

DEMOCRATIC REPUBLIC OF THE CONGO

People in need
27 million

People targeted
8.8 million

Requirements
US\$ 42.79 million

Grade 3 Emergency



Context

The epidemiological situation in the Democratic Republic of the Congo is marked by the emergence and re-emergence of several communicable diseases with epidemic potential. The country has experienced several epidemic outbreaks, including: monkeypox (9064 cases; 304 deaths), plague (582 cases; 42 deaths), yellow fever (2 cases; 0 deaths), circulating vaccine-derived poliovirus (201 cases; 0 deaths), measles (55 940 cases; 825 deaths), meningitis (2558 cases; 202 deaths), and cholera (6817 cases; 125 deaths). During the vaccine responses, 2 635 401 people were vaccinated with oral cholera vaccine; 162 518 people ages 1 to 49 years were vaccinated with the tetravalent Menactra vaccine against meningitis; and 1 180 268 children ages 6 months to 14 years were vaccinated against measles.

The country also faced its 13th epidemic of Ebola virus disease during which 11 cases (8 confirmed and 3 probable) and 9 deaths (lethality 81.8%) were recorded in Beni and 885 people were vaccinated.

In Democratic Republic of the Congo, from 3 January 2020 to 17 February 2022, there were 85 834 confirmed cases of COVID-19 with 1316 deaths. As of 9 February 2022, a total of 528 485 vaccine doses were administered. The cases were distributed in all 26 provinces, over four waves. They threatened people in the most vulnerable settings, especially those affected by population movements and with poor access to basic services, as well as those suffering from acute malnutrition, including people living with chronic diseases, such as HIV or tuberculosis.

Added to this epidemic context is the fragility of the health system due to multiple humanitarian crises and insecurity from attacks on health structures, workers, transportation, and patients. Natural disasters such as floods and volcanic eruptions cause further disruptions, resulting in the serious loss of infrastructure and resources, further reducing the capacity of health personnel to respond to health issues, such as sexual violence and mental health.

Response strategy

WHO's response strategy will focus on three components: COVID-19, the humanitarian response, and disease outbreaks. WHO will support the continued provision of essential health services, including gender-based violence, mental health, and psychosocial support; and will strengthen the health system while rapidly responding to acute health emergencies through the development of local capacities.

The multisectoral and coordinated response makes it possible to cover the vital needs of 9.6 million people to preserve their physical and mental integrity, considering the various vulnerable groups such as displaced populations, people with disabilities, pregnant and breastfeeding women, and children under five.

The intervention strategies focus on the essential pillars of the COVID-19 response that are applicable to other health emergencies marked by the five epidemic-prone diseases under surveillance in the country (COVID-19, Ebola virus disease, measles, cholera, and meningitis), and generally focus on preparedness, early detection, and response.

The Democratic Republic of the Congo is home to one of the largest populations of displaced persons in the world and the largest on the African continent. It has 5.2 million internally displaced people, mostly concentrated in the east of the country and 1.4 million returnees.

The priority is the establishment of multisectoral and multidisciplinary coordination structures at all levels to strengthen collaboration, consultation, and the exchange of information among the different sectors. This will be reinforced by a multi-risk preparedness and response plan for health emergencies, followed by periodic simulation exercises.

Personnel manage vaccination items at WHO country office in Kinshasa.
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Other priorities are the establishment of a health management information system to generate reliable real-time data – from the capacity for early detection of suspected cases and clusters of confirmed cases of diseases with epidemic potential through active case finding – and the use of rapid diagnostic tests at community and health facility levels. These interventions are supported by staff training and the establishment of Rapid Response Teams, and well-trained health personnel equipped with operational equipment at different levels of the health system.

The response strategy also includes strengthening epidemiological surveillance at points of entry (airports, ports, and other land border crossings) coupled with monitoring travellers in a regulatory framework for the prevention of chemical and radiological events, and the definition of standard operating procedures for the prevention, detection, and management of these events. The response likewise includes strengthening biological diagnostic and sequencing capacities in laboratories for the analysis of samples from COVID-19 cases.

