



CDC in Democratic Republic of the Congo

The Centers for Disease Control and Prevention (CDC) began working in the Democratic Republic of the Congo (DRC) in 2002 with an initial focus on capacity building and health system strengthening. The launch of the U.S. President's Emergency Plan for AIDS Relief in 2004 and the U.S. President's Malaria Initiative in 2005 expanded CDC's support. CDC also works closely with the DRC to address other infectious diseases and strengthen laboratory, surveillance, and workforce capacity to respond to disease outbreaks, including Ebola. On August 1, 2018, the Ministry of Health of the DRC reported an outbreak of Ebola virus disease in North Kivu Province in the Eastern part of the country.¹ This is the 10th Ebola outbreak in the DRC since the virus was discovered there in 1976 and it has grown to become the second largest.²



CDC STAFF

- 10 U.S. Assignees
- 20 Locally Employed



AT A GLANCE

- Population: 81,339,988 (2017)
- Per capita income: \$870
- Life expectancy at birth: F 61/M 58 years
- Infant mortality rate: 67/1,000 live births

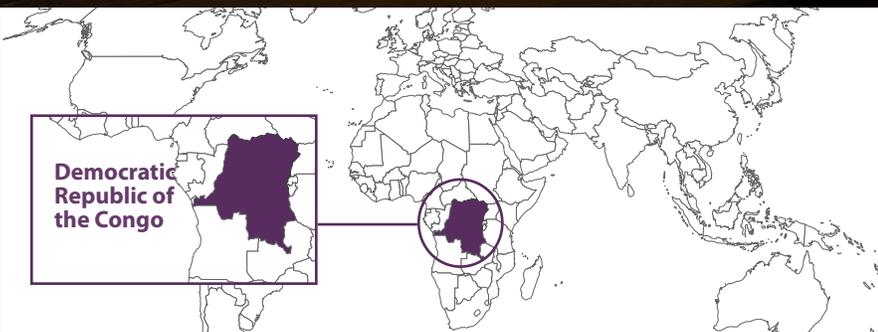
Sources:
 World Bank 2018, Democratic Republic of the Congo
 Population Reference Bureau 2018, Democratic Republic of the Congo



TOP 10 CAUSES OF DEATH

1. Malaria
2. Lower respiratory infections
3. Neonatal disorders
4. Tuberculosis
5. Ischemic heart disease
6. Diarrheal diseases
7. Stroke
8. Congenital defects
9. Road injuries
10. HIV/AIDS

Source:
 GBD Compare 2018, Democratic Republic of the Congo



HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with the Democratic Republic of the Congo (DRC) to build a sustainable, high-impact national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic.

CDC works with the Government of the DRC on scaling up HIV prevention and treatment; integrating HIV and tuberculosis (TB) treatment; and strengthening public health systems, health information systems, laboratory capacity, and health workforce development. With a goal of sustained epidemic control, CDC provides direct support to the Ministry of Health (MOH), particularly in its comprehensive and integrated HIV services in the Haut-Katanga and Kinshasa provinces.

Ebola

CDC works closely with other U.S. government agencies and international partners to support outbreak control activities for the ongoing 2018 Eastern DRC Ebola outbreak.³ CDC has deployed dozens of staff to the DRC to work on the response. CDC supports the MOH to track the disease, provide infection prevention and border health recommendations, disseminate public health information, and implement vaccination activities to prevent secondary spread of Ebola.

Laboratory Capacity Building

CDC helps build capacity of laboratory functions including diagnostics and quality management systems. CDC scales up laboratory infrastructure to meet the increasing needs for early diagnosis of HIV in infants, viral load testing, and identifying emerging infectious diseases—primarily in PEPFAR focus areas and secondarily in other surrounding provinces. CDC also implemented an in-country development program for laboratory accreditation. In 2018, CDC launched a



U.S. Department of
 Health and Human Services
 Centers for Disease
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program based on the Quality Assurance Cycle for HIV rapid testing, which aims to empower national and subnational level laboratory professionals, program staff members, and quality control officers. Through this program, 23 persons have been trained on Rapid Testing Continuous Quality Improvement for the accuracy of HIV testing. Ten additional laboratories (including the TB national molecular laboratory) have been enrolled in the second cohort of the laboratory accreditation program, bringing the total number to 16 laboratories engaged in the accreditation process.

