News Release For immediate release

Ground Zero of the Malaria Crisis: Protecting populations in the Democratic Republic of Congo (DRC)

Kinshasa, September 18, 2008 – In 2008, the Democratic Republic of Congo (DRC) will undertake two large-scale activities in a move towards attaining national coverage with mosquito nets for malaria prevention. In the capital, Kinshasa - the third largest urban center in Africa – the National Malaria Control Programme (NMCP) under the guidance of the Congolese government, represented by the Unit for Project Coordination (UCoP) – will distribute two million long-lasting insecticide treated nets (LLIN) which will cover at least four million people at risk for malaria. In addition to this urban distribution, the Expanded Program on Immunization (EPI), in collaboration with the NMCP, will undertake an integrated vaccination and malaria campaign in Equateur province with the objective of protecting more than 1.5 million children from the ravages of measles, poliomyelitis, vitamin A deficiency, intestinal worms and malaria. Close to 1.5 million LLINs will be distributed during the weeklong campaign.

Malaria is the leading cause of morbidity and mortality in DRC. Even within Africa - which has the largest population at high risk of malaria - DRC's population of 69 million people is among the hardest hit. Estimates indicate that 97% of the population live in areas where malaria endemic and transmitted throughout the year while the remaining 3%, those living in the mountainous regions in the East of the country, are exposed to malaria epidemics. High transmissions rates throughout DRC results in approximately 180,000 deaths per year, according to a 2005 World Bank financed study entitled *Santé et Pauvreté en République Démocratique du Congo.* These data are supported by another study conducted in 2007 by the Congolese School of Public Health which shows malaria as the leading cause of death and illness among children in DRC. This study cites malaria as the reason for 42% of clinic consultations and 39% of hospital deaths in children under five. Given the challenges of accessing health care in the country, these numbers likely underestimate the real burden of malaria.

DRC is one of the world's most difficult places to deliver health care. Two decades of civil war (and continuing violence in the East) have decimated the health infrastructure, weakened the economy, and generally set back overall development of the country. This includes the government's ability to deliver social services such as much needed health care interventions.

And yet, despite daunting structural and logistical challenges, DRC's Ministry of Health (MOH) is making enormous strides in the fight against malaria. Beginning in September, the country will embark on the first of two massive LLIN distributions: one in the capital Kinshasa and another, in November, in the northwestern province of Equateur. These campaigns are part of on-going efforts aimed at achieving DRC's goal of universal coverage of its entire population at risk with LLINs. LLINs will travel along the Congo River into the heart of the country, moved by trucks, bicycles, canoes and sheer human effort for distribution via health centers and community outposts in remote communities.

These extraordinary efforts by DRC's government are supported by a growing list of donors and partners including: the British government's Department for International Development (DfID) who are contributing 560,000 LLINs and funding, the Center for Integrated Development Bwamanda and the Ubangi and Mongala Community of Churches who have assisted in organizing LLIN transport and warehousing in in Equateur, Population Services International (PSI) who are distributing 2 million LLINs in Kinshasa, creating the communication campaign to promote the correct use of LLIN, and providing logistics support for the Equateur campaign, Red Cross who has provided logistics training and support of volunteers to raise awareness about the campaign and help distribute LLINs, UNICEF who providing logistics support and financing, United Nations Office for Project Services (UNOPS) who handled the competitive bidding process for the distribution of 2 million LLIN in Kinshasa, United States Agency for International Development (USAID) who are supporting communications, World Bank who are providing the funding for the Kinshasa campaign, LLINs and funding for Equateur, and the World Health Organization (WHO) who are providing technical support.

Alliance for Malaria Prevention: ***Expanding the ownership and use of mosquito nets***

Local and international partners are coming together under the **Alliance for Malaria Prevention (AMP),** a subgroup of the **Roll Back Malaria** Partnership, to support Ministries of Health to deliver LLINs to vulnerable groups via mass delivery in conjunction with other child survival campaigns. These include vaccination campaigns for measles or polio, Vitamin A supplementation, de-worming, and bi-annual mother child health weeks.

Over the past years, DRC has demonstrated that under the leadership and direction of the MOH – particularly the NMCP and EPI- and through harmonized collaboration among various partners, integrated campaigns to provide lifesaving health inputs can be successfully implemented in complex, challenging environments. To date, these collaborative efforts have been aimed at the most vulnerable populations – children and pregnant women – who are most susceptible to malaria and other easily preventable diseases.

The DRC has as a national goal the coverage of its entire population at risk with LLINs and has already undertaken two campaigns, Bas Congo in 2006 and Sud Kivu in 2007, with those scheduled for 2008 representing the most ambitious efforts. In the years to come, building on these experiences, taking into account international best practices and leveraging national and international resources, the MOH aims to have mass distributions of LLINs covering 3 to 4 provinces every year. Where feasible, the LLIN distributions will be combined with other health interventions, as experience has shown that the distribution of free LLIN provides an incentive to remote populations to participate in vaccination campaigns and enables partners to share fixed costs. This is the rationale behind the Equateur campaign, which includes measles and polio vaccination, vitamin A supplementation, and treatment for intestinal worms.

Considerable local and international planning has already been done to cover the remaining seven provinces of the DRC, and only the resources to buy LLINs and effect further recruitment and training of human resources are hindering DRC's substantial forward push in the battle against malaria.

The Alliance for Malaria Prevention (AMP), a subgroup of the Roll Back Malaria Partnership, which includes more than 20 partners, including government, business, faith-based and humanitarian organizations is supporting DRC's commitment to improve the health of children and their mothers as well as attaining Millennium Development Goal Six and the 2010 Roll Back Malaria targets.

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