

Republic of the Congo (Congo-Brazzaville)

Republic of the Congo (population 2.99 million people) is a country in Western Africa, bordering the South Atlantic Ocean that covers an area of 342,000 square kilometres. Its boundaries border the countries of Gabon, Cameroon, Central African Republic, Democratic Republic of the Congo, and Angola. The capital of Republic of the Congo is Brazzaville.



According to the United Nations human development index (HDI), Republic of the Congo is ranked 144/177 countries worldwide (value 0.494)¹ and 15/45 African countries for which an index is available. This places Republic of the Congo in the group of countries with low human development.

PALLIATIVE CARE SERVICE PROVISION

Current services

There appears to be just one hospice-palliative care service operating in Congo-Brazzaville L' Association Congolese Accompagner (ACA).²

<i>Adult Services</i>								
	<i>Freestanding unit</i>	<i>Hospital unit</i>	<i>Hospital support team</i>		<i>Home care</i>	<i>Day care</i>	<i>Clinic/ Drop-in centre</i>	<i>Grand Total</i>
L' Association Congolese Accompagner (ACA), Brazzaville			1		1			2
Total services			1		1			2

L' Association Congolese Accompagner (ACA) was founded in 1996 by Soeur Eliane Julienne Boukaka, of the Congregation Occiliatrise. ACA cares for incurably ill persons, particularly those with AIDS and cancer and offers support in the hospital and in the home. About 50 persons are in the care of ACA on a given day.

Reimbursement and funding for services

ACA Funding is mainly derived from the 100 volunteers, who as members of the association give financial support each month. The service is free to patients at the point of delivery.

Opioid availability and consumption

Obtaining supplies of appropriate drugs is the biggest challenge faced by the service; these are either unavailable or too expensive. Some pain relieving drugs are sent from an association called Les Amis de Brazzaville, based in France. Small amounts of morphine are sometimes available.

No figures were published by the International Narcotics Control Board³ for the consumption of narcotic drugs in Congo (2002).

For the years 2000-2002, the average defined daily dose consumption of morphine for statistical purposes (S-DDD)⁴ in Republic of the Congo was 0. This compares with other African countries as follows: Swaziland 1; Egypt 2; Uganda 4; Zimbabwe 13; Namibia 73; South Africa 103. Twenty nine countries reported no morphine consumption during 2000-2002 (Table 1).

National and professional organisations

Palliative care coverage

ACA covers seven zones of the city of Brazzaville and is the only palliative care service in Congo.

Education and training

Palliative care workforce capacity

ACA has a compliment of about 10 doctors and nurses and is supported by 100 volunteers.

