

DEMOCRATIC REPUBLIC OF THE CONGO



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The Democratic Republic of the Congo (DRC) is the second largest country in Africa, located in Central Africa and is bordered by Angola, Burundi, the Central African Republic, Rwanda, South Sudan, Tanzania, Uganda, and Zambia. In 2018, it was estimated that 73% of the Congolese population live on less than USD\$1.90 per day.[1] There were 2.7 million internal displacements in eastern provinces of DRC and the Kasai region in 2021.[2] According to the WHO COVID-19 Tracker, as of June 2022, only 1.91% of the population have been fully vaccinated,[3] meaning that it is one of the countries with the lowest vaccination rates in the world.

Executive Summary

- 418 vaccination sites are functional with 15 out of 26 provinces in DRC active in COVID-19 vaccination activities. [4]
- A complex environment denoted by 1) violence and insecurity in the east of country (provinces of North and South Kivu), including attacks against health care facilities [5] 2) unpaid health care worker salaries and strikes [6] 3) high levels of distrust of government affecting trust in healthcare. [7]
- PCR test samples from rural areas in Nyiragongo needing to be transported to towns for analysis, resulting in communication of results up to two weeks after sample collection. In addition, there are rapid tests stockouts for healthcare workers in Kimoko, and no access to self-tests in the community.
- In eastern DRC, high numbers of people internally displaced due to the Mount Nyiragongo volcanic eruption and M23 rebel group attacks, and poor hygiene/access to healthcare in internal displacement camps.
- Backlog of healthcare worker salary payments [8] driving distrust and compromising access.

- COVID-related shocks resulting in disruptions to access to health, education, and goods and services. [9]
- Logistics challenges, with large portions of the country without reliable electricity and poor access to roads.
- Less vaccine reluctance in areas with previous Ebola experience. [10]
- Community health workers as valuable conduits for vaccination uptake and for addressing infodemics and clarifications that community members may need.



A member of the community in Kaguri, a village in North Kivu, speaks to our team (June 2022)



Interview with a community health worker living in a rural area in the Nyiragongo volcanic zone, North Kivu, DRC

From May to June 2022, Matahari and COSAMED conducted interviews with international organisations working on vaccine uptake, healthcare workers (including doctors, nurses, and community health workers), and communities living in rural areas. Here are some of their insights:



"I am vaccinated with the J&J vaccine and the whole process took no more than thirty minutes. I got vaccinated to be an example to other people who I will be educating."

Mburano Kitsa, community health worker working in Kimoka, North Kivu province, eastern DRC

"I have never taken the vaccine and do not know where to get it... I know a traditional medicine against COVID-19 but I have never used it because I am not sick."

Kibonge, mid-twenties, living in rural Kaguri, Nyiragongo province, eastern DRC

"60% of the health system is run by Christian religious institutions - - we're working quite closely with with churches and with mosques, to try and engage religious leaders to help increase acceptance on vaccination. The key is linking that with actual provision of vaccines - because a priest can give a wonderful speech about COVID vaccination and sensitise his congregation, but then when they leave, if there's no vaccine nearby, we're going to lose them in that gap. So trying to close that gap between the offer and sensitization."

Adelaide Davis, IFRC, leading the Vaccine Delivery Partnership's efforts in DRC

"It's easy to say that is hesitancy. It's not - it's more complex than that. Vaccines aren't in close proximity to people - and we're trying to make sure that there are mobile vaccination sites to ensure that vaccines are as close to the community as possible. What we've learned is that static vaccination sites isn't the strongest strategy in DRC."

Adelaide Davis, IFRC, leading the Vaccine Delivery Partnership's efforts in DRC

"In the Nyiragongo health zone, the biggest problem that affects the community and leads to multiple diseases is the lack of access to (clean) water. There is extremely poor hygiene in the Kayembe camps for internally displaced people and elsewhere (in this zone)."

