

# IMPROVING HEALTH SYSTEM EFFICIENCY

## DEMOCRATIC REPUBLIC OF THE CONGO

Improving aid coordination in the health sector

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# ABBREVIATIONS

CAG	Management Support Unit, <i>Cellule d'Appui à la Gestion</i>
CCM	Country Coordination Mechanism of the Global Fund
CDR	Regional Distribution Centre, <i>Centre de Distribution Régional</i>
CNP-SS	National Health Sector Steering Committee, <i>Comité National de Pilotage du Secteur de la Santé</i>
DFID	United Kingdom Department for International Development
DRC	Democratic Republic of the Congo
ECDS	District Health Management Team, <i>Équipe Cadre de District Sanitaire</i>
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HRH	Human Resources for Health
HSSS	Health System Strengthening Strategy, <i>Stratégie de Renforcement du Système de Santé (SRSS)</i>
MOH	Ministry of Health
PNDS	National Health Sector Development Plan
SNAME	National System for Supply of Generic and Essential Medicines, <i>Système National d'Approvisionnement en Médicaments Essentiels</i>
WHO	World Health Organization

# 1

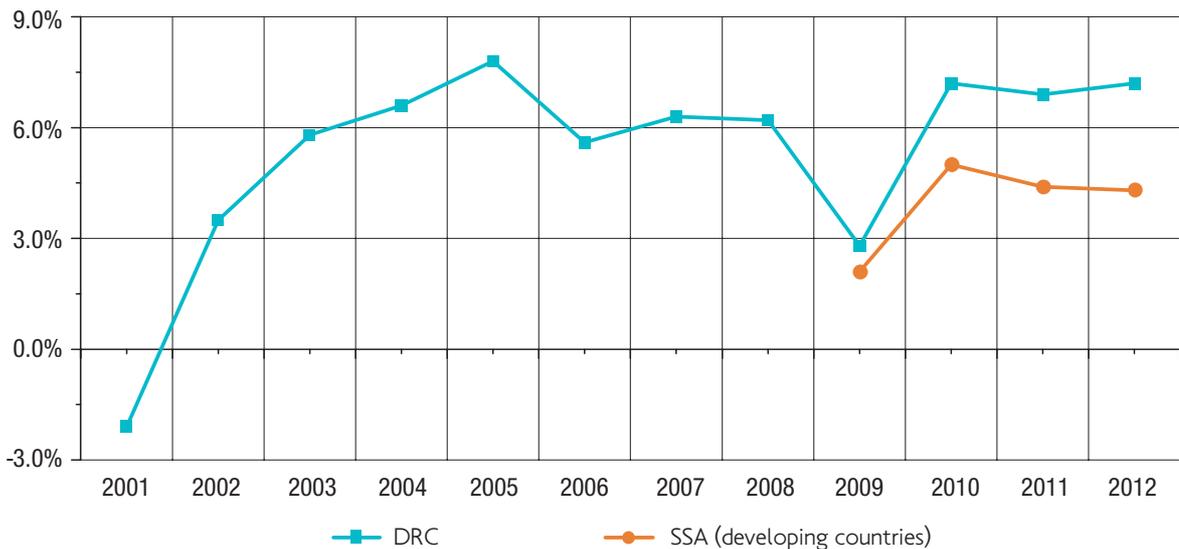
## NATIONAL CONTEXT AND HEALTH CHALLENGES

### 1.1 Political changes and economic development

After more than three decades of autocratic rule and more than a decade of social unrest and armed conflict, the Democratic Republic of the Congo (DRC) adopted a Constitution that enshrined a highly decentralized state. Democratic general elections were held for the first time in 2006 and again in 2011. Parliaments and governments were established in each of the 11 provinces and at the national level.

These political changes came at a time of considerable progress in terms of economic growth and macro-economic stability. Between 2008 and 2012, gross domestic product (GDP) grew at an average rate of 6.1% per year (Fig. 1). Inflation fell to less than 10% in 2010 and stood at 2.7% at the end of 2012. After the global economic crisis of 2009, the DRC achieved growth rates that were consistently higher than the average for sub-Saharan Africa. Investments in the extractive industries and the effects of dynamic growth in agriculture, construction and trade resulted in economic growth of 7.2% in 2010 and again in 2012. Structural reforms that enabled the country to attract more foreign capital contributed to a new dynamism in the Congolese economy. The cancellation of 90% of the external debt in 2010 as part of the Heavily Indebted Poor Countries initiative expanded fiscal space and gave the State more means to carry out its policy of reconstruction.

