

Democratic Republic of the Congo

Health Sector Needs Assessment

The Democratic Republic of the Congo (DRC) has one of the highest maternal mortality rates (1289/100 000 live births, according to 2007 UNFPA estimates) and infant mortality rates (213/1000 live births) in the world. Maternal mortality in the east is estimated to be double the average for sub-Saharan Africa. The majority of deaths are caused by preventable diseases including acute respiratory infections, malaria, diarrhoea, acute infections and measles, worsened by malnutrition. Malaria accounts for about 45% of infant mortality. Polio eradication efforts have been compromised, with five new cases reported in four provinces in 2008.



The health system has been severely weakened by dilapidated infrastructures, shortages of health care workers and poorly organized health services. The *Humanitarian Plan of Action for the DRC* identifies thresholds for interventions including key indicators such as acute malnutrition and disease outbreaks.

Eastern DRC is particularly affected by conflicts and epidemic diseases. At the end of 2008, North Kivu was the arena of a major conflict between rebels and the Government. Both North and South Kivu have been hit by recent cholera outbreaks (130 new cases and three deaths were reported in North Kivu during the second week of the outbreak, with 320 new cases and one death in South Kivu during the same period).

Kasai Occidental is dealing with its second Ebola outbreak in three years, with 49 suspected cases and 15 deaths (case fatality rate 31%) affecting eight villages in Mweka and Demba health zones.

The quality of health care staff is a critical issue. Government salaries are extremely low, and training programmes are inadequate. Most state hospitals have implemented a system of self-financing that requires patients to pay for treatment and medicine: this severely limits access to government health care for the very poor. The overall rate of use of public health services is around 22%. Other health providers include faith-based or NGOs. Access to health care is very limited or non-existent in some areas.

The Health Cluster has identified 193 out of 515 health zones (37%), located throughout the country as being emergency zones. Around 25.5 million people – more than a third of the population – live in these zones.

Health Sector Priorities for 2009

Four priority areas of action have been identified by the Health Cluster:

1. *Implementation of essential action for the survival of mothers and children*
 - Reduced risk for maternal mortality and morbidity;
 - Obstetrical and neonatal emergency care;
 - Essential care for newborn children;
 - Evaluation and treatment of paediatric emergencies;
 - Safe blood transfusion;
 - Prevention of mother-to-child transmission of HIV/AIDS;
 - Vaccination in emergency situations.
2. *Preparedness and response to epidemics*
 - Strengthening capacity of epidemic response teams;
 - Pre-positioning of strategic response stocks;
 - Rapid investigation of epidemics and evaluation of public health needs of affected populations;
 - Health promotion and strengthening of social mobilization;
 - Strengthening of epidemiological surveillance.
3. *Strengthening of technical and institutional capacities*
 - Training of health care providers in emergency health care;
 - Training of communities in community-based surveillance and alert;
 - Provision of medical stocks;
 - Minimal rehabilitation of health structures.
4. *Monitoring and evaluation of emergency action*
 - Coordination and partnership as guiding principles for the management of emergencies;
 - Management of information on emergencies (collection and dissemination);
 - Filling gaps;
 - Mobilization of additional resources.

WHO Proposed Projects in the CAP 2009

The total *Humanitarian Action Plan for the Democratic Republic of the Congo* amounts to US\$ 831 005 696 of which **US\$ 131 535 858** are dedicated to the health sector. WHO needs are estimated to be US\$ 10 million.