Health Sector Needs Assessment

While the Democratic Republic of the Congo continues on its path to stabilization with notable progress in several areas, a large part of the population remains extremely vulnerable. According to the UNDP, the mortality rate for the whole of the population is 57% higher than the average for the sub-Saharan countries. The rates of malnutrition are alarming in many areas. Many people do not have access to basic health care and 53% of the population do not have access to drinking water (69% in rural areas). The lack of infrastructure, or their state of decay, makes many areas difficult to access both for services and for humanitarian aid. The state is not capable of providing basic services for health, education and infrastructures. This contributes to excessive poverty, morbidity and mortality within the population, even in the zones not affected by particular crises.

In addition, various crises continue to strike many parts of the country (mainly in the east) including: attacks of armed groups, population displacement (approximately 1.64 million IDPs as of the end of September 2011 with the majority in North and South Kivu) and conflicts over land. In 2011, epidemics including measles and cholera also negatively impacted the population.

Various evaluations conducted by partners have shown that the minimal package of basic health care was not complete and that the minimal package of reproductive and sexual health care is rarely available. Evaluations have shown that the health infrastructure and equipment are dilapidated, thus exposing the population to various diseases and health risks. The problems of limited access to health services are of great concern.

In some health zones of north Kivu, the population has no access to basic social services, notably to primary health care and emergency obstetric and neonatal care. The situation is due to inaccessibility and armed conflict causing massive population displacement. In several health zones (Walikale in North Kivu, Shabunda in South Kivu, district of Tanganyika in Katanga, Dungu in Ituri, among others) important gaps have been reported in the management of complications linked to pregnancy and delivery.

The measles vaccine coverage varies from 10% to 97% depending on the zone, with a national coverage estimated at 64%. Consequently, an epidemic appeared successively in 10 provinces (Katanga, Kasai Oriental and Western, Maniema, South and North Kivu, Bas Congo, Ecuador, Orientale and Bandundu) and in Kinshasa with a total of 115 368 cases and 1412 deaths (CFR 1.2%). In 2011, a cholera epidemic along the Congo river touched four provinces (Eastern, Bandundu, Ecuador, Kinshasa) leading to 15 591 cases and 435 deaths (CFR 2.8%). Cases of diarrheal diseases, hemorrhagic fevers, acute respiratory infections, polio and meningitis were also reported. Almost 97% of the population are exposed to malaria. More than 6.16 million cases were reported in 2011 and 12 680 deaths.

Although acute malnutrition has diminished from 13.4% to 11.5% in 2010 for the whole of the country, surveys conducted in 2011 in several provinces have shown a worsening of the situation.
Health Sector Priorities

The overall health sector strategic objective is to reduce morbidity and mortality linked to the consequences of crises in the Democratic Republic of the Congo. Three specific strategic objectives have been defined:

• Reduce maternal mortality* and infant mortality for children under five
• Improve response mechanisms to reported outbreaks
• Reinforce the technical and institutional capacity for response to crises and natural disasters

To reduce the morbidity and mortality for mothers and children under five, the health cluster partners will develop activities to offer obstetric and neonatal care, essential care for newborns and to integrate care for childhood diseases and blood safety. At the same time, routine vaccination activities and response campaigns for outbreaks will be reinforced. Support will be provided for the medical management of victims of sexual violence, preventive treatment of sexually transmissible infections, support for interventions to reduce the transmission of HIV and support to prevent the transmission of HIV from mother to child.

To improve preparation for and response to outbreaks, partners will reinforce the rapid investigation of outbreaks and the evaluation of health needs and improve capacity for outbreak management. Strategic emergency stocks will be prepositioned and social mobilization, epidemiological surveillance and early warning will be reinforced.

To support technical and institutional capacities during emergency situations, partners will strengthen training and refresher courses for health care workers in emergencies, and on community based surveillance and early warning. Essential medicines will be provided along with medical equipment for health care infrastructure and facilities. Health facilities will receive basic rehabilitation.

* Maternal mortality ratio of 670 per 100 000 live births (2008)

WHO Proposed Projects

<table>
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<tr>
<th>Project titles</th>
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<td>Health Cluster coordination</td>
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<td>DRC-12/H/47631</td>
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* Amounts given in US dollars.

Total funds requested: US$ 41 958 248