PATH in the Democratic Republic of the Congo
1 billion
lives by 2030

70
countries where we work

32
innovative global health programs and solutions
PATH is a global organization that works to accelerate health equity by bringing together public institutions, businesses, social enterprises, and investors to solve the world’s most pressing health challenges. With expertise in science, health, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions— including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide.

PATH in the Democratic Republic of the Congo

Since 2009, PATH has worked closely with leaders and community groups in the Democratic Republic of the Congo (DRC) to take on some of the country’s toughest health problems and bring effective, integrated services to the Congolese people. PATH’s work in the DRC includes providing targeted technical assistance and adapting and introducing innovative, low-cost technologies and evidence-based best practices.

PATH also provides technical support to the Ministry of Health to advocate for solutions to major health issues related to immunization, human African trypanosomiasis, maternal, newborn, and child health, and others.

A snapshot of PATH’s global impact

100+ health technologies developed and adapted
99,000+ new health workers trained in the past year
150 million lives improved through PATH’s programs every year

PATH’s immunization advocacy in the DRC promotes expanded coverage, equitable access, and sustainable financing for lifesaving immunization programs that align with DRC government plans and strategies as well as current data and proven solutions.
PATH’s policy and advocacy work

PATH’s work in the DRC includes advocating at the national and provincial levels to strengthen funding for essential health interventions, such as immunization and human African trypanosomiasis.

Through advocacy efforts, PATH has contributed greatly over the past few years to increased political will in the health sector among national and provincial-level decision-makers. These interactions have yielded impressive results among decision-makers at the national and provincial levels, including:

- The declaration of a national day dedicated to the eradication of human African trypanosomiasis.
- The establishment of a country roadmap to deliver on the commitments outlined in the Addis Declaration on Immunization.
- The establishment of an emergency operation center to respond to emerging epidemics.

After the electoral process brought new leaders to the top of the country’s institutions, PATH seeks to carry forward the advocacy actions and wins of the past few years to sustain the progress made so far.
Policy and advocacy areas of focus

Human African trypanosomiasis

Challenge: Human African trypanosomiasis (HAT), commonly known as “sleeping sickness,” is caused by trypanosomes transmitted by the bite of the tsetse fly. This disease is the only vector-borne parasitic disease whose geographical distribution is limited to sub-Saharan Africa. Although the Ministry of Health reported fewer than 1,000 new cases of HAT in 2018, DRC remains home to more than 70% of cases worldwide. The provinces of Mai Ndombe, Kwilu, and Kwango are the most affected and alone contain over three quarters of the cases in the country.

Name of the policy: The HAT Strategic Plan 2016-2020.

Description: Launched in 2018, this document outlines the vision and steps that need to be taken to achieve HAT elimination in DRC.

Current status: There is an ongoing review process for this plan that will integrate the updates from the new national health development plan.

How you can help us: Continued support for HAT elimination vision.

Polio

Challenge: Vaccine-derived polioviruses (VDPVs) are rare strains of poliovirus that have genetically mutated from the strain contained in the oral polio vaccine. If a population is seriously underimmunized, there are enough susceptible children for the excreted vaccine-derived poliovirus to begin circulating in the community. If the vaccine-derived virus can circulate uninterrupted for 12 to 18 months, it can mutate into a form that can paralyze. Today, DRC is affected by four separate outbreaks of vaccine-derived poliovirus, in the provinces of Haut Katanga, Mongala, Maniema, Haut Lomami, Tanganika, and Ituri.

Name of the policy: Provincial Health Edicts for immunization and HAT.

Description: PATH supported the establishment of provincial edicts for resource mobilization for immunization (including polio), HAT, and maternal and child health.

Current status: These edicts are in the process of being implemented in the provinces.

How you can help us: These edicts are in the process of being implemented in the provinces.
Routine immunization

**Challenge:** In recent years, the Congolese government has demonstrated its commitment to improving immunization coverage by joining African Heads of State in endorsing the Addis Declaration on Immunization (ADI). However, new efforts, investments, and strategies will be required to meet the commitments made in the ADI and ensure that all Congolese children and families receive the promise of immunization.

**Name of the policy:** Addis Declaration on Immunization (ADI); Country ADI Roadmap; and the Mashako Plan for immunization

**Description:** These policies are related to the commitments made by African Heads of State when they endorsed the Addis Declaration on Immunization in 2016, demonstrating their commitment to improving immunization coverage across the continent.

Three major strategies outlined in these documents include:
1. Generating and supporting political commitment and funding for immunization through advocacy and communication
2. Closing the immunization gaps by working with key partners to overcome barriers to access and use of immunization services
3. Tracking progress toward impact and accountability

**Current status:** The plan is finalized and is only waiting for its effective implementation through the Expanded Program on Immunization.

**How you can help us:** Implementation of ADI country roadmap.

The Global Financing Facility

**Challenge:** In the DRC, maternal, neonatal, and infant mortality rates remain at high levels of concern and require considerable effort to maintain momentum toward achieving the targets outlined in Sustainable Development Goal 3. The path toward universal health coverage (UHC) for improving health through high-quality care has been one of the top priority objectives of the Congolese government. Many advocacy efforts have been focused on this issue, which underpins the DRC’s future development. Despite this, the national maternal, newborn, and child mortality rates in DRC are unacceptably high—ranked among the four highest in the world.

**Name of the policy:** National Strategic Development Plan 2016-2020.

**Description:** The DRC government’s 2016-2021 National Health Development Plan, developed by the government with the support of technical and financial partners, provides the basis for the Global Financing Facility (GFF) investment framework for DRC. The issues and actions put forth in the National Health Development Plan will be progressively implemented through this investment framework across the DRC, starting first in 14 out of the 26 provinces.

**Current status:** Work is stalled due to political transition as well as the Ebola outbreak in Eastern DRC.

**How you can help us:** Continued support for GFF co-financing, and formal recognition of the GFF platform to ensure its continued functionality.
On the cover: PATH is committed to improving the health of women, children, and other vulnerable populations in the DRC. With our global expertise, we bring effective, integrated services to the Congolese people.

Photo, cover: PATH/Georgina Goodwin