

DEMOCRATIC REPUBLIC OF THE CONGO

The Democratic Republic of the Congo, with 61 million people, accounted for an estimated 11% of all estimated malaria cases in the WHO African Region in 2006. Transmission occurs all year round, but with seasonal variation. Almost none of the 5 million reported suspected malaria cases in 2008, largely due to *P. falciparum*, are confirmed. The number of malaria deaths reported by the programme was 18 928 in 2008 alone. The programme delivered a total of about 11.2 million LLINs during 2006–2008, adequate to protect about 37% of the population. IRS was begun in 2008 in selected districts, covering only 83 000 people at risk. The programme delivered a total of 1.7 million ACT treatment courses in public facilities in 2008, covering only 32% of the treatment needs in those facilities. Funding for malaria increased from US\$ 20 million in 2005 to over US\$ 50 million in 2008, mainly from the World Bank and the Global Fund, with about US\$ 2 million annually from the Government.

I. EPIDEMIOLOGICAL PROFILE

Population, endemicity and malaria burden

Population (in thousands)	2008	%
All age groups	64 704	
< 5 years	21 944	34
≥ 5 years	42 760	66
Population by malaria endemicity (in thousands)	2008	%
High transmission ≥ 1/1000	62 763	97
Low transmission (0–1/1000)	1 941	3
Malaria-free (0 cases)	0	0
Rural population	64 704	100

Vector and parasite profiles

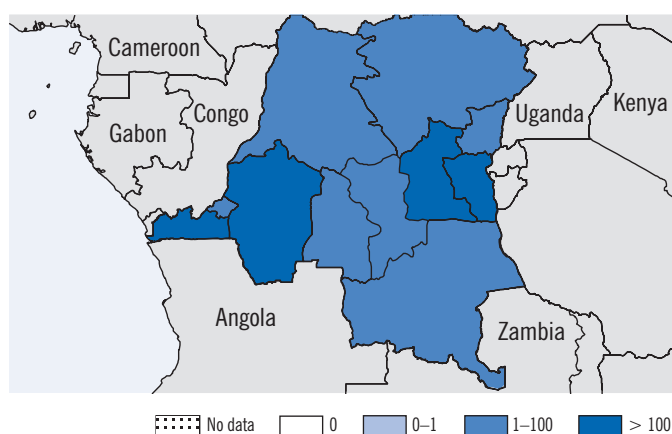
Major *Anopheles* species

gambiae, *arabiensis*, *funestus*, *brochieri*, *coustani*, *hancocki*, *hargreavesi*, *melas*, *moucheti*, *moucheti*, *paludis*, *pharoensis*

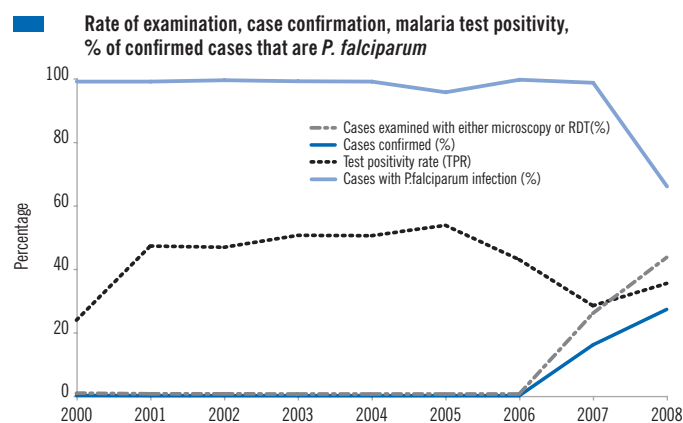
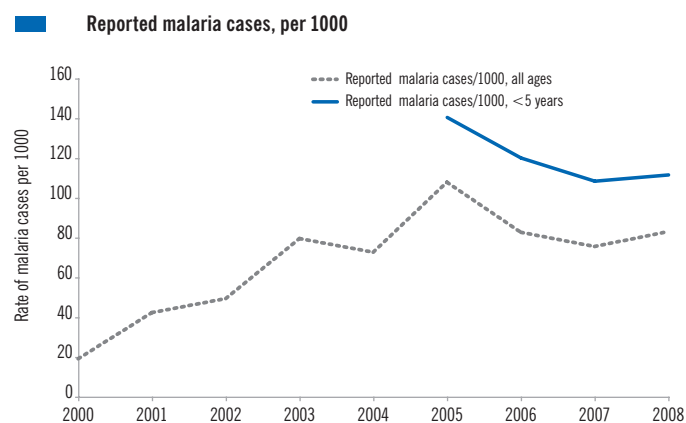
Plasmodium species

