U. S. CDC

Democratic Republic of the Congo

Accessible link: https://www.cdc.gov/global-health/countries/drc.html

CDC established an office in the Democratic Republic of the Congo (DRC) in 2002. CDC works closely with the Government of DRC, the Ministry of Health (MOH), and other partners to build and strengthen the country's core capabilities. These include data and surveillance; laboratory capacity; workforce and institutions; prevention and response; innovation and research; and policy, communications, and diplomacy. Key initiatives in DRC include the Global Health Security Agenda, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and President's Malaria Initiative (PMI).

KEY ACCOMPLISHMENTS

Data & Surveillance	• Provide financial and technical for influenza surveillance since 2006. Four sentinel sites currently conduct influenza surveillance among patients with severe acute respiratory illness.
Laboratory	• Facilitated 16 laboratories in achieving accreditation, established diagnostic capacity for Ebola activities, and supported installation of a laboratory information system in 10 laboratories to streamline processes
Workforce & Institutions	• Supported training for 449 professionals who graduated from the Field Epidemiology Training Program (FETP), trained 80 MOH staff in emergency management and over 3,800 healthcare providers in malaria diagnosis and treatment
Prevention & Response	• Supported the recent mpox response through laboratory testing, case investigations, infection prevention control, risk communication and community engagement
Innovation & Research	• Implemented the Ebola survivor program, which provides follow-up services to more than 1,000 Ebola survivors in the North Kivu and Equateur provinces
Policy, Communications & Diplomacy	• Supported the Ebola outbreak responses risk communication and community engagement

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

PROGRAM OVERVIEW

GLOBAL HEALTH SECURITY

DRC has a large population, covers a wide geographic area, and shares borders with nine other countries. CDC, DRC's MOH, and partners work together to prevent, detect, respond to, and control infectious disease outbreaks in DRC. CDC partners with the MOH to implement the National Public Health Institute (NPHI) established in 2022. The NPHI coordinates core public health functions, including preparedness and outbreak response, surveillance, laboratory systems, and workforce development.

Laboratory Strengthening

CDC helped develop the national laboratory strategic plan that guides laboratory systems strengthening in DRC. CDC donates key equipment and enhances lab diagnostics, network optimization, and quality management systems. This work helps meet the increasing need for early diagnosis of infectious diseases. CDC supported the installation of a laboratory information system (LIS) in 10 laboratories to streamline laboratory processes. CDC has also supported training laboratory staff and monitoring testing quality using the external quality assurance program.

Workforce Development

DRC's FETP was established in 2015 and currently consists of three levels of training: frontline, intermediate, and advanced. Participants strengthen their skills in collecting data and translating data into evidence-based action. FETP graduates primarily include national and district public health staff whose expertise have been critical to DRC's Ebola and COVID-19 responses. Through FETP, CDC strengthens DRC's workforce capacity to identify and stop outbreaks before they spread.

MPOX

CDC has been supporting DRC mpox research and response for more than 20 years. Clade I mpox occurs regularly, or is endemic, in DRC.

CDC has supported laboratory-based mpox surveillance in DRC's Tshuapa province since 2010. This robust surveillance system is a platform for clinical research and enhanced understanding of mpox transmission. In addition, CDC supports research to understand mpox transmission in DRC. CDC partners with the Kinshasa School of Public Health to research human behavior related to wild animals in Tshuapa.

Since January 2023, DRC has reported more than 22,000 suspect mpox cases and more than 1,200 deaths. The current outbreak is more widespread than any previous DRC outbreak. CDC and other U.S. government agencies are on the ground in DRC helping partners in the country with disease surveillance, laboratory capacity including testing materials, strengthening workforce capacity, case investigation, case management, infection prevention and control, border health, and risk communication and community engagement. DRC has approved the use of vaccines in-country. CDC is working with other U.S. government agencies and partners on a strategy for vaccination in DRC.

HIV AND TUBERCULOSIS (TB)

As a key implementer of PEPFAR, CDC partners with DRC's government to provide patient-centered and integrated HIV and TB services. CDC also helps strengthen disease surveillance, health information systems, laboratory capacity, and health workforce development. CDC works with the MOH to sustain epidemic control by providing services in Kinshasa and Haut-Katanga. Activities include scaling up HIV prevention and treatment programs through:

- Diagnosing people living with HIV
- Initiating and maintaining treatment for people with HIV
- Eliminating mother-to-child transmission
- Increasing viral load coverage

CDC strengthened HIV surveillance in three provinces (Kinshasa, Haut Katanga and Lualaba) by establishing recency testing capacity.

MALARIA

Through PMI, CDC supports the prevention and control of malaria in DRC. CDC-supported activities include:

- Monitoring mosquito behavior and resistance to insecticides
- Providing long-lasting insecticide-treated bed nets
- Preventing malaria during pregnancy
- Enhancing diagnostics, surveillance, and evaluation of malaria-related activities
- Researching social and behavioral changes impacting malaria prevention and case management

EBOLA

CDC has supported outbreak responses through disease surveillance, laboratory support, border health, data management, infection prevention and control, vaccination, and risk communication and community engagement. CDC supported activities have included:

- Upgrading the system used to collect data on Ebola vaccines and therapeutics
- Supported the Ingende health zone in establishing the laboratory diagnostic capacity to test samples from Ingende and neighboring health zones
- Deploying a mobile sequencing laboratory to perform real-time data that link cases and orient response activities

MENINGITIS

CDC partnered with the World Health Organization to train MOH staff and establish the latest testing technology for bacterial meningitis. These efforts shortened the turnaround time of laboratory-confirmed diagnosis of meningitis in DRC from two months to one week. CDC is supporting decentralization of meningitis bacterial testing in the Tshopo provincial laboratory.