



GLOBAL TASK FORCE ON
CHOLERA CONTROL

REPUBLIQUE DEMOCRATIQUE DU CONGO :

**MISES À JOUR, DÉFIS ET APPUIS REQUIS POUR LES
PLANS NATIONAUX DE CONTRÔLE DU CHOLÉRA(NCPS)**

WASH Working Group Meeting

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Tuesday, 12th February 2019

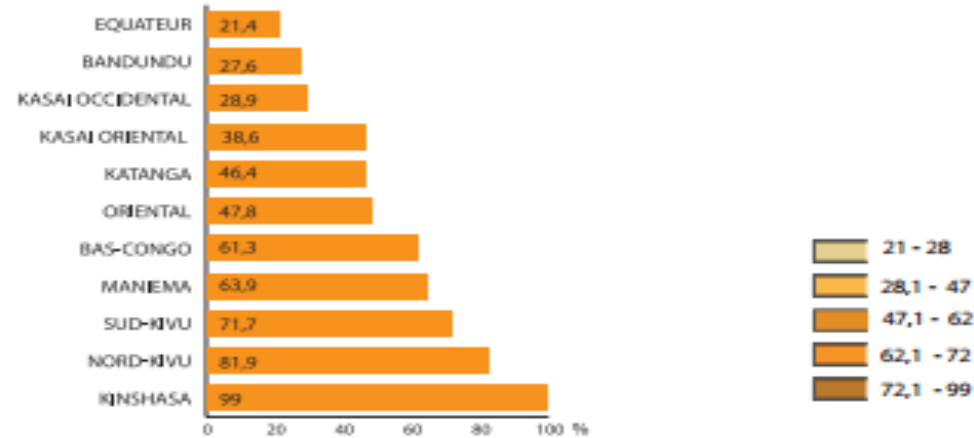
DRC's socio-health indicators make them vulnerable to water-borne diseases including cholera

Nearly 27 million of Congolese living in rural and peri-urban areas do not have access to drinking water

More than 40 million of Congolese living in rural and peri-urban areas are exposed to dirty hand diseases due to lack of washbasins, water, soap or ashes

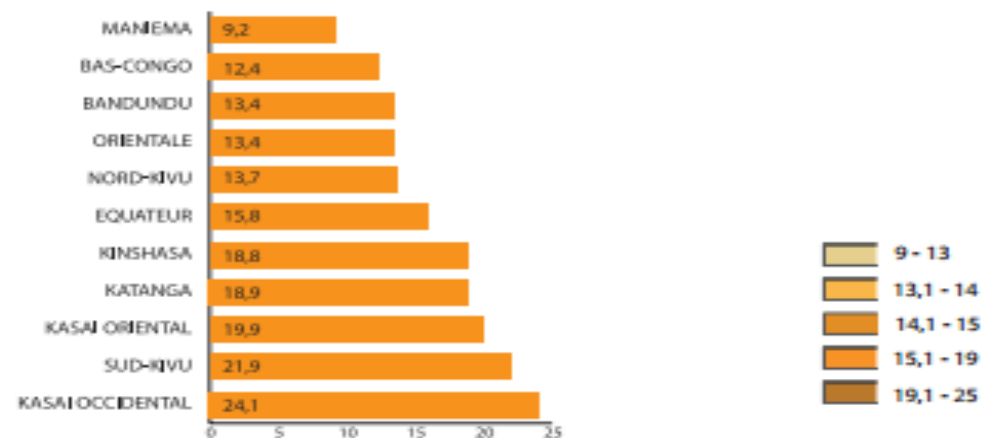
Pourcentage par province des ménages qui ont accès à un point d'eau amélioré en milieu rural et périurbain en 2014

47 % au niveau national, 31 % dans les zones rurales ou péri-urbaines



Pourcentage par province des ménages selon la disponibilité de l'eau et du savon à l'endroit prévu pour le lavage des mains en 2014