Access to care services for 2.8 million people affected by protection incidents linked to the humanitarian crisis (victims/survivors of violence, including people with disabilities, displaced persons, and returnees) is ensured. Similarly, access to prevention services and holistic medical care for 7.3 million people affected by an epidemic (cholera, measles, malaria, Ebola, COVID-19) is ensured through the regular supply of medicines, oxygen, beds, and resuscitation kits; biosecure transfer of patients; the provision of home monitoring kits to reduce mortality; and post-exposure prophylaxis kits for the management of gender-based violence cases and also survivors' psychosocial support.

Another priority is improving hygiene and infection prevention and control measures in all COVID-19 treatment centres, Ebola treatment centres, health facilities, and at the community level to fight nosocomial infections.

The intensification of risk communication and community engagement will be strengthened for more effective infodemic management. The increase in vaccination coverage of the population at risk and the adoption of favourable behaviour toward vaccination (among frontline workers, people living with comorbidities, the elderly) will be a priority.

Country priorities

Capacities for prevention and preparation for health events and emergencies are strengthened in a coordinated manner.

- Coordination mechanisms for response activities to COVID-19, Ebola, meningitis, cholera, and other health emergencies are strengthened with the establishment of a functional emergency operations centre, the establishment of trained Rapid Response Teams, and the development of the multi-risk contingency plan.

Capacities for early detection and warning and the confirmation of all epidemic outbreaks and other health emergencies are strengthened.

- Capacities for the early electronic detection of suspected cases and clusters of confirmed cases of COVID-19 and other health emergencies through active case finding with the use of antigen rapid diagnostic tests at the community and health facility levels are strengthened.
- The biological diagnostic and sequencing capacities of laboratories for the analysis of samples of COVID-19 cases are improved.

Coordinated rapid response capacities for epidemic outbreaks and other health emergencies are strengthened.

- Capacities for the management of moderate, severe, and critical cases of COVID-19, Ebola, and meningitis are reinforced. Infection prevention and control measures are observed in all COVID-19 treatment centres, in Ebola treatment centres, in health facilities, and in the communities.
- Risk communication and community engagement and infodemic management are strengthened to increase vaccination coverage.

COVID-19 response

Considering the epidemiological context of the Democratic Republic of the Congo, which is marked by various emergencies (cholera, Ebola, measles, plague, meningitis, and monkeypox) and the fragility of the health system due to health crises and insecurity, the intensification of advocacy with authorities/opinion leaders and the sensitization of communities to encourage positive behaviour in the face of COVID-19 are indicated. In terms of epidemiological surveillance, strengthening of early detection by the intensification of digitized active research at the community level coupled with the use of antigenic rapid diagnostic tests to reduce the time taken to report results and the implementation of public health interventions are prioritized.

In addition, to reduce lethality, improvements in the monitoring of patients at home by making home monitoring kits available and increasing the supply of oxygen essential for the management of severe cases are important.

Infection prevention and control priorities can be summarized by supply of kits and inputs, strengthening the water storage capacity and the local production of chlorine. Technical assistance is also essential to support Ministry of Health officials in the coordination and implementation of response activities.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.58	1.99	3.57
P2. Risk communication and community engagement	0.71	0.34	1.05
P3. Surveillance, case investigation, and contact tracing	2.38	3.86	6.24
P4. Travel, trade, points of entry and mass gatherings	1.42	0.54	1.96
P5. Diagnostics and testing	1.71	1.40	3.10
P6. Infection prevention and control	1.74	1.89	3.63
P7. Case management and therapeutics	2.39	2.70	5.09
P8. Operational support and logistics	3.47	1.94	5.41
P9. Essential health systems and services	3.12	1.67	4.78
P10. Vaccination	4.93	1.76	6.69
P11. Research, innovation, and evidence	0.71	0.55	1.27
Total	24.16	18.63	42.79

For more information

Dr Amédée Prosper Djigumde

Health Systems Coordinator
WHO Democratic Republic of the Congo
djigumdea@who.int

Dr Gervais Folefack Tengomo

Health Emergencies Lead
WHO Democratic Republic of the Congo
folefacktengomog@who.int



A nursing school in Butembo. © WHO / Hugh Kinsella Cunningham