

Report from Community and Country Level Consultations on GMAP2 “Action and Investment to defeat Malaria (AIM)” in the Democratic Republic of Congo

Prepared for

Roll Back Malaria Partnership

Swiss TPH 

Submitted by:
Swiss Tropical and Public Health Institute

Deloitte. Consulting LLP

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Abbreviations

ACT	Artemisinin-based Combination Therapy
AIM	Action and Investment to defeat Malaria
CDC	Centers for Disease Control and Prevention
DFID	Department for International Development
DRC	Democratic Republic of Congo
FOLCOP	Fonds national de lutte contre le paludisme
GMAP	Global Malaria Action Plan
ITN	Insecticide Treated Nets
LLIN	Long Lasting Insecticide Treated Nets
MCH	Mother and Child Health
MoH	Ministry of Health
PMI	President's Malaria Initiative
RBM	Roll Back Malaria Partnership
Swiss TPH	Swiss Tropical and Public Health Institute
TB	Tuberculosis

1. Introduction

The consultation in the Democratic Republic of Congo was convened and organized by the local office of the Swiss Tropical and Public Health Institute.

The country consultation was facilitated by Dr Nicolaus Lorenz, of the SwissTPH/Deloitte AIM Consultants' Team assisted by Dr Didier Kalemwa and Dr Jean-Emmanuel Julo-Reminiac from the local Swiss TPH office. Dr Victor Makwenge, Chairperson of the RBM Partnership provided input in a formal one-day national consultation meeting in Kinshasa at the Maison de la France, a conference centre. The meeting brought together 23 representatives of different stakeholder groups participated in this meeting. Details of participants are in annexe 2.

Two communities (one rural, one urban) in the Kinshasa province were visited. In total 42 community members participated in these discussions. Details of the community engagement visits, as well as the points discussed at the national level are in the annexe 3.

1.2 Malaria Situation in DRC

The national Malaria plan and the PMI supported operational plan 2014 have provided the basis for this text.

Malaria is a major public health problem in the DR Congo, accounting for up to 40% of outpatient visits by children and 19% of the overall mortality deaths in children under five. Furthermore DRC accounts for 11% of all the malaria cases in Africa, coming second to Nigeria.

Twenty-three million people are at risk of contracting malaria in the DRC.

External support is substantial. The DRC has received around 130 million US\$ from the World Bank in the context of its Malaria Booster Programme. DFID is about to support DRC with a substantial programme with a volume of 275 US\$ million integrated health project with a malaria component. The Global Fund provides also substantial support.

The National Malaria Strategy is based on standard approaches. ITNs are distributed through mass campaigns, routine distribution in antenatal clinics and commercial sales of full-cost nets. Prevention of malaria in pregnancy, malaria case management and strengthening of pharmaceutical supply chain management and Behaviour Change and Communication are further elements of DRC's response to fight malaria.

The overall health system performance and in particular human resource capacity both in quantity and quality are in dire need for being strengthened.

1.3 Community Consultation Overview

The engagement visits to two communities took on place on 10 and 11 July, for logistical reasons after the consultations at national level.

Menkao, is a rural community of the commune of Maluku, around 55 km northeast of Kinshasa airport. It has five different communities with a total of around 15'000. Most of the inhabitants are farmers. Main crop is manioc, corn, sweet potatoes, beans and peanuts. There is some small scale charcoal production and *chikwangu* (treated manioc paste in banana leaves) for the Kinshasa market. A mixed group of 19 adults (11 female, 8 male) was interviewed following the questionnaire in the annexe. Community members are mostly farmers, but there are also a few small shop keepers. Additionally a group 10 health staff (7 fully employed, 3 on volunteers/7 male, 3 female) was interviewed on the health situation and general living conditions.

Kintambo is a municipality (commune) in the Lukunga district of Kinshasa. It is situated in the northwest of the city of Kinshasa. It has a population of around 115'000 inhabitants. The commune does not have basic infrastructure like a market, and is not an entry point for goods from the rural zones. However, it has a good health infrastructure with a reference hospital and 8 health centres.

There is no industry in the commune and apart from civil servants most people gain their living in the informal sector. A mixed group of 23 adults (11 female, 12 male) was interviewed following the questionnaire in the annexe.

