The entire population of the Democratic Republic of Congo is at high risk of malaria and transmission is intense year round with seasonal variations. The annual reported number of malaria cases in 2018 was 18,208,440 with 18,030 deaths.
Malaria

Global Fund Update
The Global Fund has announced that the Democratic Republic of Congo will receive US$644.9 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. The Global Fund has determined the total allocation amount based on the Democratic Republic of Congo’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For the Democratic Republic of Congo this is calculated at US$393.9 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. The Democratic Republic of Congo is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to accelerate progress.

Progress
The Democratic Republic of Congo has procured sufficient LLINs to achieve 100% operational coverage of the targeted at risk population. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. The Democratic Republic of Congo has secured the resources required to sustain coverage of LLINs in 2019. The country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control Scorecard. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach.

Impact
The annual reported number of malaria cases in 2018 was 18,208,440 with 18,030 deaths.

Key Challenge
• Resource gaps to fully implement the national strategic plan.

Previous Key Recommended Actions
The country has responded positively to the recommended actions addressing CPIA cluster D and need to investigate and address the reasons for the increase in estimated malaria incidence between 2010 – 2017 and continues to track progress as these actions are implemented.

New Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018</td>
<td>Q4 2020</td>
</tr>
<tr>
<td>Address funding</td>
<td>Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years. Work to mobilise additional resources to fill outstanding gaps</td>
<td>Q2 2020</td>
</tr>
</tbody>
</table>
RMNCAH and NDTs

Progress
The Democratic Republic of Congo has achieved high coverage in the tracer RMNCAH intervention of skilled birth attendants. The country has enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Democratic Republic of the Congo is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Democratic Republic of the Congo is very good for onchocerciasis (79%) and for lymphatic filariasis (77%). However, preventive chemotherapy coverage is below the WHO target for schistosomiasis (69%), soil transmitted helminths (52%) and for trachoma (19%). Overall, the NTD preventive chemotherapy coverage index for the Democratic Republic of the Congo in 2018 is 53.

Previous Key Recommended Actions
The country has responded positively to the RMNCAH recommended actions addressing accelerating coverage of ARTs in children and vitamin A, and continues to track progress as theses action are implemented.