

Letters to the Editor

The HIV epidemic in Kinshasa, Democratic Republic of Congo

Sir: Between 1986 and 1989 an HIV prevalence of 5-6% was observed among pregnant women in Kinshasa¹. More than 10 years later, serosurveys done in 1997 and 1999 showed HIV seroprevalence rates of between 3 and 6%^{1,2}. In the year 2000 an HIV serosurvey among 2730 consecutive pregnant women at the Kingasani Clinic in Kinshasa revealed an HIV seroprevalence of 4.1%.

The reason why HIV prevalence rates do not seem to increase in Kinshasa remains unclear. The city has a long-standing history of political unrest and is facing major social economic problems that could easily facilitate the spread of HIV. Very little sustainable HIV prevention has been undertaken. The relatively low HIV prevalence rates in Kinshasa contrast with the high HIV prevalence rates (30-40%) which are now being observed among pregnant women in many other African countries such as Kenya, South Africa, Botswana³ where we know that HIV was introduced much later. However, the first sign of increase of HIV prevalence in the Democratic Republic of Congo (DRC) was observed in Lumumbashi, the country's second major city, situated close to the Zambian border, where HIV seroprevalence rates among pregnant women had more than doubled — from 3% in 1989 to 8.5% in 1999². The continuing military interference from neighbouring countries known for their high HIV seroprevalence rates will very probably impact on the spread of HIV in the DRC.

Recently, a multicentre study was performed to identify the reasons why HIV is spread more rapidly in certain African cities than in others⁴. This community-based, cross-sectional study compared African communities with high and low HIV prevalence. In Yaounde, Cameroon and Cotonou, Benin, the prevalence of HIV was 3.8% and 4.4%, respectively. In Kisumu, Kenya and Ndola, Zambia the HIV prevalence was 21.9% and 25.9%, respectively. The main conclusions of the study were that differences in HIV prevalence were most likely due to differences in per sex act transmission probability. In the high HIV prevalence cities the majority of men were not circumcised and the prevalence of herpes simplex virus 2 (HSV-2) was higher⁴. The interpretation of the results of this study is difficult because we do not know when HIV was first introduced at the different study sites. It is a pity that Kinshasa was not included in this multicentre study because we know that in 1985 there was already a serious HIV problem in this city.

A lot of the early research on HIV infection in Africa has been performed in Kinshasa. It is probably the place where between 1985 and 1991 the HIV epidemic was best documented in Africa⁵. Today we know very little about the evolution of the HIV epidemic in the DRC but it is likely that the war is favouring its spread. It is unacceptable that the international community should be doing so little to restore peace in the DRC and that foreign troops are occupying large parts of the territory. Because of this, the population of this country is suffering and it is becoming extremely difficult to obtain international funding for healthcare programmes and even more so for research projects⁵.

The apparent stabilization of HIV prevalence in Kinshasa should not be considered as a sign of epidemic decline. It probably reflects a consistently high HIV incidence where the new cases replace losses caused by the high mortality. We believe that for the moment HIV seroprevalence surveys coupled with behavioural studies using focus group discussions are possible in Kinshasa and should be organized. Special attention should be paid to population groups that have not been included in serosurveys so far, such as young girls and boys (between the ages of 10 and 18) living in the streets, and refugees.

D Denolf^{1,2}, J P Musongela¹,
N Nzila¹, M Tahiri^{1,3},
R Colebunders³

¹AIDS Reference Laboratory,
National AIDS Control Program,

Kinshasa, Democratic Republic of Congo

²GTZ, Kinshasa, Democratic Republic of Congo

³Institute of Tropical Medicine, Antwerp, Belgium

References

- Mulanga-Kabeya C, Nzilambi N, Edidi B, *et al.* Evidence of stable HIV seroprevalences in selected populations in the Democratic Republic of the Congo. *AIDS* 1998;12:905-10
- Denolf D. Epidémiologie du VIH/SIDA en Afrique subsaharienne. *Bull Epidémiol Kinshasa* 1999;13:2-3.
- UNAIDS Report on the Global HIV/AIDS Epidemic, June 2000. UNAIDS/00.13E. Available from URL: http://www.unaids.org/epidemic_update/report/
- Buve A, Auvert B, Weiss H, *et al.* Risk factors for HIV infection in four African urban population with different levels of HIV prevalence (Abstract WePpC1320). *XIII International AIDS Conference*. Durban, 2000
- Cohen J. The rise and fall of Projet SIDA. *Science* 1997;278:1565-8