Democratic Republic of the Congo (Congo-Kinshasa)

Democratic Republic of the Congo (population 58.32 million people) is a country in Central Africa that covers an area of 2,345,410 square kilometres. Its boundaries border Angola, Zambia, Tanzania, Burundi, Rwanda, Uganda, Sudan, Central African Republic, and Republic of the Congo. The capital of Democratic Republic of the Congo is Kinshasa.

According to the United Nations human development index (HDI), Democratic Republic of the Congo is ranked 168/177 countries worldwide (value 0.365)[1] and 36/45 African countries for which an index is available. This places Democratic Republic of the Congo in the group of countries with low human development.

PALLIATIVE CARE SERVICE PROVISION

Current services

Where opioids are generally unavailable, the definition of palliative care can be problematic. We have taken the view that where a service is in the process of development from (largely) physical care to a broader form of holistic care that approximates to the WHO definition, it should be included in the review.

In resource poor areas, the blending of supportive care with hospice/ palliative care is frequently linked to the development of previously established services, particularly home based care (HBC). Family Health International (FHI) defines home and community based care (HCBC) as “the provision of care and support that endeavours to meet the nursing and psychosocial needs of persons with chronic illnesses and their family members in their home environment”[2].

Interest in palliative care has come to light the Democratic Republic of the Congo, where a group based in Kinshasa are introducing a broader form of hospital care and pioneering a home care service.

Nurse Anselme Kananga, currently studying in Belgium, represented an NGO named the International Youth Association for Development at the European Association of Palliative Care conference in Aachen, (2005). He states:

> There has been palliative care in a small hospital in Kinshasa for four years. Our organisation has 100 patients with cancers in palliative care. Some patients are cared for in the hospital but the condition is not good. Our organisation provides student nurses and doctors to help volunteers in Kinshasa; about 80 patients are being cared for at home.

> We would like a clinic. If we have a clinic it would be easier for the patient. We would like to have autos for transport for the nurse volunteers, we want to have computers; and also education. We would like to give medicine for the patient at home, but we would like to have more experience with palliative care. There is a need for education for nurses and for doctors.
>
> And now we would like [integration] for palliative care in Kinshasa because we have a different culture from Europe and we must take account of the culture of Congo too.[3]

Reimbursement and funding for services

The International Youth Association for Development and its partner organisation, said to be Tout-Age are NGOs and rely on charitable donations

Opioid availability and consumption

The International Narcotics Control Board[4] has published the following figures for the consumption of narcotic drugs in Dem Rep of the Congo: codeine 13 kg; morphine 1 kg; pethidine 1 kg; diphenoxylate 7 kg.

For the years 2000-2002, the average defined daily dose consumption of morphine for statistical purposes (S-DDD)[5] in Dem Rep 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).