falciparum, *vivax*

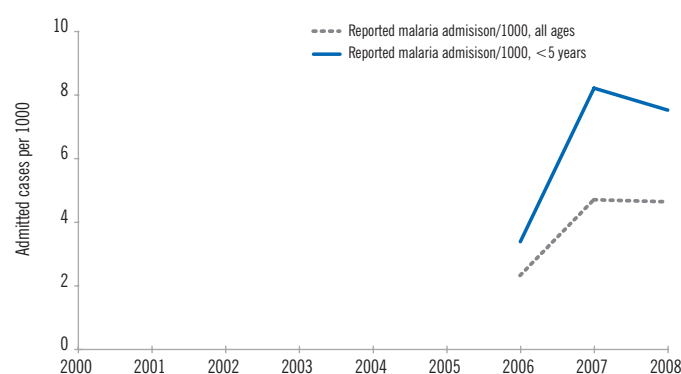
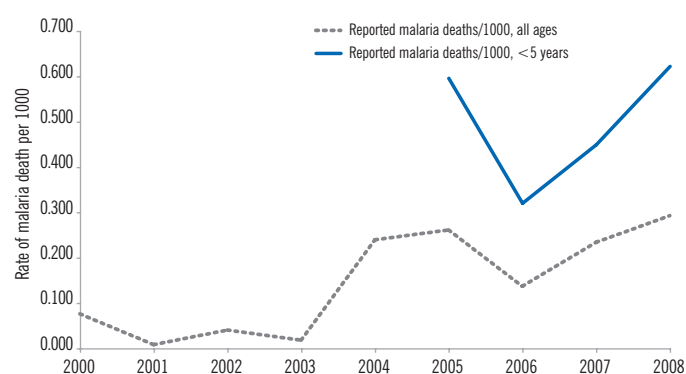
Stratification of burden (reported cases, per 1000)



Trends in malaria morbidity and mortality



Year	Reported malaria cases, all ages	Reported malaria cases, < 5 years	All-cause outpatient consultations, all ages	All-cause outpatient consultations, < 5 years	Examined	Positive	<i>P. falciparum</i>	Reporting completeness of outpatient health facilities (%)	Reporting completeness of districts (%)
2000	964 623		1 045 630		3 758	897	889		
2001	2 199 247		2 259 025		3 244	1 531	1 517		
2002	2 640 168		2 771 867		3 704	1 735	1 727		
2003	4 386 638		4 548 049		4 820	2 438	2 418		
2004	4 133 514				5 320	2 684	2 659		
2005	6 334 608	2 650 284	6 994 007		5 531	2 971	2 844		
2006	5 008 959	2 380 353	6 291 164	2 735 273	4 779	2 050	2 043		
2007	4 730 484	2 260 081	9 301 888	4 109 716	1 207 850	759 059	1 642	48	
2008	5 371 196	2 450 304	10 314 473	4 455 022	2 314 880	1 462 300	1 196	53	

Reported malaria admissions, per 1000

Reported malaria deaths, per 1000


Year	Reported malaria admissions, all ages	Reported malaria admissions, < 5 years	All-cause admissions, all ages	All-cause admissions, < 5 years	Reported malaria deaths, all ages	Reported malaria deaths, < 5 years	All-cause deaths, all ages	All-cause deaths, < 5 years	Reporting completeness of inpatient health facilities (%)	Reporting completeness of districts (%)
2000					3 856		7 354			
2001					416		14 574			
2002					2 152		12 197			
2003					989		19 868			
2004					13 613		16 359			
2005					15 322	11 241	21 835			
2006	139 879	66 957	366 702	149 841	8 295	6 350	12 970	8 007		
2007	293 625	171 118	1 036 224	541 644	14 637	9 370	46 810	30 071		
2008	299 158	164 983	1 101 199	530 323	18 928	13 655	56 943	31 245		

