

Congo (Democratic Republic)

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Congo (Democratic Republic). For a category and indicator-level summary, please see the Country Profile for Congo (Democratic Republic).

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens. The World Health Organization (WHO) Joint External Evaluation for the DRC from March 2018 notes that the country has no national AMR plan [1]. Furthermore, the WHO Library of National Action Plans does not include a national AMR plan from the DRC [2]. In addition, the WHO report on global progress on AMR to the World Health Assembly indicates that the DRC has not developed a national AMR plan [3]. There is no information of such a plan on the websites of the Ministry of Health, the Ministry of Environment, nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [4, 5, 6]. The Ministry of Agriculture's website was under construction at the time of conducting this research [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 01 December, 2020.

[2] World Health Organization (WHO). Library of national action plans. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed 01 December, 2020.

[3] World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), and World Organization for Animal Health (OIE). "Monitoring Global Progress On Addressing Antimicrobial Resistance (AMR): 2019-20 Analysis progress report of country self-assessment survey". [<https://amrcountryprogress.org/>]. Accessed 01 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 01 December, 2020.

[5] Ministry of Environment and Sustainable Development of the Democratic Republic of Congo. [<https://medd.gouv.cd/>]. Accessed 01 December, 2020.

[6] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 01 December, 2020.

[7] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 01 December, 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2, Yes, but not all 7+1 pathogens = 1, No = 0

Current Year Score: 1

There is evidence that the Democratic Republic of Congo (DRC) has a national laboratory/laboratory system which tests for some priority AMR pathogens but not for all 7+1 priority pathogens. The World Health Organization (WHO) Joint External Evaluation for the Democratic Republic of Congo (DRC) from March 2018 indicates that there are central level laboratories capable of testing for Shigellosis, but it is not clear it is in the context of AMR. However, the JEE notes as one of the best practices/strengths "AMR surveillance by the National Tuberculosis Control Program". Moreover, the report highlights that there are efforts in the fight against tuberculosis with the implementation of the anti-tuberculosis drug resistance management plan and the establishment at all levels of a bacterial susceptibility monitoring system to anti-tuberculosis drugs to detect resistance phenomena and take charge of them. It mentions "this system would benefit from being extended to other germs". [1]. Furthermore, while there is no available information on the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale (INRB))'s website on which AMR pathogens are tested, academic and media reports indicate that the INRB can test for Salmonella spp [2, 3, 4, 5]. In addition, the JEE states that there are 26 provincial hospitals (one per province) designated as sentinel sites for AMR surveillance [1].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 02 December, 2020.

[2] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 02 December, 2020.

[3] La Libre Afrique. 6 September 2017. "DRC: hyper-resistant typhoid (RDC: typhoïde hyper-résistante)". [<https://afrique.lalibre.be/8246/rdc-typhoïde-hyper-resistante/>]. Accessed 02 December, 2020.

[4] Fassassi, Amzath. "Typhoid fever: A multi-resistant strain in the DRC (Fièvre typhoïde: Une souche multi-résistante en RDC)". [<https://www.scidev.net/afrique-sub-saharienne/sante/actualites/typhoïde-souche-multiresistante-rdc.html>]. Accessed 02 December, 2020.

[5] Lunguya, Octavie et al. 2012. "Salmonella typhi in the Democratic Republic of the Congo: Fluoroquinolone decreased susceptibility on the rise". PLoS Neglected Tropical Diseases 6

[11] : e1921. [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3499407/>]. Accessed 02 December, 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the government of the Democratic Republic of Congo (DRC) conducts detection or surveillance activities (e.g. in soil, waterways, etc.) for antimicrobial residues or AMR organisms. There is no mention that the DRC conducts detection or surveillance activities for antimicrobial residues or AMR organisms in the World Health Organization (WHO) Joint External Evaluation for DRC conducted in March 2018 or in the 2019 World Health Organization global progress report on AMR [1, 2]. Furthermore, there is no relevant information on the websites of the Ministry of Environment, the Ministry of Health nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [3, 4, 5]. The DRC does not have a National Action Plan in the WHO Library of national action plans [6].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), and World Organization for Animal Health (OIE). "Monitoring Global Progress On Addressing Antimicrobial Resistance (AMR): 2019-20 Analysis progress report of country self-assessment survey". [<https://amrcountryprogress.org/>]. Accessed 03 December,

2020.

[3] Ministry of Environment and Sustainable Development of the Democratic Republic of Congo. [<https://medd.gouv.cd/>]. Accessed 03 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 03 December, 2020.

[6] World Health Organization (WHO). Library of national action plans. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed 03 December, 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo has national legislation or regulation in place requiring prescriptions for antibiotic use for humans. The World Health Organization (WHO) Joint External Evaluation (JEE) for the Democratic Republic of Congo (DRC) from March 2018 does not mention legislation or regulations requiring prescriptions for antibiotic use in humans. In fact, the JEE notes that the uncontrolled use of antibiotics (through incorrect prescriptions, self-medication, illicit markets, and counterfeiting) remains a problem in the DRC [1]. Order No. 27 of 15 March 1933 on Pharmacy Practices (Ordonnance n. 27 Bis/Hyg. du 15 mars 1933 sur l'Exercice de la Pharmacie), and last updated in September of 2015, regulates medical prescriptions [2]. However, the full text of this legislation is not available online, so it cannot be verified whether the legislation requires a prescription for antibiotic use in humans. Furthermore, in the 2019 WHO country self-assessment report on global progress on AMR to the World Health Assembly, the DRC stated that it has laws or regulations on prescription and sale of antimicrobials for human use [3]. However, there is no evidence of any such law or regulation on the websites of the Ministry of Health, the Directorate of Pharmacy and Medicine nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [4, 5, 6]. In addition, the DRC does not have a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens [7].

[1] World Health Organisation (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. 2015. Ministerial Order n°1250/CAB/MIN/SP/010/CPH/OMP/2015 of 28 September, 2015 modifying and complementing Ministerial Order n°1250/CAB/MIN/ S/AJ/01 of 14 March, 2000 on the conditions for granting authorizations for the opening and operation of pharmaceutical establishments (Arrêté ministériel n°1250/CAB/MIN/SP/010/ CPH/OMP/2015 du 28 septembre 2015 modifiant et complétant l'Arrêté ministériel n°1250/CAB/MIN/ S/AJ/01 du 14 mars 2000 portant conditions d'octroi des autorisations d'ouverture et de fonctionnement des établissements pharmaceutiques)".

[<https://www.leganet.cd/Legislation/Droit%20economique/Reglementationproduits/AM.1250.010.28.09.2015.html>]. Accessed 03 December, 2020.

[3] World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), and World Organization for Animal Health (OIE). "Monitoring Global Progress On Addressing Antimicrobial Resistance (AMR): 2019-20 Analysis progress report of country self-assessment survey". [<https://amrcountryprogress.org/>]. Accessed 03 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[5] Directorate of Pharmacy and Medicine (Direction de la Pharmacie et du Medicament). [<http://dpmrdc.org/>]. Accessed 03

December, 2020.

[6] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 03 December, 2020.

[7] World Health Organisation (WHO). Library of national action plans. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed 03 December, 2020.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo has national legislation or regulation in place requiring prescriptions for antibiotic use for animals. The World Health Organization Joint External Evaluation (JEE) for the Democratic Republic of Congo (DRC) does not mention regulations requiring prescriptions for antibiotic use in animals. In fact, the JEE notes that investigations into the use of antibiotics in animal health are needed [1]. Furthermore, in the 2019 WHO country self-assessment report on global progress on AMR to the World Health Assembly, the DRC stated that it has laws or regulations on prescription and sale of antimicrobials for animal use [2]. However, there is no evidence of such legislation or regulation on the websites of the Ministry of Health, the Directorate of Pharmacy and Medicine nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [3, 4, 5]. The Ministry of Agriculture's website was under construction at the time of conducting this research [6]. In addition, the DRC does not have a national AMR plan for the surveillance, detection and reporting of priority AMR pathogens [7].

[1] World Health Organisation (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), and World Organization for Animal Health (OIE). "Monitoring Global Progress On Addressing Antimicrobial Resistance (AMR): 2019-20 Analysis progress report of country self-assessment survey". [<https://amrcountryprogress.org/>]. Accessed 03 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[4] Directorate of Pharmacy and Medicine (Direction de la Pharmacie et du Médicament). [<http://dpmrdc.org/>]. Accessed 03 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 03 December, 2020.

[6] Ministry of Agriculture of the Democratic Republic of Congo. [<http://www.minagri.gouv.cd/>]. Accessed 03 December, 2020.

[7] World Health Organisation (WHO). Library of national action plans. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed 03 December, 2020.

1.2 ZOO NOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence that the Democratic Republic of Congo (DRC) has plans on zoonotic diseases. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 mentions the existence of plans to combat certain zoonoses, e.g. highly pathogenic avian influenza, Ebola virus, and plague of small ruminants [1]. The JEE references a plan for Ebola from 2014 ("Plan de prévention, préparation et riposte à l'épidémie de maladie à virus Ebola, RDC, 2014"), that covers surveillance and response to the Ebola virus [1, 2]. The country's plan in response to Ebola has been updated several times and was most recently updated in February of 2019 [3]. There is also a plan for the surveillance and control of monkeypox [4] The full text of the surveillance and control plans for highly pathogenic avian influenza and plague of small ruminants were not available on the websites of the Ministry of Health and the Ministry of Agriculture's website was under construction at the time of conducting this research [5, 6].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. August 2014. "Prevention Preparedness, and Response Plan to the Ebola Virus Disease Epidemic (Plan de prévention, préparation et riposte à l'épidémie de maladie à virus Ebola)". [https://reliefweb.int/sites/reliefweb.int/files/resources/Plan%20de%20contingence%20FHV_RDC_FINALfinal%20%282%29_26082014.pdf]. Accessed 03 December, 2020.

[3] World Health Organization. "EBOLA: Official launch in Kinshasa of the Strategic Response Plan III for the next six months in the Democratic Republic of Congo (EBOLA: Lancement officiel à Kinshasa du Plan stratégique de réponse III pour les six prochains mois en République Démocratique du Congo)". 14 February, 2019. [<https://www.afro.who.int/fr/news/ebola-lancement-officiel-kinshasa-du-plan-strategique-de-reponse-iii-pour-les-six-prochains>]. Accessed 03 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. "Guide to Managing Outbreaks: Monkeypox (Guide de prise en charge du Monkeypox)". [<http://www.luttecontrelamaladie.org/doc/GUIDE%20DE%20PRISE%20EN%20CHARGE%20MONKEYPOX.pdf>]. Accessed 03 December, 2020.

[5] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[6] Ministry of Agriculture of the Democratic Republic of Congo. [<http://www.minagri.gouv.cd/>]. Accessed 03 December, 2020.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. According to the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018, there is no formal coordination of zoonoses surveillance between animal and human health and the country lacks a plan to control major emerging and/or neglected priority zoonoses identified in human and animal health. However, during zoonotic epidemics, the Ministry of Health and the Ministry of Agriculture, Fisheries and Livestock work together to set up field investigation teams composed of epidemiologists, veterinarians, laboratory technicians, biologists, and clinicians [1]. Furthermore, there is no evidence of such national legislation, plan or strategy on the websites of the Ministry of Health, the Ministry of Environment nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [2, 3, 4]. The Ministry of Agriculture's website was under construction at the time of

conducting this research [5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[3] Ministry of Environment and Sustainable Development of the Democratic Republic of Congo. [<https://medd.gouv.cd/>]. Accessed 03 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 03 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 03 December, 2020.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo has national guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 mentions the existence of plans to combat certain zoonoses, e.g. highly pathogenic avian influenza, Ebola virus, and plague of small ruminants [1]. The JEE references a plan for Ebola from 2014 ("Plan de prévention, préparation et riposte à l'épidémie de maladie à virus Ebola, RDC, 2014"), that covers surveillance and response to the Ebola virus [1, 2]. The country's plan in response to Ebola has been updated several times and was most recently updated in February of 2019 [3]. There is also a plan for the surveillance and control of monkeypox [4]. The full text of the surveillance and control plans for highly pathogenic avian influenza and plague of small ruminants were not available on the websites of the Ministry of Health and the Ministry of Agriculture's website was under construction at the time of conducting this research [5, 6].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. August 2014. "Prevention Preparedness, and Response Plan to the Ebola Virus Disease Epidemic (Plan de prévention, préparation et riposte à l'épidémie de maladie à virus Ebola)". [https://reliefweb.int/sites/reliefweb.int/files/resources/Plan%20de%20contingence%20FHV_RDC_FINALfinal%20%282%29_26082014.pdf]. Accessed 03 December, 2020.

[3] World Health Organization. "EBOLA: Official launch in Kinshasa of the Strategic Response Plan III for the next six months in the Democratic Republic of Congo (EBOLA: Lancement officiel à Kinshasa du Plan stratégique de réponse III pour les six prochains mois en République Démocratique du Congo)". 14 February, 2019. [<https://www.afro.who.int/fr/news/ebola-lancement-officiel-kinshasa-du-plan-strategique-de-reponse-iii-pour-les-six-prochains>]. Accessed 03 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. "Guide to Managing Outbreaks: Monkeypox (Guide de prise en charge du Monkeypox)".

[<http://www.luttecontrelamaladie.org/doc/GUIDE%20DE%20PRISE%20EN%20CHARGE%20MONKEYPOX.pdf>]. Accessed 03 December, 2020.

[5] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[6] Ministry of Agriculture of the Democratic Republic of Congo. [<http://www.minagri.gouv.cd/>]. Accessed 03 December, 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 does not mention any unit dedicated to zoonotic disease that functions across ministries. According to the JEE, during zoonotic epidemics, the Ministry of Health and the Ministry of Fisheries and Livestock work together to set up field investigation teams composed of epidemiologists, veterinarians, laboratory technicians, biologists, and clinicians [1]. Furthermore, there is no evidence of such a department, agency or similar unit dedicated to zoonotic disease that functions across ministries on the websites of the Ministry of Health, the Ministry of Environment nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [2, 3, 4]. The Ministry of Agriculture's website was under construction at the time of conducting this research [5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[3] Ministry of Environment and Sustainable Development of the Democratic Republic of Congo. [<https://medd.gouv.cd/>]. Accessed 03 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 03 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 03 December, 2020.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency. Although the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country has a national livestock development policy, there is no mention as to whether this includes such a mechanism for owners of livestock [1]. Furthermore, there is no evidence of such a national mechanism on the websites of the Ministry of Health nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [2, 3]. The Ministry of Agriculture's website was under construction at the time of conducting this research [4].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 03 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 03 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 03 December, 2020.

[4] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 03 December, 2020.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners). There is no mention of such legislation or regulation in the World Health Organization (WHO) Joint External Evaluation for the DRC from March 2018 [1]. Furthermore the 2011 and 2017 Laws on the Fundamental Principles Relating to Agriculture do not mention confidentiality of information generated through surveillance activities for animals for owners [2, 3]. In addition, according to the Data Guidance overview of the Democratic Republic of Congo from July 2020, although the country consecrates the respect for private life and the secrecy of correspondence as a fundamental right, there is no specific constitutional article on the protection of personal data and there is no specific and comprehensive legislative framework on data protection [4]. Moreover, there is no evidence of such a legislation or regulation on the websites of the Ministry of Health nor on the government's main portal [5, 6]. The Ministry of Agriculture's website was under construction at the time of conducting this research [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.

[2] President of the Democratic Republic of Congo. Law No. 11/022 of 24 December 2011. "On the Fundamental Principles Relating to Agriculture (Loi N. 11/022 du 24 Décembre 2011 Portant Principes Fondamentaux Relatifs a l'Agriculture)". [<https://lavoixdupaysancongolais.files.wordpress.com/2012/01/rdc-loi-agriculture-principes-fondamentaux-24-12-2011.pdf>]. Accessed 04 December, 2020.

[3] President of the Democratic Republic of Congo. "Proposed Law Amending and Complementing Law No. 11/022 of 24 December 2011 on the Fundamental Principles Relating to Agriculture (Proposition de Loi Modifiant et Completant la Loi N. 11/022 du 24 Décembre 2011 Portant Principes Fondamentaux Relatifs a l'Agriculture)". [<https://lavoixdupaysancongolais.wordpress.com/2017/11/22/rdc-rdcongo-la-nouvelle-loi-agricole-2017/>]. Accessed 04 December, 2020.

[4] One Trust Data Guidance. July 2020. "Democratic Republic of Congo - Data Protection Overview". [<https://www.dataguidance.com/notes/democratic-republic-congo-data-protection-overview#:~:text=The%20Democratic%20Republic%20of%20Congo,legislative%20framework%20on%20data%20protection>]. Accessed 04 December, 2020.

[5] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 04 December, 2020.

[6] Official Portal of the Democratic Republic of Congo. [<http://congo.gouv.cd/>]. Accessed 04 December, 2020.

[7] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 04 December, 2020.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that the Democratic Republic of Congo (DRC) conducts surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors). According to the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018, the country's zoonotic disease surveillance system involves the Ministry of Health, Ministry of Environment, Ministry of Agriculture, Fishing and Livestock, and the Congolese Institute for Nature Conservation. The Ministry of Environment is responsible for surveillance of wildlife in unprotected areas and the Congolese Institute for Nature Conservation for wildlife in protected areas (l'Institut Congolais pour la Conservation de la Nature (ICCN)) [1, 2]. The DRC began implementing surveillance of zoonotic disease in wildlife as part of the USAID's PREDICT initiative in the DRC, which samples target wildlife species, primarily bats, rodents, and non-human primates, at high-risk interfaces for zoonotic spillover and spread [3].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.