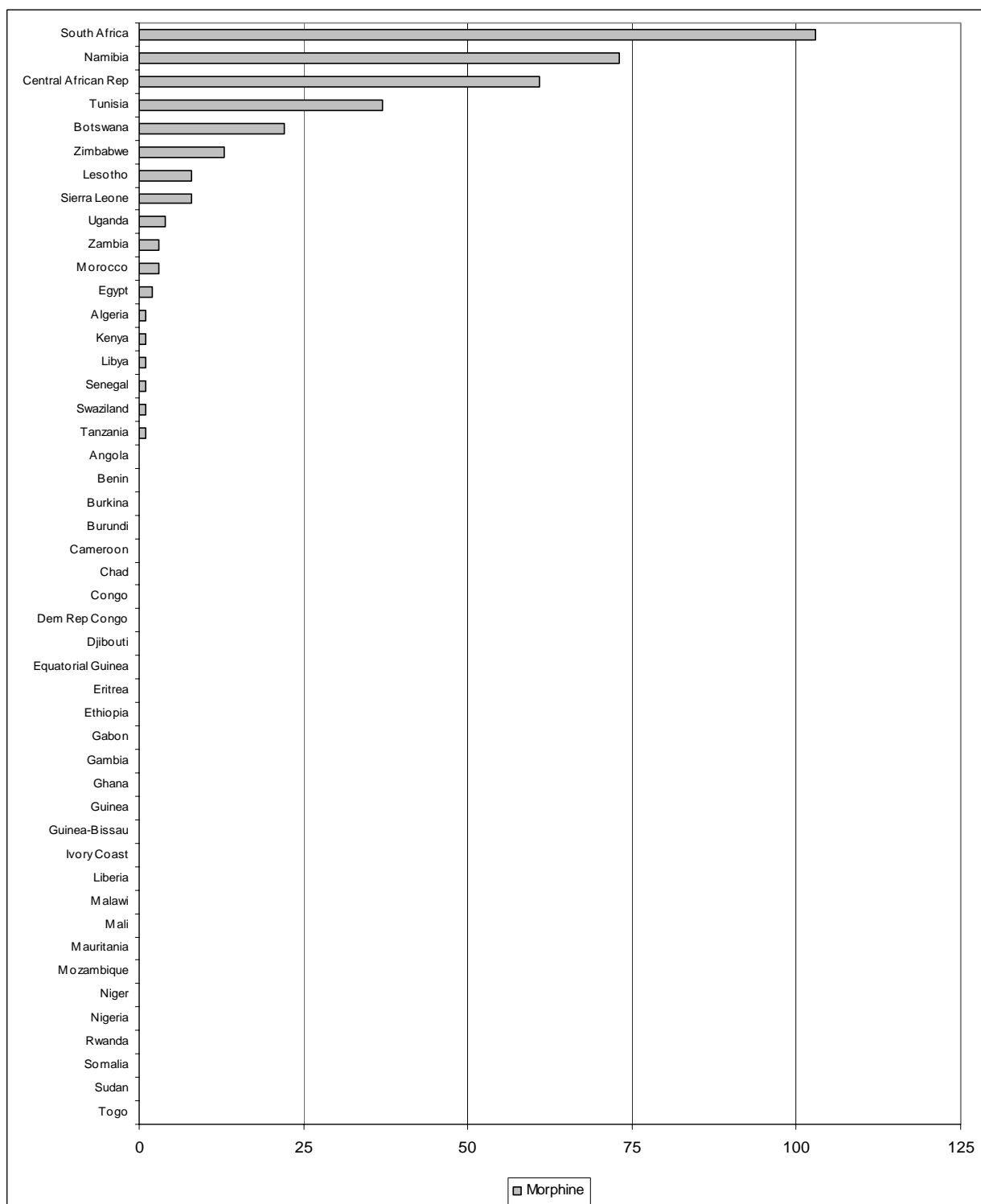
HISTORY AND DEVELOPMENT OF PALLIATIVE CARE

Narrative history of palliative care

Hospice success stories

The principle successes reported are the sense of appreciation shown by the patients who are cared for and the rapport that is established with them.

Table 1 Average daily consumption of defined daily doses (for statistical purposes) of morphine per million inhabitants, 2000-2002: countries of Africa



Source: International Narcotics Control Board *Narcotic Drugs: Estimated World Requirements for 2004. Statistics for 2002*. New York: United Nations, 2004.

Life/oral histories

PUBLIC HEALTH CONTEXT

Population

Republic of the Congo's population of around 2.99 million people is made up of the following ethnic groups: Kongo 48%, Sangha 20%, M'Bochi 12%, Teke 17%, Europeans and other 3%.

Religious groups include: Christian 50%, animist 48%, Muslim 2%.⁵

Epidemiology

In Republic of the Congo, the WHO World Health Report (2004) indicates an adult mortality⁶ rate per 1000 population of 474 for males and 410 for females. Life expectancy for males is 51.6; for females 54.5. Healthy life expectancy is 45.3 for males; 47.3 for females.⁷

HIV/AIDS is a huge burden for sub-Saharan Africa. Throughout the region in 2003, an estimated 23-27 million people were thought to be living with the disease which also caused up to 2.5 million deaths. This represents a huge loss and impacts significantly on health systems and social and family structures.

Republic of the Congo is a country in Western Africa that has been severely affected by the HIV/AIDS epidemic. Estimates suggest that in Republic of the Congo, between 39,000 and 200,000 people were living with HIV/AIDS at the end of 2003. In the same year, up to 20,000 adults and children are thought to have died from the disease (Table 3).