Dr Thierry Turano, Chief Medical Officer, Nyiragongo province, eastern DRC

“We have run out of COVID rapid tests in this health zone. PCR samples need to be analysed in Goma, which takes at least 48 hours and the communication of the results more than two weeks. A single lab conducts analysis for North Kivu, South Kivu, and Maniema, and results often come after someone has been discharged from our facilities.”

Dr Thierry Turano, Chief Medical Officer, Nyiragongo province, eastern DRC

Recommendations and the Way Forward

1. National and local governments to **increase collaborations with community health workers** and CSOs in addressing COVID-19 infodemics and to build community trust in the health system and vaccines.
2. National and local governments to **make rapid COVID-19 tests available at the primary setting** in rural health zones.
3. National and local governments to **conduct mapping on availability of water** in Nyiragongo and Kimoka areas and to work with international and regional partners towards resourcing WASH infrastructure improvements.
4. National and local governments to **facilitate additional training for health care workers** on COVID-19 given shifting priorities, including on need to integrate COVID-19 services in routine health services.
5. National and local governments and international agencies working in DRC to **utilize momentum from COVID vaccinations to reinforce the health system and routine immunisation.**
6. National and local governments to **expedite multistakeholder discussions towards national reform on health care worker salaries.**
7. International media outlets to **increase nuance when writing on vaccine uptake.** Uptake of vaccines is influenced by a number of structural barriers rather than hesitancy – they may be due to distrust in government, poor proximity to vaccination sites, among other factors.
8. International agencies to **ensure programming in conflict areas include partnership with local experts,** to develop contingency plans to health service delivery that take into account insecurity, and to rely on mobile vaccination centres.
9. Donors to **prioritise funding towards closing the gap on COVID-19 vaccinations,** ensuring COVID-19 rapid antigen tests are available in primary settings, facilitate WASH infrastructure improvements, investments in healthcare for internally displaced populations.

[1] World Bank, 'The World Bank in DRC' <<https://www.worldbank.org/en/country/drc/overview>> accessed 22 June 2022

[2] Internal Displacement Monitoring Centre, Democratic Republic of the Congo <<https://www.internal-displacement.org/countries/democratic-republic-of-the-congo>> accessed 22 June 2022

[3] World Health Organization, Democratic Republic of Congo <https://covid19.who.int/region/afro/country/cd> accessed 22 June 2022

[4] Vaccine Delivery Partnership, a partnership under the COVAX, led by UNICEF and coordinated by numerous partners including the International Federation of Red Cross and Red Crescent Societies (IFRC), interviewed for this briefing note.

[5] Chiara Altare and others, 'From Insecurity to Health Service Delivery: Pathways and System Response Strategies in the Eastern Democratic Republic of the Congo' (2021) 9(4) Global Health: Science and Practice 915-927

[6] Crisis 24, 'DRC: Public sector doctors continue nationwide strike as of July 30 /update 1' (30 July 2021) <<https://crisis24.garda.com/alerts/2021/07/drc-public-sector-doctors-continue-nationwide-strike-as-of-july-30-update-1>> accessed 22 June 2022

[7] Marie-Noël Cikuru and others, 'Colonialism and foreign interventions have driven distrust during the pandemic in eastern DRC' (8 September 2021)

<<https://blogs.lse.ac.uk/africaatise/2021/09/08/colonialism-foreign-interventions-ngos-have-driven-distrust-covid19-pandemic-eastern-drc/>> accessed 22 June 2022

[8] Françoise Mbuyi Mutombo, 'A Tipping Point for Nurses in Battle for Regular Pay' (29 November 2021) <<https://globalpressjournal.com/africa/democratic-republic-of-congo/nurses-tipping-point-battle-regular-pay/>> accessed 23 June 2022

[9] Yele Batana, Alexandra Jarotschkin, and Mervy Ever Viboudoulou Vilpoux, 'Reversing the adverse effects of the COVID-19 pandemic in the Democratic Republic of Congo' World Bank Blogs (15 November 2021) <<https://blogs.worldbank.org/african/reversing-adverse-effects-covid-19-pandemic-democratic-republic-congo>> accessed 22 June 2022

[10] Ibid