II. INTERVENTION POLICIES AND STRATEGIES

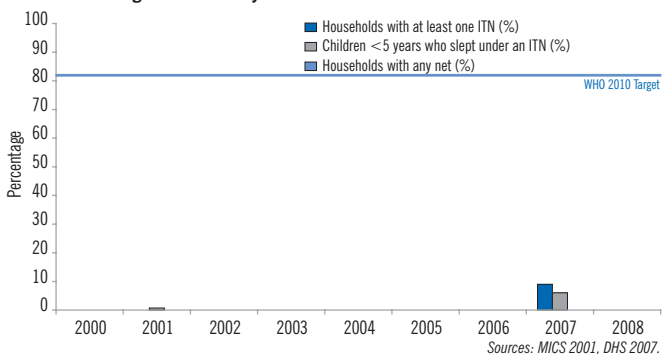
Intervention	WHO-RECOMMENDED POLICIES / STRATEGIES	Yes or No	Year adopted	OPTIONAL POLICIES / STRATEGIES		
				Yes or No	Year adopted	Yes or No
Insecticide-treated nets (ITN)	Distribution of ITN/LLINs – Free	Yes	2006	Distribution – Antenatal care	Yes	2003
	Targeting all age groups	Yes	2008	Distribution – EPI routine and campaign	Yes	2003
				Targeting children < 5 years and pregnant women	Yes	2006
				ITN distribution is subsidized	Yes	2003
Indoor residual spraying (IRS)	IRS is a primary vector control intervention	Yes	2008	Insecticide-resistance management implemented	Yes	2008
	DDT is used for IRS (public health) only	Yes	2008	Where IRS is conducted, other options are also implemented, e.g. ITN	Yes	2008
				IRS is used for prevention and control of epidemics	Yes	2008
Intermittent preventive treatment (IPT)	IPT used to prevent malaria during pregnancy	Yes	2004			
Case management	Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)	Yes	2007	Parasitological confirmation for patients ≥ 5 years only	Yes	–
	Parasitological confirmation for patients of all ages	Yes	–	Malaria diagnosis is free of charge in the public sector	No	–
	ACT is free of charge for < 5 years old in the public sector	No	–	ACT is free of charge for patients ≥ 5 years in the public sector	No	–
	Diagnosis of malaria of inpatients is based on parasitological confirmation	Yes	2009	ACT is delivered at community level through community agents (beyond the health facilities)	Yes	2007
	Pre-referral treatment with quinine or artemether IM or artesunate suppositories	No	–	Uncomplicated malaria cases are admitted	No	–
	Oversight regulation of case management in the private sectors	Yes	2005			
	RDTs used at community level	No	–			

Results of therapeutic efficacy tests

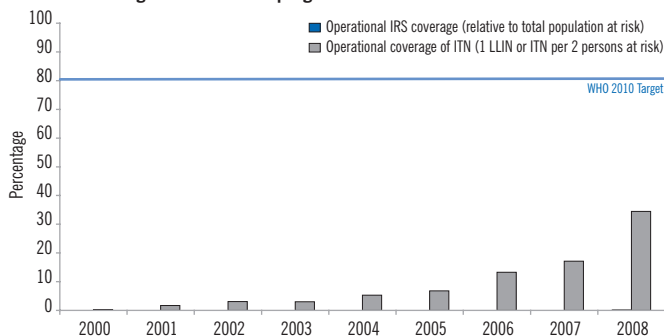
Antimalarial policy	Type of medicine	Year adopted	Study year	No. of studies	Median	Minimum	Maximum	Percentiles: 25%	75%
First-line treatment of <i>P. falciparum</i> (unconfirmed)	AS+AQ	2005	2003–2005	8	6.2	0	19	2.5	6.8
First-line treatment of <i>P. falciparum</i> (confirmed)	AS+AQ	2005							
Treatment failure of <i>P. falciparum</i>	QN(7d)	2005							
Treatment of severe malaria	QN(7d)	2005							
Treatment of <i>P. vivax</i>	–	–							

