RESOURCE MOBILIZATION FOR HEALTH ACTION IN CRISES

DEMOCRATIC REPUBLIC OF THE CONGO

SAVING LIVES AND REDUCING SUFFERING

HEALTH SITUATION

Following the December 2002 peace agreement, strife has subsided in most of the country and the international community, cautiously optimistic, has begun launching major reconstruction programmes. However, the humanitarian needs remain extensive and assistance is inadequate as access to much of the country is hampered by its size and by continued instability in the East. The 2006 Plan of Action (POA) for the Democratic Republic of the Congo (DRC) focuses on humanitarian and transition programmes though three pillars of needs, illustrating the complexity of the situation. Poverty, displacement, natural disasters, limited access to health services and alarming environmental health conditions are exacerbating the high vulnerability of the population to poor health.

Some progress was visible in 2005: through forceful disarmament, several zones have become accessible to humanitarian actors. The continued assistance of international actors in all areas has contributed to providing minimal health services to the most vulnerable and poor populations. However, access remains limited because of insecurity, poor logistics and infrastructure, lack of medicines and low level of training of health workers.

Maternal and child mortality rates are twice the average of sub-Saharan Africa and are mostly attributable to preventable and treatable diseases such as malaria, diarrhoea and acute respiratory infections (ARI) as well as to malnutrition. Malaria is the main cause of morbidity and accounts for more than 45% of the mortality among children under-five. The low vaccination coverage, ranging between 40 and 67%, also contributes to the high mortality and morbidity among under-fives. DRC is at high risk of epidemics, most notably of cholera, measles and pertussis, as well as of (re)emerging pathogens such as Ebola, Marburg haemorrhagic fever and trypanosomiasis. February 2005 saw an outbreak of plague in Zorbia to which the country was ill-equipped to respond. Although no case of poliomyelitis has been recorded in DRC since 2000, it is at high risk of importing the virus from neighbouring countries and has inadequate vaccination coverage. Women living within the conflict zones are particularly at risk of sexual and gender based violence (SGBV), a threat to their reproductive health and emotional wellbeing.
The health system is severely weakened by years of conflict and the infrastructure has collapsed. Few health workers receive a salary from the Ministry of Health and many primary health services operate as private ventures for which few can afford to pay. Secondary health services receive little international support and capacities for providing surgical or emergency obstetric treatment are very limited.

WHO’S PLANNED ACTIVITIES IN 2006

Assessing and analyzing health needs and advocating access

- Provide support for data collection, analysis and monitoring of disease outbreaks, malnutrition as well as access to and performance of health centres
- Collate and disseminate information on health assessments and analysis of health needs
- Strengthen the capacity to respond to disease outbreaks and introduce contingency plans in target areas
- Train staff on integrated disease surveillance and control measures
- Upgrade laboratory capacity for diagnosis and confirmation of priority diseases
- Undertake mortality surveys in collaboration with UN agencies and NGOs

Coordinating emergency health action

- Strengthen and maintain WHO decentralized public health presence to provide assistance and logistical support to health partners in implementing the humanitarian health sector policy
- Provide guidelines and manuals to health partners
- Develop joint work plans on health priorities with partners
- Implement public health programmes

Identifying and filling the Gaps in public health

- Improve access to a minimum health care package for emergency activities, including expanding immunization, providing training for health workers, supplying drugs and equipment and increasing access to secondary level care
- Support the prevention of polio and other communicable diseases
- Assist SGBV victims and address related health consequences, including trauma, reproductive health, emergency obstetric needs and HIV/AIDS
- Support diseases surveillance, epidemic investigation and response on training and supplies
- Implement additional public health programmes in Ituri, Maniema and Casai Oriental

Strengthening local capacity for better health outcomes

- Train health workers from the MoH and other partners – including NGOs – on the management of both simple and complicated malaria cases with the ACT-based treatment protocol, targeting conflict areas with the longest transmission season
- Build the central capacity of the MoH and key partners in emergency management, support the MoH in the formulation of the Result Focused Transitional Framework and ensure links between the humanitarian strategy and other health initiatives
- Support the MoH at the peripheral level in improving the health services management
- Provide technical assistance to the MoH and key partners on the expansion of a minimal package of health services within non-conflict and transitional zones, including the provision of secondary level services
- Support the MoH in initiating and implementing the Health sector Reform Strategy
- Strengthen epidemiological surveillance through the Integrated Disease Surveillance System

WHO PROJECTS AND ESTIMATED RESOURCES REQUIRED FOR 2006

The implementation of the 20 projects listed in the 2006 Plan of Action for the Democratic Republic of the Congo requires USD 54,142,238 for a twelve-month period. In order to keep up the momentum on ongoing activities and to initiate priority projects, WHO needs immediately 11 million dollars.

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For more information:
Ala'Din Alwan, Representative of the Director-General for Health Action in Crises, alwana@who.int
Marianne Muller, External Relations, mullerm@who.int

Health Action in Crises, World Health Organization/Geneva
Tel: +41 22 791 1887, Fax: +41 22 791 4844
http://www.who.int/disasters