Democratic Republic of the Congo
Strategy Paper

Analysis

- The installation of the transitional national government in July 2003, following the peace agreement of December 2002, formally ended seven years of civil conflict. In September 2003, the UN Peacekeeping Operation (MONUC) for Ituri – enforced with a new Chapter VII mandate – replaced the EU-led Artemis forces.
- The international community is cautiously optimistic and has recently launched major reconstruction programmes.
- There are concerns that the peace in the East of the country is not stable, and there is expectation for further consolidation of the peace process and the holding of elections. The recent conflicts (November 2004) in the East (with the Rwandan troops and the rebels) and in the South are examples.
- “The humanitarian crisis in DR Congo remains the world’s deadliest: it is estimated that more than 31,000 people die every month as a result of the conflict, one third higher than the average rate for sub-Saharan Africa”1. Humanitarian needs are likely to continue to exist while the capacity of agencies to deliver humanitarian services is often inadequate to meet all the needs, mostly due to the size and inaccessibility of many parts of the country, aggravated by continuing insecurity and instability in the east. The poor health status can further be attributed to high levels of poverty, displacement and limited access to adequate health services.
- In addition, natural disasters – including volcano eruptions in the East, droughts in the South, and flooding of the Congo River – further add to the vulnerability of the population.
- Subsequent to the 2005 CAP launch (last November), WHO revised (in February) its strategy for the DRC to include the conflict in Ituri, the plague in Zobia, mechanisms to respond to the increased demand on WHO by various actors – including donors – and the appointment of a Humanitarian/Resident Coordinator.

Health Status

- Mortality rates in eastern DRC continue to be above emergency thresholds. Childhood mortality – often double the normal rate – is mostly due to treatable diseases like malaria, diarrhoea, acute respiratory infections (ARI), malnutrition and other common diseases, rather than to violence (less than 2% of the total mortality). Child mortality accounts for 45.4% of the 500,000 deaths documented in the IRC survey 2004, although they represent less than 20% of the population2.
- Maternal mortality rates in the East of the country are estimated to be above 1,800 per 100,000 live births, i.e. double the average sub-Saharan Africa rate.
- The main public health concerns in the DRC are communicable diseases such as malaria, tuberculosis and diarrhoeal diseases (including cholera). Malaria accounts for 45% of childhood death, while acute respiratory infections, diarrhoea and measles are the other important causes of morbidity and mortality among children.
- Control of epidemics is one of the highest priorities in DRC, as the country is at risk of almost every possible outbreak. Most important are cholera, measles and pertussis. The country is also facing the risk of (re)emerging pathogens such as Ebola, Marburg haemorrhagic fever and trypanosomiasis. The outbreak of plague in Zobia (February 2005) is an indicator of the extreme vulnerability of the country and the crisis-affected region. To cope with the epidemic, a team of experts from WHO/HQ in Geneva, WHO Regional Office for Africa in Brazzaville, WHO Country Office, the Ministry of Health and WHO Collaborating Centre in Madagascar has to be fielded to the North-East of the country via Kinshasa-Kisangani, which highlights the lack of minimal resources to contain the outbreak locally, provincially and nationally.

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1 IRC Mortality Survey (April-June 2004)
2 idem
• The EPI programme has low coverage, with only 40% of children vaccinated against measles.
• Environmental health conditions – such as lack of sanitation, indoor air pollution, inadequate hygiene and insufficient water supplies – increase the potential for ill health.
• High levels of malnutrition heighten susceptibility to disease, particularly aggravating the health predicament of children under five.
• More effort is needed for the prevention of poliomyelitis, in general, and especially in the eastern part of the country. The last registered case of polio in the DRC was in the year 2000, but cases were reported in Sudan, CAR and Chad as late as 2004. The DRC is at risk of importing the virus due to weak routine vaccination – with only 45% vaccination coverage for children under a year old.
• Conflict-related injuries are on the increase, particularly after a recent surge in violence. Sexual and Gender Based Violence (SGBV) in conflict areas, although mostly undocumented, remains the greatest threat to women’s reproductive/sexual health and their emotional well-being.

The Health System

• Conflict and collapsed infrastructure have resulted in a severely weakened health system with insufficient capacity to meet the needs of the population. In many areas, the health system functions as if it were private, and patients cannot afford to seek assistance. Most people buy drugs of dubious quality in the many private pharmacies
• In most cases, health workers have not received salaries from the MoH for decades. In particular, doctors from rural areas left to work in the cities, or were employed by international agencies. The health worker education system has deteriorated, which raises concerns about the qualifications of staff.
• Access to secondary-level care is still a serious unresolved problem. This level receives very little international support when compared with primary health care services. Capacity for emergency surgical procedures or treatment of severe illnesses is very limited, or patients have no access due to the high costs – as procedures are often not subsidized. Emergency obstetric procedures, such as caesarean section, can induce or further increase poverty of families.

### Overarching Strategy

In order to address the emergency health needs of the DRC, and in line with overall partners health strategy, WHO aims to continue working closely with the MoH while sustaining and expanding partnerships with UN agencies, provincial health authorities (especially in Eastern DRC) and NGOs (including faith-based organizations).