III. IMPLEMENTING MALARIA CONTROL

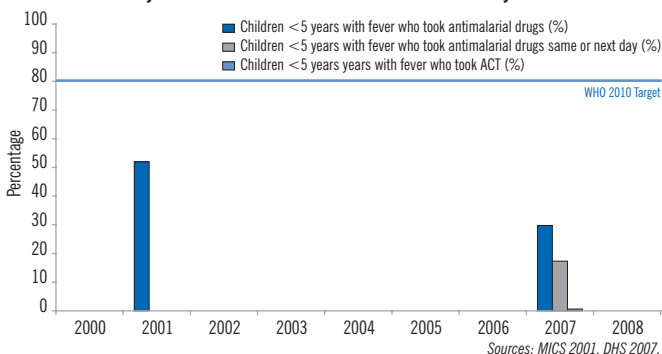
Coverage of ITN: survey data



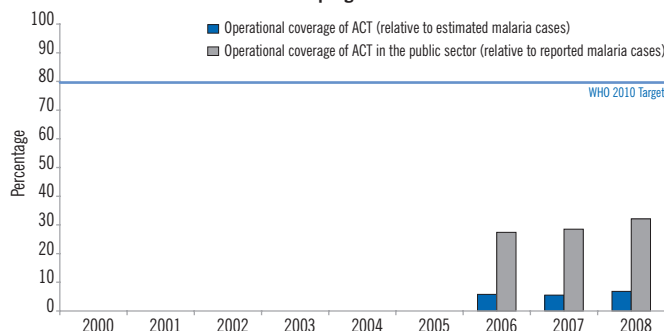
Coverage of IRS and ITN: programme data



Access by febrile children to effective treatment: survey data



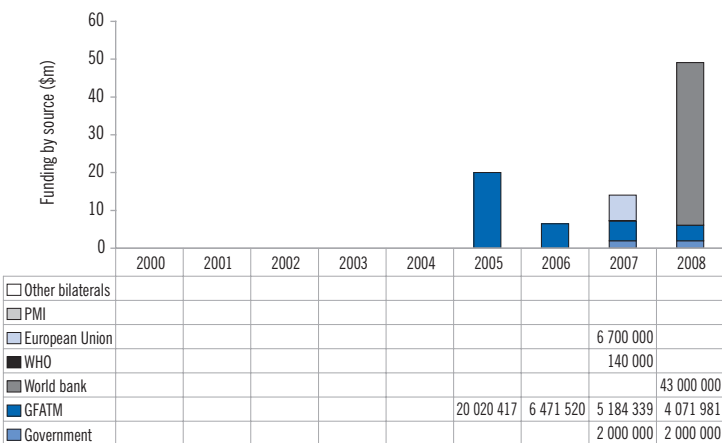
Access to effective treatment: programme data



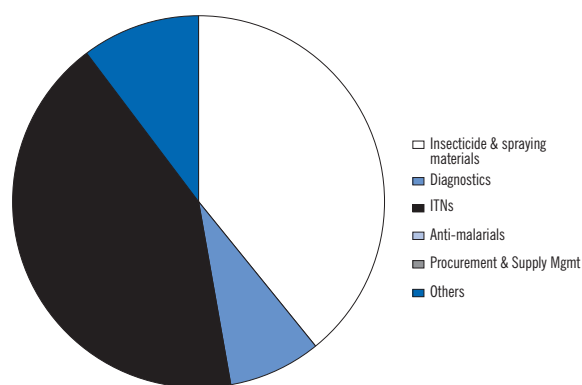
Year	Pregnant women who slept under any net (%)	Pregnant women who slept under an ITN (%)	Children < 5 years with fever (%)	Febrile children < 5 years who sought treatment in HF (%)	Number of households protected by IRS	Number of people protected by IRS	Number of ITNs and/or LLINs	Number of 1st-line treatment courses received	Number of ACT treatment courses received
2000							70 000		
2001							400 000		
2002							583 650		
2003							338 856		
2004							877 131		
2005							791 135		
2006							3 153 026	1 373 318	1 373 318
2007							2 385 684	1 348 304	1 348 304
2008					22 000	82 975	5 788 513	1 723 655	1 723 655

IV. FINANCING MALARIA CONTROL

Governmental and external financing



Breakdown of expenditure by intervention in 2008



V. SOURCE OF INFORMATION

PROGRAMME DATA

Reported cases	Surveillance data
Operational coverage of ITNs, IRS and access to medicines	Programme report
Financial data	Programme report

SURVEY AND OTHER DATA

Insecticide-treated nets (ITN)	MICS 2001, DHS 2007
Treatment	MICS 2001, DHS 2007
Use of health services	MICS 2001