1.3.1 Community Consultation Objectives

The main objectives of the community level consultation were to:

- Gain a first-hand understanding of community level priorities
- Better understand the impact of poverty and disease in the context of household vulnerabilities and learn more about family coping strategies
- Create a shared understanding of the contribution of community development workers to basic service provision, including in the fight against malaria
- Find ways to support community development workers to play their role more effectively
- Use malaria as an entry point to gain insights on ways to strengthen governance and accountability for the consequences of non-availability of services
- Enable community level stakeholders to set the agenda for the next iteration of the Global Malaria Action Plan

1.3.2 Summary of key themes emerging from the discussions and implications for AIM

Community priorities and how malaria features. Two communities, one rural, one urban were visited. The community members, community development workers and front line health workers at village level described the following major concerns.

In the rural community water and absence of infrastructure, but also health problems in particular malaria are mentioned as prime concerns.

In the urban community, also the absence of infrastructure, in particular the absence of a central market and the opportunities linked to it are mentioned. Housing in terms of size and affordability is a prime concern. Unemployment is rampant and numerous participants make their living in the informal sector. Health is not mentioned as a prime concern.

„In the health facilities or pharmacies you do not get any credit. If you do not have the money you do not get any treatment or drug“

Male Community Member

When asked about the burden of disease, malaria figures at the top of health problems. Respiratory diseases, gastrointestinal problems are common. In the urban community also HIV and tuberculosis are also of concern of the population.

Geographical access to health care is not a major issue, both in the rural as well as in the urban areas. However, financial access is a major obstacle, which makes it for many community members difficult to obtain treatment at an affordable price. Although there are exemption schemes in place for children and pregnant women, drugs are often not available at health facilities and patients get a prescription. The cost of such a prescription can go up to 30'000 CDF (around 60 US\$). For this reason many try self-medication, which can cost anything between 7'000 and 15'000 CDF (14 US\$ - 30 US\$)

Bed nets are available in both communities and seem to be well used.

- **Implications for AIM:** Communities have difficulties to meet the direct and indirect costs. Self-medication is rampant. The pricing of malaria “test, treat track” needs to be looked at carefully and innovative subsidy policies need to be identified. .

2. Overview of the Consultative Meetings at national and regional level

2.1 Objectives of the consultative meetings

The main objectives of all consultative meetings were to:

- Enable country stakeholders to help set the agenda for the next iteration of the Global Malaria Action Plan “Action and Investment to defeat Malaria (AIM)”
- Help to better position malaria within the country’s broader development context
- Learn how other programs have successfully engaged communities e.g. polio, HIV/AIDS, TB, MCH etc.
- Create a shared understanding of the current status of the country’s response to malaria
- Identify high priority actions for progress towards control/elimination goals
- Sensitize country stakeholders for the future implementation of AIM
- Network, build relationships, and identify new opportunities for partnership

2.2 Key national opportunities and challenges prioritized for discussion

A group of various stakeholders Dr. Victor Makwenge introduced the RBM-Partnership and the objectives of the AIM. For logistical reasons it was not possible to organize the community engagement visits prior to the national consultation. However, it was possible to hear the communities voice through the intermediary of a representative of the association of people living with HIV, who made a plenary presentation.

The methodology followed then the approach of the country consultation. First a consensus was build to identify key issues in further advancing the fight against malaria. An animated discussion led to the following points: Strengthened Community Involvement, Promotion of the multi-sectorial approach, mobilising (domestic) resources and last but not least addressing persisting bottlenecks in reducing malaria in DRC.

2.3 Summary of key points emerging from the consultative meetings

It would be good to have a sound business case: The notion of “return on investment” is appreciated and a business case approach, which would highlight benefits of reducing/eliminating malaria would be welcome by national stakeholders in DRC. Noteworthy that Civil Society were in favour of this approach.

Common bottlenecks of implementation: Insufficient domestic funding is a major problem in DRC – in spite of the richness of the country in natural resources. Governance aspects need to be taken up, because they are seemingly a bottle neck for a smooth implementation of the national malaria programme.

The health system of DRC is weak and faces numerous challenges: The public health systems faces many challenges. For example staff is missing both in quantity and quality to face the multiple challenges of the health system.

Putting people at the centre: The need to do this is recognized and there are ideas on how to

“Four out of eleven of our staff are volunteers. We need them to cope with the workload”

Health worker at Menkao Health Centre

better reach out to the population.

