

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

December 2008



THE PRESENT CONTEXT

A large country with immense natural resource wealth, the DRC ranks 168 out of 177 on the UNDP Human Development Index scale. The peace process, begun in 2002, culminated with successful elections held in the second half of 2006. The international community has launched major reconstruction programmes and notable progress has been achieved in the health sector. In areas where international agencies are present, access to care has increased tenfold.

Armed violence and cross-border tensions continue in the east and security is precarious in the rest of the country. Since the end of August 2008, renewed fighting in North Kivu has displaced at least 250 000 people and worsened the difficult situation of more than one million people already living without clean water, food and access to health care. The impact of armed violence on the population goes beyond the risk of injuries, affecting access to vital services. Conflict and collapsed infrastructure have resulted in a severely weakened health system. In many areas, the health system functions as if it were private and patients cannot afford to seek assistance. The environment is challenging, infrastructure is poor and humanitarian needs are likely to continue. An estimated 1200 people die each day as a result of conflict-related causes such as poverty, preventable diseases, and gender-based violence. There are 4 million orphaned children.

MAIN PUBLIC HEALTH ISSUES AND CONCERNS

Health Status

- Maternal and infant mortality remain high and one out of every five children does not reach the age of five. Malnutrition and micronutrient deficiencies are responsible for almost half of these deaths.
- Malaria (*P. Falciparum*) is endemic and is accountable for 45% of childhood mortality. Children under five, of whom only an estimated 0.7% sleep under an insecticide-treated net, suffer from six to ten malaria-related fever episodes each year.
- Measles is the second most important cause of mortality among children. In 2008, 9507 cases and 159 related deaths were reported nationwide. Other diseases of concern include acute respiratory infections, cholera and diarrhoeas as well as pathogens such as Marburg, Ebola and plague. Lack of sanitation, indoor air pollution, deficient sanitation and insufficient water supplies increase the risk for ill health.
- 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.

Main indicators¹

Total population in million (2005) ²	58.7
% under 15 (2005) ²	47.2
% of urban population (2005) ²	32.1
Life expectancy at birth M/F (2006)	46/49
Infant mortality ‰ (2006)	129
Under-five mortality ‰ (2006)	205
% population with sustainable access to an improved water source (2004) ²	46
% population with sustainable access to improved sanitation (2004) ²	30
Total adult literacy rate M/F (1995-2005)	67.2 80.9/54.1
Human Poverty Index rank out of 108 countries (2007) ²	88
Gross National Income (GNI) per capita US\$ (2007) ³	140
Total public and private expenditure on health as % of GDP (2005)	4.2
Total per capita health expenditure US\$ (2005)	5
Nurses rate /10000 (2000-06)	5
Physicians rate /10000 (2000-06)	1
Hospital beds /10 000 (2000-07)	9
Malaria reported /1000 (2003)	83.1
TB prevalence /100 000 (2006)	645
TB mortality /100 000 (2006)	69
Adult HIV/AIDS prevalence /100 000 (2005)	2933
Reported # of people receiving ARTs (2006)	18059
Total fertility rate (2005)	6.7
% birth attended by skilled personnel (2000-06)	61
Maternal mortality /100 000 (2005)	1100

Sources:

¹ WHO unless indicated otherwise

² UNDP Report 2007-2008

³ World Bank, World Development Indicators database, 17 October 2008.

- Gender-based violence, although mostly undocumented, is the greatest threat to women's reproductive and sexual health and emotional well-being.
- Nationwide HIV/AIDS prevalence is estimated at 4.5%, or about 1.1 million people, of which almost 60% are women, and that 100 000 deaths annually are caused by AIDS.

Health System

- The DRC receives each year US\$ 6 per capita for aid in health, which is just 9% of the US\$ 63 it receives per capita for total aid. Priority goes to immunizations: the number of children vaccinated against diphtheria, tetanus and pertussis (DTP3) has increased from 77.3% in 2006 to 87.3% in 2007 thanks to the new "Reach Every District" approach. Measles coverage has reached 83% in 2008.
- The health system is severely weakened with insufficient capacity to meet the needs of the population. For now 61% of the health zones have functioning sanitation systems.
- 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.
- In many areas, the health system functions as if it were private and patients cannot afford to seek assistance. Numerous private pharmacies provide drugs of dubious quality.
- 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 7000 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.



MAIN SECTOR PRIORITIES

In the 2009 Humanitarian Action Plan for the DRC, the health Cluster main objective is to reduce morbidity and mortality in emergency situations, by reducing maternal and under-five mortality and putting in place response mechanisms to outbreaks. Priority activities are divided along four axes:

1. Mother and child survival – including emergency obstetrical, neonatal and paediatrics care, qualified blood transfusion, prevention of mother-to-child HIV transmission, emergency immunization;
2. Preparedness and response to outbreaks – such a capacity building, pre-positioning of stockpiles, rapid investigation and assessment, health promotion and social mobilization and epidemiological surveillance;
3. Technical and institutional capacity building – including training and refresher training on emergency care and surveillance, rehabilitation and furnishing of health structure and provision of medicines;
4. Follow up and evaluation of emergency activities – such as coordination, partnership and information management in emergencies, gap filling and resources mobilization.

Disclaimer – The emergency country profiles are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or areas or its authorities, or concerning the delineation of its frontiers or boundaries.