[2] Congolese Institute for Nature Conservation for wildlife in protected areas (Institut Congolais pour la Conservation de la Nature (ICCN)). [<https://www.iccnrdc.org/>]. Accessed 04 December, 2020.

[3] Terra R. Kelly et al. 10 January, 2020. "Implementing One Health approaches to confront emerging and re-emerging zoonotic disease threats: lessons from PREDICT". [<https://onehealthoutlook.biomedcentral.com/articles/10.1186/s42522-019-0007-9>]. Accessed 04 December, 2020.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1, No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: 1.96

2018

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: 3.11

2018

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a national plan on zoonotic disease nor any other legislation, regulation, or plan which includes mechanisms for working with the private sector in controlling or responding to zoonoses. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 states that the country does not have any zoonotic disease plans. However, the JEE does note that, in 2016, the DRC identified priority zoonotic diseases in all sectors (human, animal, and environmental): rabies, hemorrhagic fevers (Ebola, Marburg), influenza, salmonellosis, monkey pox, and arboviruses (dengue, yellow fever, Zika, West Nile, etc.) [1]. Furthermore, the country's National Plan for Health Development 2016-2020 does not mention zoonotic disease [2]. In addition, there is no mention of a national plan, legislation or regulation on zoonotic disease on the websites of the Ministry of Health nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [3, 4]. The Ministry of Agriculture's website was under construction at the time of conducting this research [5].

[1] World Health Organisation (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. 2016. "National Plan for Health Development 2016-2020: Towards Universal Health Coverage (Plan National de Développement Sanitaire 2016-2020: Vers la couverture sanitaire universelle)".

[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/democratic_republic_of_congo/pnds_2016-2020_version_finale_29_avril_2016.pdf]. Accessed 04 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 04 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 04 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 04 December, 2020.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. Although the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that there is an up-to-date inventory of pathogens in reference laboratories, i.e. National Institute of Biomedical Research (INRB) and National Veterinary Laboratory of Kinshasa (Labovet), there is no mention as to whether these records or inventories are maintained at the national level. Furthermore, the JEE recommends that the country "develop and implement a monitoring program which includes a record and up-to-date inventory of dangerous pathogens and toxins within the structures which store and handle them" [1]. In addition, there is no additional relevant information on the websites of the Ministry of Health, the INRB nor on the government and president's main portal [2, 3, 4, 5]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's one was under construction at the time of conducting this research [6]. Moreover, although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [7]. There is no relevant information on the VERTIC database [8].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 04 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 04 December, 2020.

[4] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 04 December, 2020.

[5] Official Portal of the President of the Democratic Republic of Congo. [<http://congo.gouv.cd/>]. Accessed 04 December, 2020.

[6] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 04 December, 2020.

[7] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 04 December, 2020.

[8] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 04 December, 2020.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 does not mention any such legislation or regulation and recommends that the country develop and implement comprehensive legislation or regulations related to biosafety and biosecurity [1]. Furthermore, there is no evidence of such a legislation or regulation on the websites of the Ministry of Health, the government 's main portal, nor on the one of the National Institute for Biomedical Research (INRB) [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website

and the Ministry of Agriculture's one was under construction at the time of conducting this research [5]. The DRC has a law on "Provisions for the Protection Against the Dangers of Ionizing Radiation and the Physical Protection of Materials and Nuclear Installations", yet it does not mention pathogens and toxins [6]. In addition, there is draft legislation on biosecurity, but it pertains only to agricultural biotechnology [7, 8]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [9]. Moreover, there is no evidence of such a legislation or regulation listed in the VERTIC BWC legislation database regarding the storage or processing of dangerous pathogens and toxins [10].

- [1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.
- [2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 04 December, 2020.
- [3] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 04 December, 2020.
- [4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 04 December, 2020..
- [5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 04 December, 2020.
- [6] Government of the Democratic Republic of Congo. Law 017-2002 of 16 October 2002. "On Provisions for Protection against the Dangers of Ionizing Radiation and the Physical Protection of Materials and Nuclear Installations (Loi 017-2002 du 16 Octobre 2002 portant Dispositions relatives a la Protection contre les Dangers des Rayonnements Ionisants et a la Protection Physique des Matieres et des Installations Nucleaires)". [<http://www.leganet.cd/Legislation/Droit%20Public/SANTE/Loi.017.2002.16.10.2002.htm>]. Accessed 04 December, 2020.
- [7] UNEP-GEF Project (United Nations Environmental Programme, Global Environmental Fund). 2007. "National Biosafety Framework in Democratic Republic of Congo". [https://unep.ch/biosafety/old_site/development/Countryreports/CDNBFrepEN.pdf]. Accessed 04 December, 2020.
- [8] Tete, Mundala O. 2014. "The Democratic Republic of Congo's Status with respect to Biotechnology and Biosafety". [http://www.acgt.co.za/wp-content/uploads/2014/07/DRC-status-with-respect-to-biotechnology-and-biosafety_Mundala-Tete.pdf]. Accessed 04 December, 2020.
- [9] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 04 December, 2020.
- [10] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 04 December, 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 makes no mention of such an agency. In fact, the JEE specifically notes that the DRC lacks laws and regulations on biosecurity and recommends that the country develop and implement such a legislation or regulation [1]. Furthermore, there is no evidence of such an agency on the websites of the Ministry of Health, the government 's main portal, nor on the one of the National Institute for Biomedical Research (INRB) [2, 3, 4]. The Ministry of Defense does not have a working website and the Ministry of Agriculture's one was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6].

Moreover, there is no evidence of an established agency or agencies responsible for the enforcement of biosecurity legislation and regulations listed in the VERTIC BWC legislation database [7].

- [1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.
- [2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 04 December, 2020.
- [3] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 04 December, 2020.
- [4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 04 December, 2020.
- [5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 04 December, 2020.
- [6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 04 December, 2020.
- [7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 04 December, 2020.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. There is no mention of such action in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 which recommends that the country develop and implement standard operating procedures for the safe use, storage and disposal of dangerous pathogens and toxins [1]. Furthermore, there is no relevant information on the websites of the Ministry of Health, the government 's main portal, nor on the one of the National Institute for Biomedical Research (INRB) [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's one was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such an action to consolidate its inventories listed in the VERTIC BWC legislation database regarding the storage or processing of dangerous pathogens and toxins [7].

- [1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.
- [2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 04 December, 2020.
- [3] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 04 December, 2020.
- [4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 04 December, 2020.
- [5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 04 December, 2020.
- [6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 04 December, 2020.
- [7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 04 December, 2020.

materials/bwc-legislation-database/d/]. Accessed 04 December, 2020.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that the Democratic Republic of Congo (DRC) has in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for Ebola, but not for anthrax. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that PCR is among the diagnostic tests that central level laboratories are able to carry out to detect the pathogens of several different epidemic and emerging diseases, including Ebola [1]. Furthermore, World Health Organization reports indicate that various PCR-based tests have been used to test for Ebola in the DRC. [2, 3] The JEE does not mention PCR-based testing capacity for anthrax nor is there any mention of such testing capacity on the websites of the Ministry of Health nor on the one of the National Institute for Biomedical Research (INRB) [1, 4, 5]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [6].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 04 December, 2020.

[2] World Health Organization (WHO). 2017. "Ebola Virus Disease: External Situation Report 6". [https://reliefweb.int/sites/reliefweb.int/files/resources/who%20ebola%20external%20sitrep_drc_20%20may%202017.pdf]. Accessed 04 December, 2020.

[3] World Health Organization (WHO). 2017. "New technology allows for rapid diagnosis of Ebola in Democratic Republic of the Congo". [<http://www.afro.who.int/news/new-technology-allows-rapid-diagnosis-ebola-democratic-republic-congo>]. Accessed 04 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 04 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 04 December, 2020.

[6] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 04 December, 2020.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) requires biosecurity training, using a standardized, required approach, such as through a common curriculum or a train the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. There is no mention of such a required training in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018. In fact, the JEE recommends that the DRC implement a plan for the "continuous training

of biosecurity and biosafety personnel and to extend this training to all sectors and at all levels of the health pyramid" [1]. Furthermore, there is no information regarding such a requirement on the websites of the Ministry of Health, the government's main portal, nor on the one of the National Institute for Biomedical Research (INRB) [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's one was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of biosecurity training requirements on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has regulations or licensing conditions which specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 does not mention any such regulations or licensing conditions [1]. Furthermore, there is no relevant information on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. There is no relevant information on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B). The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country has an organization for the secure transport of samples (triple packaging, especially for samples containing M. tuberculosis and the polio virus). However, there is no mention in the JEE whether this is part of a national regulation on the secure transport of infectious substances which include Categories A and B [1]. Furthermore, there is no additional information on this organization for the safe transport of infectious substances on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such a regulation on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo has legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. There is no mention of such a legislation or regulation in the World Health Organization (WHO) Joint External Evaluation for the Democratic Republic of Congo (DRC) from March 2018 nor on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, and the National Institute for Biomedical Research [1, 2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such legislation or regulations on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has in place national biosafety legislation and/or regulations. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country lacks legislation and regulations specific to biosafety and biosecurity and recommends that the DRC "develop and implement comprehensive legislation or regulations relating to biological safety and security" [1]. Furthermore, there is no evidence of such legislation or regulations on the websites of the Ministry of Health, the National Observatory of

Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such legislation or regulations on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has an established agency responsible for the enforcement of biosafety legislation and regulations. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country lacks legislation and regulations specific to biosafety and biosecurity and recommends that the DRC "develop and implement comprehensive legislation or regulations relating to biological safety and security" [1]. Furthermore, there is no evidence of such an agency on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such an agency responsible for the enforcement of biosafety legislation or regulations on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the

Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.
[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) requires biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. While the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country has some biosafety and biosecurity training in the framework of laboratory strengthening initiatives (ie RESAOLAB), it also recommends that the DRC "develop a biosafety and biosecurity training program, integrated into the curricula of educational institutions (universities, vocational schools, health institutions)" [1]. Furthermore, there is no evidence of such biosafety training requirements on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such training requirements on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. Although the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that there are some reference laboratories affiliated with external quality assessment programs, the JEE also recommends that the DRC set up a national program to evaluate and audit the quality of laboratory analyses [1]. Furthermore, there is no evidence that the country has carried out this type of assessment on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such an assessment on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other

dual-use research. There is no mention of such a legislation or regulation in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 which does note that the country should set up a national program to evaluate and audit the quality of laboratory analyses as well as develop and implement an overall legislation or regulation for biosafety and biosecurity [1]. Furthermore, there is no available evidence of legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such legislation or a regulation on the VERTIC BWC legislation database [7].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.

[6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.

[7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. There is no mention of such an agency in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 which does, however note that the country should set up a national program to evaluate and audit the quality of laboratory analyses as well as develop and implement an overall legislation or regulation for biosafety and biosecurity [1]. Furthermore, there is no available evidence of an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no relevant information on the VERTIC BWC legislation database [7].

- [1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.
- [2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.
- [3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.
- [4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.
- [5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.
- [6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.
- [7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold. There is no evidence of such a legislation or regulation in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 nor on the websites of the Ministry of Health, the National Observatory of Human Resources in Health, nor on the one of the National Institute for Biomedical Research [1, 2, 3, 4]. The Ministry of Defense and the Ministry of Research do not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Although the DRC is a party to the Biological Weapons Convention, it has not submitted any publicly available Confidence-Building Measure reports in accordance with decisions of BWC Review Conferences [6]. In addition, there is no evidence of such a legislation or regulation on the VERTIC BWC legislation database [7].

- [1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 05 December, 2020.
- [2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 05 December, 2020.
- [3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 05 December, 2020.
- [4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 05 December, 2020.
- [5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 05 December, 2020.
- [6] Biological Weapons Convention (BWC) Electronic Confidence Building Measures Portal. "Democratic Republic of the Congo (DRC)." [<https://bwc-ecbm.unog.ch/state/democratic-republic-congo-drc>]. Accessed 05 December, 2020.
- [7] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 05 December, 2020.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1, No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo's (DRC) national laboratory system has the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests. The World Health Organization (WHO) Joint External Evaluation for the DRC from March 2018 mentions that the laboratories at the central level have the capacity to conduct serology and PCR tests for various pathogenic diseases but the JEE does not explicitly state that the country can conduct 5

out of the 10 WHO-defined core tests [1]. The National Institute for Biomedical Research (INRB)'s website indicates that its virology department is composed of six different units specific to Ebola, Polio, Influenza, Monkeypox, Measles and Rotavirus units and that it has a PCR testing system [2]. Although it does not specifically name the tests, reports from the WHO and other health organizations state that the INRB can test for flu, polio, HIV, tuberculosis, and malaria yet the types of tests are not specified [3, 4, 5, 6]. Furthermore, there is no relevant information on the websites of the Ministry of Health or the National Observatory of Human Resources in Health [7, 8]. The Ministry of Research does not have working website.

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 07 December, 2020.

[2] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 07 December, 2020.

[3] U.S. Centers for Disease Control and Prevention. "Fiscal Years 2012 & 2013 Annual Report - Influenza Division International Activities: Democratic Republic of Congo.

[<https://www.cdc.gov/flu/pdf/international/program/2013/congo.pdf>]. Accessed 07 December, 2020.

[4] World Health Organization (WHO). 1 February 2017. "With the support of WHO and other partners (USAID, PATH and NIH), the Congolese national laboratory, INRB significantly strengthens its capacity to analyze and respond to diseases such as EBOLA (Avec l'appui de l'OMS et des autres partenaires (USAID, PATH et NIH), le laboratoire national congolais, l'INRB renforce significativement ses capacités d'analyse et de réponse des pathologies telles qu'EBOLA)".

[<https://reliefweb.int/report/democratic-republic-congo/avec-l-appui-de-l-oms-et-des-autres-partenaires-usaid-path-et-nih>]. Accessed 07 December, 2020.

[5] Kaswa, Michel K. 2014. "Pseudo-Outbreak of Pre-Extensively Drug-Resistant (Pre-XDR) Tuberculosis in Kinshasa: Collateral Damage Caused by False Detection of Fluoroquinolone Resistance by GenoType MTBDRs/". Journal of Clinical Microbiology.

[<https://jcm.asm.org/content/52/8/2876>]. Accessed 07 December, 2020.

[6] Ministry of Health of the Democratic Republic of Congo. September 2014. "An Epidemiological Profile of Malaria in the Democratic Republic of Congo". [<http://www.inform-malaria.org/wp-content/uploads/2015/03/DRC-Epidemiological-Report-120914.pdf>]. Accessed 07 December, 2020.

[7] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 07 December, 2020.

[8] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>].

Accessed 07 December, 2020.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 1

There is evidence that the Democratic Republic of Congo (DRC) has a national plan for conducting testing during a public health emergency, which includes scaling capacity, but not one which includes considerations for testing for novel pathogens, nor for defining goals for testing. The country's Preparedness and Response Plan against the Covid-19 Epidemic of March 2020 has a specific section on strengthening laboratory diagnostic and research capacities. This includes "strengthening the diagnostic capacities of the provincial laboratories in Goma, Lubumbashi and Kisangani and expanding laboratory analysis to at least two sites in Kinshasa (the National Institute for Biomedical Research (INRB), academic clinics of Kinshasa, Cliniques LABOVET)". The plan also mentions a strategy to "perform analyses on high-risk contacts around a confirmed case". However, the plan does not define specific goals for testing [1]. The 2019 DRC's national plan against Ebola

also includes a strategy for scaling its testing capacity but does not mention testing for novel pathogens nor does it define its goals for testing [2]. Furthermore there is no evidence of such a plan on testing for novel pathogens on the Ministry of Health's website, the government's main portal nor on the INRB's website [3, 4, 5].

[1] "Preparedness and Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Preparation et de Riposte contre l'Epidemie au Covid-19 en République Démocratique du Congo)". March 2020. [https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html]. Accessed 07 December, 2020.

[2] "National Response Plan Against the Ebola Epidemic in the Provinces of North Kivu and Ituri, Democratic Republic of Congo (Plan National de Riposte Contre l'epidemic de la maladie à virus Ebola dans les provinces du Nord Kivu et de l'Ituri, République Démocratique du Congo)". [https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1]. Accessed 07 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [https://www.minisanterdc.cd/]. Accessed 07 December, 2020.

[4] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo) [https://www.primature.cd/public/]. Accessed 07 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [https://inrb.net/]. Accessed 07 December, 2020.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a national laboratory that serves as a reference facility which is accredited. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 indicates that the National Institute for Biomedical Research (Institut National de Recherche Biomédicale, or INRB) serves as the national laboratory and reference facility. However the JEE does not state that the INRB is accredited and recommends that the country should strengthen the capacity of reference laboratories for accreditation. The JEE does note that the INRB is pursuing World Health Organization accreditation for certain diseases, yet there is no updated evidence available that it has done this [1]. Furthermore, there is no additional information on the websites of the Ministry of Health nor on the one of the INRB [2, 3].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/]. Accessed 05 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [https://www.minisanterdc.cd/]. Accessed 05 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [https://inrb.net/]. Accessed 05 December, 2020.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that the Democratic Republic of Congo's (DRC) national laboratory that serves as a reference facility is subject to external quality assurance review. According to the World Health Organization (WHO) Joint External Evaluation (JEE) for the Democratic Republic of Congo from March 2018, the National Institute for Biomedical Research (Institut National de Recherche Biomedicale, or INRB) serves as the national laboratory and reference facility. The JEE mentions that the INRB participates in external quality evaluation programs that are part of the World Health Organisation (WHO) accreditation process for certain diseases [1]. Furthermore, the website of the INRB lists several external organizations (including the WHO) with which it collaborates [2].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 07 December, 2020.