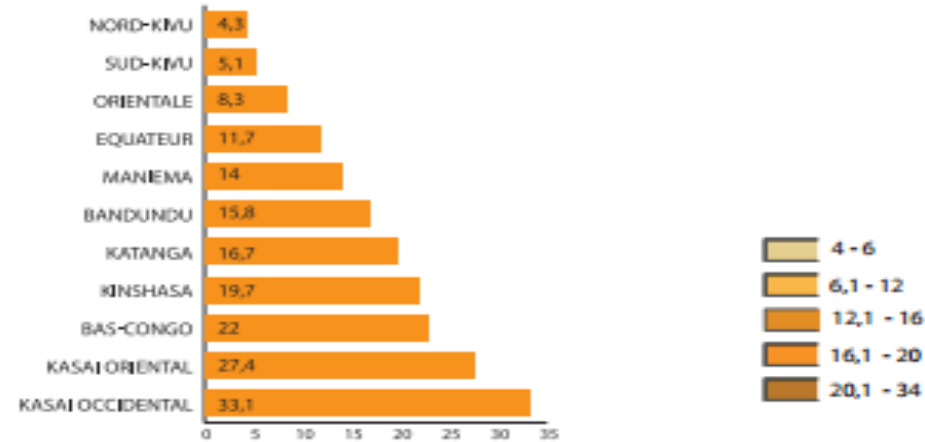
27 % au niveau national, 22 % dans les zones rurales ou péri-urbaines



DRC's socio-health indicators make them vulnerable to water-borne diseases including cholera

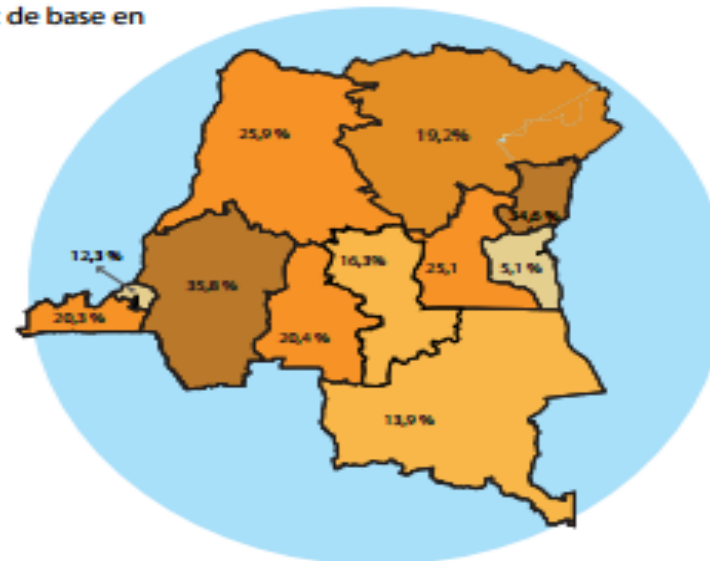
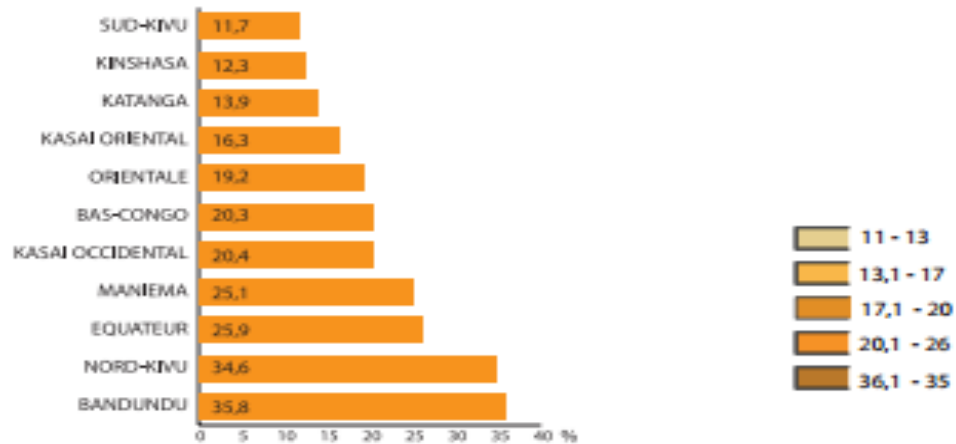
Pourcentage par Province des ménages qui pratiquent la défécation à l'air libre ou qui ne disposent pas de toilette en milieu rural et périurbain en 2014

