmakers and law enforcement officials, including by inviting representatives of TB communities to participate in them.</li> </ul>
<b>Legal Literacy</b>	<ul style="list-style-type: none"> <li>● Integrate TB topics within HIV-related legal literacy programs.</li> <li>● Ensure a “know-your rights” component in the work of the TB peer educators/outreach workers.</li> <li>● Produce and display/disseminate posters and leaflets on human rights and TB, but also on free and for-fee services (and their cost) in all health centers and NGOs, in both French and other main languages.</li> </ul>
<b>Legal services</b>	<ul style="list-style-type: none"> <li>● Continue to expand capacity through OnelImpact to identify cases for referral to legal assistance services.</li> <li>● Ensure full integration of TB with HIV-related legal assistance programs.</li> <li>● Support the development and ensure optimal functioning of the hubs.</li> </ul>
<b>Monitoring and reforming policies, regulations and laws that impede TB services</b>	<ul style="list-style-type: none"> <li>● Strengthen and scale up advocacy efforts to monitor and reform TB-related policies, laws and regulations with an emphasis on rights-related barriers.</li> <li>● Expand monitoring through OnelImpact to all the provinces of the country, training of community volunteers, support groups, paralegals on use of the tool, and ensure easy access through multiple electronic platforms.</li> </ul>
<b>Reducing gender-related barriers to TB</b>	<ul style="list-style-type: none"> <li>● Support the implementation of the human rights related aspects of the findings of the TB gender assessment, by developing a comprehensive action plan and monitoring framework, to reinforce gender as a crosscutting component.</li> </ul>
<b>Ensuring privacy and confidentiality</b>	<ul style="list-style-type: none"> <li>● Roll out training in human rights and medical ethics for health care workers, including respecting and protecting patient privacy, in a systematic manner and institutionalize it in the country’s medical universities and nursing schools.</li> </ul>

**Mobilizing and empowering patient groups**

- Support the mobilization of TB patient groups, led by UCOP+, for mutual empowerment and support, joint action around human rights advocacy, and activities to reduce TB-related stigma and discrimination.
- Build capacity of civil society and key population representatives to serve as monitors, especially by training them to teach people affected by TB to use the CLM tools.

**Programs in prisons and other closed settings**

- As recommended at baseline, equip national TB-focused CSOs to monitor the quality of services in prisons, advocate to reduce human rights-related barriers to services and to support prisoners to access TB screening/treatment.
- Improve the availability of comprehensive TB services (including information on health rights and on TB prevention and care), and ensure links to care in the community for those released.
- Identify opportunities to collaborate and support existing initiative to advocate against over-reliance on pretrial detention to address overcrowding (which can be accomplished without major legislative changes in criminal law).

## Annex II. Methods

### Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). The Democratic Republic of the Congo is a Rapid + assessment.

Mid-term Assessment Type	Countries		
<b>Rapid</b>	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
<b>Program</b>	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
<b>In-depth</b>	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. The country evaluation team used a standardized questionnaire tailored to the country context, and conducted key informant interviews remotely when possible.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

<b>Assessing specific BDB programs</b>	
<b>Dimension</b>	<b>Questions</b>
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in December 2020 and completed in April 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and the Democratic Republic of the Congo Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

<b>Assessment Component</b>	<b>Researchers</b>	<b>Dates</b>
<b>Desk review of available program reports, epidemiological information, and other background documents</b>	Julie Mabilat	December 2020 – February 2021
<b>Written questionnaires completed by and/or interviews conducted remotely with a total of 12 key informants</b>	Julie Mabilat	February – March 2021
<b>Follow-up with relevant key informants</b>	Julie Mabilat	February – April 2021
<b>Presentation of the report to the Global Fund</b>	Julie Mabilat	April 2021

## Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
<b>0</b>	No programs present	No formal programs or activities identified.
<b>1</b>	One-off activities	Time-limited, pilot initiative.
<b>2</b>	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
<b>3</b>	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
<b>4</b>	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
<b>5</b>	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
<b>Goal</b>	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
<b>N/A</b>	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
<b>*</b>	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

## Annex III. List of Key Informants

1. Charlotte Biolo Makengo, Head of PMTCT and Gender and Human Rights Focal Point, Programme National de Lutte contre le Sida (PNLS)
2. Thérèse Kabale Omari, National Director, Fondation Femme Plus
3. Michel Lay Mayamba, Training Manager, Parlons Sida aux communautaires (PASCO)
4. Maxime Lunga NSumbu, National Secretary, Club des Amis du Droit du Congo (CAD)
5. Ghislaine Mabeluanga, Executive Director, Ligue Nationale Antituberculeuse et Antilépreuse (LNAC)
6. Julia Makuala, National Coordinator, Oasis Club Kinshasa
7. Madeleine Tendresse Biata Wa MBuyi, Advocacy, Communication and Social Mobilization Service Assistant, Programme national de lutte contre la tuberculose (PNLT)
8. Dr Hilaire Mbwolie Nsabala, Executive Director, Progrès Santé Sans Prix (PSSP)
9. Marie Nyombo Zaina, National Coordinator, Réseau National des ONG pour le Développement de la Femme (RENADEF)
10. Yves Obotela N'Sarhaza, Human Rights and HIV Focal Point, Programme National Multisectoriel de Lutte contre le SIDA (PNMLS)
11. Caoimhe Smyth, DRC Focal Point, Stop TB Partnership
12. Serge Tamundele, HIV & Human Rights Country Focal Point Assistant, Ministry of Justice / National Coordinator, Centre d'Expertise en Droits Humains et Criminologie, Clinique Juridique (CEDHUC)

## Annex IV: List of Sources and Documents Reviewed

### Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Technical Brief: Tuberculosis, Gender and Human Rights* (February 2020).
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Baseline Assessment: Democratic Republic of Congo* (2018).
3. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Note conceptuelle : consultation multipartite – République Démocratique du Congo (RDC) du 30-31 janvier 2020* (2020).
4. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Genre et Droits Humains: Les priorités du Fonds mondial en RDC pour le NFM3 – Le pari des hubs* [PowerPoint slides].
5. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Un Plan Quinquennal de Lutte Contre les Obstacles Relevant des Droits de l'Homme et du Genre Vis-à-Vis des Services VIH et TB en République Démocratique du Congo* (Draft, version 30 December 2020).
6. The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Five-Year Plan for Reducing Human Rights-Related Barriers to HIV and TB Services in the Democratic Republic of Congo – Results Framework* (Draft, version 17 March 2020).

### Global Fund Internal Documents

7. *Grant Management Data – Briefing Note: Congo (Democratic Republic)* (data retrieved 2019).
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