[2] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 07 December, 2020.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a nationwide specimen transport system. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country can ensure the secure transport of samples by triple packaging, especially for samples containing M. tuberculosis and the polio virus. The JEE also mentions that the transport of vaccines is contracted to different airlines companies and cold storage equipment is contracted to private companies. However, there is no direct mention of a nationwide specimen transport system; moreover, the JEE recommends that the DRC strengthen and harmonize a secure transport system for samples inside and outside the country [1]. Furthermore, although the DRC's national preparedness and response plan to Covid-19 of March 2020 calls for "training the teams in sample collection techniques and sample transport", there is no evidence that this has been put into place [2]. In addition, there is no evidence of such a specimen transport system on the website of the Ministry of Health nor on the one of the National Institute for Biomedical Research (INRB) [3, 4]. The Ministry of Agriculture's website was under construction at the time of conducting this research [5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 07 December, 2020.

[2] "Preparedness and Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo)". March 2020. [<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 07 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 07 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 07 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 07 December, 2020.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. Although the DRC's National Preparedness and Response Plan for Covid-19 of March 2020 mentions plans to strengthen the diagnostic capacities of provincial laboratories in Goma, Lubumbashi and Kisangani, there is no evidence that such a plan was in place before the Covid-19 outbreak [1]. Furthermore, a report by the World Health Organization called "WHO's contribution in the response to the Covid-19 Pandemic in the Democratic Republic of Congo" from August 2020 confirmed that 70 medical biologists and laboratory technicians from the INRB (National Institut for Biomedical Research), University Clinics in Kinshasa and laboratories in Ituri, Central Kongo, and South Kivu had been trained for testing. However, the report refers only to testing for Covid-19 and offers no evidence that this was part of a national plan in place before the coronavirus outbreak [2]. In addition, there is no available evidence of such a plan on the websites of the Ministry of Health, the government's main portal nor on the one of the INRB [3, 4, 5]. The Ministry of Agriculture's website was under construction at the time of conducting this research [6].

[1] "Preparedness and Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Preparation et de Riposte contre l'Epidemie au Covid-19 en République Démocratique du Congo)". March 2020. [<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 07 December, 2020.

[2] "WHO's contribution in the response to the Covid-19 Pandemic in the Democratic Republic of Congo (Contribution de l'OMS dans la réponse à la pandémie de COVID-19 en République Démocratique du Congo). August 2020. [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/rapport_5mois-covid-19_final_rdc_who23082020.pdf]. Accessed 07 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 07 December, 2020.

[4] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo) [<https://www.primature.cd/public/>]. Accessed 07 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 07 December, 2020.

[7] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 07 December, 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis
= 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo is conducting ongoing event-based surveillance and analysis for infectious disease. According to the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018, the country has limited event-based surveillance in pilot phases in three locations [1]. However, there is no available information as to whether they are still in their pilot phase or have been expanded on the websites of the Ministry of Health, the National Observatory of Human Resources in Health or the one of the National Institute for Biomedical Research (2, 3, 4). The Ministry of Agriculture's website was under construction at the time of conducting this research [5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 07 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 07 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 07 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 07 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 07 December, 2020.

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence that the Democratic Republic of Congo (DRC) reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two year. Starting on 1 August 2018, the country's Ministry of Health declared a new outbreak of Ebola virus disease in North Kivu Province. Then, in 2019, the outbreak subsequently spread to South Kivu Province, and on 17 July 2019, the WHO Director-General declared the outbreak a Public Health Emergency of International Concern [1]. The DRC continuously updated the WHO throughout 2019 and 2020. For example, on September 3, 2020, three months after the declaration of the eleventh Ebola virus disease (EVD) outbreak in Equateur Province, the number of confirmed cases continued to increase, as did the geographic spread of the outbreak [2]. The most recent report to the WHO was on 18 November 2020, when the Minister of Health declared the end of the Ebola Virus Disease (EVD) outbreak in Equateur Province [3]. Furthermore, the DRC also reported a Monkeypox outbreak in 2020 with the latest update on October 1, 2020 [4].

[1] WHO Ebola virus disease - Democratic Republic of the Congo Disease outbreak news: Update 26 June 2020.

[<https://www.who.int/csr/don/26-June-2020-ebola-drc/en/>]. Accessed 08 December, 2020.

[2] WHO Disease outbreak news Ebola virus disease - Democratic Republic of the Congo. 3 September 2020

[<https://www.who.int/csr/don/03-september-2020-ebola-drc/en/>]. Accessed 08 December, 2020. [3] WHO Disease outbreak news Ebola virus disease - Democratic Republic of the Congo. 18 November, 2020. [<https://www.who.int/csr/don/18-november-2020-ebola-drc/en/>]. Accessed 08 December, 2020.

[4] WHO Monkeypox - Democratic Republic of the Congo Disease outbreak news. 1 October 2020.

[<https://www.who.int/csr/don/01-october-2020-monkeypox-drc/en/#:~:text=From%201%20January%20through%2013,Democratic%20Republic%20of%20the%20Congo.>]. Accessed 08 December, 2020.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) operates an electronic reporting surveillance system at both the national and the sub-national level. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country does not have an interoperable and interconnected real-time electronic notification system with the exception of the ongoing project AVADAR (Auto-Visual AFP Detection and Reporting) which is deployed in 4 health zones of 2 provincial health divisions (use of smartphones) for real-time monitoring of polio. In fact, the JEE recommends as a priority measure that the DRC put in place a national electronic surveillance system according to the "One Health" approach. [1]. The DRC uses DHIS2 as the regional reporting system, but only about half of the country's health zones (284 out of 516) have access to the system [2]. Furthermore, according to a 2018 study done by a non-profit organization called IMA World Health on the implementation of DHIS2 in the DRC, the organization notes that the most pressing challenges for data collection are the geographic barriers and technological limitations in the DRC. It says that "as a result, many health facilities still use paper-based systems that limit timely access to data [3]. In addition, there is no evidence that such a surveillance system recommended by the JEE has been put into place on the websites of the Ministry of Health nor on the one of the National Institute for Biomedical Research (INRB) [4, 5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 08 December, 2020.

[2] Muhemedi, Saleh et al. 2017. "Evolution of the National Health Information System in the Democratic Republic of the Congo between 2009 and 2015 (Evolution du système national d'information sanitaire de la république démocratique du Congo entre 2009 et 2015)". Pan African Medical Journal 28: 225. [<http://www.panafrican-med-journal.com/content/article/28/225/full/>]. Accessed 08 December, 2020.

[3] IMA World Health. "Implementing DHIS2 in the DRC". 2018. [<https://imadrc.org/dhis2/>]. Accessed 08 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 08 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 08 December, 2020.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has an electronic reporting surveillance system which collects ongoing or real-time laboratory data. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country does not have an interoperable and interconnected real-time electronic notification system with the exception of the ongoing project AVADAR (Auto-Visual AFP Detection and Reporting)

which is deployed in 4 health zones of 2 provincial health divisions (use of smartphones) for real-time monitoring of polio. Furthermore, the JEE makes particular note of the difficulties in transmitting and consolidating laboratory data in real time [1]. Although the National Institute for Biomedical Research mentions on its website that one of its function is biological surveillance of diseases with epidemic potential, there is no specific information on what this entails [2]. In addition, there is no available information on such a system on the websites of the Ministry of Health nor on the one of the National Observatory of Human Resources in Health [3, 4].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 08 December, 2020.

[2] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 08 December, 2020

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 08 December, 2020.

[3] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 08 December, 2020.

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 0

There is no publicly available evidence that electronic health records are commonly used in the Democratic Republic of Congo (DRC). There is no available information on the World Health Organization's (WHO) 2016 'Atlas Publication on eHealth' as to whether the country has an e-Health strategy [1]. Furthermore, according to a study published by ICTworks on December 4, 2019, the DRC is one of the countries which did not respond to a survey request by the WHO Global Observatory for eHealth [2]. In addition, there is no evidence that the DRC commonly uses health records in the Joint External Evaluation for the DRC from March 2018, nor on the websites of the Ministry of Health or the one for the National Institute for Biomedical Research [3, 4, 5]. Moreover, according to a 2018 study done by a non-profit organization called IMA World Health on the implementation of DHIS2 in the DCR, the organization notes that "many health facilities still use paper-based systems that limit timely access to data" [6].

[1] World Health Organization (WHO) Atlas of eHealth country profiles 2016.

[https://apps.who.int/iris/bitstream/handle/10665/204523/9789241565219_eng.pdf?sequence=1]. Accessed 08 December, 2020.

[2] Wayan Vota, ICTworks, 4 December, 2019. "Every African Country's National eHealth Strategy or Digital Health Policy". [<https://www.ictworks.org/african-national-ehealth-strategy-policy/#.X7LrJtNKjwd>]. Accessed 08 December, 2020.

[3] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 08 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 08 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 08 December, 2020.

[6] IMA World Health. "Implementing DHIS2 in the DRC". 2018. [<https://imadrc.org/dhis2/>]. Accessed 08 December, 2020

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC)'s national public health system has access to electronic health records of individuals in their country. There is no information regarding this on the Ministry of Health's website nor on the one for the National Institute for Biomedical Research [1, 2]. Furthermore, there is no available information on the World Health Organization's (WHO) 2016 'Atlas Publication on eHealth' as to whether the country has an e-Health strategy which would include using electronic health records [3]. In addition, according to a 2018 study done by a non-profit organization called IMA World Health on the implementation of DHIS2 in the DRC, the organization notes that "many health facilities still use paper-based systems that limit timely access to data" [4].

[1] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 08 December, 2020.

[2] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 08 December, 2020.

[3] World Health Organization (WHO) Atlas of eHealth country profiles 2016. [https://apps.who.int/iris/bitstream/handle/10665/204523/9789241565219_eng.pdf?sequence=1]. Accessed 08 December, 2020.

[4] IMA World Health. "Implementing DHIS2 in the DRC". 2018. [<https://imadrc.org/dhis2/>]. Accessed 08 December, 2020.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has data standards to ensure data is comparable. Although the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that there are standardized forms to collect data from laboratories, it does not mention any data standards for electronic health records [1]. Furthermore, there is no available evidence of such data standards on the Ministry of Health's website nor on the one for the National Institute for Biomedical Research [2, 3].

[1] World Health Organization (WHO) Atlas of eHealth country profiles 2016.

[https://apps.who.int/iris/bitstream/handle/10665/204523/9789241565219_eng.pdf?sequence=1]. Accessed 08 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 08 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 08 December, 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has an established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance). The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that there is an insufficient sharing of surveillance data between human, animal and environmental health sectors and recommends that the DRC formalize a long-term framework for regular collaboration and exchange between these three sectors [1]. Furthermore, there is no evidence of such a mechanism on the websites of the Ministry of Health, the Ministry of Environment nor on the one for the National Institute for Biomedical research [2, 3, 4] The Ministry of Agriculture's website was under construction at the time of conducting this research [5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 08 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 08 December, 2020.

[3] Ministry of Environment and Sustainable Development of the Democratic Republic of Congo. [<https://medd.gouv.cd/>]. Accessed 08 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 08 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 08 December, 2020.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) makes de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites. Although there are weekly and even bi-weekly reports on surveillance of diseases such as Covid-19 and Ebola, these bulletins are posted on the UN Office for the Coordination of Humanitarian Affairs (OCHA)'s website and not on a DRC government one [1, 2]. Furthermore, OCHA lists the president's official portal as its source of information but this website was not working at the time of conducting this research [3]. In addition, there is no evidence of such de-identified health surveillance data reporting on the website of the Ministry of Health nor on the one of the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale) [4, 5].

[1] Epidemiological Bulletin COVID-19 N° 312/2020 of 07/12/2020 DR Congo. [<https://reliefweb.int/report/democratic-republic-congo/bulletin-epidemiologique-covid-19-n-3122020-du-07122020>]. Accessed 08 December, 2020.

[2] DR Congo - Ituri and North Kivu: MVE response status dashboard (Week 17: April 20-26, 2020).

[<https://reliefweb.int/report/democratic-republic-congo/rd-congo-ituri-et-nord-kivu-tableau-de-bord-de-l-tat-de-la-59>]. Accessed 08 December.

[3] President of the Democratic Republic of Congo. Official website. [<http://www.presidentrdc.cd/>]. Accessed 06 January, 2021.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 06 January, 2021.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 06 January, 2021.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 1

The Democratic Republic of Congo (DRC) makes de-identified Covid-19 surveillance data available via daily reports on its main government's website. Everyday, the government posts on its portal, the number of new cases confirmed, the geographical area where these cases were detected, the percentage of asymptomatic and symptomatic cases, the mortality rate as well as the overall number of Covid-19 cases since the first one was detected in March of 2020 [1].

[1] DR Congo Epidemiological bulletin COVID-19. 07 December, 2020. [<https://reliefweb.int/updates?advanced-search=%28S732%29>]. Accessed 10 December, 2020.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. Law No. 013-2002, which provides the framework for data privacy regulations in the DRC, does not specifically include individual health information [1]. Furthermore, according to the Data Guidance overview of data protection in the DRC, the country "consecrates the respect for private life and the secrecy of correspondence as a fundamental right". However, "there is no specific constitutional article on the protection of personal data and there is no specific and comprehensive legislative framework on data protection" [2]. In addition, there is no available evidence of such a legislation or regulation on the website of the Ministry of Health nor on the one for the National Institute for Biomedical Research [3, 4]. Moreover, no relevant information could be found on the VERTIC legislation database [5].

[1] President of the Democratic Republic of Congo. Law No. 013-2002. "On Telecommunications in the DRC (Loi Cadre N. 013-2002 du 16 Octobre 2002 sur les Telecommunications en RDC)".

[<http://www.leganet.cd/Legislation/Droit%20economie/telecommunication/LC.013.2002.16.10.2002.htm>]. Accessed 10 December, 2020.

[2] Data Guidance: Democratic Republic of Congo - Data Protection Overview. July 2020.

[<https://www.dataguidance.com/notes/democratic-republic-congo-data-protection-overview#:~:text=The%20Democratic%20Republic%20of%20Congo,legislative%20framework%20on%20data%20protection>]. Accessed 10 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 10 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 10 December, 2020.

[5] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 10 December, 2020.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, which includes mention of protections from cyber attacks. Law No. 013-2002, which provides the framework for data privacy regulations in the DRC, does not specifically include individual health information nor mention protections from cyber attacks. According to the Data Guidance overview of data protection in the DRC, "there is no specific constitutional article on the protection of personal data and there is no specific and comprehensive legislative framework on data protection". Furthermore, the Data Guidance overview makes no mention of any legislation regarding protection from cyberattacks [2]. In addition, there is no available evidence of such a legislation or regulation on the website of the Ministry of Health nor on the one for the National Institute for Biomedical Research [3, 4]. Moreover, no relevant information could be found on the VERTIC legislation database [5].

[1] President of the Democratic Republic of Congo. Law No. 013-2002. "On Telecommunications in the DRC (Loi Cadre N. 013-2002 du 16 Octobre 2002 sur les Telecommunications en RDC)".

[<http://www.leganet.cd/Legislation/Droit%20economie/telecommunication/LC.013.2002.16.10.2002.htm>]. Accessed 10 December, 2020.

[2] Data Guidance: Democratic Republic of Congo - Data Protection Overview. July 2020.

[<https://www.dataguidance.com/notes/democratic-republic-congo-data-protection-overview#:~:text=The%20Democratic%20Republic%20of%20Congo,legislative%20framework%20on%20data%20protection>]. Accessed 10 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 10 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 10 December, 2020.

[5] VERTIC Database. "Democratic Republic of the Congo." [<http://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/d/>]. Accessed 10 December, 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo's (DRC) government has made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data for one or more diseases, during a public health emergency with other countries in the region. Although the country signed, on March 18, 2011, a Memorandum of Understanding on cross-border health issues with Angola, the Republic of Congo, Namibia and Zambia, there is no mention that this includes sharing surveillance data during a public health emergency [1]. Furthermore, on October 2, 2019 the World Bank announced funding for the fourth project of the Regional Disease Surveillance Systems Enhancement project (REDISSE) in Central Africa of which the DRC is a member. The aim of REDISSE is to "strengthen national and regional capacity to address disease threats at the human, animal, and environmental interface". However, there is no evidence that this project has been fully implemented [2]. In addition, there is no mention of such an agreement to share surveillance data during a public health emergency with other countries in the region on the websites of the Ministry of Health, the government's main portal nor on the one for the National Institute for Biomedical Research (INRB) [3, 4, 5]. The DRC is part of the Central Africa veterinary laboratory network for Avian Influenza and other transboundary diseases (RESOLAB-CA) and the regional network of national epidemiology surveillance systems for Avian Influenza and other priority animal diseases in Central Africa (RESEPI-CA). However, neither network includes an explicit commitment to share surveillance data during a public health emergency [6].

[1] World Health Organization (WHO). 8 April, 2011. "Namibia and Angola welcomes historical cross border agreement to close the net on malaria". [<https://www.afro.who.int/fr/node/2448>]. Accessed 10 December, 2020.

