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The Congo River basin: Armed conflicts and population movement.

Defoundoux Fila Hyacinthe

Directeur du Centre d’Etudes et de Recherche en Gestion (CEREGE)

Institut Supérieur de Gestion/Université de Brazzaville

B.P : 2431 Brazzaville

(242)666 89 86

defoundouxfila2001@yahoo.fr

isg_cerege@yahoo.fr

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Introduction

Sub-Saharan Africa in general, and the countries situated in the Congo River basin in particular are facing difficult times at the turn of this century. The main plagues are: poverty, political instability, armed conflicts and the HIV/AIDS pandemic. These troubles might hinder any development endeavour if appropriate measures are not taken quickly in order to reduce the first one, put an end to the second one and control the last. Internal armed conflicts that some countries in the sub region have faced have resulted among other things in the massive (and sometimes) prolonged displacement of the populations. It is thought that the number of displaced people owing to the wars that broke out in Congo Brazzaville (1997/2000), amounts to 800,000, and that of displaced people from Democratic Republic of the Congo (DRC) amounts to 3,000,000 (19997/2003). The forced spatial mobility has resulted in a splitting and recombining of families. The affected population came, on the one hand, from the East and North East of the DRC mainly, the South and the South East of Congo Brazzaville and the South of the Central African Republic (CAR) on the other hand. They have settled in both capital cities (Brazzaville and Kinshasa), in their outskirts, in Pointe-Noire and along he Congo and Oubangui Rivers for about 1000 kms.

Between 1998 and 2002, 12,604 HIV/AIDS cases have been reported at the WHO Regional office by the health services of Congo Brazzaville; 87,449 have been identified in DRC during the same period and 7016 in CAR. In Congo, the HIV median prevalence rate among patients of the Ambulatory Treatment Centre has increased from 8% in 1995 to 9.5% in 2000; that of DRC has decreased from 4.5% in 1995 to 4% in 1999 and that of CAR has risen from 9.5% in 1997 to 13.4 in 2001[(1)]. These data lay emphasis on the acuteness of the problem of public health that the HIV/AIDS pandemic constitutes. Taking into account the migratory flow and the non-identified HIV/AIDS cases (probably more important than the reported ones), there is reason to suppose that if the political decision-makers and other actors of development do not intervene, the virus propagation might accelerate.

The main purpose of this paper is to present the provisional results of the study on the effect of conflicts on the vulnerability to HIV/AIDS for displaced persons, people who have not been able to move away; that is those who have remained in the fighting areas. The study of the effect will deal essentially with the scenarios of the diffusion and propagation of the HIV/AIDS. We shall seek to bring to the fore the men/women vulnerability differential in the different areas under investigation.

The study rests on the analysis of documents published on the HIV/AIDS pandemic.

[(1)] Department of campaign against transmissible diseases: transmissible diseases in the WHO African Region – 2002; WHO Regional office for Africa, 2002

I – Description of the Republic of Congo

1.1 Geographical aspect and demographic tendencies

Map 1

Congo Brazzaville, a country in Central Africa, covers an area of 342,000 square km. It is bordered by the Democratic Republic of Congo in the East, in the North by the Central African Republic and Cameroon, in the West by Gabon and the South West by Cabinda, the Angolan province.

The population amounts to 2,854,000 inhabitants approximately, with density of 8.2 inhabitants per square km. It is unevenly distributed: 61% in urban areas mainly in the South and South West of the country, 39% in the rural areas mainly in the South and South West. More than half of the whole population is located in the main two cities of the country (Brazzaville and Pointe-Noire). The concentration of economic activities in cities accounts for the high urbanization rate observed in Congo. However, it seems that a relatively important portion of the population (about 20%) lives in the rural areas at least during three months in the year. This refers to the group aged between 15 and 49 years.

The annual rate of the demographic growth amounts to 3%. It is estimated that by the year 2015, the urban population (if the present tendency is not reversed) will represent 70% of the whole population, which itself will amount to about 4,700,000 inhabitants.