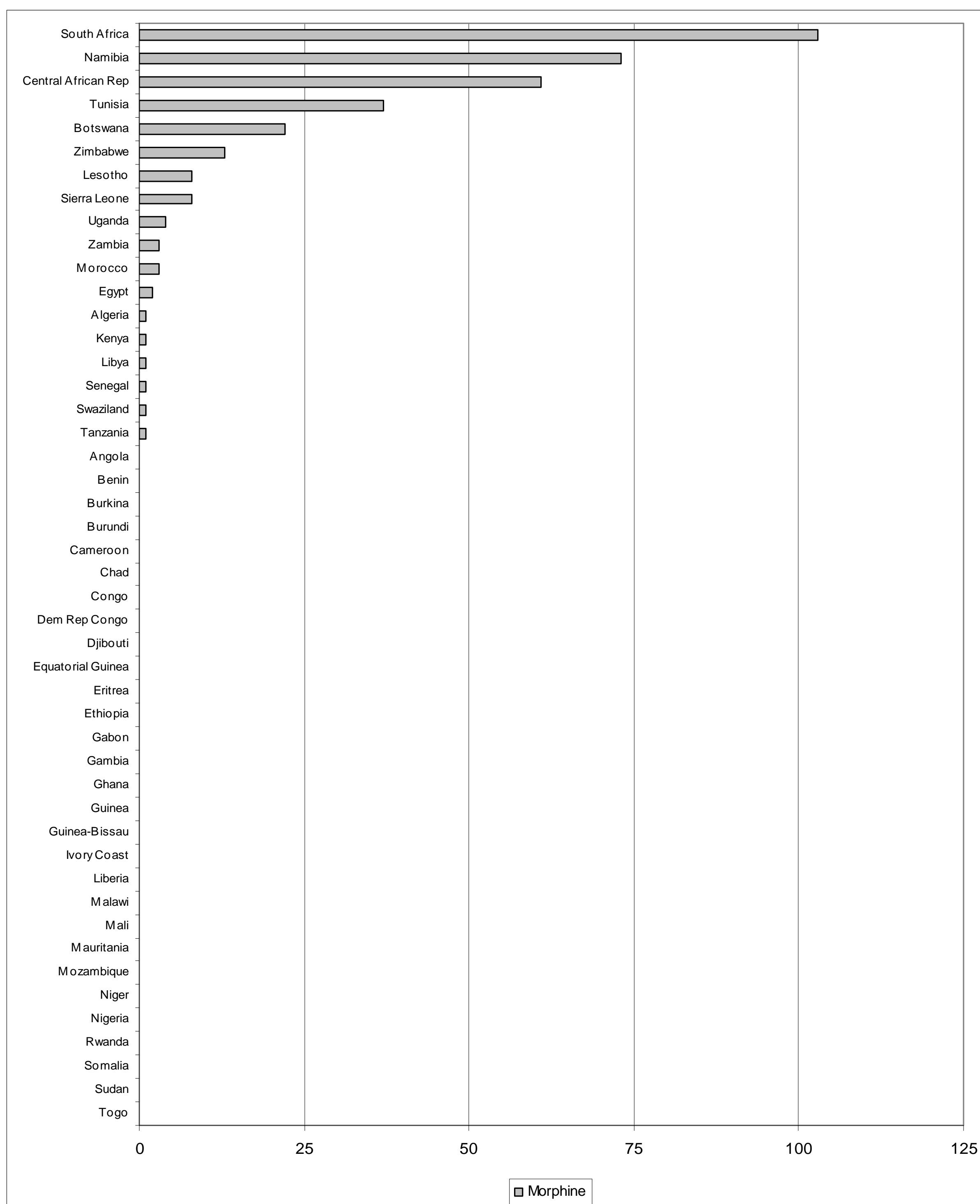
National and professional organisations

Palliative care coverage

Education and training

Palliative care workforce capacity

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.

HISTORY AND DEVELOPMENT OF PALLIATIVE CARE

Narrative history of palliative care

Hospice success stories

Life/oral histories

Anselme Kananga – *nurse, International Youth Association for Development.* : interviewed by Michael Wright 8 April 2005. Length of Interview: 21 minutes.

Anselme Kananga speaks of the beginnings of a palliative care service in Kinshasa despite the difficulties experienced in the country. The service is linked to two European NGOs and relies heavily on volunteer support, particular from young people. He speaks of the resilience of those involved but of the need for enhanced facilities: computer technology, a day clinic, transport, materials and medication – all underpinned by education and training.

PUBLIC HEALTH CONTEXT

Population

Democratic Republic of the Congo's population of around 58.32 million people is made up of over 200 African ethnic groups of which the majority are Bantu; the four largest tribes - Mongo, Luba, Kongo (all Bantu), and the Mangbetu-Azande (Hamitic) make up about 45% of the population.

Religious groups include: Roman Catholic 50%, Protestant 20%, Kimbanguist 10%, Muslim 10%, other syncretic sects and indigenous beliefs 10% [6]

Epidemiology

In Democratic Republic of the Congo, the WHO World Health Report (2004) indicates an adult mortality[7] rate per 1000 population of 585 for males and 449 for females. Life expectancy for males is 41.0; for females 46.1. Healthy life expectancy is 35.0 for males; 39.1 for females.[8]

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.

Democratic Republic of the Congo is a country in Central Africa that has been seriously affected by the HIV/AIDS epidemic. Estimates suggest that in Democratic Republic of the Congo, between 450,000 and 2.6 million people were living with HIV/AIDS at the end of 2003. In the same year, up to 220,000 adults and children are thought to have died from the disease (Table 2).

Table 2 Democratic Republic of the Congo HIV and AIDS estimates, end 2003.