[2] "World Bank Approves \$280 Million to Reinforce Disease Surveillance in Central Africa." World Bank, 2 October, 2019. [<https://www.worldbank.org/en/news/press-release/2019/10/02/world-bank-approves-280-million-to-reinforce-disease-surveillance-in-central-africa>]. Accessed 10 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 10 December, 2020.

[4] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 10 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 10 December, 2020.

[6] Food and Agriculture Organisation of the United Nations (FAO). "FAO hands over Coordination of Animal Networks to Regional Coordinators in West and Central Africa".

[http://www.fao.org/ag/againfo/programmes/en/empres/news_201213b.html]. Accessed 10 December, 2020.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 1

There is some evidence that the Democratic Republic of Congo (DRC) has a national system in place to provide support at the sub-national level to conduct contact tracing in response to an active public health emergency, however not in preparation for future public health emergencies. The DRC's Preparedness and Response Plan to Covid-19, which was launched in March 2020 and finalized on April 1, 2020, set up a national Task Force led by the Prime Minister with the Minister of Health responsible for, among other tasks, mobilizing resources and managing funds both at national and regional levels. According to the national plan, this includes increasing training and contact tracing in "hot spots" throughout the country. [1, 2]. Previously, the DRC has been praised for increasing contact tracing at regional levels which it had put in place during the ongoing Ebola outbreak 2018-2020 [3, 4]. In addition, according to World Health Organization and United Nations' reports, although there is such a system in place, it has been hampered by a lack of funding, local strikes and regional conflicts [2, 5, 6].

[1] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo).

[https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html]. Accessed 10 December, 2020.

[2] Democratic Republic of Congo: Covid-19 Humanitarian Response Plan - Addendum to the Humanitarian Response Plan 2020 (Plan de Reponse Humanitaire Covid-19 - Addendum au Plan de Réponse Humanitaire 2020)

[https://reliefweb.int/sites/reliefweb.int/files/resources/rdc2020_plan_reponse_humanitaire_covid-19_200410.pdf]. Accessed 10 December, 2020.

[3] NYU Center on International Cooperation. 30 March, 2020. "COVID-19: What the US Can Learn From the DRC's Response to Ebola". [https://cic.nyu.edu/blog/covid19-lessons-drc-ebola]. Accessed 10 December, 2020.

[4] IMA World Health. Matt Hackworth, 7 May 2020. "As COVID-19 continues its march, Ebola's contact tracing may prove useful once again". [https://imaworldhealth.org/blog/2020/covid-19-continues-its-march-ebolass-contact-tracing-may-prove-useful-once-again].

[5] World Health Organization (WHO). "Ebola virus disease – Democratic Republic of the Congo". 03 September, 2020. [https://www.who.int/csr/don/03-september-2020-ebola-drc/en/]. Accessed 10 December, 2020.

[6] United Nations News:. 18 November, 2020. "Latest Ebola outbreak in DR Congo is declared over, with lessons for COVID-19". [https://news.un.org/en/story/2020/11/1077912]. Accessed 10 December, 2020

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) provides wraparound services to enable infected people and their contacts to self-isolate as recommended, particularly in terms of economic support (paycheck, job security) nor in terms of medical attention. The DRC's Preparedness and Response Plan to Covid-19, which was launched in March 2020 and finalized on April 1, 2020, mentions psychological and nutritional support for confirmed and suspected cases in isolation. However, there is no mention of any economic support or medical attention for either those in isolation or self-

isolation, nor is there any mention of this plan being applicable to other health emergencies [1]. Furthermore, the finalized plan notes the lack of financial resources in addressing the Covid-19 crisis in all areas [2]. The DRC's most recent national plan in response to Ebola of February 2019 has a section devoted to the care of confirmed or suspected cases in isolation. This includes medical, nutritional and psychological care but it does not specifically mention economic support nor that this plan applies to other diseases [3]. In addition, there is no evidence of such wraparound services or medical attention being provided on the websites of the Ministry of Health, the government's main portal nor on the one for the National Institute of Biomedical Research [4, 5, 6].

[1] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo).

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 10 December, 2020.

[2] Democratic Republic of Congo: Covid-19 Humanitarian Response Plan - Addendum to the Humanitarian Response Plan 2020 (Plan de Réponse Humanitaire Covid-19 - Addendum au Plan de Réponse Humanitaire 2020).

[https://reliefweb.int/sites/reliefweb.int/files/resources/rdc2020_plan_reponse_humanitaire_covid-19_200410.pdf]. Accessed 10 December, 2020.

[3] "National Response Plan Against the Ebola Epidemic in the Provinces of North Kivu and Ituri, Democratic Republic of Congo (Plan National de Riposte Contre l'epidemic de la maladie à virus Ebola dans les provinces du Nord Kivu et de l'Ituri, République Démocratique du Congo)". February 2019. [<https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1>]. Accessed 10 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 10 December, 2020.

[5] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 10 December, 2020.

[6] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 10 December, 2020.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) makes de-identified data on contact tracing efforts for Covid-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites. There are daily reports posted on the government's main portal regarding Covid-19 cases which include the number of new cases confirmed, the geographical area where these cases were detected, the percentage of asymptomatic and symptomatic cases, the mortality rate as well as the overall number of Covid-19 cases since the first one was detected in March of 2020. However, there is no mention of the contract tracing data which would include the percentage of new cases from identified contacts [1]. Furthermore, there is no evidence of such de-identified data on the websites of the Ministry of Health, the government's main portal nor on the one for the National Institute of Biomedical Research [2, 3, 4]

[1] DR Congo Epidemiological bulletin COVID-19. 07 December, 2020. [<https://reliefweb.int/updates?advanced-search=%28S732%29>]. Accessed 10 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 10 December, 2020.

[3] Cabinet of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 10 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 10 December, 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 2

There is evidence that the Democratic Republic of Congo has a plan between public health system and border control authorities to identify suspected and potential cases in international travelers and trace their contacts in the event of a public health emergency. This plan includes both preparation in response to future and to active public health emergencies. In March of 2006, the DRC updated a 2002 ministerial order for the National Program of Hygiene at Borders (Arrêté Ministériel n°1250/CAB/MIN/S/BYY/MC/007/2006 du programme d'Hygiène aux frontières), PNHF. It states that the mission of the PNHF is to “ensure alert and control activities at the Democrat Republic of Congo’s borders which includes notification, isolation and care of any suspected cases, health reporting and surveillance of diseases with epidemic potential”. However, while it notes that it is also responsible for tracing contacts, it does not explicitly mention that these contacts should be quarantined [1]. The PNHF has been active throughout the recent Ebola outbreaks in the DRC as well as during the Covid-19 pandemic. For example, in June of 2019, the Ministry of Health, announced via Twitter, that it had checked more than 65 million travelers crossing its borders since the creation of the PNHF and that more than 25,000 were controlled every day [2]. Furthermore, a report by the WHO said that the PNHF was also being used at point of entries to identify suspected cases of the coronavirus [3]. In addition, the DRC’s Preparedness and Response Plan to Covid-19 (finalized April1, 2020) included measures to ensure jointly with the Migration Services the control/screening of passengers on arrival at international airports and other points of entry, to track travelers from affected countries and to consolidate the traveler database, especially for tracing contacts [4].

[1] Official Journal of the Democratic Republic of Congo. Ministerial Order n°1250/CAB/MIN/S/BYY/MC/007/2006 of 28 mars 2006. [<http://www.leganet.cd/Legislation/JO/2006/JO.01.08.2006.quarantaine.pdf>]. Accessed 11 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo Twitter account. 14 June, 2019.

[<https://twitter.com/minsanterdc/status/1139521447158853633?lang=en>]. Accessed 11 December, 2020.

[3] International Organization for Migration (IOM). 8 May, 2020. “Mobilization against COVID-19 in DRC builds on experience of response to the Ebola virus (La mobilisation contre la COVID-19 en RDC s'appuie sur l'expérience de la réponse au virus Ebola). [<https://reliefweb.int/report/democratic-republic-congo/la-mobilisation-contre-la-covid-19-en-rdc-sappuie-sur-lexp-rience>]. Accessed 11 December, 2020.

[4] “Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo”. March 2020. (Plan de Préparation et de Riposte contre l’Epidémie au Covid-19 en République Démocratique du Congo).

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 11 December, 2020.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is available evidence that the Democratic Republic of Congo (DRC) has an applied epidemiology training program (such as FETP) is available in country. However, there is no evidence that resources are provided by the DRC government to send citizens to another country to participate in applied epidemiology training programs (such as FETP). The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that there are basic and advanced FETP programs offered in the country. [1] The DRC Field Epidemiology and Laboratory Training Program, hosted by the University of Kinshasa, is a member of AFENET and a pending member of TEPHINET. [2, 3] There is no mention in the JEE nor on the websites of the Ministry of Health and the National Institute for Biomedical Research that resources are provided by the DRC government to send citizens to another country to participate in applied epidemiology training programs [1, 4, 5]

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 11 December, 2020.

[2] AFENET. "Democratic Republic of the Congo Field Epidemiology and Laboratory Training Program".

[<http://www.afenet.net/index.php/countries/drc>]. Accessed 11 December, 2020.

[3] TEPHINET. "Democratic Republic of the Congo Field Epidemiology and Laboratory Training Program".

[<https://www.tephinet.org/training-programs/democratic-republic-of-the-congo-field-epidemiology-and-laboratory-training>]. Accessed 11 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 11 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 11 December, 2020.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that the available field epidemiology training programs in the Democratic Republic of Congo (DRC) are explicitly inclusive of animal health professionals, yet there is no evidence of a specific animal health field epidemiology training program offered (such as FETPV). The Democratic Republic of Congo (DRC) Field Epidemiology and Laboratory Training Program, hosted by the University of Kinshasa, is explicitly inclusive of veterinarians [1]. However, the World Health

Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that an insufficient number of veterinarians participate in the FETP each year (only 2-3 per year) [2]. The DRC has also taken part in regional FETPV programming organized by the Food and Agriculture Organization (FAO) [3]. In addition, in 2018, the FAO and the Institute for Infectious Animal Diseases (IIAD) at Texas A&M AgriLife Research launched the In-Service Applied Veterinary Epidemiology (ISAVET) program in 14 countries, including the DRC [4, 5]. There is no mention of specific animal health field epidemiology training program offered (such as FETPV) on the websites of the Ministry of Health, the National Observatory of Human Resources in Health nor on the one for the National Institute for Biomedical Research [6, 7, 8]. The Ministry of Agriculture's website was under construction at the time of conducting this research [9]. Moreover, there is no mention in the JEE of a specific animal health field epidemiology training program offered (such as FETPV) [2].

[1] AFENET. "Democratic Republic of the Congo Field Epidemiology and Laboratory Training Program".

[<http://www.afenet.net/index.php/countries/drc>]. Accessed 11 December, 2020.

[2] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 11 December, 2020.

[3] Food and Agriculture Organisation of the United Nations (FAO). 6 December 2017. "FAO works with countries of sub-Saharan Africa to develop a regional programme of field epidemiology training for veterinarians (La FAO accompagne les pays d'Afrique subsaharienne à développer un programme régional de formation en épidémiologie de terrain pour les vétérinaires)". [<http://www.fao.org/senegal/actualites/detail-events/fr/c/1071418/>]. Accessed 11 December, 2020.

[4] Food and Agriculture Organisation (FAO) of the United Nations. October 2018. "New training for veterinarians in 14 African countries to help combat infectious diseases." [<http://www.fao.org/emergencies/fao-in-action/stories/stories-detail/en/c/1161401>]. Accessed 11 December, 2020.

[5] Institute for Infectious Animal Diseases. "Frontline ISAVET." [<https://iiad.tamu.edu/frontline-isavet>]. Accessed June 2019.

[6] Food and Agriculture Organisation (FAO) of the United Nations. October 2019. "First FAO ISAVET training programme held in Uganda." [<http://www.fao.org/resilience/news-events/detail/en/c/1171750>]. Accessed 11 December, 2020.

[6] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 11 December, 2020.

[7] National Observatory of Human Resources in Health. [<http://www.minisante-rhs.cd/index.php/ministere-de-la-sante>]. Accessed 11 December, 2020.

[8] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 11 December, 2020

[9] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 11 December, 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 1

The Democratic Republic of Congo (DRC) does not have an overarching national public health emergency response plan in place but there is evidence that the country has some disease-specific response plans in place. On April 1, 2020, the government enacted its National Preparedness and Response Plan to Covid-19 yet there is no mention that it addresses planning for communicable diseases other than the coronavirus [1]. Furthermore, the DRC has a national response plan to the Ebola virus (last updated in February 2019) but, again, there is no available evidence that it addresses other communicable diseases with epidemic or pandemic potential [2]. In addition, the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that while the country has plans and policies to deal with emergencies such as the ORSEC national disaster relief plan and one for cholera and Ebola, it does not have a national multi-risk public health emergency preparedness and response plan in place. It also notes that the DRC's multi-risk public health emergency action plan is only partial because it does not include all the risks covered in the 2005 International Health Regulations [3]. Although the ORSEC plan as well as the DRC's Humanitarian Response Plan 2017-2019 mention helping people exposed to epidemic outbreaks, there is no specific evidence that they address planning for multiple communicable diseases with pandemic potential [4, 5]. Moreover, there is no evidence of an overarching national public health emergency response plan on the websites of the Ministry of Health, the government's main portal nor on the one for the National Institute for Biomedical Research [6, 7, 8]. The National Crisis Management Committee does not have a website.

[1] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo).

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 11 December, 2020.

[2] National Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. 13 February 2019 (Plan National de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). [<https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1>]. Accessed 11 December, 2020.

[3] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 11 December, 2020.

[4] Government of the Democratic Republic of Congo. 2012. "Plan ORSEC (Plan d'Organisation de Secours en Cas de Catastrophe)". [<https://www.ifrc.org/docs/IDRL/RDC%20Plan.pdf>]. Accessed 11 December, 2020.

[5] United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). 2017. "Humanitarian Response Plan 2017-2019 for the Democratic Republic of Congo (Plan de Réponse Humanitaire 2017-2019 de la République Démocratique du Congo)". [https://reliefweb.int/sites/reliefweb.int/files/resources/DRC_HRP_2017.pdf]. Accessed 11 December, 2020.

- [6] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 11 December, 2020.
- [7] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo). [<https://www.primature.cd/public/>]. Accessed 11 December, 2020.
- [8] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 11 December, 2020.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that the Democratic Republic of Congo (DRC) has an overarching plan in place and hence no evidence of a plan that was updated in the last 3 years. The only plan it has in place that has been updated in the last 3 years is its national plan in response to the Ebola disease which was updated in February of 2019 [1]. The country also has a national plan in response to Covid-19 but it is specifically for the coronavirus and was only enacted on April 1, 2020 [2]. The lack of an overarching national public health emergency response plan is noted in the World Health Organization's (WHO) Joint External Evaluation (JEE) for the DRC, conducted in March of 2018 which also states that the DRC's multi-risk public health emergency action plan is only partial because it does not include all the risks covered in the 2005 International Health Regulations [3]. The DRC does have a national disaster relief plan (Plan ORSEC) as well as a Humanitarian Response Plan 2017-2019. However, although both plans mention helping people exposed to epidemiologies, there is no specific mention that they address planning for multiple communicable diseases with pandemic potential [4, 5]. Moreover, there is no evidence of an overarching national public health emergency response plan on the websites of the Ministry of Health, the government's main portal nor on the one for the National Institute for Biomedical Research [6, 7, 8]. There is also no evidence that the DRC has an emergency management agency.

[1] National Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. 13 February 2019 (Plan National de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). [<https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1>]. Accessed 11 December, 2020.

[2] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo). [<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 11 December, 2020.

[3] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 11 December, 2020.

[4] Government of the Democratic Republic of Congo. 2012. "Plan ORSEC (Plan d'Organisation de Secours en Cas de Catastrophe)". [<https://www.ifrc.org/docs/IDRL/RDC%20Plan.pdf>]. Accessed 11 December, 2020.

[5] United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA). 2017. "Humanitarian Response Plan 2017-2019 for the Democratic Republic of Congo (Plan de Réponse Humanitaire 2017-2019 de la République Démocratique du Congo)". [https://reliefweb.int/sites/reliefweb.int/files/resources/DRC_HRP_2017.pdf]. Accessed 11 December, 2020.

[6] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 11 December, 2020.

[7] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo). [<https://www.primature.cd/public/>]. Accessed 11 December, 2020.

[8] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 11 December, 2020.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is no evidence that the Democratic Republic of Congo has an overarching plan in place and hence no evidence of a plan that includes considerations for pediatric and/or other vulnerable populations. Although the DRC's response plans for Covid-19 and Ebola mention helping the most vulnerable, there is no explicit mention of how pediatric and vulnerable populations are treated. These plans are also disease-specific and not part of an overarching plan. For example, in the country's Humanitarian Response Plan to Covid-19, enacted April 1st, 2020, it mentions focusing on "the inclusion of the most vulnerable segments of the population because of gender (also gender-based violence), age, disability or exposure to environmental factors or specific risks such as conflicts [1]. Furthermore, the DRC's National Response Plan to the Ebola virus (February 2019), reports that further attention must be given to the high number of children under five years of age and women affected by the disease in response activities but does not give any specific details as to how this is being done [2]. In addition, the lack of an overarching national public health emergency response plan is noted in the World Health Organization's (WHO) Joint External Evaluation (JEE) for the DRC, conducted in March of 2018 which also states that the DRC's multi-risk public health emergency action plan is only partial because it does not include all the risks covered in the 2005 International Health Regulations [3]. Moreover, there is no evidence of an overarching national public health emergency response plan on the websites of the Ministry of Health, the government's main portal nor on the one for the National Institute for Biomedical Research [4, 5, 6].