The sex distribution of the population is as follow: 51% women and 49% men. The youth aged less than 15 years represent 46% of the population, the adults aged 65 years and more represent only 3% of the population.

The populations living on both sides of the different boundaries of Congo belong to the same ethnic groups (essentially people belonging to the Kongo, Teke, Likouba, Boubangui, Moye, Ndjem, Bakouele groups), which make spatial mobility easier.

Except Gabon and Cameroon, all the countries that border Congo have experienced civil wars or violent political changes that have caused a population movement towards Congo.

1.2 Socio-economic situation

Table n°1: Distribution of the GDP and that of the active population by activity sectors in 2002

Activity sector	**Active population**	**GDP**
Primary sector	58%	132,200,000,000 FCFA
Secondary sector	13%	1,485,000,000,000 FCFA
Tertiary sector	29%	536,000,000,000 FCFA
Total	**100%**	**2,153,600,000,000 FCFA**

Source: Ministère de l'Economie des Finances et du Budget, 2003
FCFA: currency used in 14 countries of Black Africa
1 Euro = 656 FCFA

With 58% of the active population, the primary sector contributes only to 6,1% of the GDP. The activities of the primary sector are essentially concentrated in the rural areas, parts of which are carried out in urban areas.
The human development indicator ranks the country 126th on all the 162 countries considered worldwide[(2)].

Congo socio-economic indicators description:

- Human development index: 0.502
- GDP per inhabitant: 880.6 US$
- Human poverty index: 30.7%

(2) UNDP: World Report on Human Development, 2001

- Rural population: 39%
- Debt exposure/GDP: 3338 billions US$

The projection of the data of a study by the World Bank (World Bank: Congo Poverty Assessment, Washington, 1997) enables us, in view of the amplifying effect of the socio-political conflicts, to propose that about 80% of the Congolese population and mainly that in rural areas and towns (where the only economic activities remain traditional agriculture, hunting, fishing and petty commerce), live under the poverty threshold, that is with less than 1US$ per day.

II – General situation of the HIV/AIDS epidemic

The data provided by different organizations show that the HIV/AIDS pandemic prevails in big cities mainly.
The seroprevalence rate varies from one organization to another although the difference is not significant. They result from the checking modes used by the organizations.

2.1 Data about the period before 1997

For the sake of our paper, we shall use the data provided by UNAIDS/Congo and by the National Centre for the campaign against HIV/AIDS.

According to the publications by UNAIDS[(3)], the prevalence amounts to 7% in Congo Brazzaville. It has increased from 5% in 1980 to 8% in 1994 among women tested during prenatal consultations. In 1987, 50% prostitutes tested have proved positive with HIV/AIDS. In the anti-sexuality transmitted diseases treatment, the samplings have revealed that 16% of tested men were positive against 20% for women. The prevalence among blood donors in great urban areas is as follows between 1987 and 1994.

Table n°2: HIV/AIDS prevalence among blood donors

	1987	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**
Number of sites	1	1	1	4	4	4	4	3
Min	5.4	3.1	4	4.9	5.5	1.1	5.8	6
Mid	5.4	3.1	4	6.8	8.3	5.7	7.9	7.5
Max	5.4	3.1	4	11.2	12.8	11	9.5	8

Source: ONUSIDA Fiche épidémiologique 2000

Table n°3: Deaths caused by HIV/AIDS in Brazzaville reference hospitals (1996)

Death year	**Deaths caused by HIV/AIDS**		**Other causes**		**Total**	
	Number	**%**	**Number**	**%**	**Number**	**%**
1996	468	13.1	3098	86.9	3566	100

Source: Enquête PNLS 2001

(3) UNAIDS: Congo HIV/AIDS epidemiological note and sexually transmissible infections, 2000

Table n°4: Frequency of deaths caused by HIV/AIDS according to sex in Brazzaville reference hospitals (1996)

Sex	Deaths caused by HIV/AIDS		Other causes		Total	
	Number	%	Number	%	Number	%
Female	230	13.8	1432	86.2	1662	100
Male	237	12.5	1663	87.5	1900	100
Total	467	13.1	3095	86.5	3562	100

Source: Enquête PNLS 2001[(4)]

The death cases caused by HIV/AIDS among patients in hospitals are relatively high (more than 10%). Women are more concerned than men, even if the differences are not very significant.