15 % au niveau national, 20 % dans les zones rurales ou péri-urbaines



Pourcentage par province des ménages qui ont accès à un assainissement de base en milieu rural et périurbain en 2014

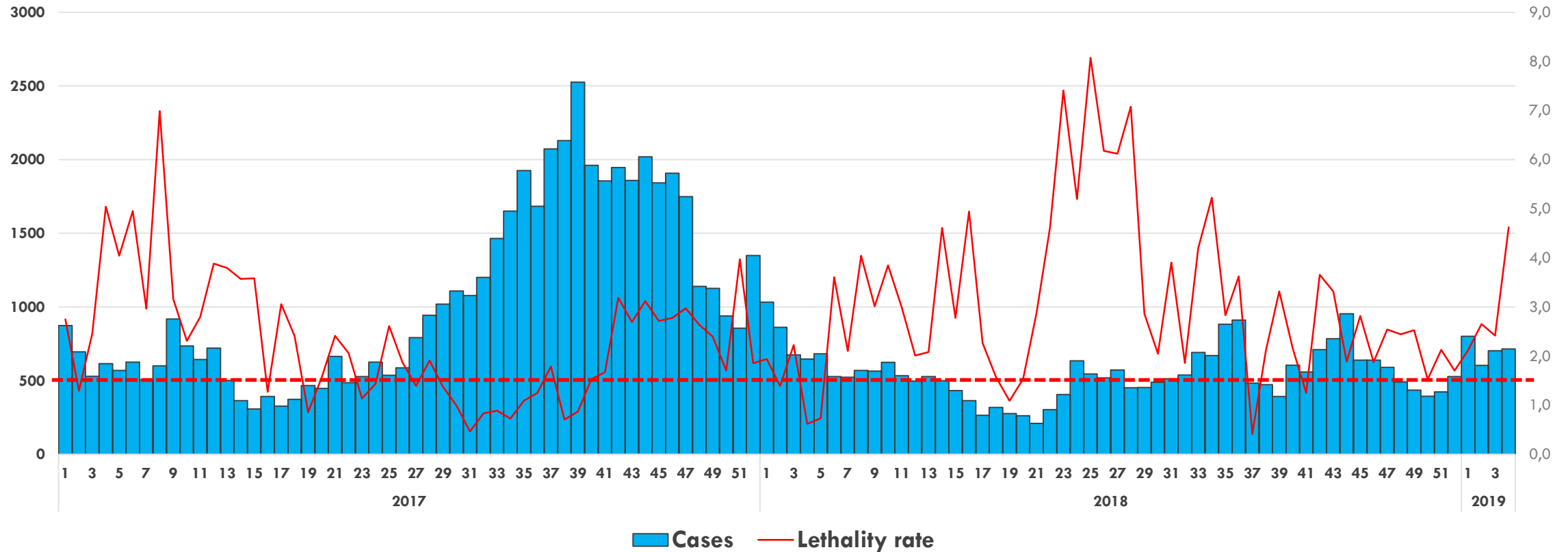
14 % au niveau national, 4 % dans les zones rurales ou péri-urbaines



More than 10 million of Congolese living in rural and peri-urban areas do not use toilets and practice open defecation