[1]] Presidency of the Republic of Congo: Covid-19 Humanitarian Response Plan - Addendum to the Humanitarian Response Plan 2020 (Plan de Réponse Humanitaire Covid-19 - Addendum au Plan de Réponse Humanitaire 2020).

[https://reliefweb.int/sites/reliefweb.int/files/resources/rdc2020_plan_reponse_humanitaire_covid-19_200410.pdf].

Accessed 11 December, 2020.

[2] National Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. 13 February 2019 (Plan National de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). [<https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1>]. Accessed 11 December, 2020.

[3] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 11 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 11 December, 2020.

[5] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo). [<https://www.primature.cd/public/>]. Accessed 11 December, 2020.

[6] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 11 December, 2020.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. Although the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the private sector actively participates in disease surveillance during epidemics (not on a regular basis), it does not specify how the private sector is involved. Nor does the JEE mention any mechanisms for engaging with the private sector to assist with outbreak emergency preparedness and response [1]. Furthermore, a World Bank study from April 2018 on the role of the private sector in improving the performance of the health system in the DRC reports that the government, in undergoing reforms in its public health system, has recognized the importance of private providers and the private sector is now mentioned as a key partner in several Ministry of Health strategies, policies, and plans. However, the report also notes that "public-private engagement for health remains nascent, with the notable exception of faith-based organizations and that there are insufficient forums for the private for-profit sector to meet regularly with the public sector and resolve challenges or collaborate" [2]. The private sector has been involved in disease outbreak responses on an ad-hoc basis following specific requests from the government to combat certain diseases, e.g. HIV and malaria [3, 4]. In addition, there is no relevant information on the website of the Ministry of Health regarding such a mechanism [5]. The National Crisis Management Committee does not have a website.

[1] World Health Organisation (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 12 December, 2020.

[2] World Bank: "The Role of the Private Sector in Improving the Performance of the Health System in the Democratic Republic of Congo". April 2018. [<http://documents1.worldbank.org/curated/en/487571539958646859/pdf/131045-REVISED-23-1-2019-10-49-58-WBDRCPSEnglishWEB.pdf>]. Accessed 12 December, 2020.

[3] President of the Democratic Republic of Congo. 2014. "National strategic plan 2014-2017 (Plan Strategique National de Lutte contre le VIH et le Sida 2014-2017)". [<https://www.childrenandaids.org/sites/default/files/2017-05/DRC-National-Strategic-Plan-Against-HIV-2014-2017.pdf>]. Accessed 12 December, 2020.

[4] Radio Okapi. 10 July 2014. "DRC: Private sector invited to finance more the fight against malaria (RDC : le secteur privé invité à financer davantage la lutte contre le paludisme)". [<https://www.radiookapi.net/actualite/2014/07/10/rdc-le-secteur-prive-invite-financer-davantage-la-lutte-contre-le-paludisme>]. Accessed 12 December, 2020.

[5] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 12 December, 2020.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 1

There is evidence that the Democratic Republic of Congo (DRC) has a plan in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic but the guidelines exist only in the context of the Covid-19 pandemic. On March 18, 2020, the government announced a series of NPIs which included the prohibition of gatherings of more than 20 people in public places, the suspension of international flights and of worship and sports activities, the closure of schools and universities, restaurants and bars as well as restrictions on the movement of people. The government said these measures were necessary to prevent the spread of Covid-19 after its first case was detected on March 10, 2020 [1]. There is no evidence that this plan applies to other diseases on the websites of the government's main portal, the Ministry of Health nor on the one for the National Institute for Biomedical Research [2, 3, 4].

[1] Presidency of the Republic of Congo: Covid-19 Humanitarian Response Plan - Addendum to the Humanitarian Response Plan 2020 (Plan de Réponse Humanitaire Covid-19 - Addendum au Plan de Réponse Humanitaire 2020).

[https://reliefweb.int/sites/reliefweb.int/files/resources/rdc2020_plan_reponse_humanitaire_covid-19_200410.pdf].

Accessed 12 December, 2020.

[2] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo). [<https://www.primature.cd/public/>]. Accessed 12 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 12 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 12 December, 2020.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is both evidence that the Democratic Republic of Congo (DRC) has activated its national emergency response plan for an infectious disease outbreak and that the country completed a national-level biological threat-focused exercise in the past year. The DRC activated its emergency preparedness and response plan to Covid-19 on April 1st, 2020 [1]. In addition, according to the World Health Organization (WHO) Simulation Exercise Program, the country participated in a simulation exercise in December of 2019 which was conducted jointly by the WHO, the U.S. Centers for Disease Control and Prevention, the Africa Centre for Disease Control and Prevention and the West Africa Health Organization [2]. The DRC, along with 16 other African countries responded to an outbreak of a potentially deadly communicable disease in a fictitious country in Eastern Africa which was later revealed to be Ebola. The purpose of the exercise was to assess the readiness of the Public Health Emergency Operations Centers (PHEOCs) in the WHO African region to respond to a public health emergency [3].

[1] “Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo”. March 30, 2020. (Plan de Préparation et de Riposte contre l’Epidémie au Covid-19 en République Démocratique du Congo).

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 12 December, 2020.

[2] WHO Simulation Calendar December 2019. [<https://extranet.who.int/sph/simulation-exercise#top>]. Accessed 12 December, 2020.

[3] OCHA services, relief web. 4 December, 2019. “Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centers”. [<https://reliefweb.int/report/world/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 12 December, 2020.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) in the past year has identified a list of gaps and best practices, either through an infectious disease response or a biological-threat focused exercise, and developed a plan to improve response capabilities. The country participated, in December of 2019, in a World Health Organization (WHO) simulation exercise to assess the readiness of the Public Health Emergency Operations Centers (PHEOCs) in the WHO African region to respond to a public health emergency [1, 2]. However, there is no evidence that this led to an after review to identify a list of gaps and best practices [3]. Furthermore, there is no evidence of such a list of gaps and best practices on the websites of the Ministry of Health nor on the one for the National Institute for Biomedical Research [4, 5].

[1] WHO Simulation Calendar December 2019. [<https://extranet.who.int/sph/simulation-exercise#top>]. Accessed 12 December, 2020.

[2] OCHA services, relief web. 4 December, 2019. "Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centers". [<https://reliefweb.int/report/world/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 12 December, 2020.

[3] World Health Organization (WHO) After Action Review. [<https://www.who.int/ihr/procedures/after-action-review/en/>]. Accessed 12 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 12 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 12 December, 2020.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives. Although the country participated, in December of 2019, in a World Health Organization (WHO) simulation exercise to assess the readiness of the Public Health Emergency Operations Centers (PHEOCs) in the WHO African region to respond to a public health emergency, there is no evidence that it included private sector representatives [1, 2]. Furthermore, there is no evidence of such an exercise that included private sector representatives on the website of the Ministry of Health nor on the one for the National Institute for Biomedical Research [3, 4]. The Ministry of Agriculture's website was under construction at the time of conducting this research [5].

[1] WHO Simulation Calendar December 2019. [<https://extranet.who.int/sph/simulation-exercise#top>]. Accessed 12 December, 2020.

[2] OCHA services, relief web. 4 December, 2019. "Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centers". [<https://reliefweb.int/report/world/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 12 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 12 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 12 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo. [<http://www.minagri.gouv.cd/>]. Accessed 12 December, 2020.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has an Emergency Operations Center (EOC) in place. The World Health Organization (WHO) Joint External Evaluation for the Democratic Republic of Congo from March 2018 notes that the country was in the process of putting in place a public health EOC with the assistance of the US Centers for Disease Control and Prevention (CDC) [1]. However, there is no available evidence on the websites of the Ministry of Health nor on the one of the National Institute for Biomedical Research that the DRC has put an operational EOC in place [2, 3]. Furthermore, although the CDC announced, on June 13, 2019 the activation of its EOC "to support the inter-agency response to the current Ebola outbreak in eastern DRC", it is unclear as to whether this was the CDC's Emergency Operations Center or the DRC's [4].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 14 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 12 December, 2020.

[4] US Centers for Disease Control and Prevention (CDC). 13 June, 2019. "CDC Activates Emergency Operations Center for Ebola Outbreak in Eastern DRC". [<https://www.cdc.gov/media/releases/2019/p0612-ebola-operations->

center.html#:~:text=Today%20the%20U.S.%20Centers%20for,of%20the%20Congo%20(DRC)]. Accessed 14 December, 2020.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has an Emergency Operations Center (EOC) in place. The World Health Organization (WHO) Joint External Evaluation for the Democratic Republic of Congo from March 2018 notes that the country was in the process of putting in place a public health EOC with the assistance of the US Centers for Disease Control and Prevention (CDC) and the JEE recommended that the DRC finalize the official establishment of its EOC [1]. However, there is no available evidence on the websites of the Ministry of Health nor on the one of the National Institute for Biomedical Research that the DRC has put an operational EOC in place [2, 3]. Furthermore, although the CDC announced, on June 13, 2019 the activation of its EOC "to support the inter-agency response to the current Ebola outbreak in eastern DRC", it is unclear as to whether this was the CDC's Emergency Operations Center or the DRC's [4]. In addition, although the DRC participated, in December of 2019, in a WHO simulation exercise to assess the readiness of the Public Health Emergency Operations Centers (PHEOCs) in the WHO African region to respond to a public health emergency, there is no mention that the country's PHEOC was operational at the time of this exercise [5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 14 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 14 December, 2020.

[4] US Centers for Disease Control and Prevention (CDC). 13 June, 2019. "CDC Activates Emergency Operations Center for Ebola Outbreak in Eastern DRC". [[https://www.cdc.gov/media/releases/2019/p0612-ebola-operations-center.html#:~:text=Today%20the%20U.S.%20Centers%20for,of%20the%20Congo%20\(DRC\)](https://www.cdc.gov/media/releases/2019/p0612-ebola-operations-center.html#:~:text=Today%20the%20U.S.%20Centers%20for,of%20the%20Congo%20(DRC))]. Accessed 14 December, 2020.

[5] OCHA services, relief web. 4 December, 2019. "Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centers". [<https://reliefweb.int/report/world/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 14 December, 2020.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has an Emergency Operations Center (EOC) in place and therefore no evidence it has conducted an emergency response or exercise activated within 120 minutes of the identification of the public health emergency/scenario. Although the country's Preparedness and Response Plan to Covid-19 (April 1st, 2020) called for the activation of its Public Health Emergency Operations Center (PHEOC) and to organize simulation exercises in specific areas of the country, there is no available evidence that either of these strategies were put in place [1]. There is no relevant evidence on the websites of the Ministry of Health nor on the one of the National Institute for

Biological Research [2, 3]. In addition, although the US Centers for Disease Control and Prevention (CDC) announced, on June 13, 2019 the activation of its EOC "to support the inter-agency response to the current Ebola outbreak in eastern DRC", it is unclear as to whether this was the CDC's Emergency Operations Center or the DRC's [4]. Moreover, although the DRC participated, in December of 2019, in a WHO simulation exercise to assess the readiness of the Public Health Emergency Operations Centers (PHEOCs) in the WHO African region to respond to a public health emergency, there is no mention that the country's PHEOC was operational at the time of this exercise [5].

[1] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 30, 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo).

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 14 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 14 December, 2020.

[4] US Centers for Disease Control and Prevention (CDC). 13 June, 2019. "CDC Activates Emergency Operations Center for Ebola Outbreak in Eastern DRC". [[https://www.cdc.gov/media/releases/2019/p0612-ebola-operations-center.html#:~:text=Today%20the%20U.S.%20Centers%20for,of%20the%20Congo%20\(DRC\)](https://www.cdc.gov/media/releases/2019/p0612-ebola-operations-center.html#:~:text=Today%20the%20U.S.%20Centers%20for,of%20the%20Congo%20(DRC))]. Accessed 14 December, 2020.

[5] OCHA services, relief web. 4 December, 2019. "Seventeen African Countries Conducting Exercise to Test Readiness of Public Health Emergency Operations Centers". [<https://reliefweb.int/report/world/seventeen-african-countries-conducting-exercise-test-readiness-public-health-emergency>]. Accessed 14 December, 2020.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that the Democratic Republic of Congo (DRC)'s public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event, nor is there available evidence of standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event. There is no evidence that the country meets either of these criteria in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018, nor on the websites of the Ministry of Health, the National Institute for Biomedical Research and the government's main portal [1, 2, 3, 4]. Furthermore, the JEE notes that "the country has no protocol/agreement for collaboration and coordination between public health and security authorities, despite the existence of legislative texts that could constitute a platform to develop this link". However, the JEE states that on the ground, there is real coordination between the various stakeholders to follow-up and share information, with the holding of meetings allowing the sharing and follow-up of

information. It therefore recommends that the DRC should improve and formalize this cooperation, especially with an MOU at the national level for the coordination of joint action by health and safety authorities in public health emergencies. In addition, the JEE also recommends that the DRC organize regular simulation exercises to test the identification and response capabilities to public health emergencies [1].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 14 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 12 December, 2020.

[4] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo). [<https://www.primature.cd/public/>]. Accessed 12 December, 2020.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC)'s risk communication plan outlines how messages will reach populations and sectors with different communication needs. Although the country's national response plan to Covid-19 (activated April 1st, 2020) includes strategies to "put up Covid-19 billboards in the provincial capitals and hot spots in each city as well to organize awareness and briefing sessions with community and religious leaders on the risks of Covid-19, it does not explicitly outline how it will reach out to populations and sectors with different communication needs [1]. The DRC's latest Strategic Response Plan to the Ebola virus for the North Kivu, South Kivu and Ituri regions (January 2020), does in fact mention, in its communication plan, "to strengthen community engagement and community ownership of the response through community feedbacks in the languages and format preferred by those communities at risk". However, there is no evidence that this plan has been put into place [2].

[1] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 30, 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo).

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 14 December, 2020.

[2] Strategic Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. (Plan Stratégique de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). January-June 2020. [https://www.who.int/docs/default-source/documents/srp4-1-et-annexes20200208c.pdf?sfvrsn=403a362a_2]. Accessed 14 December, 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 1

The Democratic Republic of Congo (DRC) has, in its Preparedness and Response Plan to Covid-19 (activated April 1st, 2020), a section detailing a risk communication plan that is specifically intended for use during a public health emergency. The strategy includes, among other things, produce and disseminate communications tools (banners, stickers, leaflets, comic strips), put up Covid-19 billboards in the provincial capitals and hot spots in each city, organize awareness and briefing sessions with community and religious leaders on the risks of Covid-19, produce and broadcast reports, micro-programs, press articles, shows with both national and local radio stations as well as making available a 24-hour hot line [1]. Furthermore, the DRC's latest national plan in response to Ebola (February 13, 2019), also has a section detailing a risk communication plan that is specifically intended for use during a public health emergency. The section mentions a strategy similar to the one for Covid-19 which includes meeting with and intensifying the mobilization of community leaders (village chiefs, religious leaders and traditional healers, etc), producing and disseminating TV and radio reports, programs, and spots on the prevention of Ebola disease in the local media as well as making available a 24-hour hot line [2].

[1] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 30, 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo).

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 14 December, 2020.

[2] National Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. 13 February 2019 (Plan National de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). [<https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1>]. Accessed 14 December, 2020.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo's risk communication plan designates a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. The Communications and Media Minister is the official spokesperson for the DRC's government and gives the latest updates on Covid-19 and other public health emergencies via the government's main website and Facebook page [1, 2]. However, there is no mention in the DRC's National Preparedness and Response plan to Covid-19 (activated April 1st, 2020) that this minister is the primary spokesperson to the public during a public health emergency. Furthermore, this plan states that the Prime Minister will head the Multisectoral Response Committee (MRC-Covid-19), yet there is no mention that the prime minister is also designated as the primary spokesperson to the public [3]. In addition, there is no evidence of the designation of a primary spokesperson to the public during a public health emergency on the website of the Ministry of Health nor on the one

for the National Institute for Biomedical Research [4, 5]. The National Crisis Management Committee does not have a website.

[1] Office of the Prime Minister of the Democratic Republic of Congo. "Fighting the 2nd wave of COVID-19 in the DRC: the proposals of the Multisectoral Response Committee already on the table of the Head of State (Lutte contre la 2ème vague de COVID-19 en RDC: les propositions du Comité Multisectoriel de Riposte déjà sur la table du Chef de l'État). 26 November, 2020. [<https://www.primature.cd/public/2020/12/07/lutte-contre-la-2eme-vague-de-covid-19-en-rdc-les-propositions-du-comite-multisectoriel-de-riposte-deja-sur-la-table-du-chef-de-letat/>]. Accessed 14 December, 2020.

[2] Facebook page of the Prime Minister of the Democratic Republic of Congo. [<https://www.facebook.com/watch/PrimatureRDCongo/>]. Accessed 14 December, 2020.