The period starting from the first report of HIV/AIDS cases (1987) to 1997 is one without conflicts. Population movements were confined to a movement from rural areas to urban ones, the involved people were few in number and already the indicators reveal that Congo is an area that is highly affected by the HIV/AIDS pandemic.

From 1997, the armed conflicts in the subregion will modify the environment, the conditions of exposure to the infection and the risks of propagation of the pandemic.

2.2 Post-conflicts period

2.2.1 Spatial distribution of the population

Table n°5: Population distribution in main and secondary urban centres

Town	1996 (RGPH data 96)	2001 (Estimation)
Brazzaville	856 410	1 069 709
Pointe-Noire	455 131	726 000
Sibiti	41 269	57 000
Dolisie	79 852	80 000
Nkayi	46 727	67 390
Impfondo	18 814	58 926*
Madingou	32 054	49 000
Djambala	12 529	47 767*
Kinkala	44 052	44 792
Ouesso	17 784	41 465*
Owando	31 652	39 836
Ewo	12 212	28 449*

Source: data established from the general census report of the population and settlement (1996) and the report of the expanded vaccination program (2003).

* The 2003 data provided by the health services might appear overestimated in view of the population growth rate; such an increase can be accounted for by the displacement of population. Brazzaville and Pointe-Noire have received a big crowd of displaced persons from regions where

[(4)] The differences in terms of totals as regards table 3 and 4 can be accounted for by errors recorded during data gathering, analysis of reports, the agents were not provided with information that could enable them to determine the sex of an individual who died following HIV infection, and that of three individuals who died from other causes.

fighting took place. These are the Pool (Kinkala), Niari (Dolisie) and Lekoumou (Sibiti) regions. The number of displaced and refugees counted in Brazzaville has been estimated at about 150 000 (2003), that in Pointe-Noire amounts to 200 000 approximately.

The town of Djambala has received the displaced from the Pool and Lekoumou regions basically; the crowd of displaced stems from the proximity of these regions.

The town of Impfondo located on the bank of the Oubangui River, has received refugees from Democratic Republic of Congo, Central African Republic and Rwanda (areas of high political instability and conflict).

The city of Ouesso has received refugees from the Central African Republic, DRC, Rwanda as well as immigrant workers from Cameroon.

Central African Republic
Cameroon
LIKOUALA
Souanké
Ouesso
Impfondo
SANGHA
CUVETTE
OUEST
CUVETTE CENTRALE
Gabon
Owando
Ewo
Mossaka
PLATEAUX
Djamabala
NIARI
LEKOUMOU
Makabana
Sibiti
POOL
Dolisie
Nkayi
Madingou
BOUENZA
Kinkala
BRAZZAVILLE
Pointe-Noire
Angola
Democratic Republic of the Congo
Angola
0
200 Km

2.2.2. Situation of the displaced in the reception areas

2.2.2.1. Socio-economic situation

The displaced people in the two big cities have settled in emergency sites without any means. Brazzaville still had about ten such sites in February 2004. During the census carried out in February, 1571 families were identified in six (6) sites, with a total number of 3205 persons[(5)]. The other displaced persons settled in some families. It is thought that this category of displaced persons is the most important in terms of number.