The overall goal and strategic priorities formulated below are in line with the priorities of the DRC humanitarian health sector strategy, and accords with the concerns summarized in the health component of the CHAP 2005.

### Overall Goal

Reduce avoidable morbidity and mortality among vulnerable populations in areas affected by conflict or natural disasters, and to assist partners in more stable zones with the implementation of a transition strategy.

### Priorities

- To support data collection, analysis for monitoring of diseases and outbreaks trends for prevention and immediate control;
- To assess and analyse the health situation, as well as to advocate to gain access to isolated areas;
- To strengthen WHO decentralized coordination function at country level, including a system to collect and share information among partners -- with the aim to facilitate the transition from relief to development;
- Improve access to a Minimum Health Care Package for emergency activities; and
- To support the prevention of poliomyelitis and other communicable diseases;
- To reduce malaria morbidity and mortality through proper prevention and control measures;
- To address Sexual and Gender Based Violence (SGBV) from a health perspective, and work to improve reproductive health services;
- To support the Bureaux d’Inspection Provinciale (BIPs), Bureaux Centraux des Zones de Santé (BCZS) and the Comités de Santé (CoSa’s) in the formulation of a transitional framework for recovery and management of the health services; and
- To assist partners in the implementation of a transition strategy to progressively increase access in areas outside of the conflict.
WHO Functions and Planned of Action 2005

Function 1: Health Assessment, Tracking and Advocacy

Strategic priorities

1.1. To support data collection, analysis for monitoring of diseases and outbreaks trends for prevention and immediate control

Activities

- Strengthen disease and nutrition surveillance system in the entire country with special emphasis in the eastern regions;
- Ensure rapid assessments for outbreak confirmation and control;
- Prepare contingency plans for diseases in target areas and populations;
- Strengthen response to disease outbreaks (including pre-positioning of kits and vaccines);
- Train staff on integrated disease surveillance and disease control measures; and
- Upgrading of laboratories for diagnosis and confirmation of priority diseases.

1.2. To assess and analyse the health situation, as well as to advocate to gain access to isolated areas

Activities

- Support the management of information;
- Monitoring of access to and performance of health services;
- Compile assessments made by other actors and analyze health needs;
- Publish on the web press releases, etc.; and
- Strengthen the monitoring system for the health sector, based on indicator of assessment and health analysis.

Function 2: Coordinated Emergency Health Action

Strategic priority

2. To strengthen WHO coordination function at country level, including a system to collect and share information among partners, with the aim of facilitating transition from relief to development.

Activities

- Assist partners to implement the humanitarian health sector strategy;
- Maintain WHO-emergency capacity in Kinshasa through an EHA focal point;
- Strengthen WHO decentralized public health presence in WHO sub-offices, especially in the East, with support systems;
- Provide essential logistic support to health partners for urgent humanitarian interventions;
- Provide guidelines and manuals to NGOs and partners; and
- Develop joint work plans on health priorities with partners.

Function 3: Identifying and Filling the Gaps in Disaster Preparedness and Response

Strategic priorities

3.1. Improve access to a minimum health care package for emergency activities

Activities

- Scaling up the minimum package of services, including expansion of immunization coverage;
- Provide guidelines for the implementation of the minimum package in the selected health zones;
- Train 200 health workers responsible for the management and prevention of main diseases;
- Provide essential drugs and equipment to target health services;
- Increase access to secondary level care for severely ill patients and acute surgical procedures by providing equipment and limited rehabilitation support;
• Improvement of health information system;
• Train health workers on treatment of severe malnutrition; and
• Strengthen the PHC system to enable them to take care of children with malnutrition in priority areas.

3.2. To support the prevention of poliomyelitis and other communicable diseases

Activities
• Procure and distribute doses of essential vaccines (measles, polio, TT, DPT & BCG) and vaccination equipment and supplies including cold chain;
• Train supervisors, vaccinators and volunteers for EPI and Polio eradication initiatives;
• Contribute to the to supplemental polio vaccination campaigns (SNIDs) in 2005 in targeted areas (bordering Sudan and Central African Republic);\(^3\)
• Monitor AFP, neonatal tetanus and measles cases, and initiate mop-ups and outbreak response as and when needed.

3.3. To reduce malaria morbidity and mortality through proper prevention and control measures

Activities
• Provide technical support to the task force for malaria control;
• Train 200 health workers from MoH and other partners – including NGOs – for the management of both simple and complicated malaria cases; targeting conflict areas with the longest transmission season;
• Assist partners to enhance efficiency of treatment protocols at the national level;
• Provide drugs for malaria treatment;
• Increase access to curative treatment and prevention through the provision of insecticide treated bed nets to the communities, and set up information, education and communication programmes in 50 health zones; and
• Provide support to hospitalized severe malaria patients.