Table 3 Republic of the Congo: HIV and AIDS estimates, end 2003

Adult (15-49) HIV prevalence rate	4.9% (Range: 2.1%-11.0%)
Adults (15-49) living with HIV	80 000 (Range: 34 000-180 000)
Adults and children (0-49) living with HIV	90 000 (Range: 39 000-200 000)
Women (15-49) living with HIV	45 000 (Range: 19 000-100 000)
AIDS deaths (adults and children) in 2003	9700 (Range: 4900-20 000)

Source: 2004 Report on the global AIDS epidemic

UNAIDS reports:

The Republic of the Congo is a post-conflict country that has been engaged in consistent development since 2003. It is classified by the World Bank among the countries with the lowest income (Global Fund guidelines 2004). The only significant prevalence study was undertaken between November and December 2003. Highly contrasting rates were observed around the country: 1.3% in Impfondo and Djambala, 10.3% in Sibiti and 3.3% in Brazzaville. The Southern region has the highest rates: Sibiti, Dolisie (9.4%), Pointe-Noire (5.0%) and Madingou (4.7%). In general, adults over 30 years had the highest infection rate, almost 10% of 35–49-year-old men, and 7% of women 25–39 years old are living with the disease. (National AIDS Committee [Comité National de Lutte contre le SIDA, CNLS]/ Study Centre for Public Health Development, CREDES, 2003). The National Strategic Framework (NSF) 2003–2007 was adopted in December 2002. The CNLS was officially launched by the head of state in July 2003. Congo held a resource mobilization meeting in July 2003. The MAP is being formulated and the country submitted a request to the fourth round of the Global Fund.

UNAIDS facilitated a joint visit by five heads of UN agencies (WHO, World Bank, UNICEF, UNDP, WFP) and the Country Coordinator to the minister in charge of coordinating governmental action, in order to address national HIV/AIDS issues. UNAIDS facilitated information sharing through feedback sessions following consultants' missions, the sharing of best practices documents and publications by all cosponsors, and oral presentations to large audiences for communicating the latest information on HIV/AIDS. UNAIDS supported the elaboration of a national strategic framework and sectoral and departmental operational plans. UNAIDS facilitated the organization of the resource mobilization round table, the development of the country Global Fund proposal, and participated in facilitating the achievement of the requirements for the country to benefit from MAP funding. PAF resources were utilized in collaboration with UNDP to develop and reinforce partnerships with religious bodies and associations of people living with HIV. UNAIDS and the World Bank are facilitating and supporting the NAC in developing a monitoring and evaluation system with the participation of all partners.⁸

Health care system

In 2001, the total per capita expenditure on health care was Intl \$22 (2.1% of GDP).⁹ Among the countries of Africa, this figure falls within a spending range of Intl \$652 in South Africa (8.6% of GDP) and Intl \$12 in the Democratic Republic of Congo (3.5% of GDP). At 2.0% the smallest spending as a percentage of GDP is in Equatorial Guinea (Tables 4 and 5).

The WHO overall health system performance score places Republic of the Congo 166/191 countries. This composite measure of overall health system attainment¹⁰ is based on a country's goals relating to health, responsiveness, and fairness in financing. The measure varies widely across countries and is highly correlated with general levels of human development as captured in the human development index.

Tables 4 and 5 Total health expenditure (Intl \$) per capita and as a percentage of GDP: countries of Africa, 2001

Table 4 Health expenditure (Intl \$) per capita: Africa		Table 5 Health expenditure (Intl \$) as a percentage of GDP: Africa	
Country	Per capita	Country	%GPD
South Africa	652	South Africa	8.6
Tunisia	463	Kenya	7.8
Botswana	381	Malawi	7.8
Namibia	342	Namibia	7.0
Libya	239	Djibouti	7.0
Morocco	199	Botswana	6.6
Gabon	197	Tunisia	6.4
Algeria	169	Gambia	6.4
Swaziland	167	Zimbabwe	6.2
Egypt	153	Côte d'Ivoire	6.2
Zimbabwe	142	Mozambique	5.9
Côte d'Ivoire	127	Uganda	5.9
Liberia	127	Guinea-Bissau	5.9
Kenya	114	Zambia	5.7
Equatorial Guinea	106	Eritrea	5.7
Lesotho	101	Lesotho	5.5
Djibouti	90	Rwanda	5.5
Gambia	78	Morocco	5.1
Angola	70	Senegal	4.8
Senegal	63	Ghana	4.7
Guinea	61	Sudan	4.5
Ghana	60	Central African Republic	4.5
Central African Republic	58	Utd Rep of Tanzania	4.4
Uganda	57	Angola	4.4
Zambia	52	Benin	4.4
Mozambique	47	Mali	4.3
Mauritania	45	Sierra Leone	4.3
Togo	45	Liberia	4.3
Rwanda	44	Algeria	4.1
Cameroon	42	Egypt	3.9
Sudan	39	Niger	3.7
Malawi	39	Ethiopia	3.6
Benin	39	Mauritania	3.6
Guinea-Bissau	37	Burundi	3.6
Eritrea	36	Gabon	3.6
Nigeria	31	Guinea	3.5
Mali	30	Dem Rep of the Congo	3.5
Burkina Faso	27	Nigeria	3.4
Sierra Leone	26	Cameroon	3.3
Utd Rep of Tanzania	26	Swaziland	3.3
Congo	22	Burkina Faso	3.0
Niger	22	Libya	2.9
Burundi	19	Togo	2.8
Chad	17	Chad	2.6
Ethiopia	14	Somalia	2.6
Dem Rep of the Congo	12	Congo	2.1
Somalia		Equatorial Guinea	2.0

