

# Healthcare in the democratic republic of congo



As of Democratic Republic of Congo had a total population was 78, 000.

Gross national income per capita (PPP international \$, 2013) was 680. Life expectancy at birth m/f (years, 2016) 59/62 Probability of dying under five (per 1 000 live births, 0) was not available. Probability of dying between 15 and 60 years' m/f (per 1 000 populations, 2016) was 281/232. Total expenditure on health per capita (Intl \$, 2014) was 32. Total expenditure on health as % of GDP (2014) was 4. 3 (WHO, 2016)

Democratic republic of Congo is well-known for its ununiform transitioning and progress in health system. It has been going up and down during the three decades beginning from 1990s is recorded. This is due to the wars which were experienced in 90s which let to then political as well as economic decline hence negatively impacting the health system. Health care facilities and providers often run out due to insufficient supply (Usaid, 2018).

Currently, only 70 percent of Congolese have little or no access to health care. This situation put many Congo citizens in danger health and injury.

After peaceful and power sharing agreement was reached DRC made some progress in major sectors such as health and economy only to be watered down by failures of Current president who is relinquish power which let to reformation of the rebel group who are killing, raping women and girls, and have blocked many roads and therefore restricting transportation of goods and services. 2007- 2013 have been years of dramatic improvements especially in the health sector. Children`s mortality under 5 decreased drastically from 148 to 104 per 1, 000 live births (Usaid, 2018). In overall, 45 percent of children between 12 to 23 months were able to receive all recommended vaccines, up from 31 percent in 2007 (Usaid, 2018). More

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importantly, DRC is one of the countries which have succeeded in eradicating polio. The country is now commemorating 3 years of polio free citizens. This is a great achievement given the challenges following its massive geographical size and poor infrastructure for delivering and administering medical services (Usaid, 2018).

Democratic Republic of Congo is still lacking behind in health care sector. In many or all countries health care is a universal human right which every citizen both gender, age, and race can access to. However, to acquire the best quality of health care depends on factors such as socio-economy, security, culture, and politics. DRC was considered one of the most advancing African nation especially in health care sector during the 1970s and 1980s. Now the picture of DRC is very different as compared to those years (Emmanuel, 2016)

Some of the factors hindering access to health care services are as follows. First, the poor transportation network. Many quality medical centers are in the urban areas. A larger population live in rural area where one must travel for many miles/kilometers to get services. Roads are in poor conditions and in addition to insufficient ambulance which connect urban to rural areas and vice versa. This problem alone contributes to 70% reported death before they reached the hospitals which otherwise could have been prevented (Emmanuel, 2016).

Secondly, the cost of treatment and poverty. Approximately 80% of the Congolese are unemployed. This is a country whereby 2/3 of the population live on less than a dollar (Guardian, 2018). Families have less to give.

Children need education, food is required, clothing's are necessary among many household basic needs. Its only by grace that many families stay health. Otherwise there is no emergency funds allocate.

The country very large and travelling from one place to another is tiresome and expensive. Paved roads are only common in urban areas and this means that people from rural area have find alternatives such as hiring motorcycle or a taxi. This although favor those who have sufficient funds. The remaining options for the rest is to delay the travel until with the hope of getting better which don` t go well often. Others seek home remedies inform of traditional treatments. Guardian, 2016). Hospitals that are in poor areas charge more as compared to those in urban setting.

#### Health insurance and History

There are several health insurance programs functioning in Zaire/DRC, mostly managed by non-profit or private organizations.

The Congolese health insurance began to be effective after they gained independence. Only 10% of the population had access to health insurance by the end of 1970s. This shows that enrolment had been low since then which is still witnessed even today(Insurance, 1990) Some of the services focused on were Curative and antenatal care which happen by establishing various networks of health centers and hospitals. Each of these networks were centered around a reference hospital and often managed by a church (Insurance, 1990)

One of the most common HEALTH CARE SYSTEM is the user fee whereby patients are charged per episode of illness. No additional fees are charged for follow up consultations (Insurance, 1990). These services are more common in Kasongo and Kindu which are two of the main health zones in Kivu region (Insurance, 1990).