Good Governance: ...in the health sector is an issue in DRC as in many other countries, and not surprisingly there are calls to reduce and fight the rampant corruption.

Promotion of multi-sectorial action: Public Private Partnerships are a challenge as there is no framework and a lack of consensus on how to address this issue. So far government has not been very active in promoting such collaborations.

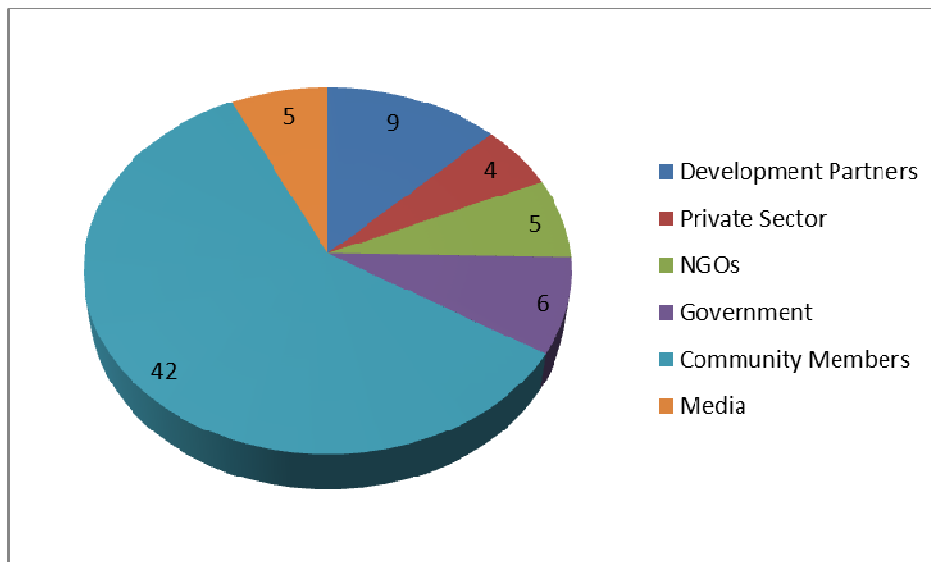
Lessons from other programmes in DRC: The Global Fund approach with a fiduciary agent is considered as an efficient approach to improve governance. There are also positive examples with promoting the “Champion communities”-approach, which has been used in the context of HIV/AIDS prevention, and where very often Malaria was identified as a key health problem in communities.

There is an interesting example of an initiative of a national fund (Fonds national de lutte contre le paludisme = FOLCOP), which has the idea that each Congolese should donate one US\$ for reducing malaria. It is expected that this will generate a fund of up to 120 million US\$. The administration will be done by Caritas Congo, a credible faith based NGO in the DRC.

- **Implications for AIM:** Weak health systems are a major bottleneck for achieving substantial progress in reducing/eliminating malaria. AIM should take up this aspect without making it a prerequisite to achieve any progress.

3 Assessment of the success of the consultative process

The country consultation was successful in bringing together a comparatively balanced group of the different constituencies. Community members represent 59% of the people who were involved in the country consultation.



There was no formal evaluation of the country consultation, but numerous participants expressed their satisfaction with the participatory approach.

4 Conclusion and Recommendations

The consultation went very well, thanks to the excellent local preparation and organization. It paid off to go for a non-governmental convener.

It was possible to reach out to more than 60 individuals, more than half from the community level. The community engagement was positive, although it was not possible to reach out to conflict areas in the East of DRC, or the mining sites, which would have allowed address in detail the conflict, or the private sector engagement in addressing malaria.

The national event of the consultation received quite some media attention. Three online media took the event up and reported extensively on malaria in DRC and the AIM. Details are in annexe 4. There was also one TV-presentation, where the consultant could give an interview, covering also general issue related to malaria and the AIM.

The report of the consultation is in English, but a French version will be also posted on the AIM – website.

