Health and Family Planning Overview

DEMOCRATIC REPUBLIC OF CONGO

Population:	55.2 million (BUCEN 2002)
Infant Mortality Rate:	89 (UNICEF/UNPOP 1999)
DPT3 Coverage:	40%, children 12–23 mos. (WHO 2000)
Nutrition:	45.2% stunting, children 0–59 mos. (MICS 1995)
Total Fertility Rate:	6.0 (UNPOP 1998)
Maternal Mortality Ratio:	939 (WHO/Hill 1995)
Contraceptive Prevalence Rate:	2%, all women 15–49, modern methods (UNPOP/WHO 1991)
Adult HIV Prevalence:	4.9% (UNAIDS 2001)
Current Living AIDS Orphans:	930,000 (UNAIDS 2001)
Demographic and Health Surveys:	1994
Multi-Indicator Cluster Surveys:	1995

Country Profile

With its wealth of natural resources, the Democratic Republic of the Congo (DRC) has the potential to attract significant development efforts, especially through foreign investments in mining, oil, gas, power, and electricity. Developing these capacities could make the country a major provider of water and electric power in central and southern Africa, as well as a major African economic market. Unfortunately, years of ethnic conflict and civil war have prevented the DRC from approaching this potential and have instead burdened its people with one of the world's lowest standards of living. Between 1960 and 1999, per capita income dropped from $361 to less than $160, and more than 80 percent of the population lives in absolute poverty. The warfare, which has involved forces from Angola, Namibia, Rwanda, Uganda, and Zimbabwe, has disrupted economic activity, political dialogue, and the delivery of social services. Nongovernmental organizations (NGOs) provide the majority of basic social services – the Catholic Church alone supports more than 60 percent of education and health care delivery. More than 60 percent of the population is less than 25 years old, and millions of rural people have migrated to cities that lack the infrastructure and resources to provide sanitation and other basic services. With the collapse of the health sector, outbreaks of once virtually eradicated rare diseases have occurred anew. The DRC is host to one of the world's widest assortments of known and emerging infectious diseases, including polio, hemorrhagic fevers, monkey pox, measles, chickenpox, meningitis, pertussis, and HIV/AIDS. Epidemics are frequent and severe.

HIV/AIDS in the DRC. HIV/AIDS infection rates in the general population range between 3 and 9 percent, with the highest rates occurring among foreign armies engaged in the conflict inside the DRC. There is evidence in the east and southeast of the country that HIV prevalence rates are increasing rapidly. Broad initiatives and increased funding will be needed to expand HIV/AIDS prevention and control activities beyond Kinshasa into the provinces and to provide HIV/AIDS information and social marketing to the most vulnerable population groups, including soldiers.

USAID Strategy

The USAID program in the DRC resumed in 1999. The present strategy covers interventions in democracy, good governance, environmental protection, and health, which includes child survival, infectious disease management, and HIV/AIDS control and prevention. The program builds upon past activities in these areas. In the health sector, the Mission will continue training and improving the management capacity of health care personnel to sustain and enhance the impact of resources invested in child survival and HIV/AIDS control initiatives. Developing a comprehensive HIV/AIDS/sexually transmitted infection (STI) awareness program will require a significant increase in resources.

Strategic Objective: The Congolese people are assisted to solve national, provincial, and community problems through participatory processes that involve the public and civil society.
Intermediate Results:

- Key health problems addressed with emphasis on redevelopment of governance structures for public health and citizen participation
- Good governance and rule of law promoted with emphasis on multistakeholder problem solving
- Constituencies for sustainable management of natural resources built with emphasis on community participation

Major Program Areas

HIV/AIDS. The Mission supports HIV/AIDS activities focusing on behavior change and condom distribution. More than 50 percent of sexually active people have used condoms, but consistent use with nonregular sex partners is low. Only 10 percent of 15- to 24-year-olds and 5 percent of 25- to 50-year-olds report consistent condom use. The Association de Santé Familiale promotes HIV/AIDS/STI control and prevention through condom social marketing and behavior change workshops for young people, sex workers, and other high-risk groups, with a goal of achieving a 20 percent increase in condom use among the general population and a 30 percent increase among youth. There is also a plan to provide women with STI treatment and improve prenatal care to reduce mother-to-child transmission.

Health-Related Activities. The Mission addresses key health problems with emphasis on developing structures for public health care and citizen participation. The program has three major themes: child survival, combating TB and HIV/AIDS/STIs, and rehabilitation of health care infrastructure. Child survival activities focus on immunizations and malaria prevention but are expected to expand to child malnutrition, prevention and treatment of diarrheal diseases, proper weaning of infants and micronutrient supplementation, and maternal health services. The Mission addresses infrastructure rehabilitation through technical support, training, and resupply and refurbishing in more than 66 rural health zones. The Mission also provides support for U.S. Centers for Disease Control and Prevention (CDC) efforts to address the increasingly severe problem of drug-resistant malaria. Initiatives to improve disease surveillance and response have included efforts to improve community and health center participation in disease control and reporting.

Results

- Basic health services delivery was improved in rural areas with the revitalization of over 50 health zones.
- Six regional coordinators and 60 health care, management, and water and sanitation staff received training.
- 26 district health leaders completed the master's degree program at the Kinshasa School of Public Health.
- Nearly 12.5 million children received polio vaccine during third-round visits of the national immunization campaign. Polio surveillance reached most health clinics. No wild poliovirus cases were found.
- A national vitamin A policy was developed. Workshops for local NGOs and media campaigns were held. More than 10.2 million children (97 percent of the target population) received doses of vitamin A.
- The Ministry of Health received assistance to develop a measles control strategy and hold a measles workshop. More than 2.1 million children were immunized against measles.
- Support for malaria programs focused on improving the capacity of the National Malaria Control Program to develop and distribute treatment and clinical management policies. Program staff attended international conferences and were trained in establishing surveillance systems to monitor drug resistance and prevalence.
- The HIV/AIDS control and prevention program was initiated in six cities, targeting high-risk groups such as prostitutes, soldiers, police, and truckers with behavior change and condom social marketing interventions.
- Approximately 12 million condoms were distributed through condom social marketing.

Major Implementing Partners

USAID/DRC's partners in implementing population, health, and nutrition activities include UNICEF, the WHO Regional Office for Africa, Tulane University School of Public Health and Tropical Medicine, Population Services

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International, CDC, Catholic Relief Services, the BASICS II project, Interchurch Medical Assistance, the Tuberculosis Coalition for Technical Assistance, the International Rescue Committee, and Action Against Hunger.