



Development pathways for the DRC to 2050

Health

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Health

At independence, the DR Congo had a relatively well-organised and efficient health system as a result of the mutual efforts of the government, multilateral cooperation and secular and religiously affiliated NGOs. However, subsequent lack of investment, mismanagement and decades of conflict have led to a near-collapse of the system. There is a high presence of non-state actors, such as faith-based organisations, in the country's health system. For instance, in 2013, 45% of hospitals in the country were managed by religious organisations, 44% by the government and 11% by private firms.[1]

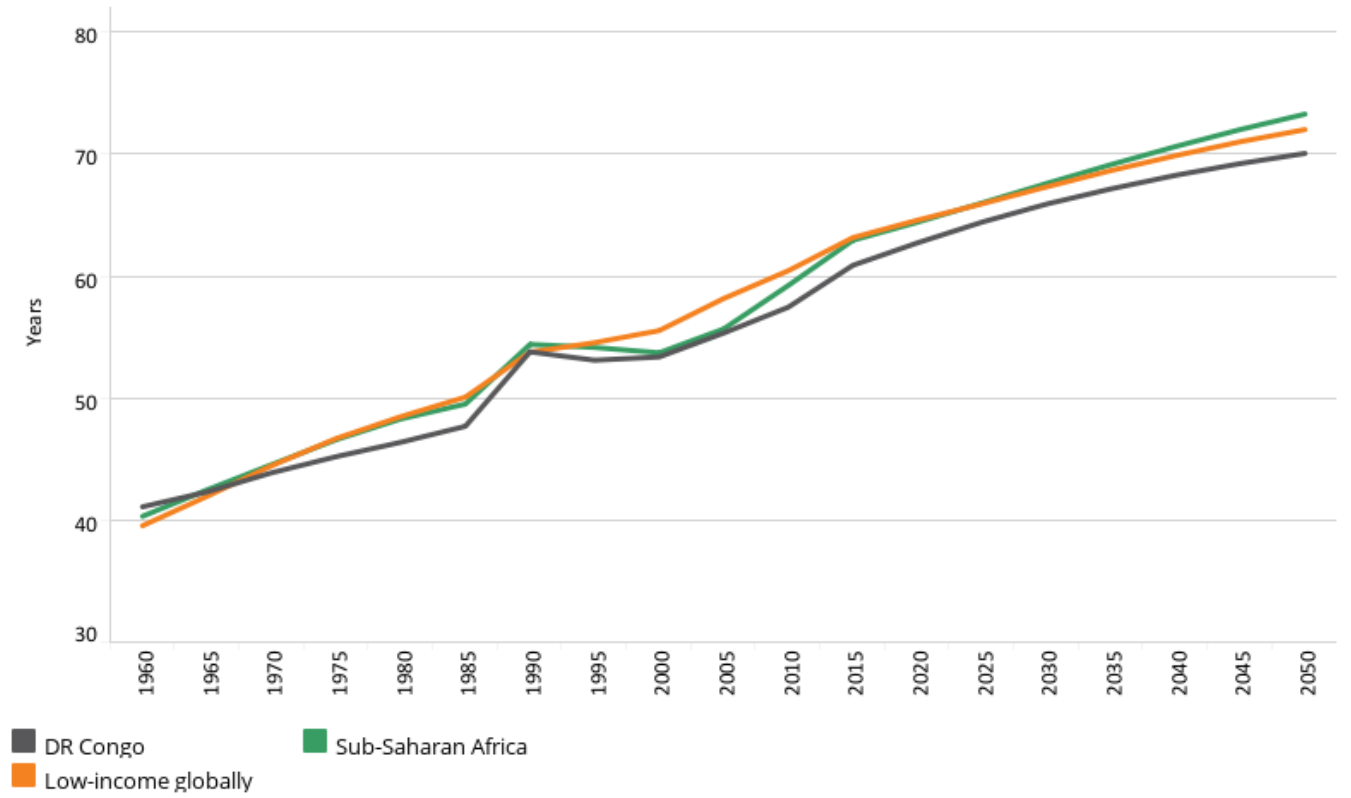
Congolese have little access to basic healthcare, mainly due to lack of funding of the sector, mismanagement and corruption, lack of qualified medical staff, and high cost of healthcare, among others. For example, healthcare costs are 60%–70% funded by direct contributions from households, compared to a world average of 46%. Also, because there are a limited number of health centres, around 74% of the population live more than 5 km from such centres.[2]

Since the mid-2000s, the country has, however, undertaken several reforms in the health sector reflected in multiple strategies. In 2010, the government adopted the National Health Development Plan 2011–2015 to provide effective solutions to the health problems of the population. This was followed by a second plan for 2016–2020, in 2015.