Currently, several zones are following the footsteps of Kivu region. Many other DRC zones have/are initiating prepayment methods with their health cards. Citizens especially the area residents are now free to buy the health card at a lower price although with a fixed number of visits. This a good deal because it encourages many people to enroll and an opportunity for farmers to purchase when they have money on their hands. The government on the other hand has passed a law mandating employer to pay for their employees (Prime, 2018)

The problem with user fee is that it does not cover fossilization. This indicates that many Congolese are likely to face the consequences of high impatient care if illness or outbreak occur wich require hospitalization. The pressure is that patients will have limited options which might not be solutions. Some will choose to Avoid seeking care at all, Others will obtain care with a huge portion of their annually income or sell all their possessions especially households giving the factors constant that many Congolese are chained with poverty then these are the expectations. The rest will optain care but eventually ending up not paying the hospital and its large bills, hence reasing the hospital`s for yearly debt (Prime, 2018)DRC reported 6 major outbreaks in 2018. These are measles, malaria, cholera, Ebola, measles, and diarrheal diseases. All these diseases are happening now.

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Diarrheal diseases are major causes of death DRC. As mentioned earlier, poverty is one of the main contributing factors of the spread of diarrheal infections. These are poor housing, dirty floors, lack of access to sufficient clean water or to sanitary disposal of fecal waster (NIH, 2006). The number of children`s death reported every year is high especially with the ongoing war between government and the rebel troops which is happening at the eastern part of DRC. CNN reported that the displaced people who flee to a safer region or neighboring country only escape physical war but only to face the wrath of merciless cholera and diarrheal diseases as they walk all day and night through the forests (CNN, 2008). As they camp, overcrowding is expected and therefore increasing the rate of diarrheal diseases. Most of these diseases are preventable and yet they are the leading cause among the young children worldwide especially in low and middle-income countries. Some of the recommended solutions are exclusive breastfeeding for 6 months then incorporate with complementary feeding as breastfeeding continues till the baby is two years old. Encouraging mothers to increase amount of their fluid intake detecting early signs of diarrhea and supply oral rehydration as early as possible (NIH, 2006).

Ebola is another outbreak which has been in the country since 1976. The disease is not much spread but it is deadly. The government of Congo through the ministry of Health has declared the outbreak in eleven health zones of North Kivu and Ituri province (CDC, 2018). A report from CDC shows that “ there is no FDA-approved or widely available vaccine or specific treatment for Ebola, and many people who get the disease die. Therefore, it is important to take steps to prevent Ebola” (CDC, 2018). The only way to

escape the jaws of Ebola are taking action to prevent the spread, paying attention to ones health during travel and for 21 days before exiting the country, and finally registering with U. S embassy to receive security updates and information about getting help incase of emergency (CDC, 2018).

On 5<sup>th</sup> July 2018, Africa News reported Measles is also reported that measles outbreak has claimed at least 30 people in the conflict zone of DRC. Again, this is Eastern part of country where war is ongoing. 1850 cases are confirmed closer to the border with Republic of Zambia (Africa News, 2018). The spread of disease is quick and is now at the neighboring provinces of including Lualaba and Haut- Lomami. Some of the main driving force is low coverage of vaccines and the massive movement of people escaping the fight and injustices by rebel such as rape cases as a tool of revenging defeat by the government armies (Africa News, 2018). Mass campaigns to educate the nation on the need of parents and caregivers to vaccinate their children is on progress (Path, 2016)

Malaria is also deadly in DRC, but it is less mentioned since it has been in the country for a while. The most vulnerable groups are Young, immune suppressed, old and pregnant women. It remains the major cause morbidity and mortality in DRC, approximately 40% of outpatient visits reported, 20 percent of deaths are among children under age of 5 years (PMI, 2018).

Governmental and Non-governmental organization including international communities have teamed up to fight malaria through distribution of treated mosquito nets and drugs distribution to treat people infected with malaria.

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Summary,

Democratic Republic of Congo is among the poorest countries in the world. The health infrastructure is on its way to collapsing. This is due to political instability, corruption, socio-economic, and vastness nature of the country. The Citizens generally are in desperate and need help both from the government, NGO`s and the international community. Millions of people have died due to diseases which otherwise could have been prevented.

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