Annexe 1

Community Engagement visits in Menkao, a rural community around 75 km outside metropolitan Kinshasa and Kintambo, a urban district in the outskirts of Kinshasa on 10 and 11 July 2014

1. What are the most pressing concerns/priority issues in this village?
 - a) **Menkao, rural community:** The area is mountainous, and most of the community live on the hilltops. Water is the most burning issue, electricity and general infrastructure come in second and third place. The difficult socio-economic situation is also mentioned, although most of the participants are on subsistence farming. Schooling is accessible, there are faith based institutions, which help the social network. Health is not mentioned as a specific problem, a functional Health Centre is – geographically – close by, although financial accessibility seems to be a common problem, as outlined further down. In terms of health problems, malaria is considered to be a major problem. Typhoid fever and other gastrointestinal problems are mentioned as well.
 - b) **Kintambo, urban community:** There is a general infrastructure problem, in particular there is no market, which increases cost of living; housing is a major point of concern, as most participants have to rent, which is for most participants the most costly budget item; unemployment is rampant. Health problems are not specifically mentioned. Geographical access to health facilities is good, although financial access is a point of concern.
2. What are the implications of the mentioned problems for families (probes: costs in social and economic terms etc). How do households try and cope with the problems?
 - a) **Menkao, rural community:** There are no deep borehole wells in the community but only hand dug wells. Electricity (to charge mobile phones!) is available at some shops and on the market. At household level there is not much room for manoeuvre. The faith based institutions sometimes provide support for acute cases, mostly for poor people – and members of the respective religious community. There is no credit system at the health facility. Some civil servants, and or private sector employees have schemes in place, which provide them with free access to health care.
 - b) **Kintambo, urban community:** Basically everybody has to fight for ones own survival. There is a strong informal sector and petty business, which allows people to survive. A taxi man says that he can make up to 150 US\$ per month, the salary of an average civil servant is in the dimension of 80 US\$/month.
3. How much of a concern is malaria for families in this village?
 - a) **Menkao, rural community:** As mentioned above, malaria is considered to be a major problem. It is well understood that malaria is serious health threat for children, and has been the cause

of death for newborns in the community. However, the impact on adults is also well known. Participants estimate that they lose up to four weeks of productive work during the harvest season. Also the cost of treatment is a heavy burden. Estimations vary from around 9 US\$ to up to 30US\$. Long lasting impregnated Mosquito nets were distributed some eight months ago.

- b) Kintambo, urban community:** Malaria is considered as a major health problem. People also say that they are on average 3-4 weeks sick of febrile disease, sometimes confirmed in a health facility but most often not. For financial reasons people often go for self-medication as treatment costs in a public or private health facility are considered to be too expensive. Figures of up to 65 US\$ in a private facility and up to 25US\$ in a public facility were mentioned, consisting of registration, diagnostic and treatment fees. Self-medication would cost around 10US\$.
4. What actions are ongoing at community level to provide basic services, build a safety net to stop households falling further into poverty and to fight malaria?
- a) **Menkao, rural community:** There is a development committee, which tries to address issues like water and electricity – without much success so far. There is also an association of motor cycle transporters. (Mostly young men, who offer transport to the neighbouring cities). Caritas supports a farmer association, which focus on providing seeds and in general improving agricultural techniques.
- b) **Kintambo, urban community:** There is some community development activity, which interacts with the municipality administration.
5. Which other people or organizations support you in this work? If so, how and how could they support you more effectively?
- a) **Menkao, rural community:** Apart from some – limited support activities, concerning mainly schooling of faith based organizations, there is no activity going on in the community.
- b) **Kintambo, urban community:** There is a community development committee, which is focussing on cleanliness, seemingly quite successful as community members claim that Kintambo is the cleanest district in Kinshasa!
6. If someone here falls sick what are the possibilities to get help quickly? (probes: explore options e.g. community health workers, local drug shop or pharmacy, public health centre, private facility, traditional healer etc).
- a) **Menkao, rural community:** because of the high cost of consulting the governmental health facility most people would try self-medication in the first place. Drugs are readily available on

the market or privately owned pharmacies. If somebody is seriously sick and needs hospital care, the family of the patient has to cover the cost.

- b) **Kintambo, urban community:** Health facilities are geographically accessible, however financial accessibility is a major issue of concern, and people often use self-medication. There is no security net what so ever, and either a family is able to mobilise resources to pay for diagnostics or treatment, or nothing will happen.

7. What needs to happen to increase access to basic services in this village?

- a) **Menkao, rural community:** There should be an improved water and electricity system. Improved health services, in particular improved financially accessible health services are not mentioned.
- b) **Kintambo, urban community:** Participants focus on economic development, such as creating a market, or providing at least parking facilities for lorries which would facilitate the exchange with rural areas.

