

# DEMOCRATIC REPUBLIC OF THE CONGO

People in need

**25.4 MILLION**

People targeted

**8.7 MILLION**

Total Funding requirement for WHO Emergency Operations in Democratic Republic of the Congo

**US\$28 315 000**

Funding requirement specifically for Grade-3 Democratic Republic of the Congo Humanitarian Crisis

**US\$21 597 000**

1 Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

## CONTEXT

The Democratic Republic of the Congo is facing a protracted crisis characterized by ongoing armed conflicts, inter-communal violence, health emergencies and natural disasters. The situation has resulted in the repeated displacement of approximately 6.9 million internally displaced persons, who have been exposed to life-threatening conditions in 2023. The turmoil in eastern Democratic Republic of the Congo which has persisted for almost three decades, has worsened and spread to other areas.

Consequently, the humanitarian situation in large parts of the country has deteriorated, necessitating an immediate scale-up of the response to address the increasing needs and reported gaps in the acute response. Additionally, the Democratic Republic of the Congo is grappling with various epidemics, including cholera, measles, mpox, COVID-19, vaccine-derived poliovirus, and the high risk of Ebola virus disease. These crises have created an unbearable situation for the health and well-being of the population, with food insecurity, malnutrition, and attacks on healthcare exacerbating the challenges.

In response to the situation, the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief authorized a United Nations system-wide scale-up in three provinces on 16 June 2023: Ituri, North Kivu, and South Kivu. Moreover, WHO initiated a corporate-wide grade 3 scale-up on 21 June 2023 in Tshopo, Kasai, and Mai-Ndombe, where the deteriorating health and humanitarian situation poses challenges for the provision of effective life-saving assistance. Despite this scale-up, we can still see several gaps that need to be filled urgently, but for which resources remain extremely limited. As a result, the humanitarian response has been extended by three months to December 16, 2023.

The WHO Country Office in Democratic Republic of the Congo continues to provide emergency health services and strengthen health systems in the provinces. Approaches adapted to each province are designed and implemented to ensure a tailored response to specific provincial needs and gaps, and effective improvements in health service delivery. In addition, the country office continues to meet current needs and stands ready to respond vigorously to any health and/or humanitarian emergencies across the country.

*A woman waits  
for health services.*

*Photo: WHO / Guerchom Ndebo*



# WHO'S STRATEGIC OBJECTIVES

- Provide medical assistance to the most vulnerable populations, especially in emergency situations.
- Improve prevention, preparedness, detection and response to epidemics and pandemics.
- Strengthen health systems to make them more capable and resilient in delivering essential healthcare.
- Strengthen interventions in the field of gender-based violence (GBV) including sexual exploitation, abuse and harassment (PSEA).

# WHO 2024 RESPONSE STRATEGY

WHO's response strategy in Democratic Republic of the Congo will be based on three main points, with a view to support the country to prepare for health emergencies, prevent epidemics/pandemics and strengthen its rapid detection and response capacities.

- Technical leadership and assistance ensured in the health response through direct implementation and capacity-building to government and health actors in WHO's expertise areas.
- Advocacy for interventions in areas not covered by other health actors to ensure lifesaving actions reach the most vulnerable people in targeted provinces, and engaging in direct interventions when WHO has added value and a comparative advantage as a last resort.
- Sector coordination among humanitarian partners and with health authorities, and management of health information compilation from various sources (NGOs, State, UNHCR for refugees, and MoH for target populations) as well as surveillance data for effective response and early warning.



*Oda checks in with health staff before a consultation. The transit health center has been set up by WHO and partners to meet urgent health needs in Bulengo camp, about 15 kilometers from Goma in the east of the Democratic Republic of the Congo.*

*Photo: WHO/ Guerchom Ndebo*





*Rebecca, 37, receives medicine for her one-year old-child from a health worker at the transit health centre, set up by WHO and partners to meet urgent health needs in Bulengo camp, the Democratic Republic of the Congo.*

*Photo: WHO / Guerchom Ndebo*

## KEY ACTIVITIES FOR 2024

- Strengthen surveillance, including case investigation, at all levels
- Train provincial health zone actors on the 3rd Edition of the Integrated Disease Surveillance and Response (IDSR) and build capacity in disease surveillance data analysis and the use of statistical and spatial mapping tools
- Train healthcare professionals to analyze and assess the risks of public health events
- Implement electronic surveillance through the WHO's Early Warning, Alert and Response System to facilitate timely reporting of immediate and/or weekly notifications of priority diseases under surveillance
- Enhance risk communication and community engagement
- Strengthen infection prevention and control and emergency water, sanitation, and hygiene (WASH) in the health districts and the community
- Strengthen diagnostic and laboratory capabilities
- Preposition the necessary logistics, supplies, goods, materials, medical kits and equipment for operations, in particular the deployment of rapid response teams within 48 hours of an alert or emergency
- Strengthen the coordination of health partners at central and decentralized levels
- Provide basic healthcare services, including mental health services, to displaced persons, returnees and those affected by natural disasters or armed conflict, through mobile healthcare services and fixed services in health facilities
- Strengthen the prevention and response to PSEA



# ACHIEVEMENTS IN 2023

## SUPPORTING EBOLA SURVIVORS TO BETTER OVERCOME STIGMA IN EASTERN DEMOCRATIC REPUBLIC OF THE CONGO



*Ebola survivors arrive  
for a meeting.*

*Photo: WHO/Hugh Cunningham  
Kinsella*

Five years ago, Beni resident Mwamini Kavugho beat Ebola disease after being treated at the Ebola Treatment Centre, much to the relief of her family and community.