With the technical and financial assistance of the international community, the health system has registered some recent improvements, reflected in changes in indicators such as life expectancy, infant mortality and maternal mortality rates. The DR Congo has made some progress in these areas, although it still lags behind its peers.

Life expectancy has increased from 53.7 years in 1990 to 62.5 in 2019. The sub-Saharan African average was 64.2 and 64.3 for low-income countries globally in the same year. Life expectancy in the DR Congo is projected to be about 70 years by 2050, with the gap between the average for low-income countries globally having modestly increased over time. Instead of catching up, the DR Congo seems to be falling further behind (Chart 9).

Chart 9: Life expectancy for DRC and other groups

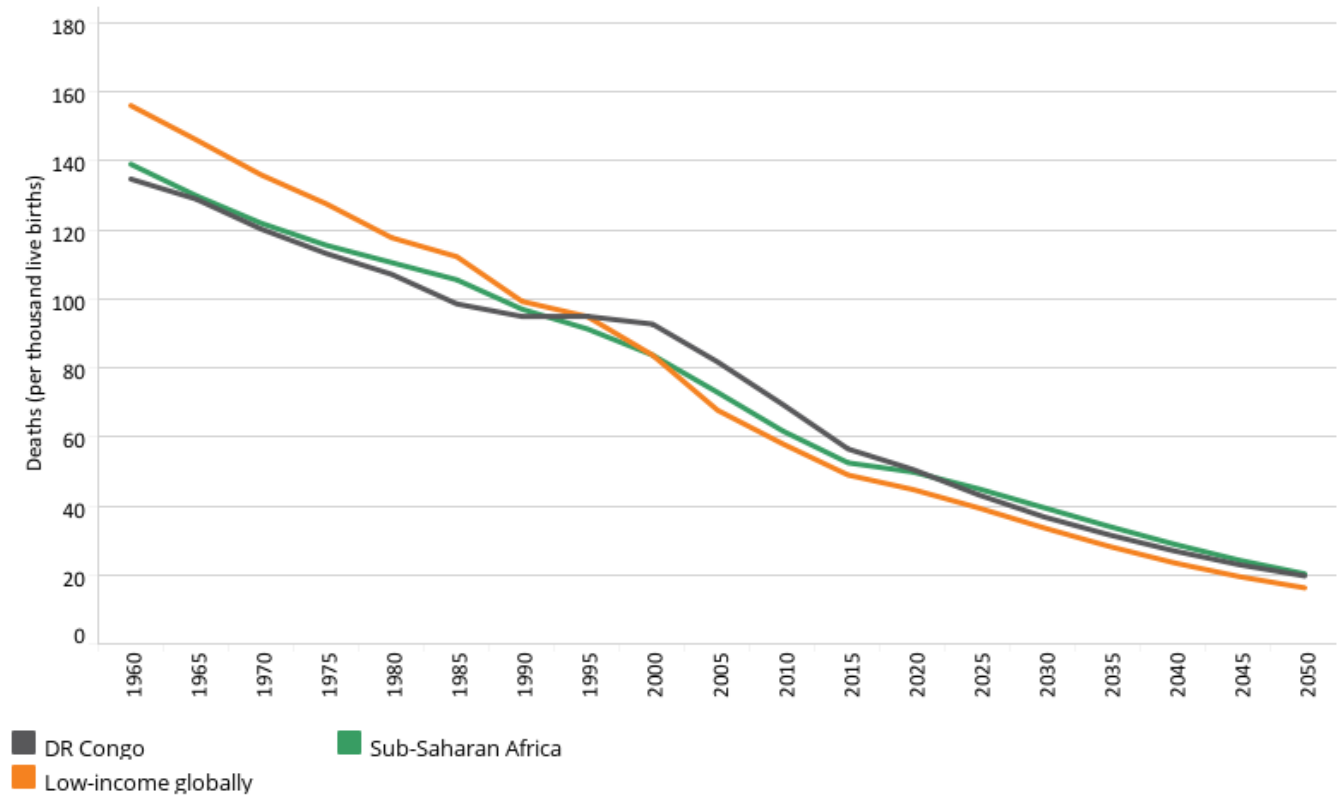


Source: Forecast in IFs version 7.54; historical data from the Institute for Health Metrics and Evaluation (IHME)