8. What role do you expect your local politicians and village leaders to play? What further steps could you take as a community? What would need to happen to be able to take those steps?

- a) **Menkao, rural community:** The politicians representing the community do not even live in the community. Before the elections they show up, make promises, which they do not keep.
- b) **Kintambo, urban community:** Participants have little expectation from their political leaders. Allegedly these do not know the community and live in other areas of Kinshasa. There is some trust in the district administration, which is dealing with some aspects of community life.

9. Are you consulted by ward/district managers when they undertake their planning for e.g. community development, health etc.? How extensively are community representatives involved in the governance of nearby health facilities, schools and other public institutions?

- a) **Menkao, rural community:** There is little to no involvement in decision making. Seemingly communities are not consulted for issues which are relevant for them.
- b) **Kintambo, urban community:** There is a community development committee, which interacts with the district administration.

10. Do you think sufficient resources are allocated to tackling community concerns? Where would you like to see more 'investment' (of attention, funds and other resources)?

- a) **Menkao, rural community:** The answer is clearly no, and the areas which would need more investment are mentioned above. .

- b) **Kintambo, urban community:** The answer is clearly no, and the areas and ideas for a better investments are mentioned above.
11. Do you have any lessons learned on any aspects discussed (positive or negative) that could be shared with other villages or communities?
- a) **Menkao, rural community:** No
- b) **Kintambo, urban community:** The joint effort between community and the district administration to make Kintambo a cleaner place is considered as a success story.

Discussions with staff from **Menkao health centre:**

The interview with health workers confirmed most of the statements of the community members. The health centre serves a population of 15'000. However there are a number of private, faith based and profit oriented facilities and pharmacies in the community. There are no formal links to these private structures. Antimalarial drug supply is said to be stable, which makes it difficult to understand why community members claim costs related to treatment. Also rapid tests are available and are systematically used. Supervision takes places regularly and these visits are documented as the consultants could see in the respective log book. The facility looks well organized, although there is room for improvement in terms of cleanliness. Statistical data on malaria and other diseases is available and up to date.

Working conditions are difficult, and it is freely admitted that revenue from the patients is vital to keep operations going at the health centre. The situation is complex, because a four out of the 11 staff is working on a volunteer basis and receive only irregular support from the revenue of the centre. Salary levels of staff are low (around 70'000 Congolese Francs/month ~ 70 US\$). A point of concern of staff is that it has to travel to Kinshasa (a 70km ride costing around 10 US\$!) to collect the monthly salary. Housing is not provided and has to be rented, compared to Kinshasa at comparatively modest rates.

Annexe 2 Summary of the discussion at national level.

DEVELOPMENT PARTNERS

Community Participation

What investments should be made:

- Establish a community health approach for DRC
- Create community health posts
- Sensitize on environmental aspect related to mosquito breeding sites
- Promotion of taking care of patients
- Training of communities in malaria related questions

Innovation:

- Morbidity and mortality related to malaria needs to be made known
- Create ownership of communities to take care of prevention and treatment of malaria

Community Participation: Actions

How to mobilise communities:

- Create community health networks
- Facilitate improvements in interpersonal community actions
- Use traditional communication channels (Churches, community leaders, radio, etc.)
- Revive community organisations
- Create platforms for multi-sectorial discussions at community level.

Bottlenecks in the implementation

- Poor national contributions (MoH) to fighting malaria
- There is missing information :
 - Data problems (health statistics, epidemiological data)
- At the level of communities.
 - Insufficient human resources both in quantity and quality
 - Difficult financial access to care
 - Insufficiency /absence of clear treatment guidelines at all levels

Ongoing Activities

- Rehabilitation of sentinel sites
- Strengthened national support of national research
- Strengthening of the National Malaria Programme's coordination capacities
- Lobbying for increasing governmental contributions to the National Malaria
- Under- and postgraduate training of human resources

- Training on prevention and curative care, involving also the private sector
- Strengthening community capacities to react against epidemics
- DFID supported regions anti-malarial drugs are provided for free
- In some pilot areas supported by DFID community contributions are negotiated to improve access to quality care
- Lobby for a reduction of taxes and tariffs for anti-malarial drugs
- In the 116 medical zones supported by the Global Fund, drugs are free
- Health services are free in the areas where MSF intervenes
- Lobby with the MoH for free health services for vulnerable populations.

