The entire population of the Republic of the Congo is at high risk of malaria and transmission is intense all year round. The annual reported number of malaria cases in 2018 was 324,615 with 131 deaths.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic
The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Adolescent and Child health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women and young children (intermittent preventive treatment in pregnancy and seasonal malaria chemoprevention). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

Congo is encouraged to sustain the delivery of essential health services including malaria case management, during the COVID-19 pandemic. Without this, there will be an increase in malaria cases and deaths. Under the worst-case scenario, in which there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 10.3% increase in malaria cases, and a 61.4% increase in malaria deaths in Congo. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress
Congo has secured sufficient resources to cover the required needs for most of the ACTs required in 2020. Congo has procured sufficient LLINs to achieve 100% operational coverage of the targeted at risk population in the forthcoming campaign. The country has scaled up iCCM coverage. The majority of patients are able to access ACTs and RDTs through the health insurance scheme. The country has recently reported the results of insecticide resistance monitoring to WHO. Congo has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Scorecard.

Impact
The annual reported number of malaria cases in 2018 was 324,615 with 131 deaths.

Key Challenges
- Low coverage of essential interventions due to lack of external and domestic resources.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.
Congo has responded to the recommended actions addressing financing of anti-malarial commodities and continues to track progress as this action is implemented. The country is working on a multisectoral investment plan.

**RMNCAH and NTDs**

**Progress**

Congo has made good progress in tracer RMNCAH interventions including skilled birth attendants and vitamin A. The country has enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Congo is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis and soil transmitted helminths. Preventive chemotherapy coverage data for Congo were submitted to WHO but the index value is not yet calculated as data validation is under process.

The country has enhanced the tracking and accountability mechanisms with the development of the NTD scorecard.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/ accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH Impact</td>
<td>a) Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td></td>
<td>Congo reports that although services have continued during the COVID-19 pandemic, there have been reductions in coverage for ANC, and disruptions to routine and campaign vaccination and Vitamin A distribution. The country is working to assess the full of COVID on reproductive health services.</td>
</tr>
<tr>
<td></td>
<td>b) Investigate and address the reasons for the decreasing coverage of ARTs in the total population and in children under 14 years of age</td>
<td>Q2 2021</td>
<td></td>
<td>The new UNAIDS estimates have revised the target number of children living with HIV in Congo. Screening for pediatric infection beyond PMTCT programmes is insufficient with missed opportunities in maternal and child health services. A significant number of infected children live in the community and are often detected late. To overcome these challenges, in 2019, Congo introduced family screening strategies at points of care. Children will be recruited at the level of nutrition, pediatric, pre-school consultation services and vaccination services by health workers to improve this gap. This active recruitment will be supported by decentralization and task delegation strategies. Congo is in the process of intensifying differentiated testing, in particular community testing for HIV. This aims to increase the number of PLHIV who know their serological status and therefore the number of PLHIV on ARVs as part of the test and treat strategy.</td>
</tr>
</tbody>
</table>

Congo has responded positively to the RMNCAH recommended action addressing low coverage of ARTs, and coverage has recently increased, and continues to track progress as these actions are implemented.

**Key**

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

1 RMNCAH metrics, recommended actions and response tracked through WHO