

## DEMOCRATIC REPUBLIC OF THE CONGO



### The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

### Country Context

As the second largest and third most populous country in Africa, the burden of malaria in the Democratic Republic of the Congo (DRC) is a major health problem. Malaria is the principal cause of morbidity and mortality, accounting for more than 40 percent of all outpatient visits and for 19 percent of deaths among children under five years of age. Given that the majority of the population lives in high transmission zones, it has been estimated that the DRC accounts for 11 percent of all cases of malaria in sub-Saharan Africa.

The health system in the DRC has three levels: central, intermediate, and peripheral. At the community level, there are two types of volunteer health workers (*relais communautaire*): community health promoters and community treatment workers at integrated community case management sites. The new National Malaria Control Strategic Plan (2016–2020) introduced the stratification of health zones based on parasite prevalence as measured by the 2013 DHS. This approach allows the National Malaria Control Plan to focus high-impact interventions in the areas that bear the greatest disease burden. In line with this strategy and in coordination with other donors, PMI is concentrating its efforts in the Kasais, Katanga, and Eastern Congo provinces, covering a population of approximately 33.4 million.

According to the 2013 Demographic and Health Survey, progress is being made in key malaria interventions, such as insecticide-treated net (ITN) ownership and use, as well as mortality rates for children under five years of age, which fell by 30 percent.

### Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in the DRC

DRC Malaria Indicators	PMI Baseline (DHS 2007)	MICS 2010*	DHS 2013
All-cause under-five mortality rate	148/1,000	158/1,000	104/1,000
Proportion of households with at least one ITN	9%	51%	70%
Proportion of children under five years old who slept under an ITN the previous night	6%	38%	56%
Proportion of pregnant women who slept under an ITN the previous night	7%	43%	60%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	5%	–	14%

\* MICS - Multiple Indicator Cluster Survey

### AT A GLANCE

Population (2016):  
**81.3 million<sup>1</sup>**

Population at risk of malaria (2014): **100%<sup>2</sup>**

Malaria incidence/1,000 population at risk (2013): **295<sup>3</sup>**

Under-five mortality rate (2013):  
**104/1,000 live births<sup>4</sup>**

1 U.S. Census Bureau, International Data Base 2015

2 WHO, *World Malaria Report 2014*

3 WHO, *World Health Statistics 2015*

4 Demographic Health Survey (DHS) 2013

## PMI Contributions Summary

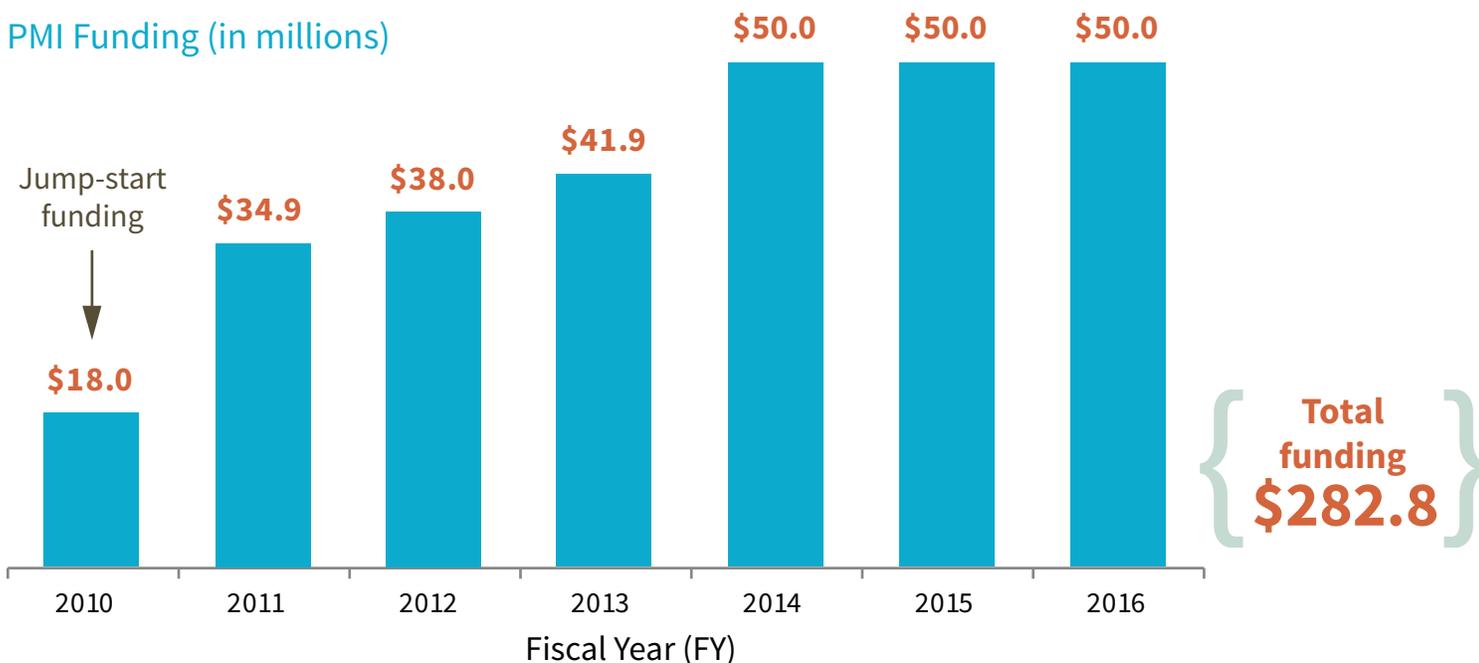
DRC is currently in its sixth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS <sup>1</sup>	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	3,450,000	13,529,100
		ITNs distributed	723,003	5,118,642
		ITNs procured by other donors and distributed with PMI support	0	4,043,967
Rapid Diagnostic Tests		RDTs procured	2,875,000	18,875,000
		RDTs distributed	5,874,078	10,153,090
Artemisinin-based Combination Therapy		ACTs procured	0	22,695,800
		ACTs distributed	9,459,625	20,251,821
Sulfadoxine-pyrimethamine		SP treatments procured	5,850,000	9,620,000
		SP treatments distributed	1,194,699	3,861,072
Health Workers		Health workers trained in treatment with ACTs	3,884	n/a <sup>2</sup>
		Health workers trained in malaria diagnosis	4,383	n/a <sup>2</sup>
		Health workers trained in IPTp	2,485	n/a <sup>2</sup>

1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

## PMI Funding (in millions)



For details on FY 2016 PMI activities in the DRC, please see the [DRC Malaria Operational Plan](#).



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U.S. President's Malaria Initiative