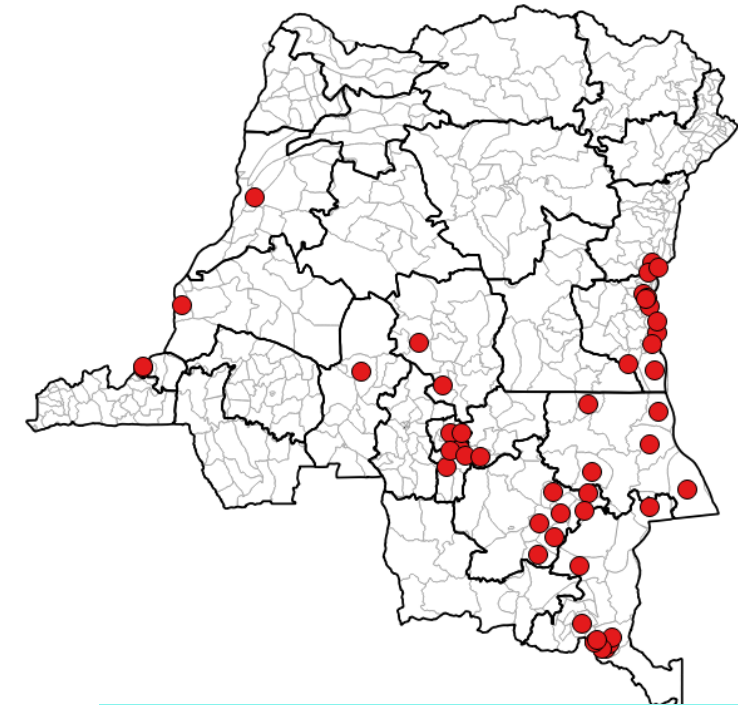
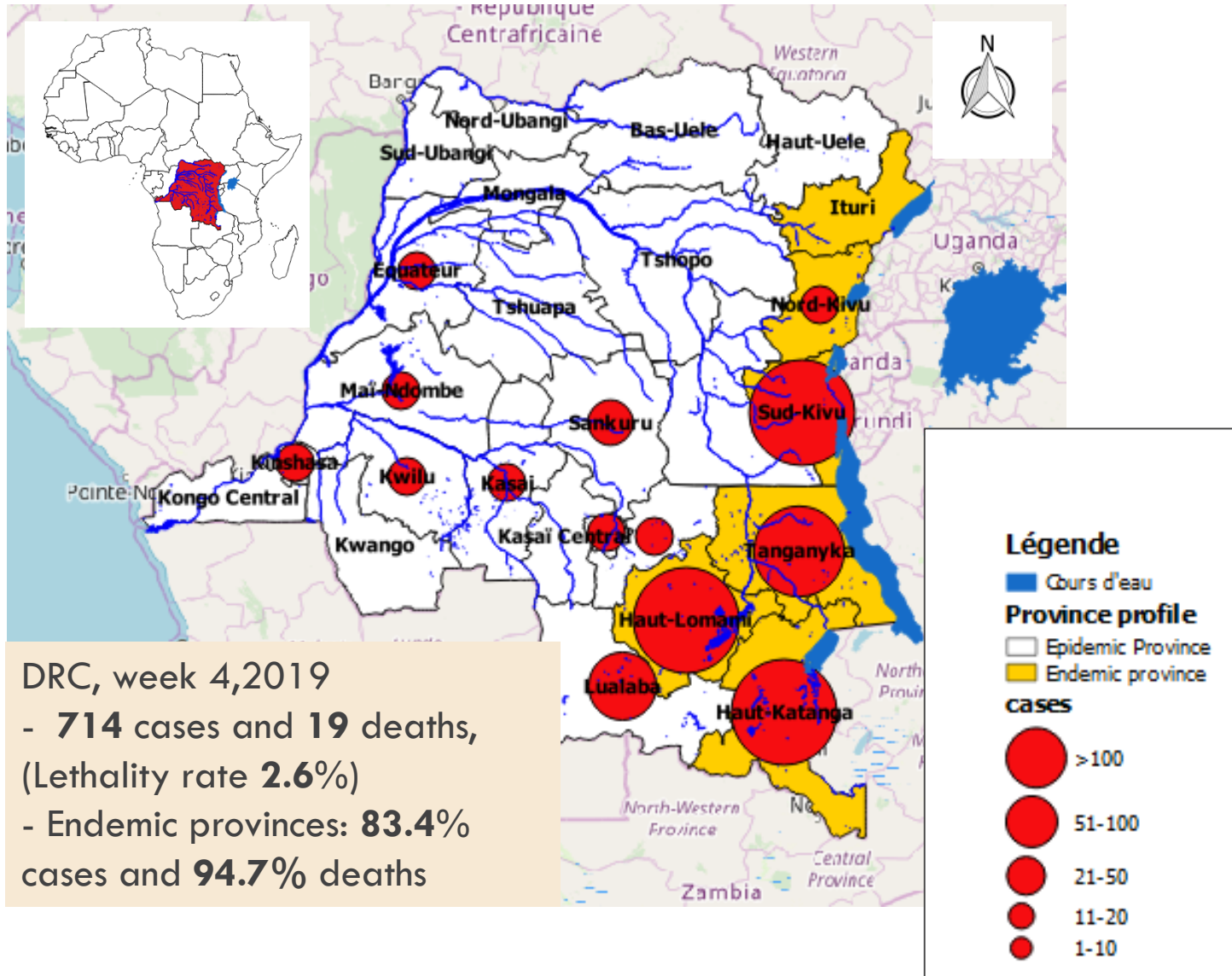
Nearly 40 million Congolese living in rural and peri-urban areas do not have access to basic sanitation