Field Epidemiology Training Program

CDC supports the DRC in strengthening the capacity of its workforce to investigate and respond to disease outbreaks through the establishment of a Field Epidemiology Training Program (FETP). FETP trains field epidemiologists—or disease detectives—to identify and contain outbreaks before they become epidemics. Participants focus on “learning by doing” to develop the skills for gathering critical data and turning it into evidence-based action. The DRC FETP has trained 196 disease detectives who are crucial to accurately detecting and identifying outbreaks, including the recent Ebola outbreaks. The first cohort graduated in 2015 and helped support the responses to the 2014, 2017, and 2018 Ebola outbreaks. A total of 148 graduates have rotated to support Ebola response in the North Kivu province.

Global Health Security

Helping countries respond to public health threats quickly and effectively within their borders is critical to preventing the spread of diseases regionally and around the world. CDC works with the MOH and other partners in the DRC to support disease outbreak response, surveillance, laboratory systems, and workforce development. CDC trained 140 laboratory technicians and provided resources and expertise to renovate and upgrade two laboratories. CDC helped the DRC establish a National Emergency Operations Center, a crucial hub of information, expertise, and science that coordinates rapid responses to outbreaks. CDC also trained multiple officials in emergency incident management.

Malaria

Malaria is a leading cause of death and disease in many countries, and young children and pregnant women are the groups most affected. Under the U.S. President’s Malaria Initiative, CDC has assigned a resident advisor to the malaria-endemic country of the DRC to support the implementation of malaria prevention and control interventions. These include providing long-lasting insecticide-treated nets (LLIN), preventing malaria in pregnancy, improving diagnostics and case management, surveillance, and monitoring and evaluation of malaria-related activities.

CDC technical support includes assistance for the LLIN mass distribution campaign, guidance to the National Malaria Control Program (NMCP) in formulating/updating their monitoring and evaluation plan for malaria indicators, and assisting the NMCP in updating their national treatment guidelines to include the use of injectable artesunate for the treatment of severe malaria cases.

Neglected Tropical Diseases

Neglected tropical diseases cause substantial illness for more than one billion people globally. They have been largely wiped out in the more developed parts of the world and persist only in the poorest communities. CDC works with the DRC to eliminate onchocerciasis, also known as river blindness, a disease caused by a parasitic worm and spread by an infected fly. In collaboration with the National Onchocerciasis Control Program, CDC evaluated diagnostic tests for river blindness in people who had been treated with ivermectin in the Kisangani area. The goal was to fully define the characteristics of several serologic tests.

1. <https://bit.ly/2O9bNK1>

2. <https://bit.ly/2JEC2KU>

3. <https://bit.ly/2FcyviX>

CDC IMPACT IN DEMOCRATIC REPUBLIC OF THE CONGO



Directly supported the provision of:

- HIV tests for 2,220,335 clients
- Antiretroviral drugs to 9,874 HIV-positive pregnant women to prevent transmission to their infants
- Antiretroviral treatment to 46,107 people living with HIV
- Viral load testing to 19,648 people living with HIV



Supported training of 196 FETP graduates, 71 at the advanced level and 125 at the frontline level, focused on national and district public health staff.



Reached over 26,000 orphans and vulnerable children through a program to promote their healthy, stable, and safe education.



Trained 140 laboratory technicians and helped upgrade two laboratories.



Set up 5 sentinel sites for influenza and severe acute respiratory infection surveillance in 3 provinces.

For more country information, visit:
www.cdc.gov/globalhealth/countries/DRC

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