

DEMOCRATIC REPUBLIC OF THE CONGO

People in need of health assistance¹

12.9 MILLION

People targeted for health assistance¹

6 MILLION

Funding requirement

US\$ 52 MILLION

¹ Estimates based on preliminary data for Humanitarian Needs Overview for Democratic Republic of the Congo, 2025

CONTEXT

The Democratic Republic of the Congo (DRC) faces multifaceted crises driven by armed conflicts, inter-community tensions, and recurrent natural disasters. These overlapping challenges have led to recurring acute humanitarian and health emergencies—including multiple ongoing epidemics (mpox, cholera, measles, polio, plague, and COVID-19), frequent security incidents, and severe food insecurity.

On 27 January 2025, renewed violence in Goma, North Kivu Province, caused new, large-scale displacement, with more than 4,000 injuries and 939 deaths (up to 11 February 2025). Additionally, nearly 4,260 war-wounded individuals are receiving care in hospitals, including emergency surgeries to increase their chances of survival and minimize long-term adverse health consequences. Damage to water and sewage infrastructure, as well as electricity supplies, further complicates the already dire humanitarian and health situation. There is urgent need for blood products and enhanced surgical capacity in Goma and South Kivu, where the conflict is spreading further.

Conflict-related sexual violence is a brutal hallmark of this renewed offensive, with devastating impacts on the safety and well-being of women and girls. Those forced to flee due to bombings and raids live in overcrowded, unsafe displacement sites on the outskirts of Goma with scarce food and water supplies. Many face multiple attacks and threats, including rape by individuals and gangs, as well as forced recruitment and sexual slavery by armed militants. Access to health care for GBV survivors has declined due to the ongoing conflict.

DRC remains the epicentre of the mpox outbreak, accounting for 96% of global cases. Twenty-three provinces have been identified as hotspots for the outbreak. Since 2023, mpox cases have seen a significant surge, with 14,626 suspected cases and 654 deaths, resulting in a case fatality rate (CFR) of 4.46%. From the start of 2024, through to epidemiological week 48, a total of 51,194 mpox suspected cases were reported, including 11,333 confirmed cases and 1,224 deaths, resulting in a CFR of 2.4%. Children under 15 years have been particularly affected, reflecting the disease’s high prevalence in this demographic.

In 2024, more than 25.4 million people - approximately a quarter of the population - required humanitarian assistance, including 19.6 million people in urgent need of emergency health care. This trend is expected to continue to drive the need for life-saving assistance in 2025. The eastern provinces, severely impacted by violence and insecurity due to ongoing conflicts, are the most affected.

Escalating displacement seen in 2024 underscores the urgent need for a strengthened health response in 2025. With over 1.4 million people newly displaced from January to August 2024, the total displaced population has increased to 6.4 million – the second largest displacement crisis globally (after Sudan). Armed attacks and clashes accounted for over 80% of these displacements, with women making up 51% of the displaced population. Additionally, 814,000 returnees were registered in 2024, raising the total number of returnees to 2.4 million. The provinces of North Kivu, Ituri, and South Kivu have seen the highest number of returnees in recent months, reflecting the ongoing instability in these regions.

The health implications of these displacements are profound. The maternal mortality rate in the DRC remains one of the highest globally, while infant mortality continues to rise, driven by outbreaks of vaccine-preventable diseases. These issues are compounded by widespread displacement, which disrupts access to healthcare, nutrition and essential services, further straining an already fragile health system.

Compounding these challenges, access to safe drinking water, adequate sanitation and hygiene services remains critically low, increasing vulnerability to epidemics such as cholera and Ebola. The lack of basic healthcare infrastructure and services further heightens the health crisis, demanding urgent and sustained action.



A 3-week-old girl suffering from mpox in an emergency room in South Kivu, the Democratic Republic of the Congo.

© WHO / Guerchom Ndebo

WHO's STRATEGIC OBJECTIVES

1. **Enhance health service delivery:** Strengthen the capacity of health facilities to deliver primary healthcare services, addressing the diverse health needs of displaced populations, including the management of mpox.
2. **Strengthen provision of essential medicines and supplies:** Support the procurement and delivery of essential medicines and supplies.
3. **Bolster epidemic and pandemic preparedness:** Improve prevention, preparedness, detection and response to epidemics and pandemics to mitigate public health risks effectively.
4. **Build resilient health systems:** Strengthen health systems to ensure they are more capable and resilient in delivering essential healthcare services, even in the face of ongoing crises.
5. **Address gender-based violence, mental health and psychosocial support, and prevention of and response to sexual misconduct (PRS):** Provide clinical management of rape and intimate partner violence, mental health and psychosocial support services, and prevent sexual misconduct by humanitarian workers in vulnerable communities.
6. **Ensure a sustainable partnership with key donors:** Promote better coordination of health partners via the Health Cluster and the Democratic Republic of the Congo's Groupe Inter Bailleurs Santé (GIBS).



A health worker checks on a child at a health center set up by WHO to meet urgent health needs in Bulengo IDP camp near Goma, eastern DRC.

© WHO / Guerchom Ndebo

WHO's 2025 RESPONSE STRATEGY

WHO's 2025 response strategy in the Democratic Republic of the Congo focuses on three core pillars to ensure rapid and effective health emergency response; enhance emergency preparedness; and prevent epidemics and pandemics.