Source WHO World Health Report 2004

Political economy

After the September 1958 referendum approving the new French constitution, French Equatorial Africa was dissolved. Its four territories became autonomous members of the French Community, and Middle Congo was renamed the Congo Republic. Formal independence was granted in August 1960.

In 1997, Congo's democratic progress was 1997 due to tensions before the presidential elections scheduled for July 1997. In early October, the Lissouba government fell. Soon thereafter, Sassou declared himself President and named a 33-member government. In January 1998, the Sassou regime held a National Forum for Reconciliation to determine the nature and duration of the transition period. The Forum, tightly controlled by the government, decided elections should be held in about 3 years, elected a transition advisory legislature, and announced that a constitutional convention would finalize a draft constitution. In November and December 1999, the government signed agreements with representatives of many, though not all, of the rebel groups. The December accord, mediated by President Omar Bongo of Gabon, called for follow-on, inclusive political negotiations between the government and the opposition. During the years 2000–01, Sassou-Nguesso's government conducted a national dialogue (Dialogue Sans Exclusif), in which the opposition parties and the government agreed to continue on the path to peace. A new constitution was drafted in 2001, approved by the provisional legislature (National Transition Council), and approved by the people of Congo in a national referendum in January 2002. Presidential elections were held in March 2002, and Sassou-Nguesso was declared the winner. Legislative elections were scheduled for May and June 2002.¹¹ Southern-based rebel groups agreed to a final peace accord in March 2003.

The Republic of Congo is one of Africa's largest petroleum producers with significant potential for offshore development. The economy is a mixture of village agriculture and handicrafts, and an industrial sector based largely on oil. Oil has supplanted forestry as the mainstay of the economy, providing a major share of government revenues and exports. In the early 1980s, rapidly rising oil revenues enabled the government to finance large-scale development projects with GDP growth averaging 5% annually, one of the highest rates in Africa. The 12 January 1994 devaluation of Franc Zone currencies by 50% resulted in inflation of 61% in 1994, but inflation has subsided since. Economic reform efforts continued with the support of international organizations, notably the World Bank and the IMF. In October 1997, Denis Sassou-Nguesso publicly expressed interest in moving forward on economic reforms and privatization and in renewing cooperation with international financial institutions. However, economic progress was badly hurt by slumping oil prices in December 1998, which worsened the republic's budget deficit. The current administration faces difficult economic problems of stimulating recovery and reducing poverty.¹²

GDP per capita is Intl \$1936. This falls within the range of \$8,272 (Libya) and \$346 (Democratic Republic of the Congo) in the countries of Africa (Table 5).

Table 6 GDP per capita (Intl \$): countries of Africa, 2001

Country	GDP per capita (Intl \$)
Libya	8272
South Africa	7538
Tunisia	7183
Botswana	5747
Gabon	5514
Equatorial Guinea	5239
Swaziland	5029
Namibia	4918
Algeria	4104
Egypt	3901
Morocco	3887
Liberia	2965
Zimbabwe	2271
Côte d'Ivoire	2045
Congo	1936
Lesotho	1844
Guinea	1752
Togo	1608
Angola	1578
Kenya	1452
Senegal	1323
Central African Republic	1289
Djibouti	1288
Ghana	1272
Cameroon	1269
Mauritania	1257
Gambia	1214
Sudan	1112
Uganda	964
Nigeria	915
Zambia	906
Benin	888
Burkina Faso	886
Mozambique	805
Rwanda	799
Mali	700
Chad	656
Guinea-Bissau	630
Eritrea	629
Sierra Leone	606
Niger	604
Utd Rep of Tanzania	599
Burundi	529
Malawi	501
Ethiopia	382
Dem Rep of the Congo	346
Somalia	

