

CDC in D.R. of Congo



The Centers for Disease Control and Prevention (CDC) established an office in the Democratic Republic of Congo (DRC) in 2002. CDC collaborates with the DRC Ministry of Health (MOH) on a variety of areas, including HIV/AIDS prevention, care and treatment through the President's Emergency Plan for AIDS Relief (PEPFAR), malaria control as a partner in the President's Malaria Initiative (PMI), influenza surveillance, rabies surveillance, monkey pox epidemiologic studies, polio eradication and immunization program strengthening.



Staff

CDC office (physical presence)

6 U.S. Assignees

12 Locally Employed



At a Glance

Population: 73,340,200

Per capita income: \$700

Life expectancy at birth
women/men: 52/48 yrs

Infant mortality rate:
108/1000 live births

Source: Population Reference Bureau Fact Sheet, 2014

Top 10 Causes of Death

1. Diarrheal Diseases 12%
2. Lower Respiratory Infections 11%
3. Malaria 7%
4. Protein-energy Malnutrition 7%
5. Preterm Birth Complications 5%
6. Stroke 4%
7. Birth Asphyxia & Trauma 4%
8. TB 4%
9. Meningitis 3%
10. HIV/AIDS 3%

Source: WHO Country Health Profile 2012: DRC



Through PEPFAR, the CDC DRC office works closely with the MOH and other in-country partners to improve the national program and sustain an effective national HIV response. Importantly, these activities support a data-driven, evidence-based approach that is tailored to the unique characteristics of the local epidemic for improved program performance and the most efficient use of resources. Program focus areas include: prevention of mother-to-child transmission, pediatric and adult HIV/AIDS care and treatment, tuberculosis/HIV control, national laboratory systems, HIV surveillance, and HIV/AIDS data management systems. A strategic focus of this support is developing evidence-based HIV prevention, care and treatment services.

Global Disease Detection and Ebola Response

The coordination of global health security activities results in the strengthening of public health institutions and development of capacities to prevent, detect, protect against, control and respond to public health emergencies. CDC DRC works with the MOH and other partners in DRC to ensure joint accomplishments are sustainable and aligned with DRC's public health needs and priorities.

Specifically, CDC was a key partner in responding to the Ebola outbreak in DRC's Equateur province in 2014 through provision of critical technical expertise and assistance. CDC DRC staff participated in the MOH-led National Coordination Committee, as well as in working groups overseeing surveillance and laboratory response components. In addition, four epidemiologists from CDC in Atlanta traveled to the outbreak location to provide support with case identification, contact tracing and monitoring as well as data management. CDC's support contributed to swift outbreak containment.

Centers for Disease Control and Prevention

Center for Global Health





Health Systems Strengthening

Through the DRC Field Epidemiology and Laboratory Training Program (FELTP), CDC has worked with the Kinshasa School of Public Health to train both human and animal health professionals, including laboratorians, to conduct an evaluation of existing surveillance systems for a variety of public health priority diseases. The FELTP regional training program was launched in Cameroon in 2010 with support from GATES foundation. It serves three Central African countries (DRC, CAR and Cameroon). FELTP trains health professionals and prepares them to respond to the challenges of detection, prevention and control of potentially epidemic diseases including disease surveillance and proper management of epidemic response. Other activities in DRC include training health professionals at the national and district levels to strengthen outbreak surveillance, epidemiological investigation and response capabilities across human and animal health disciplines, and development, evaluation and improvement of methods for rapid detection and diagnosis of monkeypox in endemic regions of DRC. In addition, CDC has supported several DRC FELTP alumni for 2-4 month Ebola epidemic response deployments to Guinea.

Impact in DRC

- As of September 2014, CDC directly supported the provision of antiretroviral drugs to 4,010 HIV-positive pregnant women to prevent transmission to their infants.
- As of September 2014, CDC directly supported the provision of antiretroviral treatment to 24,973 adults.
- DRC has set up 11 sentinel sites for influenza and severe acute respiratory infection surveillance in 5 provinces.

Malaria

Under the U.S. President's Malaria Initiative (PMI), CDC has assigned a resident advisor to DRC as part of an interagency team with USAID to support the MOH in implementing malaria prevention and control interventions. These include providing long-lasting insecticide mosquito nets, preventing malaria in pregnancy, improving diagnostics and case management, surveillance, and monitoring and evaluation of malaria-related activities. Specific examples of CDC technical support have included assistance for the long lasting insecticidal net (LLIN) mass distribution campaign, guidance to the 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, as well as the use of rectal artesunate for pre-referral treatment in both primary health facilities and as part of the Integrated Community Case Management program.

Neglected Tropical Diseases

In 2014, CDC, in collaboration with the National Onchocerciasis Control Program and the DRC-Field Epidemiology and Laboratory Training Program, implemented an evaluation of diagnostic tests for river blindness in an effort to fully define the characteristics of Ov16 and several other serologic tests in the African contexts. The results of this study and two other similar studies in other countries will inform future research in geographic areas approaching the interruption of transmission. In addition, results will also inform both WHO criteria for verification of elimination and efforts to map hypoendemic areas, which in the past were mapped with highly insensitive methods.

For more information please contact Centers for Disease Control and Prevention:

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For more country information: <http://www.cdc.gov/globalhealth/countries/drc>

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