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The infant mortality rate declined from 95 deaths per 1 000 live births in 1990 to about 51 deaths in 2019, slightly above the average for low-income countries globally (45) in the same year. As for the maternal mortality rate, it declined to 426 deaths per 100 000 live births in 2019 compared to 879 in 1990, above the average for low-income countries globally (384) in 2019.

Chart 10: Infant mortality rates for DR Congo and other groups



Source: Forecast in IFs version 7.54; historical data from the Institute for Health Metrics and Evaluation (IHME)

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On the Current Path, IFs estimates the infant mortality rate at 37 deaths per 1 000 live births in 2030 and 20 deaths per 1 000 live births in 2050. The maternal mortality rate is projected to be 307 deaths per 100 000 live births in 2030 and 74 in 2050. The DR Congo has made progress in combating infant and (to a lesser degree) maternal mortality, however, on the Current Path, it will fail to achieve the 2030 Sustainable Development Goals regarding these indicators.[3]

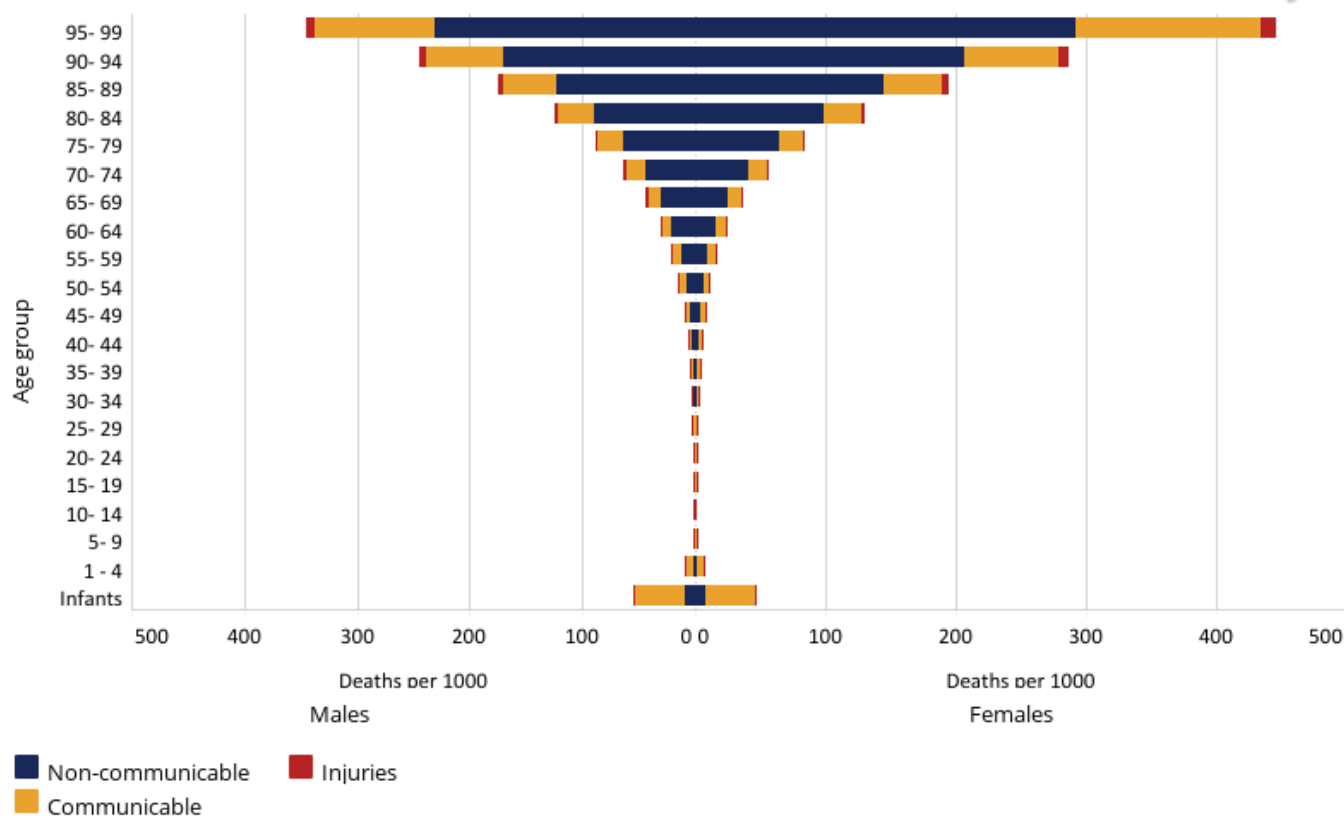
However, the country has not made much progress concerning child malnutrition. The situation remains difficult where 43% of children under five suffer from chronic malnutrition (more than six million children). One child in ten suffers from acute malnutrition while being underweight affects 23% of children under the age of five and 16% of children in school.[4] As a result of malnutrition, 43% of children under the age of five are stunted, while global and African averages are respectively 21.9% and 30%.[5]

