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

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.

For the Democratic Republic of Congo, it will be of vital importance to ensure that the rolling long-lasting insecticidal net (LLIN) campaigns scheduled for 2020 are completed. The country is congratulated for successfully rolling out the first phase of the 2020 campaigns. Under the worst-case scenario, in which the LLIN campaigns are not completed and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 14.2% increase in malaria cases, and a 98.2% increase in malaria deaths in The Democratic Republic of Congo. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

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 and RDTs in 2020. 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 Challenges
- Resource gaps to fully implement the national strategic plan.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.
### Previous Key Recommended Actions

<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>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td>DRC reports having sufficient PPE for health workers to continue malaria control interventions during the COVID pandemic. The country has distributed LLINs in Ubangui as planned, and there are plans to distribute LLINs in Lubumbashi by the end of October. DRC expects to receive additional PPE from UNICEF for LLIN distribution in five Provinces in November. The country has reported ACTs and RDTs stockouts in certain districts and are working with partners to address these commodity gaps. PMI is supporting the country to procure the needed commodities and they are expected to arrive in January 2021</td>
<td></td>
</tr>
<tr>
<td>Address funding</td>
<td>With the GF funding application being sent back for iteration, work to address the comments of the TRP and resubmit the funding request. Also work to prioritise resources to fill essential gaps</td>
<td>Q4 2020</td>
<td>The country successfully resubmitted the malaria funding request, successfully filling key gaps including in LLIN campaigns</td>
<td></td>
</tr>
</tbody>
</table>

The country has responded positively to the recommended actions addressing CPIA cluster D and continues to track progress as these actions are implemented.

### New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vector control</td>
<td>Work to accelerate the LLIN campaign</td>
<td>Q1 2021</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**

<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>RMNCAH¹: Impact</td>
<td>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>A survey was conducted to understand the supply and demand for RMNCAH services, targeting Kinshasa which was most impacted by the COVID-19 pandemic. Data from January to April 2020 were collected in 103 facilities of the City of Kinshasa. A trend of increasing use of delivery service during the COVID-19 period was observed and the use of childbirth services by teens and young people increased by 29%. ANC-1 decreased including in adolescents and young people, however an increase in coverage of ANC4 was observed. A decrease in PNC was observed. The Ministry of Health produced RMCAH/nutrition guidelines in the context of Covid-19, with the Specialized Programs directly involved. The country organised a briefing by video conference for health staff, and the materials have been disseminated.</td>
</tr>
</tbody>
</table>

The country has responded positively to the RMNCAH recommended actions addressing accelerating coverage of ARTs in children and vitamin A (with a recent increase in coverage reported), and continues to track progress as theses action are implemented.

**Key**

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

¹ RMNCAH metrics, recommended actions and response tracked through WHO