

DEMOCRATIC REPUBLIC OF THE CONGO

April 2012



At a Glance: DRC

Population (2012): 73.6 million¹

Population at risk of malaria (2010): 100%²

Estimated annual malaria deaths/100,000 population (2008): 193³

Under-five mortality rate (2007): 158/1,000 live births, or approximately 1 in 6 children die before their fifth birthday⁴

¹US Census Bureau, International Data Base 2012

²WHO World Malaria Report 2011

³WHO World Health Statistics 2011

⁴Multiple Indicator Cluster Survey 2010

Background

Malaria is a major health problem in the country, accounting for an estimated 40 percent of outpatient visits by children under five and 40 percent of the overall mortality in children under five. Implementation of large-scale malaria control activities in the Democratic Republic of the Congo (DRC) faces serious challenges. The country's health infrastructure is very weak, and it is estimated that only about 25 percent of the population has access to health facilities. An additional complicating factor is that external donor support of health activities in the DRC is fragmented geographically. With fiscal year (FY) 2012 funding, PMI will provide malaria prevention and treatment services to a total of 136 health zones in five provinces (West Kasai, East Kasai, South Kivu, Katanga, and Orientale Province). This represents 26 percent of all the 515 health zones in the country.

The President's Malaria Initiative (PMI)

The DRC is one of 19 focus countries benefiting from the President's Malaria Initiative (PMI), which is led by the U.S. Agency for International Development and implemented together with the U.S. Centers for Disease Control and Prevention. PMI was launched in 2005 as a five-year (FY 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an extension of PMI funding through FY 2013. With congressional authorization and the subsequent launch of the U.S. Government's Global Health Initiative, PMI's goal was expanded to achieve Africa-wide impact by halving the burden of malaria in 70 percent of the at-risk populations on the continent (i.e., approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

To reach its goal, PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization (WHO); the World Bank; the U.K. Department for International Development; numerous nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with the DRC's national malaria control strategy, PMI supports four major malaria prevention and treatment measures:

- [Insecticide-treated mosquito nets \(ITNs\)](#)
- [Indoor residual spraying \(IRS\)](#)
- [Intermittent preventive treatment for pregnant women \(IPTp\) with sulfadoxine-pyrimethamine \(SP\)](#)
- [Diagnosis with rapid diagnostic tests \(RDTs\) or microscopy and treatment with artemisinin-based combination therapy \(ACT\)](#)

Progress to Date

The table below shows key results from nationwide household surveys.

DRC Malaria Indicators	PMI Baseline (DHS 2007)	MICS 2010
All-cause under-five mortality rate	148/1,000	158/1,000
Proportion of households with at least one ITN	9%	51%
Proportion of children under five years old who slept under an ITN the previous night	6%	38%
Proportion of pregnant women who slept under an ITN the previous night	7%	43%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	5%	-

The DRC is in its second year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations.

PMI Contributions ^{1,2}	2010	2011	Cumulative
ITNs procured	824,100	2,000,000	2,824,100
ITNs distributed	589,553 ⁴	314,111	854,699
ITNs procured by other donors and distributed with PMI support	3,966,000	0	3,966,000
ACTs procured	3,780,000	0	3,780,000
ACTs distributed	639,075	855,948	1,398,884
RDTs procured	500,000	0	500,000
RDTs distributed	0	400,425	400,425
SP treatments procured	2,470,000 ⁵	1,100,000	2,470,000
SP treatments distributed	1,370,000	0	1,370,000
Health workers trained in treatment with ACTs	874	462	n/a ³
Health workers trained in malaria diagnosis	28	499	n/a ³
Health workers trained in IPTp	0	443	n/a ³

¹ The data reported in this table are up-to-date as of September 30, 2011.

² The cumulative count of commodities procured and distributed takes into account the three-month overlap between Year 5 (covering the 2010 calendar year) and Year 6 (covering the 2011 fiscal year).

³ A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

⁴ Some ITNs distributed in 2010 were procured in 2009.

⁵ Of this total, 1,370,000 treatments were procured with non-malaria U.S. Government funds.

PMI Funding	FY 2010 Jump start funds	FY 2011	FY 2012
Budget (in millions)	\$18.0	\$34.9	\$38.0

For details on FY 2012 PMI activities in the DRC, please see the **DRC Malaria Operational Plan**: http://pmi.gov/countries/mops/fy12/drc_mop_fy12.pdf.