Actions to envisage:

Lobbying for:

- More involvement of the government
- Better coordination of the fight against malaria (develop a national framework)
- More resources for the fight against malaria
- Reduction of taxes on imported anti-malarial commodities
- Better communication with communities
- Better involvement of the private sector in fighting malaria

Success Story

- The abolishment of artemisinin monotherapy

Obstacles for multi-sectorial action

- There are no resources readily available
- There is no framework to promote multi-sectorial collaboration
- Weak involvement of the government in this field

Activities

- Support the private sector
- Strengthen national research
- Better involvement of the mass media
- Partners are ready to assist the government

Actions

- Put a framework/coordination platform in place which will facilitate interaction between the different constituencies at all levels
- Lobby for an increase of the national funding

CIVIL SOCIETY & PRIVATE SECTOR

Community participation

- Sensitize people on the possible negative effects of self-medication
- Sensitize people on the need for environmental hygiene
- Lobby for a law which would oblige private companies to contribute to a Public Health Fund

Multisectorial collaboration

- Lobby with public institutions for easier administrative procedures
- Show the importance of the return on investment for the private sector in the fight against malaria

Actions

Community participation

- Sensitize people on the risk of self-medication
- Sensitize people on the need to improve environmental hygiene, in particular sanitation.
- Make knowledge on how to address malaria widely known.
- Strengthen the capacities of community leaders to deal with the prevention of malaria
- Sensitize people on how they can actively contribute with their own resources to the fight against malaria

Multisectorial response

- Mobilise other stakeholders to engage them for a joint multi-sectorial action
- Involve other stakeholder in the fight against malaria
- Integrate malaria activities into other sectors

Bottlenecks

- Strengthen the capacities of private service providers in taking adequately care of malaria
- Lobby public institutions to facilitate the production and import of anti-malarial commodities of good quality
- Show the potential of ROI for the private sector for a stronger engagement of the private sector in fighting malaria.

Investments

- Fight corruption at all levels

- Lobby for increase of the governmental budget allocated to the health sector
- Justify/provide evidence for the correct utilisation of national resources allocated for the fight against malaria
- Lobby for a law, which would oblige national enterprises to contribute to national health fund

Success story

- The experience to have fiduciary agencies in the management of the Global Fund has been positive in the DRC

Immediate Actions which are possible with available resources

- Lobby for a reduction of taxes on and tariffs of ACT
- Promotion of private sector taking more responsibility in dealing with malaria
- Put Primary Health Care posts in place.
- Strengthen the capacities of the National Malaria Programme

Present investments

Nestle

- Create a joint value base: Water, Nutrition and rural development. For the time being there are no interventions from Nestle geared towards malaria, but there is a potential to do so.

Pharmacists' Association

- Still at an early stage the Pharmacists Association is getting engaged in the fight against fake anti-malarial drugs.

Private Pharmacist

- Provide good quality drugs and other commodities which conform with the national policies.

Whole sale import company for drugs

- Campaign to promote the utilisation of Rapid diagnostic tests
- Strengthen the collaboration with the National Malaria Programme

Union Congolaise des Organisations de Personnes Vivant avec le VIH

- For the time being no specific action focusing on malaria, however, the organisation provides general sensitisation efforts for communities about diseases like malaria
- Participates in the distribution of Long Lasting Impregnated Nets in mass campaigns

Femmes Plus

- « Communautés Championnes » - approach used to identify community problems, used in the context of HIV-sensitization, it has often revealed Malaria to be a priority problem

Caritas Congo

- Mobilisation of in-country resources to fight malaria
- Coordination and support of the local organisation « FOLCOP », which aims at collecting at national level financial resources for fighting malaria.