- **Operational leadership in health emergency response:** WHO will deliver technical leadership and operational support to strengthen emergency health responses. This includes direct implementation of lifesaving interventions, capacity building for government health authorities and partners, and deploying WHO's expertise in outbreak prevention and control.
- **Coordination and health surveillance for rapid action:** As the Health Cluster lead, WHO will coordinate humanitarian partners and national authorities to align efforts for maximum efficiency. WHO will also manage health information systems, integrating data from non-governmental organisations, the United Nations High Commissioner for Refugees, and the Ministry of Health to drive evidence-based responses. Enhanced surveillance and early warning systems will support faster detection and containment of health threats.
- **Targeted provision of life-saving health interventions for high-risk areas:** WHO will focus on delivering critical health services in underserved and high-risk areas. Leveraging its operational capacity, WHO will implement direct interventions in targeted provinces, ensuring essential care reaches displaced populations and other vulnerable groups with a focus on lifesaving outcomes.

Operational presence

The WHO Country Office in the Democratic Republic of the Congo has a multidisciplinary team of some 516 people dedicated to responding to emergencies, expanding access to quality essential services and strengthening the resilience of the healthcare system. These personnel are distributed across a central office, nine sub-offices and two antennas, covering all 26 provinces of the country.

Working with partners

WHO is the Health Cluster lead in the Democratic Republic of the Congo, working with 125 partners engaged in humanitarian response.



Dr Alain Mangolopa, WHO Emergency Officer for North Kivu, speaks to people in Bushagara IDP camp, north of Goma, DRC.

© WHO / Guerchom Ndebo



A woman with her son, who is being treated for mpox in South Kivu, in the Democratic Republic of the Congo.

© WHO / Guerchom Ndebo

KEY ACTIVITIES FOR 2025

- Strengthen epidemiological surveillance systems, enhance disease monitoring, including contact tracing, through the expanded use of the Early Warning, Alert, and Response System (EWARS) electronic surveillance tool.
- Build capacity for disease detection and analysis, train provincial health zone staff on the third edition of the Integrated Disease Surveillance and Response (IDSR) guidelines, focusing on disease surveillance data analysis and the application of statistical and spatial mapping tools.
- Expand and decentralize laboratory diagnostic capacity for mpox at provincial and zonal levels in identified hotspot areas to accelerate detection and response.
- Equip healthcare workers with the skills to analyse and assess public health risks, enabling faster and more effective responses to health emergencies.
- Improve the safety and quality of patient care, emphasizing infection prevention and control measures in healthcare facilities and community settings.
- Strengthen water, sanitation and hygiene (WASH) infrastructure and services in health districts and communities to reduce disease transmission during emergencies.
- Enhance risk communication and community engagement.
- Train community health workers in priority vulnerable health zones on integrated, community-based outbreak response, including mpox detection and response.
- Ensure rapid deployment by prepositioning logistics - including motorcycles, motorized canoes, medical kits and essential supplies – to enable the deployment of Rapid Response Teams (RRT) within 48 hours of an emergency.
- Enhance coordination among health partners at central and decentralized levels to ensure a unified and effective health response.
- Provide essential healthcare, including clinical management of rape and intimate partner violence, mental health and psychosocial support services to displaced populations, returnees and those affected by natural disasters or armed conflict, through both mobile healthcare units and fixed facilities.
- Prevent and respond to sexual exploitation, abuse and harassment, strengthen systems and capacity and ensure protection and accountability in all emergency response operations.

“The infection prevention and control inputs provided to us by WHO ensure safety for ourselves and others. No frontline staff should put themselves at risk while saving lives.”

Dr Pululu Mbala José, Coordinator of the Mpox Treatment Center Vijana, Kinshasa



A consignment of 14 tonnes of medical supplies and equipment is delivered by WHO from its Emergency Preparedness Hub in Nairobi, Kenya to support the health response in DRC.
© WHO / Junior Diatezua

2025 FUNDING REQUIREMENTS

Overall country funding requirements by emergency response pillar

DEMOCRATIC REPUBLIC OF THE CONGO HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR		FUNDING REQUIREMENTS (US\$'000)
Collaborative surveillance		12 322
Surveillance, case investigation and contact tracing		5 109
Diagnostics and testing		7 213
Community protection		12 522
Risk communication and community engagement		1 774
Infection prevention and control in communities		8 165
Community protection and vaccination (including training)		2 583
Safe and scalable care		7 811
Essential health systems and services (including for GBV survivors)		7 811
Access to countermeasures		7 474
Operational support and logistics		7 474
Emergency leadership		11 871
Leadership, coordination, PRSEAH, and monitoring		7 026
Human resources		4 845
Grand Total		52 000

FOR MORE INFORMATION

Dr Boureima Hama Sambo, WHO Representative, sambob@who.int

Dr Diallo Amadou Mouctar, EPR Team Lead, dialloam@who.int

Halima-Maiga Djibo, External Relations and Partnerships Officer, djiiboh@who.int

Dr Saidi Bilungi N Guy, Planning, M&E and Reporting Officer, saidin@who.int