Adult (15-49) HIV prevalence rate	4.2% (Range: 1.7%-9.9%)
Adults (15-49) living with HIV	1,000,000 (Range: 410,000-2,400,000)
Adults and children (0-49) living with HIV	1,100,000 (Range: 450,000-2,600,000)
Women (15-49) living with HIV	570,000 (Range: 230,000-1,300,000)
AIDS deaths (adults and children) in 2003	100,000 (Range: 50,000-220,000)

UNAIDS reports:

> The Democratic Republic of the Congo (DRC) is in a post-conflict period following five years of devastating war. The 2003 peace agreement brought a decisive turning point, with the adoption of a transitional constitution and government bodies. With support from the international community, backed by the UN peacekeeping mission (MONUC), the country is now engaged in the reunification of the army and the organization of democratic elections, the first in 30 years. The HIV/AIDS epidemic is among several major challenges confronting the DRC. Improved security conditions have, at least, enabled increased access to vulnerable populations and greater possibilities for humanitarian intervention. Available data from the isolated surveillance activities conducted in eastern DRC suggest that the prevalence rate may be much higher compared to that observed in the western part of the country, where prevalence among young people points to a growing epidemic. A multisectoral programme and a committee under the leadership of the president have been set up by a presidential decree.
>
> UNAIDS has provided continual support to the DRC, which helped sustain the national response during the most difficult period. The DRC is among UNAIDS priority countries for an intensified effort in support of the national response. UNAIDS gave technical support to develop Global Fund proposals that were approved for US$ 112 million. Similarly, it supported the development of the MAP proposal that was also granted. The political advocacy effort has included several high-level visits to the DRC, including visits by the UN Secretary-General and the UNAIDS Executive Director. During the past three years, UNAIDS successfully assisted the formulation of the National Strategic Plan. UNAIDS is supporting HIV/AIDS prevention and care activities in the military base of Kamina, which has received limited support because of its remote location and difficult access. An outstanding effort has been made in the area of political advocacy for a stronger leadership at the highest level and the adoption of a multisectoral approach. As a result, the head of state has been increasingly speaking out both nationally and internationally.[9]

Health care system

In 2001, the total per capita expenditure on health care was Intl $12 (3.5% of GDP).[10] 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 3 and 4).

The WHO overall health system performance score places Democratic Republic of the Congo 188/191 countries. This composite measure of overall health system attainment[11] 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 3 and 4 Total health expenditure (Intl $) per capita and as a percentage of GDP: countries of Africa, 2001

Table 3
Health expenditure (Intl $) per capita: Africa

Country	Per capita
South Africa	652
Tunisia	463
Botswana	381
Namibia	342
Libya	239
Morocco	199
Gabon	197
Algeria	169
Swaziland	167
Egypt	153
Zimbabwe	142
Côte d'Ivoire	127
Liberia	127
Kenya	114
Equatorial Guinea	106
Lesotho	101
Djibouti	90
Gambia	78
Angola	70
Senegal	63
Guinea	61
Ghana	60
Central African Republic	58
Uganda	57
Zambia	52
Mozambique	47
Mauritania	45
Togo	45
Rwanda	44
Cameroon	42
Sudan	39
Malawi	39
Benin	39
Guinea-Bissau	37
Eritrea	36
Nigeria	31
Mali	30
Burkina Faso	27
Sierra Leone	26
Utd Rep of Tanzania	26
Congo	22
Niger	22
Burundi	19
Chad	17
Ethiopia	14
Dem Rep of the Congo	12
Somalia	

Source WHO World Health Report 2004

Table 4
Health expenditure (Intl $) as a percentage of GDP: Africa

Country	%GPD
South Africa	8.6
Kenya	7.8
Malawi	7.8
Namibia	7.0
Djibouti	7.0
Botswana	6.6
Tunisia	6.4
Gambia	6.4
Zimbabwe	6.2
Côte d'Ivoire	6.2
Mozambique	5.9
Uganda	5.9
Guinea-Bissau	5.9
Zambia	5.7
Eritrea	5.7
Lesotho	5.5
Rwanda	5.5
Morocco	5.1
Senegal	4.8
Ghana	4.7
Sudan	4.5
Central African Republic	4.5
Utd Rep of Tanzania	4.4
Angola	4.4
Benin	4.4
Mali	4.3
Sierra Leone	4.3
Liberia	4.3
Algeria	4.1
Egypt	3.9
Niger	3.7
Ethiopia	3.6
Mauritania	3.6
Burundi	3.6
Gabon	3.6
Guinea	3.5
Dem Rep of the Congo	3.5
Nigeria	3.4
Cameroon	3.3
Swaziland	3.3
Burkina Faso	3.0
Libya	2.9
Togo	2.8
Chad	2.6
Somalia	2.6
Congo	2.1
Equatorial Guinea	2.0