[3] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 30, 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo). [<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 14 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 14 December, 2020.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 1

There is evidence that, in the past year, the Democratic Republic of Congo (DRC)'s public health system has shared messages via online media platforms to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation, yet there is insufficient evidence that this is done on an active basis. For example, in February and March of 2020, the Ministry of Health used its Twitter account not only to share information regarding the Coronavirus and Ebola diseases but also to dispel rumors about the nationality of the first Covid-19 case in the DRC (Congolese and not Belgian). However, the last tweet from this account dates back to June, 2020 [1]. The Ministry of Health also shares messages via its website and Facebook page regarding health emergencies but not on an active basis. For example, the last posting on its Facebook page is from September, 2019 [2, 3]. The public health system also transmits messages through national media outlets to dispel rumors or disinformation such as some of the president's staff had been poisoned (it turns out the illnesses were Covid-19 related). Yet this is not done on a regular basis [4]. In addition, a site was recently created called "Congo check" which confirms whether news is "fake or not" including news about health concerns. However, this site was created by journalists and not by the public health system [5].

[1] Ministry of Health of the Democratic Republic of Congo Twitter account. [<https://twitter.com/minsanterdc?lang=en>]. Accessed 14 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo Facebook page.

[https://www.facebook.com/minsanterdc/?ref=page_internal]. Accessed 14 December, 2020.

[4] "Between Congolese" online media. "DRC: "No poisoning at the presidency of the Republic (RDC : « Pas d'empoisonnement à la présidence de la République)". 01 June, 2020. [<https://www.entrecongolais.com/rdc-pas-dempoisonnement-la-presidence-de-la-republique>]. Accessed 14 December, 2020.

[5] "Congo Check". [<https://www.congocheck.net/>]. Accessed 14 December, 2020.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is insufficient evidence that the Democratic Republic of Congo (DRC)'s senior leaders have shared misinformation on infectious disease in the past two years. In one article on disinformation and fake news, published August 17, 2020, the author, Jean de Dieu Cirhigiri, head of the NGO "Youth Forward Congo", notes that there have been some reports of misinformation by senior leaders. For example, regarding the nationality of the first Covid-19 case in the DRC, he was alternately identified by the Health Minister as Belgian, then as a Congolese living in France. In addition the South Kivu States governor in eastern Congo contradicted the National Institute in Biomedical Research (INRB) regarding the number of cases [1]. However, there is no evidence that any misinformation was shared on the infectious disease, covid-19, itself.

[1] EU Böll Foundation. Jean de Dieu Cirhigiri. 17 August, 2020. "In DR Congo, the challenge is convincing people that coronavirus exists". [<https://eu.boell.org/en/2020/08/17/dr-congo-challenge-convincing-people-coronavirus-exists>]. Accessed 14 December, 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 8.62

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 42.77

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 19.0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 11.0

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 1

There is no publicly available evidence that in the past year, the Democratic Republic of Congo (DRC) issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak. According to the International Trade Center (ITC) for Transparency in Trade which monitors temporary trade measures enacted by government authorities in relation to COVID-19, the DRC has neither imposed restrictions on exports nor on imports of medical supplies in the past year [1]. Furthermore, there is no evidence of such a restriction on the websites of the Ministry of Health, the Ministry of Foreign Affairs nor on the government's main portal [2, 3, 4]. The Ministry of Agriculture's website was under construction at the time of conducting this research [5].

- [1] ICT Transparency in Trade: COVID-19 Temporary Trade Measures [<https://www.macmap.org/covid19>]. Accessed 14 December, 2020.
- [2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.
- [3] Ministry of Foreign Affairs of the Democratic Republic of Congo. [<https://www.minaffet.gouv.cd/index.php>]. Accessed 14 December, 2020.
- [4] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo). [<https://www.primature.cd/public/>]. Accessed 14 December, 2020.
- [5] Ministry of Agriculture of the Democratic Republic of Congo. [<http://www.minagri.gouv.cd/>]. Accessed 14 December, 2020.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

There is no available evidence that the Democratic Republic of Congo (DRC), in the past year, issued a restriction, without international/bilateral support, on the export or import of non-medical goods due to an infectious disease outbreak. According to the International Trade Centre (ITC) for Transparency in Trade which monitors temporary trade measures enacted by government authorities in relation to COVID-19, the DRC has neither imposed restrictions on exports nor on imports of non-medical goods (such as food) in the past year [1]. Furthermore, there is no evidence of such a restriction on the websites of the Ministry of Health, the Ministry of Foreign Affairs nor on the government's main portal [2, 3, 4]. The Ministry of Agriculture's website was under construction at the time of conducting this research [5]. In addition, according to a June 2020 report by France 24 television, the DRC cultivates only 10% of its arable land and thus imports almost all of its food which leads to food insecurity during pandemics such as Covid-19 [6].

- [1] ICT Transparency in Trade: COVID-19 Temporary Trade Measures [<https://www.macmap.org/covid19>]. Accessed 14 December, 2020.
- [2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 14 December, 2020.
- [3] Ministry of Foreign Affairs of the Democratic Republic of Congo. [<https://www.minaffet.gouv.cd/index.php>]. Accessed 14 December, 2020.
- [4] Office of the Prime Minister of the Democratic Republic of Congo (Cabinet du Premier Ministre de la République Démocratique du Congo). [<https://www.primature.cd/public/>]. Accessed 14 December, 2020.
- [5] Ministry of Agriculture of the Democratic Republic of Congo. [<http://www.minagri.gouv.cd/>]. Accessed 14 December, 2020.
- [6] France 24. "Despite fertile land, Covid-19 worsens food insecurity in DR Congo". 11 June, 2020. [<https://www.france24.com/en/africa/20200611-focus-despite-fertile-land-covid-19-worsens-food-insecurity-in-dr-congo>]. Accessed 14 December, 2020.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

The Democratic Republic of Congo (DRC) has, in the past year, implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak. On March 18, 2020, the president announced, until further notice, a ban on all international commercial flights coming from high-risk countries due a growing number of Covid-19 cases in the country. The president also said that surveillance at all points of entry, be they maritime, river, lake or land, would be increased to strengthen the control of passengers coming from abroad [1].

[1] BBC News Africa. 19 March, 2020. "Coronavirus: DRC President Felix Tshisekedi takes drastic measures (Coronavirus: le président de la RDC, Félix Tshisekedi prend des mesures drastiques)". Accessed 15 December, 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 7.4

2016

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 111.01

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 1

There is publicly available evidence that the Democratic Republic of Congo (DRC) has a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. The DRC's National Plan for Healthcare Development (Plan National de Développement Sanitaire) 2016-2020, published in March 2016, includes a section on improving the country's healthcare workforce. The plan highlighted the need for sufficient and equitably distributed healthcare personnel at the different levels of the country's health system. Three specific shortcomings were mentioned: (i) improving the availability and retention of competent human resources in health; (ii) improving basic training in health; and (iii) skills development of health personnel. Strategies mentioned to address those shortcomings include: redeployment of healthcare workers, improved healthcare information systems, capacity building for rapid interventions teams, increased salaries, and housing for workers in remote areas [1].

[1] Ministry of Health of the Democratic Republic of Congo. March 2016. "National Plan for Health Development 2016-2020 (Plan National de Développement Sanitaire 2016-2020)". [<https://www.prb.org/wp-content/uploads/2020/06/RDC-Plan-National-de-Developpement-Sanitaire-2016-2020.pdf>]. Accessed December 15, 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 80

2006

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient available evidence that the Democratic Republic of Congo has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country. The World Health Organization (WHO) Joint External Evaluation for the Democratic Republic of Congo (DRC) from March 2018 does not mention any permanent domestic capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit or patient isolation facility located within the country [1]. Furthermore, there is no evidence that the DRC's two largest hospitals, Kinshasa General Hospital and Cinquantenaire Hospital of Kinshasa have biocontainment patient care units or patient isolation facilities [2, 3]. There is no relevant information on the website of the Ministry of Health. [4] Doctors without Borders has constructed temporary patient isolation wards to help local hospitals in DRC's North

Kivu region deal with the most recent and ongoing Ebola outbreak. There is no specific mention on the capacity of the patient isolation wards or if they are permanent structures. [5, 6]. In addition, the DRC's National Preparedness and Response Plan to Covid-19 (activated April 1, 2020) calls for installing isolation units at the country's entry points but there is no evidence that they have been put in place [7].

- [1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 15 December, 2020.
- [2] "General Hospital Kinshasa". [<https://africaslist.com/item/general-hospital-kinshasa/>]. Accessed 15 December, 2020.
- [3] Voice of Congo. 24 March 2014. "DRC: Will Cinquantenaire Hospital be better treated than Cinquantenaire Square? (RDC: L'hôpital du Cinquantenaire sera-t-il mieux traité que la place du Cinquantenaire?)". [<http://voiceofcongo.net/rdc-lhopital-du-cinquantenaire-sera-t-il-mieux-traite-que-la-place-du-cinquantenaire>]. Accessed 15 December, 2020.
- [4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 15 December, 2020.
- [5] Médecins Sans Frontières. 7 September 2018. "North Kivu: MSF treats 65 Ebola patients in first month". [<https://www.msf.org/uk/node/45646>]. Accessed 15 December, 2020.
- [6] Deutsche Welle. 20 April 2019. "DR Congo: Rebels attack Ebola hospital in North Kivu". [<https://www.dw.com/en/dr-congo-rebels-attack-ebola-hospital-in-north-kivu/a-48417432>]. Accessed 15 December, 2020.
- [7] "Preparedness and Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo)". March 2020. [<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 07 December, 2020.

4.1.2c

Does the country meet one of the following criteria?

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years nor that it has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years.

Although the country's National Preparedness and Response Plan to Covid-19 (activated April 1, 2020) called for installing isolation units at the country's entry points, there is no evidence that they have been put in place [1]. Furthermore, there is no evidence that the DRC meets either criteria on the websites of the Ministry of Health, the National Institute for Biomedical Research (Institut National de la Recherche Biomédicale), or in the the World Health Organization (WHO) Joint External Evaluation for the Democratic Republic of Congo (DRC) from March 2018 [2, 3, 4]. Furthermore, there is no evidence that the DRC's two largest hospitals, Kinshasa General Hospital and Cinquantenaire Hospital of Kinshasa have patient isolation facilities [5, 6]. In addition, in 2018, Doctors without Borders had constructed temporary patient isolation wards to help local hospitals in DRC's North Kivu region deal with the most recent and ongoing Ebola outbreak. However, there is no specific mention on the capacity of the patient isolation wards or if this was part of a national plan to expand isolation capacity [7].

- [1] "Preparedness and Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo)". March 2020.

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 16 April, 2021.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 16 April, 2021.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 16 April, 2021.

[4] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 16 April, 2021.

[5] "General Hospital Kinshasa". [<https://africalist.com/item/general-hospital-kinshasa/>]. Accessed 16 April, 2021.

[6] Voice of Congo. 24 March 2014. "DRC: Will Cinquantenaire Hospital be better treated than Cinquantenaire Square? (RDC: L'hôpital du Cinquantenaire sera-t-il mieux traité que la place du Cinquantenaire?)". [<http://voiceofcongo.net/rdc-lhopital-du-cinquantenaire-sera-t-il-mieux-traite-que-la-place-du-cinquantenaire>]. Accessed 16 April, 2021.

[7] Médecins Sans Frontières. 7 September 2018. "North Kivu: MSF treats 65 Ebola patients in first month".

[<https://www.msf.org/uk/node/45646>]. Accessed 16 April, 2021.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE

WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs. The World Health Organization (WHO) Joint External Evaluation (JEE) for the Democratic Republic of Congo (DRC) from March 2018 does not mention that such a national procurement protocol exists in the country. In fact, the JEE notes that the DRC needs to prioritize putting in place measures to ensure the regular supply of reagents and laboratory media [1]. The DRC has a Regulatory Authority of Public Procurement, but there is no mention on its website of national protocol for the acquisition of laboratory equipment, reagents, and media [2]. In addition, there is no relevant information on the website of the Ministry of Health nor on the one of the National Institute for Biomedical Research (3, 4). The Ministry of Research does not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [5]. Furthermore, in an August 2020 report by GAN Integrity Risk and Compliance on corruption in the DRC, the study notes that companies "face very high corruption risks when dealing with the Congolese public procurement sector and that public procurement decisions and privatization deals are generally based on political considerations, rather than economic ones" [6].

[1] World Health Organisation (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 15 December, 2020.

[2] Public Procurement Regulatory Authority of the Democratic Republic of Congo (ARMP) [<https://www.arpmp-rdc.org/index.php/en/>]. Accessed 15 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 15 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 15 December, 2020.

[5] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 15 December, 2020.

[6] GAN Integrity, Risk and Compliance DR Congo Corruption Report. August 2020.

[<https://www.ganintegrity.com/portal/country-profiles/democratic-republic-of-the-congo/>]. Accessed 15 December, 2020.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency. The DRC does have a central purchasing centre for essential medicines and health products, however in a 2010 report by the Ministry of Health on its national medical supply program, there is no mention of a stockpile of medical supplies which includes MCMs to be used during a public health emergency [1]. Furthermore, the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country lacks a stockpile of medical resources or supplies to be used in case of a public health emergency. The JEE also notes that the country has a well-functioning vaccination program which includes a vaccine supply chain in place and procuring vaccines through UNICEF with government and GAVI funding. However, the JEE states, as well, that there are insufficient supplies of vaccines in certain areas of the country and recommends increasing the stockpile of vaccines [2]. In addition, there is no evidence of a stockpile of medical supplies for national use during a public health emergency on the websites of the Ministry of Health, the National Institute for Biomedical Research nor on the Facebook page of the Ministry of Defense (the latter does not have a working website [3, 4, 5]). This lack of supplies was further highlighted in recent reports during the Ebola and Covid-19 pandemics that the DRC received donations of medical supplies which included PPEs due to a national shortage [6, 7].

[1] Ministry of Health of the Democratic Republic of Congo. "National Medical Supply Program (Programme National d'approvisionnement en médicament)". January 2010. [<http://iaphl.org/wp-content/uploads/2016/05/Congo-SCM-DRC-French.pdf>]. Accessed 15 December, 2020.

[2] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 15 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 15 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 15 December, 2020.

[5] Ministry of Defense of the Democratic Republic of Congo Facebook page. [<https://www.facebook.com/deleguedefense/>]. Accessed 15 December, 2020.

[6] Direct Relief. Kayla McCarthy. 17 July, 2019. "Protective Gear, Medical Supplies Bound for Health Workers on Frontlines of DRC Ebola Outbreak". [<https://www.directrelief.org/2019/07/protective-gear-medical-supplies-bound-for-health-workers-on-frontlines-drc-ebola-outbreak/>]. Accessed 15 December, 2020.

[7] World Vision. 19 May, 2020. "World Vision donates medical supplies to fight COVID-19 in the DRC".

[<https://www.wvi.org/stories/congo/world-vision-donates-medical-supplies-fight-covid-19-drc>]. Accessed 15 December, 2020.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. The DRC does have a central purchasing centre for essential medicines and health products, however in a 2010 report by the Ministry of Health on its national medical supply program, there is no mention of a stockpile of laboratory supplies to be used during a public health emergency [1]. Furthermore, the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that the country lacks a stockpile of any type of medical resources to be used in case of a public health emergency and recommends that the country regularly supply its laboratories with reagents [2]. In addition, there is no evidence of a stockpile of laboratory supplies for national use during a public health emergency on the websites of the Ministry of Health and the National Institute for Biomedical Research [3, 4]. This lack of laboratory supplies has been highlighted in recent reports during the Ebola and Covid-19 pandemics by the WHO and other international organizations who reported that testing for the disease in some areas had to be stopped due to a rupture in supplies of reagents. [5, 6].

[1] Ministry of Health of the Democratic Republic of Congo. "National Medical Supply Program (Programme National d'approvisionnement en médicament)". January 2010. [<http://iaphl.org/wp-content/uploads/2016/05/Congo-SCM-DRC-French.pdf>]. Accessed 15 December, 2020.

[2] World Health Organisation (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 15 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 15 December, 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 15 December, 2020.

[5] World Health Organization (WHO) Disease outbreaks: Ebola virus disease - Democratic Republic of Congo Outbreak June 3, 2020. (Maladie à virus Ebola - République démocratique du Congo Bulletin d'information sur les flambées épidémiques). [<https://www.who.int/csr/don/03-June-2020-ebola-drc/fr/>]. Accessed 15 December, 2020.

[6] Studio Hironnelle, 17 July, 2020. Haut-Katanga: Covid-19 tests out of stock (Haut-Katanga : rupture de stock des tests covid-19). [<https://www.studiohironnellerc.org/ngoma-ya-kongo/bulletin-covid/744-lubumbashi.html>]. Accessed 15 December, 2020.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. The DRC does have a central purchasing centre for essential medicines and health products, however in a 2010 report by the Ministry of Health on its national medical supply program, there is no mention of a stockpile to be used during a public health emergency and hence no mention of an annual review to ensure that the supply is sufficient for use during a public health emergency [1]. Furthermore there is no mention of such a requirement in the World Health Organization (WHO) Joint External Evaluation

(JEE) for the DRC from March 2018 nor is there any evidence of an annual review on the websites of the Ministry of Health, the National Institute of Biomedical research or on the Facebook page of the Ministry of Defense (the latter does not have a working website) [4, 5, 6]. In addition, there is no evidence that the DRC has an operational emergency planning agency.

[1] Ministry of Health of the Democratic Republic of Congo. "National Medical Supply Program (Programme National d'approvisionnement en médicament)". January 2010. [<http://iaphl.org/wp-content/uploads/2016/05/Congo-SCM-DRC-French.pdf>]. Accessed 21 April, 2021.

[2] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 21 April, 2021.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed , 2020.

[4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 21 April, 2021.