A nurse at a health facility in Beni for a decade, this unsung heroine is one of a thousand other survivors who are now trying to overcome psychosocial distress, in addition to the difficulty of finding work or sources of income.

The multidisciplinary follow-up programme for former Ebola patients was set up by the Ministry of Public Health, Hygiene and Prevention with the support of WHO and UNICEF. It is an essential lifeline to follow survivors for 18 months, providing them with monthly health care, advice and coordinated support through specialized clinics, including clinical, biological and psychological aspects. “These are things that are part of being human, even if people look at you differently and believe that you are still carrying the virus”, Mwamini said.

“But these brave Ebola victors have witnessed many depressions, anxiety and post-traumatic stress disorder over the past few years, the psychological impact of which was not always easy to grasp. They still need a lot of care, a lot of psychological support,” said Dr. Jérémie Katsavara, medical director of the Beni General Referral Hospital.

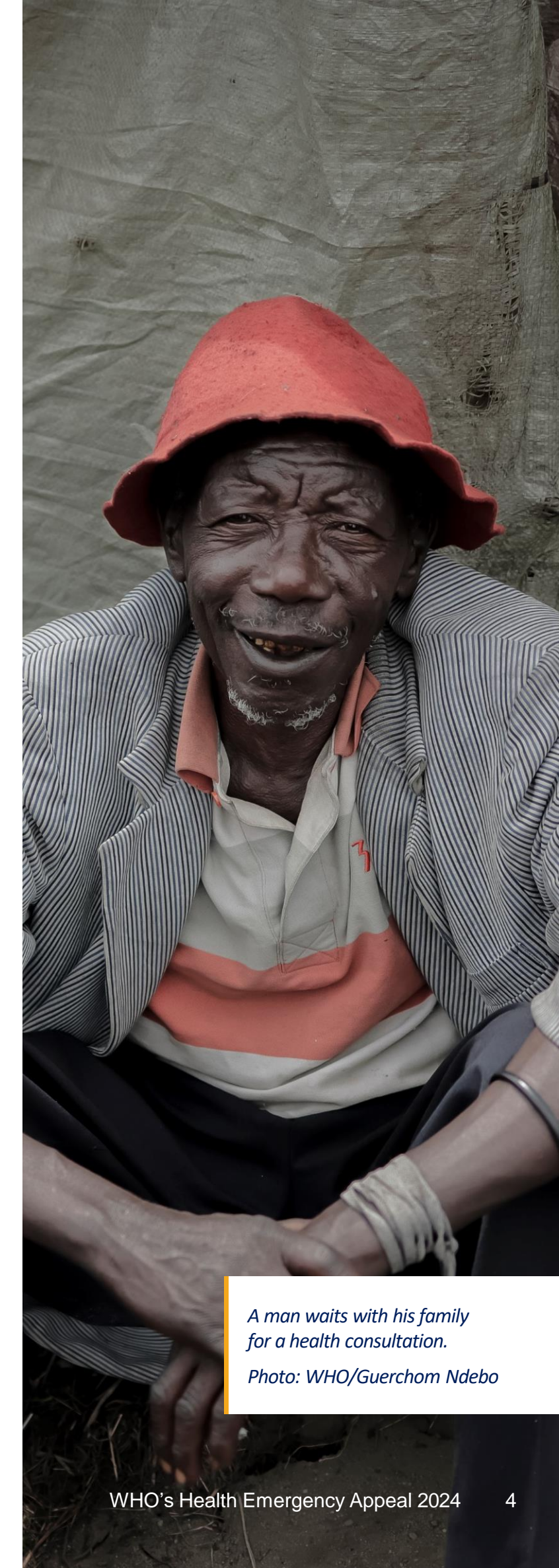
Katsavara explained that what has been of great help to the region is this program to track the winners of the Ebola virus, which has received financial support from China. It was essential for this community, in terms of the psychological support they needed to highlight their energy and their willingness to continue fighting.

### FOR MORE INFORMATION

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*A man waits with his family  
for a health consultation.*

*Photo: WHO/Guerchom Ndebo*



# 2024 FUNDING REQUIREMENTS

## Emergency Appeal Requirement

Democratic Republic of the Congo Humanitarian Crisis	US\$ '000		
		Neighboring countries	
Funding requirement by response pillar	DRC		Total
P1. Leadership, coordination, planning, and monitoring	2 215	82	2 296
P2. Risk communication and community engagement	1 031		1 031
P3. Surveillance, case investigation and contact tracing	3 181	37	3 217
P4. Travel, trade and points of entry	44		44
P5. Diagnostics and testing	903		903
P6. Infection prevention and control	1 932		1 932
P7. Case management and therapeutics	715		715
P8. Operational support and logistics	3 886	29	3 915
P9. Essential health systems and services	4 960		4 960
P10. Vaccination	1 697		1 697
P11. Research, innovation and evidence	888		888
Total	21 450	147	21 597

The table above presents WHO's funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO's 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO's Programme Budget 2024-2025).

Democratic Republic of the Congo - Country office requirement	US\$ '000
Democratic Republic of the Congo Humanitarian Crisis	21 450
COVID-19	404
Multi-Region Cholera	351
Other graded emergencies and ongoing operations	6 110
Emergency appeal requirement	28 315
2.1 Countries prepared for health emergencies	2 826
2.2 Epidemics and pandemics prevented	8 598
2.3 Health emergencies rapidly detected and responded to	4 605
Billion 2 - Base programme requirement	16 030
Total	44 344



Community health workers greet each other before a meeting.

Photo:  
WHO/Hugh Cunningham Kinsella