Source WHO

ETHICAL ISSUES

FURTHER READING

Harding R, Higginson IR. *Palliative Care in Sub-Saharan Africa: An Appraisal*. London: Diana, Princess of Wales Memorial Fund, 2004. See: www.theworkcontinues.org/pressroom/6_3.publications.htm

Harding R, Stewart K, Marconi K, O'Neill JF, Higginson IJ. Current HIV/AIDS end-of-life care in Sub-Saharan Africa: a survey of models, services, challenges and priorities. *BMC Public Health* Oct 2003;3:33. See: <http://www.biomedcentral.com/1471-2458/3/33>

HIV/AIDS Profile: Congo (Brazzaville). <http://www.census.gov/ipc/hiv/congo.pdf>

Hunter S. *Black Death: AIDS in Africa*. Basingstoke: Palgrave Macmillan, 2003.

Le-Couer S, Khat M, Halembokaka G, Augereau-Vacher C, Batala-MPondo G, Baty, G, Ronsmans C. 2005. HIV and the magnitude of pregnancy-related mortality in Pointe Noire, Congo. *AIDS* 2005;19(1): 69-76.

Stjernswärd J, Clark D. Palliative medicine – a global perspective. In: D Doyle, G Hanks, N Cherny, K Calman (eds.) *Oxford Textbook of Palliative Medicine*. Oxford: Oxford University Press, 2003.

REFERENCES

¹ Report of the United Nations Development Programme 2004 (HDI 2002). Launched by the United Nations in 1990, the Human Development Index measures a country's achievements in three aspects of human development: longevity, knowledge, and a decent standard of living. It was created to re-emphasize that people and their lives should be the ultimate criteria for assessing the development of a country, not economic growth. Current values range from 0.956 (Norway, 1/177 countries) to 0.273 (Sierra Leone, 177/177 countries). Countries fall into one of three groups: countries 1-55=high development; 56-141=medium development; 142-177=low development. See: http://hdr.undp.org/statistics/data/indic/indic_8_1_1.html

² Personal communication: Sr Kahaalena and Sr Eliane - 21 April 2005.

³ International Narcotics Control Board (2004) *Narcotic Drugs: estimated world requirements for 2004. Statistics for 2002*. New York: United Nations, 2004.

⁴ 'The term *defined daily doses for statistical purposes* (S-DDD) replaces the term *defined daily doses* previously used by the Board. The S-DDDs are technical units of measurement for the purposes of statistical analysis and are not recommended prescription doses. Certain narcotic drugs may be used in certain countries for different treatments or in accordance with different medical practices, and therefore a different daily dose could be more appropriate.' International Narcotics Control Board. *Narcotic Drugs: estimated world requirements for 2004. Statistics for 2002*.

⁵ See: <http://www.cia.gov/cia/publications/factbook/geos/cf.html>

⁶ This refers to adult mortality risk, which is defined as the probability of dying between 15 and 59 years.

⁷ See: WHO statistics at: <http://www.who.int/countries/cog/en/>

⁸ <http://www.unaids.org/en/geographical+area/by+country/congo+asp>

⁹ Total health expenditure per capita is the per capita amount of the sum of Public Health Expenditure (PHE) and Private Expenditure on Health (PvtHE). The international dollar is a common currency unit that takes into account differences in the relative purchasing power of various currencies. Figures expressed in international dollars are calculated using purchasing power parities (PPP), which are rates of currency conversion constructed to account for differences in price level between countries.

<http://www3.who.int/whosis/country/compare.cfm?country=s&indicator=strPcTotEOHinIntD2000&language=english>

¹⁰ Tandon A, Murray CLJ, Lauer JA, Evans DB. Measuring overall health system performance for 191 Countries. GPE Discussion Paper Series: No 30; WHO.

¹¹ United States Government. *Background Notes to Countries of the World*. Washington DC, US Government, 2003.

¹² <http://www.cia.gov/cia/publications/factbook/geos/cf.html>