[5] Ministry of Defense Facebook page. [<https://www.facebook.com/deleguedefense/>]. Accessed 21 April, 2021.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency. However, there is evidence of a plan/mechanism to procure medical supplies for national use during a public health emergency.

Although the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that agreements exist with manufacturers and distributors of medical resources, it does not cite any specific agreement in place nor one to leverage this manufacturing capacity during a public health emergency. Furthermore, the JEE uses the term "medical resources" and does not specify what these resources entail [1].

Furthermore, there is no evidence of either type of plan on the websites of the Ministry of Health, the National Institute of Biomedical research nor on the Facebook page of the Ministry of Defense (the latter does not have a working website) [2, 3, 4]. There is evidence of a plan to increase production of medical supplies by local associations or NGOs during, for example, the COVID-19 pandemic. However, these plans are put in place by international organizations such as UNICEF or the UN Development Program (UNDP) [5, 6]. The DRC does have a Regulatory Authority of Public Procurement, but there is no mention on its website of a plan to procure medical supplies for national use during a public health emergency [7].

Moreover, although the DRC has been praised for its vaccination program in response to the 2018-19 Ebola outbreaks which included increasing the procurement of more vaccines, there is no evidence that this was part of a national plan. In fact, the UN Office for the Coordination of Humanitarian Affairs (OCHA), in a report dated May 21, 2018, noted that it was \$1 million in support from GAVI that helped the DRC purchase more vaccines [8]. In addition, regarding procurement of medical supplies, in an August 2020 report by GAN Integrity Risk and Compliance on corruption in the DRC, the study notes that

companies "face very high corruption risks when dealing with the Congolese public procurement sector and that public procurement decisions and privatization deals are generally based on political considerations, rather than economic ones" [9].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 16 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 16 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 16 December, 2020.

[4] Ministry of Defense of the Democratic Republic of Congo Facebook page. [<https://www.facebook.com/deleguedefense/>]. Accessed 15 December, 2020.

[5] "UNICEF has ordered two million masks from non-governmental organizations and associations across the Democratic Republic of the Congo". 11 June, 2020. [<https://www.unicef.org/drcongo/en/stories/every-time-i-make-mask-its-so-one-person-can-protect-themselves>]. Accessed 16 December, 2020.

[6] UNPD Facebook Page: "The UNPD and the Democratic Republic of Congo - 24 May 2020 - the fight against Covid-10: manufacturing masks (Le PNUD en République démocratique - Lutte contre COVID-19: fabrication des masques)". [<https://www.facebook.com/PNUDRDC/>]. Accessed 16 December, 2020.

[7] Public Procurement Regulatory Authority of the Democratic Republic of Congo (ARMP) [<https://www.arpmp-rdc.org/index.php/en/>]. Accessed 16 December, 2020.

[8] UN Office for the Coordination of Humanitarian Affairs (OCHA). 21 May, 2018. "Ebola vaccine to help tackle DRC outbreak". [<https://reliefweb.int/report/democratic-republic-congo/ebola-vaccine-help-tackle-drc-outbreak>]. Accessed 16 December, 2020.

[9] GAN Integrity, Risk and Compliance DR Congo Corruption Report. August 2020.

[<https://www.ganintegrity.com/portal/country-profiles/democratic-republic-of-the-congo/>]. Accessed 16 December, 2020.

4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a plan or agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency. Nor is there evidence that the country has a plan or agreement to procure laboratory supplies for national use during a public health emergency. Although the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that agreements exist with manufacturers and distributors of medical resources, it does not cite any specific agreement in place nor one to leverage this manufacturing capacity during a public health emergency. Furthermore, the JEE uses the term "medical resources" and does not specify what these resources entail [1]. In addition, there is no evidence of either type of plan on the websites of the Ministry of Health, the National Institute of Biomedical research nor on the Facebook page of the Ministry of Defense (the latter does not have a working website) [2, 3, 4]. The DRC does have a Regulatory Authority of Public Procurement, but there is no mention on its website of a plan to procure laboratory supplies for national use during a public health emergency [5]. Moreover, this lack of plan to leverage domestic manufacturing or to procure laboratory supplies during a public health emergency has been highlighted in recent reports during the Covid-19

pandemic. For example, in April of 2020, a report by "Politique RDC" (Politics DRC) noted that the National Institute for Biomedical Research was running out of reagents due to a lack of government support [6].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 16 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 16 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 16 December, 2020.

[4] Ministry of Defense of the Democratic Republic of Congo Facebook page. [<https://www.facebook.com/deleguedefense/>]. Accessed 16 December, 2020.

[5] Public Procurement Regulatory Authority of the Democratic Republic of Congo (ARMP) [<https://www.arpmp-rdc.org/index.php/en/>]. Accessed 16 December, 2020.

[6] Politique RDC. 11 April, 2020. "Fight against Covid_19: INRB soon out of stock of screening reagents (Lutte contre le Covid_19: l'INRB bientôt en rupture de stock de réactifs de dépistage)". [<https://politiquerdc.net/2020/04/11/lutte-contre-le-covid-19-linrb-bientot-en-rupture-de-stock-des-reactifs-de-depistage/>]. Accessed 16 December, 2020.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics). Although the DRC's National Preparedness and Response Plan to Covid-19 mentions guaranteeing the transport and distribution of medical supplies and MCMs, there is no evidence that this program has been put into place [1]. Furthermore, in an article by the World Health Organization (WHO), published January of 2020, the WHO highlights the difficulties of transporting and distributing MCMs during the Ebola crisis which included the large geography of the country as well as armed attacks on health personnel. It states that most of its transport and dispensing is done through the WHO's Operations Support and Logistics (OSL) and not through a national plan or program [2]. In addition, there is no mention or evidence of such a plan/program or guidelines in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018, nor on the websites of the Ministry of Health, the National Institute of Biomedical research and the Facebook page of the Ministry of Defense (the latter does not have a working website) [3, 4, 5, 6]. Moreover, in a report carried out by the World Health Organization (WHO) published in October of 2019 on African countries preparedness to react to a public health emergency, the WHO noted that one of the main gaps was a lack of medical countermeasures [7].

[1] "Preparedness Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Preparation et de Riposte contre l'Epidemie au Covid-19 en République Democratique du Congo)". March 2020.

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 16 December, 2020.

- [2] World Health Organization. 09 January 2020. "The complex logistics of Ebola response". [https://www.afro.who.int/news/complex-logistics-ebola-response]. Accessed 16 December, 2020.
- [3]. World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/]. Accessed 16 December, 2020.
- [4] Ministry of Health of the Democratic Republic of Congo. [https://www.minisanterdc.cd/]. Accessed 16 December, 2020.
- [5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [https://inrb.net/]. Accessed 16 December, 2020.
- [6] Ministry of Defense of the Democratic Republic of Congo Facebook page. [https://www.facebook.com/deleguedefense/]. Accessed 16 December, 2020.
- [7] Europe MPC: "Joint external evaluation of the International Health Regulation (2005) capacities: current status and lessons learnt in the WHO African region". 31 October, 2019. [https://europepmc.org/article/med/31798983]. Accessed 16 December, 2020.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a public plan in place to receive health personnel from other countries to respond to a public health emergency. The World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 states that the country lacks a plan for the deployment and reception of health personnel during a public health emergency. However, the JEE notes that the DRC participates in regional and international agreements for the deployment of health workers such as the WHO's Global Outbreak Alert and Response Network (GOARN) [1]. For example, during the 2018 Ebola outbreak, international health experts from GOARN, but also from organizations such as Doctors Without Borders (MSF) or Alliance for International Medical Action (ALIMA), arrived in the DRC to help respond to the outbreak, there is no evidence that this was facilitated by a national public plan [2]. Furthermore, there is no evidence of such a plan on the websites of the Ministry of Health, the National Institute of Biomedical research nor on the Facebook page of the Ministry of Defense (the latter does not have a working website) [3, 4, 5]. In addition, while a group of Chinese health experts arrived in the DRC to help the country fight the Covid-19 pandemic, there again is no evidence that this was part of a governmental public plan to receive health personnel from other countries during a public health emergency [6].

- [1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/]. Accessed 16 December, 2020.
- [2]. Centers for Disease Control and Protection (CDC). Fall 2018, issue 27. "One Responder's Call to Action: Fighting Ebola in DRC". [https://www.cdc.gov/globalhealth/healthprotection/fieldupdates/fall-2018/drc-responder-ebola.html]. Accessed 16 December, 2020.
- [3] Ministry of Health of the Democratic Republic of Congo. [https://www.minisanterdc.cd/]. Accessed 16 December, 2020.
- [4] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [https://inrb.net/]. Accessed 16 December, 2020.
- [5] Ministry of Defense of the Democratic Republic of Congo Facebook page. [https://www.facebook.com/deleguedefense/]. Accessed 16 December, 2020.

[6] CGTN Africa. 13 May, 2020. "Chinese experts arrive in DR Congo to help fight COVID-19". [https://africa.cgtn.com/2020/05/13/chinese-experts-arrive-in-dr-congo-to-help-fight-covid-19/]. Accessed 16 December, 2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 0

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 80.1

2014

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)

Input number

Current Year Score: 14.98

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency. Although the DRC's National Preparedness and Response Plan to Covid-19 of April 1, 2020 mentions providing support to staff involved in the response to Covid-19 (health care workers and other staff), there is no mention that this includes giving priority to healthcare services to healthcare workers who become sick as a result of responding to a public health emergency [1]. There is also no mention of such legislation, policy or a public statement in the DRC's most recent Response Plan to the Ebola pandemic (February 2019) [2]. Furthermore, there is no relevant evidence. Furthermore, while the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 notes that compensation/benefits exist for health care workers, it does give any specifics on what these entail. The JEE also recommends that the DRC implement a "motivation" policy to help retain health workers in all sectors [3]. In addition, there is no relevant information on the websites of the Ministry of Health, the National Institute of Biomedical research and the Facebook page of the Ministry of Defense (the latter does not have a working website) [4, 5, 6]

[1] "Preparedness Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Preparation et de Riposte contre l'Epidemie au Covid-19 en République Democratique du Congo)". March 2020.

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 16 December, 2020.

[2] National Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. 13 February 2019 (Plan National de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). [<https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1>]. Accessed 11 December, 2020.

[3]. World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 16 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 16 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 16 December, 2020.

[6] Ministry of Defense of the Democratic Republic of Congo Facebook page. [<https://www.facebook.com/deleguedefense/>]. Accessed 16 December, 2020.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo has a system in place for public health officials and healthcare workers to communicate during a public health emergency. There is no evidence of such a system in either the DRC's Preparedness and Response plan to Covid-19 (April 1, 2020) nor in its most recent national response plan to Ebola (February 2019) [1, 2]. Furthermore, there is no mention of such a system in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 which notes that while communication during a public health emergency is coordinated by the National Crisis Management Committee, there is insufficient communication between the different health sectors [3]. In addition, there is no relevant information on the websites of the Ministry of Health and the National Institute for Biomedical Research [4, 5]. The National Crisis Management Committee does not have a website.

[1] "Preparedness Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Preparation et de Riposte contre l'Epidemie au Covid-19 en République Democratique du Congo)". March 2020.

[https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html]. Accessed 16 December, 2020.

[2] National Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. 13 February 2019 (Plan National de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). [https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1]. Accessed 11 December, 2020.

[3]. World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/]. Accessed 16 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [https://www.minisanterdc.cd/]. Accessed 16 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [https://inrb.net/]. Accessed 16 December, 2020.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has a system for public health officials and healthcare workers to communicate during an emergency, nor one that encompasses healthcare workers in both the public and private sector. There is no evidence of such a system in either the DRC's Preparedness and Response plan to Covid-19 (April 1, 2020) nor in its most recent national response plan to Ebola (February 2019) [1, 2]. Furthermore, there is

no mention of such a system in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 which notes that while communication during a public health emergency is coordinated by the National Crisis Management Committee, there is insufficient communication between the different health sectors [3]. In addition, there is no relevant information on the websites of the Ministry of Health and the National Institute for Biomedical Research [4, 5]. The National Crisis Management Committee does not have a website.

[1] "Preparedness Response Plan against the Covid-19 Epidemic in the Democratic Republic of Congo (Plan de Preparation et de Riposte contre l'Epidemie au Covid-19 en République Democratique du Congo)". March 2020.

[<https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html>]. Accessed 16 December, 2020.

[2] National Response Plan against the Ebola Virus in the provinces of North Kivu and Ituri, Democratic Republic of Congo. 13 February 2019 (Plan National de Riposte Contre l'Epidémie de la maladie à virus Ebola dans les province du Nord Kivu et de L'Ituri, République Démocratique du Congo). [<https://www.who.int/emergencies/crises/cod/drc-ebola-srp-v20190410-fr.pdf?ua=1>]. Accessed 11 December, 2020.

[3]. World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 16 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 16 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 16 December, 2020.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC)'s national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities. There is no evidence of such monitoring or tracking on the websites of the Ministry of Health and the National Institute for Biomedical Research nor in the World Health Organization (WHO) Joint External Evaluation (JEE) for the DRC from March 2018 [1, 2, 3]. There have been studies done on the percentage of HCAs in some of the country's hospitals. However, these studies were carried out by the University of Kinsagi or the University of Lubumbashi and were not part of a national public health system for monitoring and tracking the number HCAs that take place in healthcare facilities [4, 5].

[1] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 16 December, 2020.

[2] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 16 December, 2020.

[3] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 16 December, 2020.

[4] Eugène Basandja Longembe et al. 26 February, 2020. Pan-African Medical Journal. "Adherence to hand hygiene in the

General Reference Hospitals of the city of Kisangani in the Democratic Republic of Congo (Observance de l'hygiène de main dans les Hôpitaux Généraux de Référence de la ville de Kisangani en République Démocratique du Congo)".

[<https://www.panafrican-med-journal.com/content/article/35/57/full/>]. Accessed 16 December, 2020.

[5] Danny Kasongo Kakupa et al. 27 July, /2016. Pan African Medical Journal. "Study of the prevalence of nosocomial infections and associated factors in the two university hospitals of Lubumbashi, Democratic Republic of Congo: case of the University Clinics of Lubumbashi and the Janson Sendwe Hospital (Etude de la prévalence des infections nosocomiales et des facteurs associés dans les deux hôpitaux universitaires de Lubumbashi, République Démocratique du Congo: cas des Cliniques Universitaires de Lubumbashi et l'Hôpital Janson Sendwe)".

[https://www.researchgate.net/publication/305695354_Etude_de_la_prevalence_des_infections_nosocomiales_et_des_facteurs_associes_dans_les_deux_hopitaux_universitaires_de_Lubumbashi_Republique_Democratique_du_Congo_cas_des_Cliniques_Universitaires_de_Lub]. Accessed 16 December, 2020.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial. There is a National Ethics Committee for Health (Comité national d'éthique de la santé, or CNES), which was created in 2006 to advise the government on matters involving health, biotechnology, and biology and there have been reports that the CNES has approved clinical trials such as Artemisia Annu in June of 2020 [1, 2]. However, there has also been criticism that some clinical trials have taken place without an ethical review and that they were approved by the government and not the CNES [3]. In addition, there is no relevant evidence on the websites of the Ministry of Health and the National Institute for Biomedical Research (4, 5). The Ministry of Research does not have a working website and the CNES does not have a website.

[1] International Labor Organization (ILO). Ministerial Order n° 1250/CAB/MIN/S/ZKM/043/MC/2006 of 18 December, 2006 creating the National Health Ethics Committee, CNES. (Arrêté ministériel n° 1250/CAB/MIN/S/ZKM/043/MC/2006 du 18 décembre 2006 portant création du Comité national d'éthique de la santé, en sigle "CNES").

[https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=fr&p_isn=84915&p_country=COD&p_count=241]. Accessed 18 December, 2020.

[2] [<https://www.congocheck.net/vrai-le-comite-national-dethique-de-la-rdc-a-approuve-lessai-clinique-a-base-dartemisia-mais-pas-un-medicament/>]. Accessed 18 December, 2020.

[3] Bula Milung Onion, Egide. 11 Octobre 2017. "DRC: clinical trials of Ebola treatment without the approval of an Ethics Committee (RDC : des essais cliniques de traitements contre Ebola sans l'approbation d'un comité d'éthique?)". Jeune Afrique. [<http://www.jeuneafrique.com/482200/societe/rdc-des-essais-cliniques-sur-des-traitements-non-homologues-contre-ebola-sans-lapprobation-dun-comite-dethique/>]. Accessed 18 December, 2020.

[4] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 18 December, 2020.

[5] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 18 December, 2020.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no available evidence that the Democratic Republic of Congo (DRC) has an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics. The World Health Organization (WHO) Joint External Evaluation for the Democratic Republic of Congo from March 2018 does not mention an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics [1]. Furthermore, there is no additional information available on the website of the Ministry of Health nor on the one for the National Institute for Biomedical research [2, 3]. The Ministry of Scientific Research does not have a website. Various clinical trials for Ebola countermeasures are being carried out during the current Ebola epidemic in DRC. These clinical trials are authorized and overseen by the WHO, the DRC's National Institute for Biomedical Research (INRB), and other groups. However, there is no specific mention that an expedited review process was involved [4, 5].

[1] World Health Organization (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 16 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 16 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 16 December, 2020.

[4] National Institutes of Health (NIH). 27 November 2018. "Clinical trial of investigational Ebola treatments begins in the Democratic Republic of the Congo". [<https://www.nih.gov/news-events/news-releases/clinical-trial-investigational-ebola-treatments-begins-democratic-republic-congo>]. Accessed 16 December, 2020.