3.4. To address Sexual and Gender Based Violence (SGBV) from a health perspective and work to improve reproductive health services

Activities
• Collect qualitative and quantitative data on the magnitude of SGBV in war-affected health zones (expand the coverage of already covered districts);
• Improve the skills and capacity of healthcare providers in SGBV prevention and care, including the training of surgeons and other specialists on the treatment of trauma;
• Strengthen the health centre service provision in the selected health zones;
• Advocate and sensitize community leaders in prevention and care of SGBV, including support to community-based activities for SGBV victims;
• Increase coordination, monitoring and evaluation of the joint initiative in the fight against SGBV;
• Provide training to TBA and hospital staff and community workers in reproductive health;
• Provide supplies and equipment for reproductive health to priority areas;
• Assist partners to find solutions on how to achieve higher coverage for emergency obstetric care, and reduce financial barriers;
• Ensure improved blood safety through the promotion of safe blood transfusion and other basic precautions to prevent iatrogenic HIV/AIDS infection;
• Ensure condom availability in the target areas;
• Support the establishment of voluntary counselling and testing centres; and
• Educate, inform and communicate (EIC).

\(^3\) Polio vaccine is given to children under five and the measles campaign is for children under 15.
3.5. To Strengthen existing WHO logistic system resources, especially polio network to support all of the above

Activities
- Build on internal WHO resources in the country, including the polio network of staff and logistics;
- Analyze the situation, plan and fill the gaps through the provision of additional logistics support needed to carry out actions by WHO and partners; and
- Establish organizational consensus on some modification of TOR of the network in the country.

Function 4: Strengthen Local Capacity for Better Health Outcomes

Strategic priorities

4.1. Building capacity at central level of MoH and key partners to plan and implement health transition, and to formulate the Result Focussed Transition Framework (RFTF)

Actions
- Strengthen the capacity of MoH in Kinshasa for emergency management through training, technical, financial and logistics support;
- Support the formulation of a Result Focussed Transition Framework (RFTF) for a period of three to five years with results formulated, indicating progressive coverage and performance of services and its management; progress monitored and reported, addressing issues of health information system and surveillance, priority based Minimum Package of Activities, user fees cost recovery and financing, pharmaceuticals, HRD, rehabilitation of infrastructure, management by MoH structures; and
- Ensure links exist between the humanitarian strategy and other programmes like the Global Fund for AIDS, the Malaria, TB and 3X5 Initiatives, for example.

4.2. To support the MOH at peripheral level (Bureaux d’Inspection Provinciale (BIPs), Bureaux Centraux des Zones de Santé (BCZS) and the Comités de Santé (CoSa’s)) for better management of health services

Activities
- Support (training, logistic and equipment) to the BIPs, the BCZS and CoSa in the disaster affected areas for supervision, collection and analysis of health data and surveillance. This support should be directed through result-based management and standards of performance using performance based contracts for NGOs; and
- Facilitation of information circulation, including provision of key documents at ZS levels.

4.3. Technical assistance to MoH and partners on expansion of Minimal package of services, including access to secondary level services to include non-crisis affected and transitional zones

Activities
- Support the review to find an adequate solution to further reduce financial barriers caused by user fees with the MoH, NGOs and donors;
- Provide training on minimal package to health workers in stable and transitional ZS; and
- Provide technical guidance on equipment, logistics and supplies needed by MoH in the targeted ZS.
The implementation of a number of projects is planned in the Democratic Republic of the Congo (DRC) for a **total cost estimated at USD 16.8 million for 12 months (in 2005)**. Projects include:

- Health assessment and strengthening of the national disease outbreak and nutritional surveillance system, with special emphasis on the eastern part of the country;
- Health coordination in emergency situations, technical support to partners, information management and advocacy;
- Improved access to Minimal Health Care Package (MHCP), including capacity-building of health professionals;
- Malaria prevention and control in emergency settings;
- Contribution to the control of poliomyelitis and other vaccine preventable diseases; and
- Prevention and response to Sexual and Gender Based Violence in conflict affected areas, and work to improve reproductive health services (with UNFPA).

**WHO Implementation Capacity**

- WHO has its main office in Kinshasa, sub-offices in all provincial capital cities and surveillance focal points in 43 districts. It plans to sustain and upgrade its well-established network, especially in disaster affected areas. Training on various emergency issues is planned for the entire network on 21-25 March 2005 in Kinshasa.
- WHO Country team is supported by the technical and support departments in WHO Regional Office (AFRO) in Brazzaville and their counterparts in WHO/HQ in Geneva.

**WHO Regular Budget (RB) and Extra Budget (EB) Ongoing Programmes**

- The WHO Regular Budget for the biennium 2004-2005 for the DRC is USD 3,450,000, out of which approximately 1.5 million is earmarked to sustain the WHO office in the country. The balance (approximately 2 million/biennium) is spread over 13 programmes extending from disease surveillance through control of communicable diseases, women’s health, mental health, essential drugs etc. The implementation of these projects is on-going.
- This RB is supported by around USD13 million for the biennium from extra budgetary funds earmarked for special programmes like Polio eradication (around USD 9 million) and combating HIV/AIDS and TB (around one million each). All other programmes are severely under-funded.
- In addition, WHO received support from Finland for addressing Gender Based Violence (GBV), from OCHA to tackle the outbreak of typhoid in Kinshasa and from ECHO to strengthen coordination and support health transition to development. All these projects are ongoing and further support is required.