

DR Congo



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low income
CURRENT HEALTH INDICATORS	
Total population in thousands (2013)	67514
% Population under 15 (2013)	44.9
% Population over 60 (2013)	4.5
Life expectancy at birth (2013)	52 (Total) 54 (Female) 51 (Male)
Neonatal mortality rate per 1000 live births (2013)	38 (22-67)
Under-five mortality rate per 1000 live births (2013)	119 (82-167)
Maternal mortality ratio per 100 000 live births (2013)	730 (380-1400)
% DTP3 Immunization coverage among 1-year-olds (2013)	72
% Births attended by skilled health workers (2010)	80.4
Density of physicians per 1000 population (2004)	0.107
Density of nurses and midwives per 1000 population (2004)	0.529
Total expenditure on health as % of GDP (2013)	3.5
General government expenditure on health as % of total government expenditure (2013)	12.9
Private expenditure on health as % of total expenditure on health (2013)	46.9
Adult (15+) literacy rate total (2010)	66.8
Population using improved drinking-water sources (%) (2012)	46 (Total) 9 (Urban) 29 (Rural)
Population using improved sanitation facilities (%) (2012)	31 (Total) 29 (Urban)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2006)	87.7
Gender Inequality Index rank out of 148 countries (2012)	144
Human Development Index rank out of 186 countries (2012)	186

Sources of data:
Global Health Observatory, April 2015
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

With an area of 2 345 000 km², DR Congo is one of the biggest countries in Africa. As there is no official census, the Global Health Observatory (April 2015) estimates the population to be around 67 514 000.

DR Congo is currently classified as one of the poorest countries in the world, despite its immense natural resources.

In the area of health, the following points should be noted:

- The epidemiological profile is dominated by communicable and noncommunicable diseases
- Maternal and infant/child mortality are among the highest in Africa, although infant/child mortality has fallen between 2007 (158/1000) and 2015 (119/1000)
- Complex humanitarian emergencies
- Fragmented health system, predominantly impoverished population has limited access to health services.

Some progress has nevertheless been noted:

- Three years without wild poliovirus
- (Slow) reduction in prevalence of HIV/AIDS
- Better coordination of humanitarian action

HEALTH POLICIES AND SYSTEMS

The principal challenges facing the health system in DR Congo are:

- 1) Building a health system that can meet the needs of the population after years of crisis (armed conflict, natural disasters).
- 2) Establishing a system for health-care funding that allows equal access.
- 3) Improving the management capacity of the entire health system in line with the principle of decentralization, as established by the new Constitution.
- 4) Reducing high morbidity and mortality, specifically through effective disease control programmes.
- 5) Dealing effectively with emergencies including management of humanitarian efforts and sexual violence.
- 6) Strengthening the leadership role of the Ministry of Health in the context of multiple partnerships.

The principal opportunities for health development are:

The end of the war and the gradual return of peace, the increase in development assistance with a number of international financing initiatives and national macroeconomic stability (annual growth rate of 6-8 % of GDP).

WHO has played a major part in the sectoral reform now under way in DR Congo and has supported the process of drafting a sectoral strategy (Health Systems Strengthening Strategy) and the National Health Plan (National Health Development Plan 2011-2015).

COOPERATION FOR HEALTH

A number of partners support the health sector through contributions amounting to approximately 39% of health financing. The various partner interventions are coordinated and aligned through the Inter-Agency Health Donors Group (GIBS), which will be absorbed into the Sector Coordination Committee. The principal donors are the United States of America, Belgium, Canada, and the United Kingdom; multilateral donors include the European Union, the World Bank and the African Development Bank. The Global Fund, the GAVI Alliance and the agencies of the United Nations are also major sources of financing.

WHO plays an important role in coordinating technical assistance with other partners in the areas of health and humanitarian operations; it will be called upon to play a more strategic role in coming years, to update and implement the National Health Plan so that DR Congo can progress towards Universal Health Coverage.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2015)	
Strategic Priorities	Country Cooperation Strategy Focus Areas
STRATEGIC PRIORITY 1: Institutional support for the Ministry of Health	<ul style="list-style-type: none"> • Develop/review national health policies and support relaunching of primary health care to advance towards Universal Health Coverage; • Strengthen national capacity for human resources management; • Support implementation of the national pharmaceuticals policy; • Strengthen sectoral coordination;
STRATEGIC PRIORITY 2: Support for women's and adolescent health and child survival	<ul style="list-style-type: none"> • Update/develop normative documents on women's health throughout the life cycle, and on adolescent and children's health; • Refocus the health system to offer services that meet the specific health needs of women, including sexual and all other forms of violence against women; implementation of health service standards adapted to adolescents and young people; • Implement the road map to accelerate reduction in maternal and neonatal mortality by strengthening partnership and advocacy for resource mobilization; • Refocus the health system to offer services that meet the specific health needs of women.
STRATEGIC PRIORITY 3: Support for disease prevention and control of communicable and noncommunicable diseases	<ul style="list-style-type: none"> • Implement an effective alert and epidemiological surveillance system; • Prepare strategy documents on HIV/AIDS control: the national vision for HIV/AIDS control, the national HIV/AIDS control strategic plan, and institutional support for coordination and harmonization of malaria, tuberculosis and HIV/AIDS control interventions; • Support the Expanded Programme on Immunization, strengthen control of diseases currently being eradicated or eliminated, and control of neglected tropical diseases;
STRATEGIC PRIORITY 4: Management of the health consequences of emergencies and disasters	<ul style="list-style-type: none"> • Support the development of a national policy on emergencies (framework documents on reacting to emergencies); support the establishment of mechanisms to coordinate emergency and humanitarian aid interventions (e.g. epidemics and disasters); • Support the development of contingency plans to manage emergencies and disasters, including epidemics of emerging diseases; • Promote health and identify, prevent and reduce risk factors; develop health-friendly policies; and strengthen community action through promotion of healthy lifestyles and behaviours.