ACTIONS

- Sensitize people for the dangers of self-medication
- Sensitize people for addressing environmental issues which favour malaria
- Promote a comprehensive response to malaria
- Strengthen the capacities of community leaders in promoting preventive measures against malaria
- Sensitize communities on what individual contributions can do about fighting malaria

Multisectorial collaboration

OBSTACLES	ACTIONS
<ul style="list-style-type: none"> • Perceived reduced importance of malaria in the health sector 	<ul style="list-style-type: none"> • Lobby for a multisectorial action
	<ul style="list-style-type: none"> • Involve all concerned constituencies and sectors in the fight against malaria
	<ul style="list-style-type: none"> • Integrate activities aimed at reducing malaria in other sectors
<ul style="list-style-type: none"> • Weak involvement of the private sector : Pharmacies, whole sale dealers, import companies 	<ul style="list-style-type: none"> • Lobby with public institutions for easier administrative procedures (production and import of quality anti-malarial commodities)
	<ul style="list-style-type: none"> • Strengthen the capacities of private health care providers in the

	preventive and curative treatment of malaria
	<ul style="list-style-type: none"> • Show the private sector that there can be a positive return on investment with malaria actions.

Strengthen resource mobilisation

- Lobby for an increase of the national budget allocated for the health sector
- Lobby for a law, which would oblige private companies to contribute with a certain percentage of their profit to a public health fund
- Fight against corruption at all levels
- Make the use of national resources transparent

Public Sector

Ways to overcome persisting bottlenecks

- Strengthen data collection capacities
- Strengthen the surveillance system (allocate financial, material and human resources)
- Strengthen the use of data
- Plan inputs for an efficient response to malaria
- Share and make known the directives and norms of the Malaria Programme and make sure that these rules and regulations are well adhered to both in the public and private sector.
- Integrate private health care providers in the health care system

Community involvement

- Foster ownership of the fight against malaria
- Make communities responsible for certain aspects.
 - Weak organization of communities are often an obstacle
 - Weak capacities and knowledge are often an obstacle
 - Weak communication skills from governmental structures are often an obstacle

- Weak sensitization efforts due to a lack of material, weak motivation of staff, logistical problems and lack of numbers of qualified staff are often an obstacle

Strategies

- Coordination Social mobilisation, possibly create a social movement
- Building of community networks

Multisectorial Approaches

- Define a multi-sectorial framework under the leadership of the President's office
- Lobby with the government to find a common interest platform for all sectors

Actions: Community involvement

- Strengthen the coordination of social mobilisation
- Strengthen the communication capacities of community leaders
- Strengthen the capacities of community based organisations
- Identify and use all communication channels to reach the community
- Strengthen sensitization activities :
 - Provide Material
 - Motivation
 - Logistics
 - Staff
- Make Primary Health Care posts functional

Immediately possible actions

- Establish a multi-sectorial framework under the leadership of the Presidential Office
- Identify and use communication channels to reach out to communities
- Make community health posts functional

Obstacles

- Limited financial resources
- Difficult geographical access
- Cultural barriers

Expectations of AIM

- Provide idea on how to put a multi-sectorial framework in place.
- Provide elements on how to mobilise resources
- Lobby for a truly multi-sectorial collaboration in the fight against malaria

Success Stories

- Indoor spraying by Tenke Fungurume (Example of a multinational mining company assisting in indoor spraying of houses of its employees)
- Successful organisation of mass campaigns for the distribution of LLIN

Annexe 3

Participants' List along the different meetings and constituencies:

a) National meeting in the Maison de la France

Development Partners			
Dr	Victor	Makwenge-Kaput	RBM
Dr	Albert	Mudingayi	DFID
Dr	Filiberto	Hernandez	CDC / PMI
Dr	Marcel	Lama	ASF / PSI
Dr	Patie	Mashako	UNICEF
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Civil Society & Private Sector			
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Mr	Yvon	Cizubu	PHARMANS
Dr.	Faustin	Kabeya-Mukendi	Association des Pharmaciens d'officines/ PHARMACIE SANTEMETRE
Mme	Therese	Kabale-Omari	Fondation Femme Plus
Mr	Matthieu	Nkoy	Fondation Femme Plus
Dr	Blaise	Muderekeza	Caritas Congo
Dr	Otete	Frank	Nestlé Congo Sprl
Mme	Ange	Mavula	UCOP+ (Union Congolaise pour l'Organisation des Personnes avec VIH)
Mr	César	Mombunza	CONERELA+
Dr	Mascom	Tungunga	CNOP, Conseil National de l'Ordre des Pharmaciens
Public Sector			
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Dr	Georges	Muntenge	Zone de Santé de Kingasani
Dr	Michel	Ntambwe	Hôpital Général de référence de Kintambo
Prof	Joris	Losimba	PNLP
Dr	Hyacinthe	Kaseya	PNLP
Dr	Alain	Bokota	PNLP
Facilitators&Support			
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Dr	Jean-Emmanuel	Julo-Reminiac	Swiss TPH
Dr	Nicolaus	Lorenz	Swiss TPH
Mr	Célestin	Mwambi-Kamulete	Swiss TPH