In the two big cities (Brazzaville and Pointe-Noire), the poverty stricken state of the displaced and refugees has led them to get involved in survival activities:

- 95% of displaced men are unemployed or have a precarious job (part-time job in building sites, at the port, farm workers, delivery men, streets vendors, …
- 5% have never has a job for many reasons (age, health, under qualification)
- 80% of children aged 6-15 years living in the sites are out of the parents' authority and have become the "street children", which accounts for the reduced size of the counted families in the Brazzaville sites. Children live essentially by begging (boys) and prostitution (girls). They do not go to school.
- 75% of women do petty commerce (selling of bundle of firewood, retail commerce, market gardening). Among them, at least 50% acknowledge having been involved in prostitution without protection occasionally.

Women living in the sites say that they have been raped (35%). Their rapists were armed men (soldiers and militiamen) mainly.

This situation has undoubtedly increased their vulnerability as regards HIV/AIDS, as we know that the category of the population, which has the highest HIV/AIDS prevalence, consists of soldiers (army and militia).
Moreover, forced sexual relationships increase the risks of infection.

2.2.2.2 Epidemiological situation

According to the report of the National Centre of the Campaign against HIV/AIDS (CNLS) on the assessment of the prevalence of HIV/AIDS infections, report written following an investigation conducted on the basis of a sample of 3470 persons in the principal urban centres in the country, a positive serology has been found in 146 persons out of 3453.

The sample comprehends 3250 individuals of Congolese nationality, 121 individuals from DRC, 21 Rwandans and 31 individuals from "other nationalities".

At the level of the reception zones for the displaced and refugees, the investigation has yielded the following results:

[(5)] General Department for Solidarity and Humanitarian Action: memorandum related to the displaced of the Pool region, 18-19 February, 2004 census.

Table n°6: HIV/AIDS prevalence rate in the reception zones for the displaced (2003)

Towns	HIV/AIDS prevalence rate	Size and sample
Brazzaville	3.3%	1025
Pointe-Noire	5%	1027
Northern Congo towns		
Impfondo	1.3%	154
Ouesso	3.3%	152
Owando	3%	169
Djambala	1.3%	150

Source: Enquête PNLS

The seroprevalence rate amounts to 1.3% in Djambala and Impfondo. In case of rate sharp increase in the future, it might be attributed to the new comers, chiefly those from Sibiti on the one hand and DRC and Rwanda on the other hand, given the serology in these regions.
The seroprevalence is higher in Pointe-Noire than in Brazzaville, except for the [15-19] age group. The risk for the displaced people who have temporary settled in Pointe-Noire to be contaminated with HIV is higher in Pointe-Noire.

2.2.3. Situation in the fighting areas

2.2.3.1 Socio-economic situation

About 1/3 of the Pool population have not displaced. In the other regions (Lekoumou and Niari), the remaining 2/3 have stayed on the spot. This difference can be explained by the fact that the fighting and exactions were more important than in the first one.

The socio-economic structures in these regions have been completely or partially destroyed (fields, craftsmen's workrooms, businesses, schools, dispensaries). No training or care activity has been undertaken in these regions between 1998 and 2000.
Important military contingents (the official army and militiamen) have been placed in these zones.

2.2.3.2 Epidemiological situation

Table n°7: Prevalence rate in main centres

Towns	HIV/AIDS prevalence rate	Size and sample
Kinkala	2.6%	151
Madingou	4.7%	150
Nkayi	2.6%	151
Sibiti	10.3%	165
Dolisie	9.4%	159

Source: adapté du rapport provisoire du CNLS sur la seroprevalence des infections à VIH

The towns in the South West of the country are relatively highly affected the seroprevalence rate being 10.3% at Sibiti, 9.4% at Dolisie and 4.7% at Madingou. These are risk zones. The HIV/AIDS propagation risk is the higher as an important soldiers contingent has been placed there.

In comparison with some countries of Southern Africa (Botswana, Zimbabwe, Swaziland, Lesotho) and even of Central Africa (Cameroon, Central African Republic), it appears that the prevalence

rates in Congo as displayed prominently by the National Centre for the Campaign against HIV/AIDS, are weak.