[5] ReliefWeb. 13 February 2019. "MSF starts enrolling patients in clinical trial of potential Ebola treatments". [<https://reliefweb.int/report/democratic-republic-congo/msf-starts-enrolling-patients-clinical-trial-potential-ebola>]. Accessed 16 December, 2020.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that the Democratic Republic of Congo (DRC) has a government agency responsible for approving new medical countermeasures (MCM) for humans. The DRC has a Directorate of Pharmacy and Medicine (DPM), which is the authority for pharmaceutical regulation in the country. Vaccines and medical devices are included within the DPM's purview [1, 2].

[1] Directorate of Pharmacy and Medicine (Direction de la Pharmacie et du Médicament). [<http://dpmrdc.org/>]. Accessed 17 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. Ministerial Order No. 1250/CAB/MIN/SP/011/CPH/OBF/20-15 of 28 September 2015. "Modifying provisions relating to the registration and marketing authorization of pharmaceutical products (Arrêté ministériel N. 1250/CAB/MIN/SP/011/CPH/OBF/20-15 du 28 septembre 2015 modifiant et complétant l'Arrêté ministériel n°1250/CAB/MIN/S/AJ/MS/013/2001 portant dispositions relatives à l'enregistrement et à l'autorisation de mise sur le marché des produits pharmaceutiques)".

[<http://www.leganet.cd/Legislation/Droit%20economique/Reglementationproduits/AM.1250.011.28.09.2015.html>].

Accessed 17 December, 2020.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies. The DRC has a directorate of Pharmacy and Medicine (DPM), which is the authority for pharmaceutical regulation in the country. However, although vaccines and medical devices are included within the DPM's scope, there is no mention on its website as to whether it can expedite approval for MCMs for human use during a public health emergency [1]. Furthermore, there is no available information of such a process on the website of the Ministry of Health nor on the one for the National Institute for Biomedical Research [2, 3]. The Ministry of Research does not have a website.

[1] Directorate of Pharmacy and Medicine (Direction de la Pharmacie et du Medicament). [<http://dpmrdc.org/>]. Accessed 17 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 17 December, 2020.

[3] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 17 December, 2020.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a national risk reduction strategy that integrates epidemics and pandemics. Nor is there evidence of a standalone national disaster risk reduction strategy for epidemics and pandemics. In a speech at the sixth session of the Global Platform for Disaster Risk Reduction in May of 2019, the DRC's Minister for Humanitarian and Solidarity Actions announced that his country was working on putting together a risk reduction strategy along the lines of the Sendai Framework for Disaster Risk Reduction 2015-2030 [1]. However, there is no evidence that this strategy has been filed with the United Nations Office for Disaster Risk Reduction nor is there any relevant information on the website of the Ministry of Health [2, 3]. Furthermore, in the minister's speech, he stated that the country's National Health Development plan includes a section on how to respond to epidemics and pandemics such as Ebola. However, this plan is not a risk reduction strategy [1, 4].

[1] Prevention web. May 2019. Democratic Republic of Congo: Statement made at the Global Platform for Disaster Risk Reduction. [<https://www.preventionweb.net/english/policies/v.php?id=68491&cid=48>]. Accessed 17 December, 2020.

[2] United Nations Office for Disaster Risk Reduction (UNISDR). "Democratic Republic of Congo". [<https://www.unisdr.org/partners/countries/cod>]. Accessed 17 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 17 December, 2020.

[4] National Health Development Plan (Plan National de Développement Sanitaire) 2016-2020. [<https://www.prb.org/wp-content/uploads/2020/06/RDC-Plan-National-de-Developpement-Sanitaire-2016-2020.pdf>]. Accessed 17 December, 2020.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 2

There is publicly available evidence that the Democratic Republic of Congo (DRC) has a cross-border agreement as part of a regional group with regards to public health emergencies. The DRC, along with eight other African countries, is part of the

Central Africa Regional Collaborating Centre of the Africa Centers for Disease Control and Prevention (Africa CDC). Regional Collaborating Centers are technical support institutions for the Africa CDC that work with member states to develop capacity in surveillance, laboratory systems and networks, information systems, emergency preparedness and response, public health research, and fighting major public health outbreaks [1, 2]. Furthermore, the Africa CDC has been active in the continent's response to Covid-19. For example, an article on the Centers for Disease Control and Prevention (CDC) website from December 8, 2020 reported that a group of volunteers from the DRC were deployed to support the COVID-19 response in other French-speaking African countries [3]. In addition, according to the Joint External Evaluation (JEE) for the DRC from March 2018, the country has established MOUs with several neighboring countries for public health emergency management, i.e. Uganda, Republic of Congo, and Angola yet the full text of these three bilateral health cooperation agreements are not available online [4]. The JEE references a 2016 "Convention sur l'exploitation du pool Malebo entre la République du Congo et la République démocratique du Congo" that pertains to managing public health emergencies (only the 2005 version of this bilateral agreement is available online -- this older document covers only river transport and passenger and trade traffic) [5, 6].

[1] Africa Centers for Disease Control and Prevention (Africa CDC). "Central Africa establishes the Africa Centers for Disease Control and Prevention Regional Collaborating Centre to improve surveillance, preparedness and response to infectious and non-communicable diseases". [<https://au.int/en/pressreleases/20170803/central-africa-establishes-africa-centres-disease-control-and-prevention>]. Accessed 17 December, 2020.

[2] Africa Centers for Disease Control and Prevention (Africa CDC). [<https://africacdc.org/rcc/central-africa-rcc/>]. Accessed 17 December, 2020.

[3] Centers for Disease Control and Prevention (CDC). 8 December, 2020. "Africa CDC Launches Continent-wide Response". [<https://www.cdc.gov/globalhealth/healthprotection/fieldupdates/fall-2020/africa-cdc-covid.html>]. Accessed 17 December, 2020.

[4] World Health Organisation (WHO). 12-16 March 2018. "Joint External Evaluation of IHR Core Capacities of the Democratic Republic of Congo". [<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.28/fr/>]. Accessed 07 January, 2020.

[5] International Commission of the Congo-Oubangui-Sangha Basin, Operating Agreements of the Malebo Pool (Commission Internationale du Bassin Congo-Oubangui-Sangha, Convention d'Exploitation du Pool Malebo entre la République du Congo et la République démocratique du Congo). November 2005. [<http://www.fao.org/faolex/results/details/en/c/LEX-FAOC144681>]. Accessed 07 January, 2021.

[6] De Matons, Jean Grosdidier. March 2014. "A Review of International Legal Instruments: Facilitation of Transport and Trade in Africa, Second Edition". The World Bank. [<http://unohrlls.org/custom-content/uploads/2013/09/A-Review-of-International-Legal-Instruments-Facilitation-of-Transport-and-Trade-in-Africa.pdf>]. Accessed 07 January, 2021.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has a cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies. The DRC, along with eight other African countries, is part of the Central Africa Regional Collaborating Centre of the Africa Centers for Disease Control and Prevention (Africa CDC). Regional Collaborating Centers are technical support institutions for the Africa CDC that work with member states to develop capacity in surveillance, laboratory systems and networks, information systems, emergency preparedness and response, public health research, and fighting major public health outbreaks. However, there is no specific mention that the work of the Africa CDC or its regional collaborating centers include animal health emergencies

[1, 2]. Furthermore, there is no mention of such an agreement or protocol with regards to animal health emergencies on the Ministry of Health's website [3]. The Ministry of Agriculture's website was under construction at the time of conducting this research [4].

[1] Africa Centers for Disease Control and Prevention (Africa CDC). "Central Africa establishes the Africa Centers for Disease Control and Prevention Regional Collaborating Centre to improve surveillance, preparedness and response to infectious and non-communicable diseases". [<https://au.int/en/pressreleases/20170803/central-africa-establishes-africa-centres-disease-control-and-prevention>]. Accessed 17 December, 2020.

[2] Africa Centers for Disease Control and Prevention (Africa CDC). [<https://africacdc.org/rcc/central-africa-rcc/>]. Accessed 17 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 17 December, 2020.

[4] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 17 December, 2020.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the Democratic Republic of Congo (DRC) has allocated national funds to improve capacity to address epidemic threats within the past three years. In its National Preparedness and Response Plan to Covid-19, activated April 1, 2020, the government announced a budget of \$135.256 million to "stop the transmission of Covid-19 and to minimize its health and socio-economic impact". However, there is no mention that this budget was coming from national funds or from international loans or grants [1]. Furthermore, the DRC has invested money in the past three years to improve its capacity to address epidemic threats such as Ebola. However, there is no evidence that this was done with national funds. Most of the research conducted revealed investments or grants coming from the World Bank and other international financial institutions. For example, in August of 2019, the World Bank announced grants worth \$50 million to help the RDC respond to the latest Ebola outbreak [2]. In addition, there is no evidence on the website of the Ministry of Health nor on the government's main portal regarding legislature on national budget priorities that any national funds have been allocated within the past three years to address epidemic threats [3, 4].

[1] "Preparedness and Response Plan to Covid-19 Epidemic in the Democratic Republic of Congo". March 2020. (Plan de Préparation et de Riposte contre l'Epidémie au Covid-19 en République Démocratique du Congo).

[https://www.tralac.org/documents/resources/covid-19/countries/3804-covid-19-preparedness-and-response-plan-in-the-democratic-republic-of-congo-march-2020-french/file.html]. Accessed 17 December, 2020.

[2] World Health Organization (WHO). "DRC: Statement by the World Bank and WHO on their partnership and a disbursement of funds to WHO (RDC: déclaration de la Banque mondiale et de l'OMS sur leur partenariat et un versement de fonds à l'OMS)". 22 August, 2019. [https://www.who.int/fr/news/item/22-08-2019-world-bank-and-who-statement-on-partnership-deployment-of-financing-to-who-for-ebola-response-in-drc]. Accessed 17 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [https://www.minisanterdc.cd/]. Accessed 17 December, 2020.

[4] Office of the Prime Minister of the Democratic Republic of Congo. [https://www.primature.cd/public/]. Accessed 17 December, 2020.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1, No = 0

Current Year Score: 1

There is a publicly identified special emergency public financing mechanism from which the Democratic Republic of Congo (DRC) can borrow if facing a public health emergency. The DRC is an International Development Association (IDA) eligible borrowing country, so it is eligible for the World Bank pandemic financing facility [1, 2].

[1] International Development Association (IDA). "IDA Borrowing Countries". [<http://ida.worldbank.org/about/borrowing-countries>]. Accessed 17 December, 2020.

[2] World Bank. "Pandemic Financing Facility". [<http://pubdocs.worldbank.org/en/119961516647620597/PEF-Operational-Brief-Dec-2017.pdf>]. Accessed 17 December, 2020.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no publicly available evidence that the Democratic Republic of Congo (DRC)'s senior leaders have, in the past three years, made a public commitment to support other countries to improve capacity to address epidemic threats by providing financing or support. Nor is there sufficient evidence that they made a public statement to improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity. In the past three years, the DRC has requested financial support to respond to the ongoing Ebola Crisis. For example, in June of 2017 the DRC requested \$1 million in funds from the African Development Bank to combat Ebola and in July of 2019 the World Bank announced it was mobilizing \$300 million to finance the Ebola response in DRC. However, these announcements were made by the banks and not by a public commitment by a senior leader [1, 2]. Furthermore, there is no mention of either type of public commitment on the websites of the Ministry of Health, the Ministry of Foreign Affairs nor on the government's main portal [3, 4, 5].

[1] African Development Bank. June 2017. "Proposal for the grant of a fund of \$1 million for emergency humanitarian aid for the fight against the epidemic of Ebola hemorrhagic in the province of Bas-Uele (Proposition Visant l'Octroi d'un Don 1.000.000 Dollars EU au Titre d'une Aide Humanitaire d'Urgence pour la Lutte contre l'Epidemie de Fievre Hemorragique Ebola dans la Province du Bas-Uele)". [https://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/RDC-Proposition_visant_l_octroi_d_un_don_de_1_000_000_dollars_EU_au_titr....pdf]. Accessed 18 December, 2020.

[2] World Bank Press Release. 24 July, 2019. "World Bank Mobilizes US\$300 Million to Finance the Ebola Response in Democratic Republic of Congo". [<https://www.worldbank.org/en/news/press-release/2019/07/24/world-bank-mobilizes-us300-million-to-finance-the-ebola-response-in-democratic-republic-of-congo>]. Accessed 18 December, 2020.

[3] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 18 December, 2020.

[4] Ministry of Foreign Affairs and Regional Integration of the Democratic Republic of Congo. [<https://minaffet-rdc.com/>]. Accessed 18 December, 2020.

[5] Office of the Prime Minister of the Democratic Republic of Congo. [<https://www.primature.cd/public/>]. Accessed 17 December, 2020.

5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is publicly available evidence that the Democratic Republic of Congo (DRC) has invested finances from donors to improve its own domestic capacity to address epidemic threats in the past three years; there is no evidence that the country has invested resources to support other countries to improve capacity to address epidemic threats in the past three years. The DRC has received technical and financial support to improve its domestic capacity to address epidemic threats in each of the past three years. According to the Georgetown Global Health Security Tracking database, the country received \$514 million in 2017, \$344 million in 2018 and and \$655 million in 2019 to improve its domestic capacity to address epidemic threats. Of the funds received, 64% was for enhancing prevention capacity, 29% for detection, and 6% for response. Among the main donors were the the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization (GAVI), and the United Nations Children's Fund (UNICEF) [1]. However, there is no record that the DRC invested finances or provided technical support to help other countries combat epidemic threats in the past three years via the tracker nor on the websites of the Ministry of Health and the Ministry of Foreign Affairs [1, 2, 3].

[1] Georgetown Global Health Security Funding Tracker. [<https://tracking.ghscosting.org/#/data>]. Accessed 18 December, 2020.

[2] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 18 December.

[3] Ministry of Foreign Affairs and Regional Integration of the Democratic Republic of Congo. [<https://minaffet-rdc.com/>]. Accessed 18 December, 2020.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 0

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the Democratic Republic of Congo (DRC) has a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza. There is no evidence of such a plan on the website of the Ministry of Health nor on the one of the National Institute for Biomedical Research [1, 2]. The Ministry of Research does not have a working website and the Ministry of Agriculture's website was under construction at the time of conducting this research [3].

[1] Ministry of Health of the Democratic Republic of Congo. [<https://www.minisanterdc.cd/>]. Accessed 18 December, 2020.

[2] National Institute for Biomedical Research (Institut National de la Recherche Biomédicale). [<https://inrb.net/>]. Accessed 18 December, 2020.

[3] Ministry of Agriculture of the Democratic Republic of Congo [<http://minagri.gouv.cd/>]. Accessed 18 December, 2020.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0, No = 1

Current Year Score: 1

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years [1]. Furthermore, there is no evidence on the website and press release pages of the World Health Organization (WHO) nor are there any media reports by the WHO of any non-compliance by the DRC in the past two years [2, 3].

[1] World Health Organization (WHO). "Virus Sharing." [http://www.who.int/influenza/pip/virus_sharing/en/]. Accessed 19 December, 2020.

[2] World Health Organization (WHO). [<http://www.who.int>]. Accessed 19 December, 2020.

[3] World Health Organization (WHO) newsroom. [<https://www.who.int/news-room>]. Accessed 19 December, 2020.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no publicly available evidence that the Democratic Republic of Congo (DRC) has not shared pandemic pathogen samples, including for Covid-19, during an outbreak in the past two years [1]. Furthermore, there is no evidence on the website and press release pages of the World Health Organization (WHO) nor are there any media reports by the WHO of any non-compliance by the DRC in the past two years [2, 3].

[1] World Health Organization (WHO). "Virus Sharing." [http://www.who.int/influenza/pip/virus_sharing/en/]. Accessed 19 December, 2020.

[2] World Health Organization (WHO). [<http://www.who.int>]. Accessed 19 December, 2020.

[3] World Health Organization (WHO) newsroom. [<https://www.who.int/news-room>]. Accessed 19 December, 2020.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 18

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 3

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 0

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 77.04

2016

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);
The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.34

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 39.3

2012

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 2

According to an October 2018 report, the Trade Union Confederation of Congo (La Confédération Syndicale du Congo, or CSC) states that the Democratic Republic of Congo (DRC)'s share of employment in the informal sector is 97.5% [1]. This is the most recent statistic available. ILOSTAT and the World Bank put this share at 98.6% and 96% respectively but their most recent reports are from 2005 [2, 3].

[1] Equal times. Tamara Gausi. 10 October, 2018. Congolese trade unionist Joséphine Shimbi Umba: "We say 'protect the workers', but which workers are we talking about if only 2.5 per cent have formal jobs?".

[https://www.equaltimes.org/congolese-trade-unionist-josephine?lang=en#.X_YKQOIkjwc]. Accessed 19 December, 2020.

[2] ILOSTAT. Statistics on the informal economy - Share of informal employment by country (in percent), latest year: DRC 2005. [https://ilostat.ilo.org/topics/informality/]. Accessed 19 December, 2020.

[3] World Bank Data. Informal Employment. [https://data.worldbank.org/indicator/SL.ISV.IFRM.ZS]. Accessed 19 December, 2020.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 0

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 0

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.42

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 45.05

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -4.48

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 60.37

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 652.9

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 3.02

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 14.04

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 6.7

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 43.24

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 20.46

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international \$)

Input number

Current Year Score: 4.63

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018