b) Menkao community and health workers

Mr.	Davin	Zikutala-Kiese	Menkao Health Centre
Mr.	Jean	Mulele	Menkao Health Centre
Mr.	Achille	Makatukatu-BAT	Menkao Health Centre
Mme	Astrid	Kinagala	Menkao Health Centre
Mr.	NN	Biluta	Menkao Health Centre
Mr	Pelas	Pelami	Menkao Health Centre
Mr.	Mukuabanga	Kano	Menkao Health Centre
Mme	Vitaline	Lunwa	Menkao Health Centre
Mr.	Kipapa	Tatwiri	Menkao Health Centre
Mr.	Célestin	Ibana	Menkao Health Centre
Mr.	François	Mungamu	Community Member
Mr.	Norbert	Mukeni	Community Member
Mr.	Robi	Ngabudi-Banse	Community Member
Mr.	S.	Mulele-Ngalia	Community Member
Mr.	Tassin	Mulele	Community Member
Mme	Mbengi	Masiaza	Community Member
Mme	Mukaza	Bitoumba	Community Member
Mme		Kununginina	Community Member
Mr.	Madinga	Kakonda	Community Member
Mr.	Bienvenu	Bope	Community Member
Mr.	Thierry	Mukoko-Mbamu	Community Member
Mme	Fatu	Ayembe	Community Member
Mme	Alphonsine	Mayala	Community Member
Mr.	Minion	Luana	Community Member
Mme	Brigitte	Tabu	Community Member
Mme	Valentine	Muwawa	Community Member
Mme	Nda	Evody	Community Member
Mme	Stéphanie	Mota	Community Member
Mme	Rachel	Yaya	Community Member
Mme	Salawika	Matata	Community Member

c) Kintambo, community members.

Mr.	Bola	Tangeli	Central Bureau of Kintambo Health Zone
Mme	Paola	Mulumba	Community Member
Mr.	Mvuanda	Nkuba	Community Member
Mme	Lendo	Dede	Community Member
Mr.	Heritier	Kiala	Community Member
Mme	Mayeto	Wamoyo	Community Member
Mr.	Gladys	Malonga	Community Member
Mr.	Manix	Mande	Community Member
Mr.	Michel	Diatezua	Community Member
Mr.	Joseph	Mubuto	Community Member
Mme	Mamie	Pungu	Community Member
Mme	Micheline	Mbuaki	Community Member
Mr.	Ndangi	Ntoya	Community Member
Mr.	Jules	Ntembo	Community Member
Mr.	Blanchard	Watunda	Community Member
Mr.	Donat	Yembe	Community Member
Mme	Adèle	Mbuyi	Community Member
Mme	Clémentine	Nlandu	Community Member
Mme	Florence	Tola	Community Member
Mme		Nsimundele	Community Member
Mme	Sandra	Luzolo	Community Member
Mme	Joceline	Bwese	Community Member
Mr.	Bukaka	Mayakasa	Community Member
Mr.	François	Nkanga	Community Member

Annexe 4

Media Coverage

Radio Okapi – Jeudi 10 juillet 2014

RDC : le secteur invité à financer davantage la lutte contre le paludisme

<http://radiookapi.net/actualite/2014/07/10/rdc-le-secteur-prive-invite-financer-davantage-la-lutte-contre-le-paludisme/#more-185061>

Le Potentiel – Samedi 12 juillet 2014

Les experts réfléchissent sur l'élaboration du second Plan d'action mondial contre le paludisme

http://lepotentielonline.com/site2/index.php?option=com_content&view=article&id=9072:les-experts-reflechissent-sur-l-elaboration-du-second-plan-d-action-mondial-contre-le-paludisme&catid=88:sociale&Itemid=514

Le Phare – Lundi 14 juillet 2014

Elimination du paludisme : le deuxième plan d'action AIM en marche

www.lephareonline.net/elimination-du-paludisme-le-deuxieme-plan-daction-gmap2-en-marche