Some hypothesis may be put forward in order to explain these results:

- The quality of the data gathering system. This hypothesis cannot be chosen with reference to the methodology and techniques chosen by the team that conducted the investigation.
- The displaced do not show a risk-behaviour. The trauma caused by the loss of goods an relatives has led them to withdraw into themselves and to turn to religion (the many Christian prayer groups are delivering a discourse against sexual liberty and conceive HIV/AIDS as a divine punishment against all those who delight in lost.
- The few areas presenting relatively high rates (Sibiti, Dolisie) constitute areas in which sexual liberty is culturally and traditionally acceptable.

If we consider Ruili's model[6], we may assume the following possibilities concerning HIV infection in the Pool region, chiefly in its capital (Kinkala). The actors of these scenarios are, on the one hand, the Pool displaced persons and local militiamen who have dwelt for some time on account of the civil wars and/or the disarmament, demobilization and reinsertion program (DDR) in the zones with a high prevalence (Brazzaville, Dolisie, Sibiti and Madingou) and have started to resettle at home, and on the other hand, the soldiers and other non-resident persons from other zones, either rural or urban ones.

Table n°8: HIV/AIDS infection scenario

	Incoming persons	**Serology before the conflict**	**Departing persons**	**People returning to their home**
Residents		**Seronegatives**	**Seronegatives**	**Seronegatives**
		Seronegatives	**Seronegatives**	Seropositives
		Seropositives	Seropositives	Seropositives
Local militiamen		**Seronegatives**	**Seronegatives**	**Seronegatives**
		Seronegatives	**Seronegatives**	Seronegatives
		Seropositives	Seropositives	Seropositives
Soldiers	**Seronegatives**	**Seronegatives**	**Seronegatives**	**Seronegatives**
	Seronegatives	Seropositives	Seropositives	Seropositives
	Seropositives	Seropositives	Seropositives	Seropositives
Others (from high prevalence zones)	**Seronegatives**	**Seronegatives**	**Seronegatives**	**Seronegatives**
	Seronegatives	Seropositives	Seropositives	Seropositives
	Seropositives	Seropositives	Seropositives	Seropositives

This table reveals the HIV infection risks due to forced displacement of populations. Undoubtedly, the conflicts constitute accelerating factor for the propagation of the HIV/AIDS, the more so as the population are becoming poorer and poorer.

CONCLUSION:

Presently, the conditions for a rapid propagation of the HIV/AIDS in the principal urban centres of Congo and in the whole country are put together. Zones with a weak prevalence are not free from infection bearing in mind the dominant mode of the HIV infection (heterosexual relationships) and poverty. The most affected groups are individuals whose age ranges between 35-39 years (8.4%),

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[6] Du Guerry J., Lee-Nash and Cao Hong (2003): Population Movement and HIV/AIDS, the case of Ruili, Yunan, China, UNDP, South East Asia and Development Program

40-44 years (7.8%) and 45-49 years (5.4%). The age groups below the above ones constitute a potential group for the propagation of the HIV/AIDS (15-24 years).

Actions should be taken in favour of the youth in cities and the countryside primarily. Actions in favour of women and ex-combatants and soldiers should be envisaged at the level of the subregion if they are to be sustainable bearing in mind the mobility of the populations.

The actions to be undertaken are as follows:

- Information about HIV/AIDS, chiefly the transmission modes, popularisation agents could be recruited among people exercising a prominent influence in the village communities and the urban zones (village chiefs, leaders of religious groups);
- Facilitate access to ARV and other medicines against opportunistic diseases;
- Free access to condoms;
- Rationalizing disarmament, demobilization and reinsertion campaigns of ex-combatants;
- Giving a sense of responsibility without any ambiguity whatsoever the National Centre for the Campaign against HIV/AIDS;
- Avoid the profusion of centres of decision in the management of the fight program.

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