

Democratic Republic of the Congo



The Present Context

The Democratic Republic of the Congo (DRC), ranks 167 on the UNDP Human Poverty Index scale. The peace process begun in 2002 is ongoing and presidential elections are planned for the summer 2006. Cautiously optimistic, the international community has launched major reconstruction programmes. Notable progress has been achieved in the health sector; in areas where international agencies are present, access to care has increased tenfold. However, poverty, displacement and violence remain, and the crisis is still the world's deadliest: it is estimated that more than 31,000 people die every month as a result of the conflict. Armed violence and cross-border tensions continue in the East, and security is precarious in the rest of the country. The environment is challenging, infrastructure is poor and humanitarian needs are likely to continue.

Included in: Action Plan for the DRC 2006

Crisis involving: The Whole Population

Millennium Development Goals in the Democratic Republic of the Congo

Eradicate extreme poverty & hunger	Achieve universal primary education	Promote gender equality	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria etc.	Ensure environmental sustainability	Global partnership for development
Slipping back	Far behind

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report. 2002

Main Public Health Issues and Concerns

Health Status

- Nationwide, maternal and under-five mortality rates are 990 per 100,000 and 205 per 1,000 live births respectively. In the East, they continue to be above emergency thresholds. Maternal mortality is more than 1,800 per 100,000 live births while under-five mortality, attributable to malaria, diarrhoea and other common diseases, is at least double the normal rate. Although they represent less than 20% of the population, children account for 45.4% of the 500,000 deaths documented in the 2004 IRC survey.
- Malaria (*P. Falciparum*) is endemic and is responsible for 45% of childhood death. Children under-five, of whom only an estimated 0.7% sleep under an insecticide-treated net, suffer from 6 to 10 malaria-related fever episodes each year.
- The country is susceptible to a vast array of outbreaks, from cholera and measles to pertussis and (re)emerging pathogens such as Marburg, Ebola and plague. Lack of sanitation, indoor air pollution, inadequate hygiene and insufficient water supplies – increase the risk for ill health. Acute respiratory infections, diarrhoeas and measles are important causes of morbidity and mortality among children. Tuberculosis is another public health concern
- Chronic malnutrition affects 38% of children under-five, a level comparable to the estimated average for sub Saharan-Africa. Acute malnutrition however affected 16% of this age group, compared to an average 10% in other sub Saharan countries, reflecting the economic and social crisis.

Disclaimer

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- Gender-based violence, although mostly undocumented, is the greatest threat to women's reproductive and sexual health and emotional well-being.
- HIV prevalence is estimated at 4 to 5%, indicating that the epidemic is spreading from high-risk groups to the general population. It is estimated that about 1.1 million people are living with the disease, of which almost 60% are women, and that 100,000 deaths annually are caused by AIDS.

Health System

- The health system is severely weakened with insufficient capacity to meet the needs of the population. In many areas, it functions as if it were private and patients cannot afford to seek assistance. Numerous private pharmacies provide drugs of dubious quality.
- The number of children vaccinated against measles has increased from 40% in 2004 to 67.7% in 2005 thanks to the new "Reach every District" approach.
- In areas supported by international NGOs, acceptable consultation rates ranging from 0.5 to 1 consultation per person per year are reached. There are different forms of fees and cost recovery schemes ranging from "symbolic" flat fees (equivalent to a tenth of a dollar) to 50% of costs recovered, that can result in severely decreased access to services for the indigents.
- Most health workers have not received salaries from the MoH for decades. Doctors have left the periphery and gone to the cities or to international agencies for employment. Many nurses stayed and started working for themselves. The health worker education system does not function anymore, and there are concerns about the staff qualifications. A proliferation of private educational institutions is producing each year about 7,000 health professionals of uncertain proficiency.
- The secondary level of care receives less international support than primary health centres and issues of access are still unresolved. Either capacity for emergency surgical procedures or treatment of severe illnesses is very limited, or patients cannot afford the high costs of non-subsidized procedures. The costs of emergency obstetric procedures like a caesarean section can precipitate a household into absolute destitution.

Main Sector Priorities

To respond to the needs of the population, the 2006 Humanitarian Action Plan for the DRC highlights the following health priorities, under two main strategic chapters :

1. *Saving Lives*

- Provide timely and appropriate emergency response to life-threatening situations
- Provide medical care in life-threatening situations of epidemic, natural disasters and for survivors of violent acts including sexual violence, and mine accidents
- Prevent high level of mortality, the spread of life-threatening medical conditions and prevent the spread of epidemics
- Ensure emergency preparedness

2. *Building a Protective Environment*

- Improve access to quality primary healthcare for vulnerable populations
- Reduce morbidity by malaria
- Facilitate the overall clinical recovery of survivors of acts of violence, including sexual violence
- Protect the health of vulnerable mothers and children
- Decrease the incidence of HIV/AIDS following the national protocol
- Provide treatment anti retroviral treatment (ART), drugs for opportunistic infections, home-based care, etc)

At regional level, WHO also intends to implement projects in Ituri (HIV/AIDS and malaria control, blood safety, laboratory capacity for outbreak-prone diseases and rehabilitation), in Maniema (immunization coverage and provision of essential drugs and bed nets) and in Kasai Oriental (Minimal Care Package, rehabilitation, immunization, HIV/AIDS prevention and control and endemic diseases).

More information can be obtained from the [CE-DAT](#), a database on the human impact of complex emergencies part of the SMART initiative launched in June 2002 by a consortium of UN agencies, NGOs and academic institutions.