**Fig. 1. Annual growth of gross domestic product, 2001–2012**

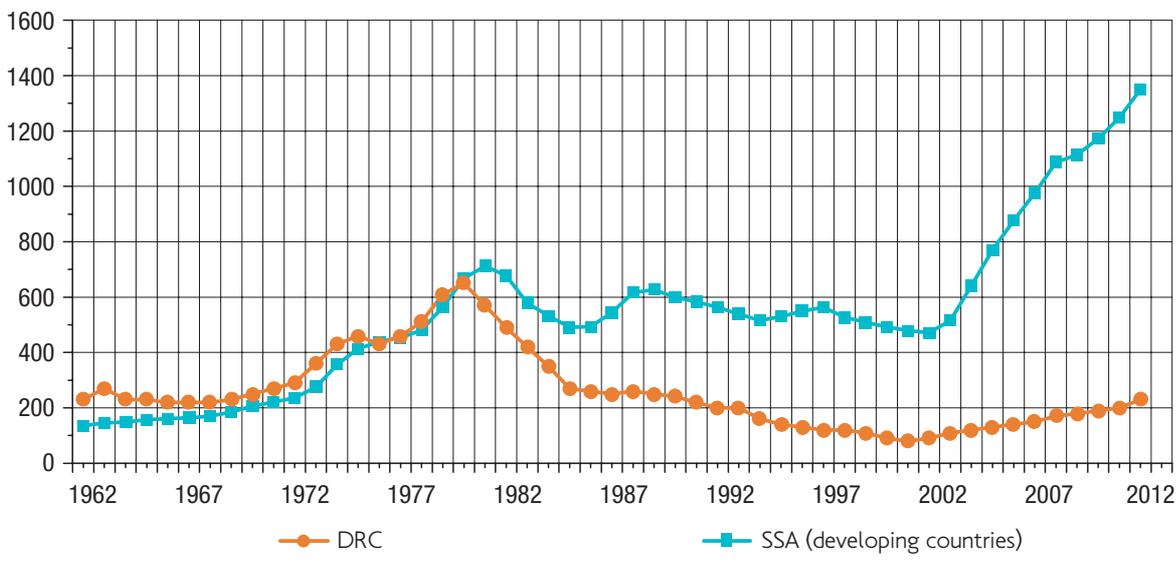


DRC: Democratic Republic of the Congo; SSA: sub-Saharan Africa.

Source: World Bank. GDP growth (annual %) 2015, <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG/>.

Despite positive growth, however, gross national income (GNI) per capita has remained low compared with the average in sub-Saharan Africa (Fig. 2). The lowest levels of US\$ 80–90 were recorded between 2000 and 2002 during the time of armed conflict. Since then there has been a gradual recovery, although poverty remains pervasive.

**Fig. 2. Per capita gross national income in current US\$, 1962–2012**

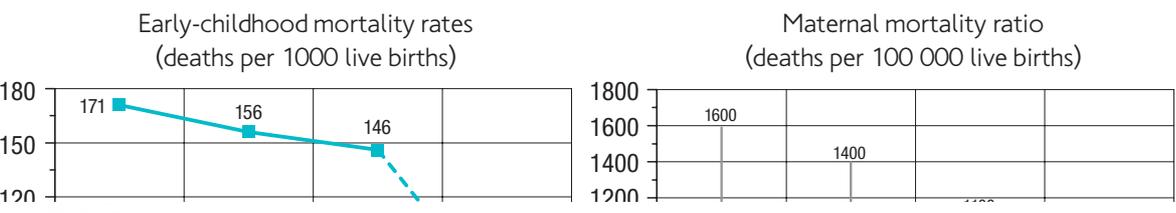


DRC: Democratic Republic of the Congo; SSA: sub-Saharan Africa.  
 Source: World Bank. GNI per capita, Atlas method (current US\$), <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD>.

**1.2 Health status and organization of the health sector**

The health status of the population is alarming. The seven principal causes of disability-adjusted life years (DALY) lost are malaria, diarrhoeal diseases, protein-energy malnutrition, lower respiratory tract infections, HIV, preterm birth complications and tuberculosis. Non-communicable diseases associated with epidemiological transitions account for 21% of the national burden of disease, although this proportion is rising (1). Mental health and the consequences of violence are major public health challenges. Maternal and child health indicators have shown signs of improvement since the beginning of the century (Fig. 3), albeit at an insufficient rate to attain the targets of the Millennium Development Goals (MDG).

**Fig. 3. Progress in maternal and child health indicators**



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