Policy-makers in the DR Congo should be highly concerned by the negative effects of malnutrition as stunted children experience diminished intellectual capacity, academic performance and future productivity. A high rate of stunted children implies, therefore, a significant loss of human capital for the country and compromises its long-term development objectives.

The epidemiological profile of the DR Congo is marked by the emergence and re-emergence of several communicable diseases with epidemic potential.[6] The country has experienced several epidemic outbreaks such as cholera, yellow fever, measles, Ebola virus and the recent COVID-19. These diseases lead to increased morbidity and mortality among the vulnerable populations, in particular children, women and populations living in isolated areas with poor access to healthcare.

Communicable diseases are currently the leading causes of death among children under the age of five and the youth (Chart 11). Malaria is reported to be responsible for 80% of deaths among children under five in DR Congo. Non-communicable diseases are the dominant causes of death among the elderly cohort, although deaths from communicable diseases are also still high among this group.

Chart 11: Mortality distribution across gender and age cohorts in DRC, 2019



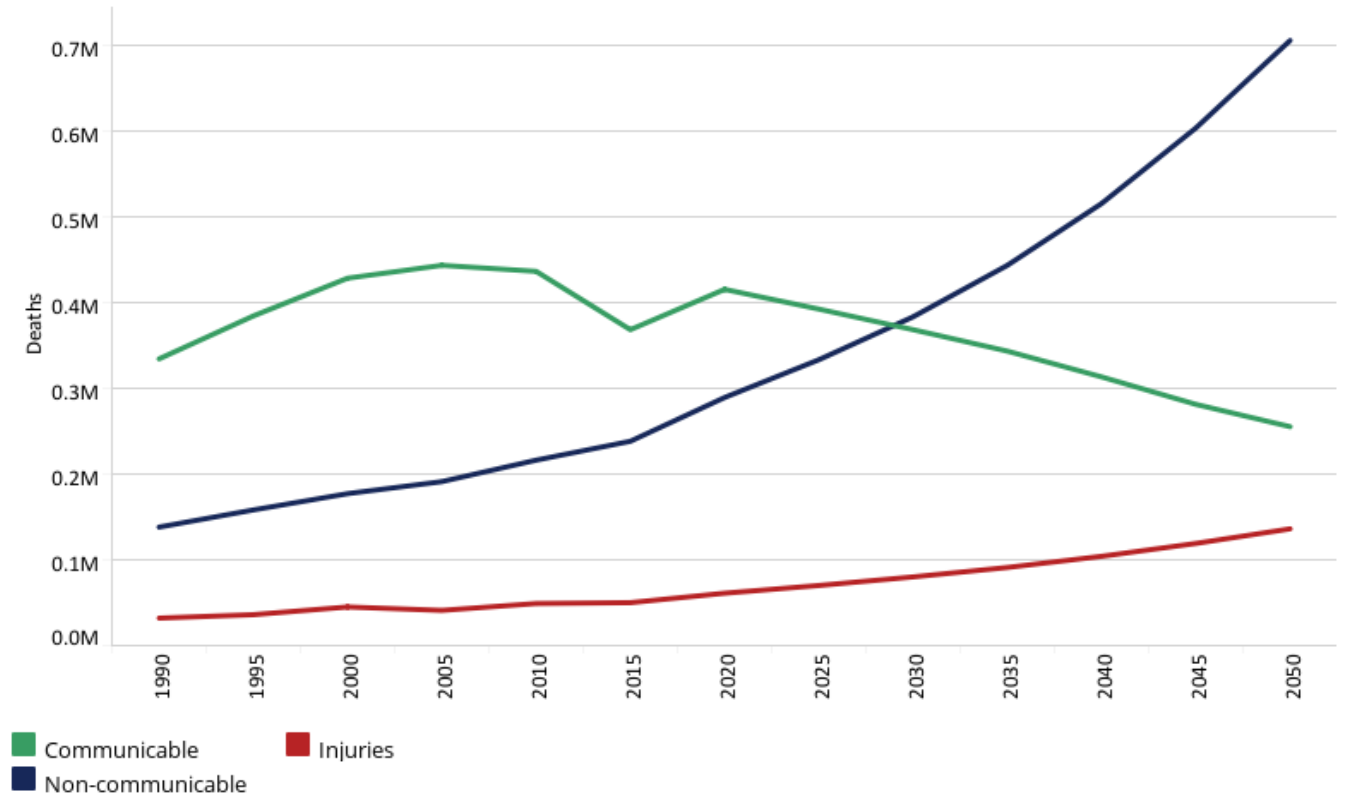
Source: IFs version 7.54; historical data from GBD-Institute for Health Metrics and Evaluation