Political economy

Since 1997, the Democratic Republic of the Congo (DROC; formerly called Zaire) has been affected by ethnic strife and civil war, touched off by a massive inflow in 1994 of refugees from the fighting in Rwanda and Burundi. The government of former president Mobutu Sese Seko was toppled by a rebellion led by Laurent Kabila in May 1997; his regime was subsequently challenged by a Rwanda- and Uganda-backed rebellion in August 1998. A cease-fire was signed on 10 July 1999 by the DROC, Kabila was assassinated on 16 January 2001 and his son Joseph Kabila was named head of state ten days later. In October 2002, the new president was successful in getting occupying Rwandan forces to withdraw from eastern Congo; two months later, the Pretoria Accord was signed by all remaining warring parties to end the fighting and set up a government of national unity. A transitional government was set up in July 2003; Joseph Kabila remains as president and is joined by four vice presidents from the former government, former rebel camps, and the political opposition.

The economy of the Democratic Republic of the Congo - a nation endowed with vast potential wealth - has declined drastically since the mid-1980s. The war, which began in August 1998, has dramatically reduced national output and government revenue, and has increased external debt. Foreign businesses have curtailed operations due to uncertainty about the outcome of the conflict, lack of infrastructure, and the difficult operating environment. Conditions improved in late 2002 with the withdrawal of a large portion of the invading foreign troops. Several IMF and World Bank missions have met with the government to help it develop a coherent economic plan, and President Kabila has begun implementing reforms. Much economic activity lies outside the GDP data. Economic stability, aided by international donors, improved in 2003. New mining contracts have been approved, which - combined with high mineral and metal prices - could improve Kinshasa's fiscal position and GDP growth.[12] In recent times, Democratic Republic of the Congo has been confronted with the most severe crisis since its independence. Confronted with this acute political emergency, the international community, which has a responsibility in promoting peace and security, has given an ambiguous message.[13]

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

Table 5 GDP per capita (Intl $): countries of Africa, 2001

Country	GDP per capita (Int $)
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

Denolf D, Musongela J P, Nzila N, Tahiri M, Colebunders R. The HIV epidemic in Kinshasa, Democratic Republic of Congo. *International Journal of STD and AIDS* 2001;12(12): 832-833.

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

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

Mulanga C, Bazepeo SE, Mwamba JK, Butel C, Tshimpaka JW, Kashi M, Lepira F, Carael M, Peeters M, Delaporte E. Political and socioeconomic instability: how does it affect HIV? A case study in the Democratic Republic of Congo. *AIDS* 2004;18(5): 832-833.

Sepulveda C, Habiyambere V, Amandua J, Borok M, Kikule E, Mudanga B, Ngoma T, Solomon B. Quality care at the end of life in Africa. *British Medical Journal* 2003;327(7408): 209.

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: countries1-55=high development; 56-141=medium development; 142-177=low development. See: http://hdr.undp.org/statistics/data/indic/indic_8_1_1.html

[2] Family Health International, Comprehensive Care and Support Framework

[3] Personal communication: Anselme Kananga – 8 April 2005.

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

[5] '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.*

[6] See: http://www.cia.gov/cia/publications/factbook/geos/cg.html

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

[8] See: WHO statistics for Democratic Republic of the Congo at: http://www.who.int/countries/cod/en/

[9]

http://www.unaids.org/en/geographical+area/by+country/democratic+republic+of+congo.asp

[10] 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

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

[12] http://www.cia.gov/cia/publications/factbook/geos/cg.html

[13] Smis S, Oyatambwe W. Complex political emergencies, the international community & the Congo conflict. *Review of African Political Economy* 2002;29(93-94): 411-430.