WEEKLY INCIDENCE OF SUSPECTED CHOLERA CASES AND LETHALITY RATE, DRC, WEEK 1, 2017-WEEK 4, 2019



- DRC one of the most important epidemic in 2017
- DRC, 2019 :
 - weekly average **705** cases
 - lethality remains very high weekly average **3%**

Map of the cholera hotspots



Zones with at least 1 case since the beginning of 2019

CURRENT STATUS OF NCP

- The fight against cholera in the DRC is based on the multisectoral strategic plan for cholera elimination (PMSEC), the last plan (2018-2022) was adopted by stakeholders in January 2018
- The PMSEC has 7 strategic axes:
 - 1.Strengthening global surveillance activities
 - 2.Curative management
 - 3.Establishment of sustainable interventions related to improving access to drinking water in cholera sanctuary areas;
 4. Implementation of interventions related to drinking water, hygiene and sanitation conditions in areas affected by cholera epidemics (endemic and epidemic);
 - 5 Implementation of preventive vaccination activities in sanctuary and reactive areas in eligible epidemic areas according to context
 - 6.Operationalresearch;
 7. Coordination, communication for behavior change and advocacy.
- Total cost of the PMSEC is \$ 246,744,150
- Current stage of implementation of the PMSEC is its declension in the Provincial Operational Action Plan

CURRENT STATUS OF NCP

- The DRC with its partners draws up a national response plan periodically
- Current national response plan was developed in December 2018, from January 2019 to April 2019, its refers to the different strategic axes of the PMSEC (total cost 9 069 923\$)
- Validation is done by the national coordination committee for cholera control in the DRC
- Key stakeholders involved: Gouvernement, OMS, UNICEF, MSF, PAM, OCHA, CDC, USAID, Croix Rouge, ADRA, solidarités international, PATH, Save the children, AIDES, ALIMA...
- Coordination mechanism in place to support NCP: Establishment of the National Program for the Elimination of Cholera and the Control of Other Diarrheic Diseases, PNECHOL-MD (August 2017) and the National Coordinating Committee for the elimination of Cholera in the DRC (november 2018)
- Specifics related to the WASH section of the NCP: implementation of a community approach to fight against cholera using the grid technique (approach developed by PNECHOL-MD)

CHALLENGES FACED

- Very weak involvement of some ministries and weak coordination
- Alignment of all actors to the PMSEC (Take into account the PMSEC in outstanding and future projects)Third level
- **Vaccination:**
 - RD Congo has developed at **2018-2020 triennial plan targeting specific** areas according to the epidemiological profile for a need of more than 12 million doses. This plan can be adapted according to the dynamics of the disease for non-endemic areas.
 - It will be necessary to Need to accompany these campaigns with at least some measures **WASH light** pending the implementation of sustainable measures long term.
- On the **water aspects of big cities: Favor the cities of the sanctuary sites and the big cities** at major risk of propagation of the epidemics of cholera **in the projects of extension of the networks of water**
- **implementation of sustainable WASH actions** (WASH activities are the cornerstone for achieving cholera elimination)

IN COUNTRY SUPPORT REQUIREMENTS

- Finalize Provincial Operational Action Plans
- Advocate for resource mobilization
- **Popularization and implementation** of the **community approach to fight against cholera using the grid technique** in areas of persistence (approach developed by PNECHOL-MD)
- Continued **rehabilitation of water networks** in big cities of cholera sanctuaries in the DRC (eg VEOLIA Uvira project)

Thank you

Together we can
#endcholera



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