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Because of its more youthful population, the DR Congo will only experience its epidemiological transition, a point at which death rates from non-communicable diseases exceed that of communicable diseases, in 2030. This is roughly five years later than the average for low-income countries in Africa and a decade later than low-income countries globally.

By 2050, the number of deaths caused by non-communicable diseases will be twice as high as the number of deaths caused by communicable diseases. This has implications for DR Congo’s healthcare system which will need to invest in the capacities for dealing with the double burden of disease.

Chart 12: Mortality distribution by main International Classification of Diseases (ICD) categories



Source: Forecast in IFs version 7.54; historical data from GBD-Institute for Health Metrics and Evaluation

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Overall, despite some improvements mostly due to peace consolidation, the DR Congo’s health system is still facing many challenges. Like many other African countries, the DR Congo has not yet complied with the Abuja Declaration that African countries spend 15% of their GDP on health. Government expenditure on healthcare in the DR Congo is among the lowest in the world. In 2017, government expenditure on healthcare was about US\$2.00 per capita and less than 4% of GDP.[7]

Endnotes

1. B Naughton et al, DRC survey: An overview of demographics, health, and financial services in the Democratic Republic of Congo, START Center, University of Washington, March 2017,
2. LS Ho et al, Effects of a community scorecard on improving the local health system in Eastern Democratic Republic of Congo: Qualitative evidence using the most significant change technique, *Conflict and Health*, 9:27, 2015
3. The target by 2030 is fewer than 70 per 100 000 live births for maternal mortality and 25 per 1 000 births for infant mortality.
4. Republique Democratique du Congo, Ministère de la santé publique, *Plan national de développement sanitaire 2016–2020*, 2016
5. UNICEF, WHO and World Bank, *Levels and trends in child malnutrition: Key findings of the 2019 edition*, 2019
6. Republique Democratique du Congo, Ministère de la santé publique, *Plan national de développement sanitaire 2016–2020*, 2016
7. World Bank, *World Development Indicators*, 2019

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Dr Kouassi Yeboua is a senior researcher in African Futures and Innovation programme in Pretoria. He recently served as lead author on ISS studies on the long-term development prospects of the DR Congo, the Horn of Africa, Nigeria and Malawi. Kouassi has published on various issues relating to foreign direct investment in Africa and is interested in development economics, macroeconomics, international economics, and economic modelling. He has a PhD in Economics.

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