

# THE DEMOCRATIC REPUBLIC OF THE CONGO

People in need - Health<sup>1</sup>

**7.5 MILLION**

People targeted - Health<sup>1</sup>

**2.5 MILLION**

Funding requirement

**US\$ 29.3 MILLION**

<sup>1</sup> Figures represent health-specific People in Need and people targeted drawn from the Health Cluster Estimate

## CONTEXT

In 2025, over 12.9 million people required health-related humanitarian assistance in the Democratic Republic of the Congo (DRC), particularly in the eastern provinces of Ituri, North Kivu, South Kivu, Tanganyika and Maïndombe, where armed clashes have led to widespread violence and displacement, alongside the disruption of essential services.

The health system remains fragile, even outside conflict zones. Public health expenditure accounts for only 0.7% of gross domestic product (GDP) - well below the 1.3% average in low-income African countries. Furthermore, external aid accounts for 40% of total health spending, further undermining the sustainability and predictability of essential services. Human resources are severely limited and unevenly distributed, with national densities of 1.6 physicians, 10.8 nurses and 0.2 midwives per 10 000 inhabitants.

In 2025, the Democratic Republic of the Congo reported 61 171 cases of cholera (1815 deaths with a case fatality rate of 3%); 1934 confirmed cases of mpox (case fatality rate of 0.9%) and 67 294 cases of measles (1012 deaths with a case fatality rate of 1.5%). Additionally, an outbreak of Ebola virus disease (EVD) in Bulape, Kasai, resulted in 64 cases and 45 deaths, indicating a fatality rate of 70%.

In total, the country registered over 450 000 epidemic cases and 8700 deaths from cholera, mpox, measles, Ebola, polio and other communicable diseases. This alarming burden highlights the urgent need to strengthen emergency preparedness, reinforce disease surveillance systems and ensure continuity of essential health services across crisis affected regions. These health emergencies coincide with growing food insecurity, climate shocks and resource-driven conflicts, placing the health system under constant strain and limiting long-term development efforts.

For the 2026 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), 64 of 228 health zones (28%) are classified as Severity 4, indicating extreme deprivation of vital health services. The Health Cluster estimates 7.5 million people are in urgent need of health assistance, with a targeted response for 2.5 million, focusing on Severity 3 and 4 zones. Despite a narrower geographic scope, the severity of needs remains unchanged.

The outlook for 2026 is deeply concerning. Rising humanitarian needs, recurrent outbreaks and protracted crises continue to outpace available response capacity. Sustained investment and strengthened coordination are crucial to maintain essential health services, prevent avoidable loss of life and ensure access to care for the most vulnerable populations.



A health worker responds to an outbreak of Ebola virus disease in Kasai Province, September 2025. Photo credit: Joel Lumbala/WHO

## WHO'S STRATEGIC OBJECTIVES

- 1. Expand access to essential health services:** Rapidly scale up health facility capacity to deliver essential primary care, outbreak response, sexual and reproductive health services and emergency health care for displaced and crisis-affected populations.
- 2. Deliver critical medical supplies:** Procure and distribute essential medicines, laboratory reagents and consumables, vaccines and medical equipment to sustain emergency operations and support government-led and partner-implemented response efforts.
- 3. Strengthen epidemic preparedness and response:** Reinforce national and subnational systems for the prevention, early detection of and rapid response to epidemics and pandemics.
- 4. Protect communities in crisis:** Expand access to mental health and psychosocial support, ensure clinical management of gender-based violence and strengthen prevention and response to sexual misconduct in emergency settings.
- 5. Build health system resilience in emergencies:** Strengthen institutions, safeguard health infrastructure and frontline health workers and integrate rapid-response mechanisms to ensure continuity of essential health services during shocks.
- 6. Strengthen emergency coordination and localization:** Work through the Health Cluster and the Inter-Donor Health Group to align partners and optimize the use of resources to support a coordinated, locally led health emergency response.



Before the intervention of WHO and its partners, we were powerless in the face of Ebola virus disease. We lacked in-depth knowledge of the pathology. The loss of healthcare staff and the confirmed infection of several providers plunged our team into despair. Today, thanks to WHO's massive support, the situation has significantly improved. We were able to save lives and restore hope.

**Dr. Serge Bulangyene, Medical Director of the Bulape General Referral Hospital**



## WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO will adapt its operational approach in the Democratic Republic of the Congo to address a more complex and constrained humanitarian environment. As health emergencies multiply and the presence of some international partners declines, WHO will play an expanded role in coordinating epidemic preparedness and response, strengthening surveillance and health intelligence, supporting clinical care and infection prevention and control and safeguarding the continuity of essential health services in high-risk areas.

In the context of reduced and shifting humanitarian financing, WHO will prioritize a more targeted and efficient response, focusing on its core comparative advantages: coordination, technical leadership, health intelligence and national capacity strengthening. This approach will ensure that limited resources are directed to the most severe needs while maintaining system-wide coherence.

WHO will act as a strategic convener, aligning partners around an integrated response anchored in national priorities and health system realities. Rather than substituting for local actors, WHO will promote a collaborative approach aimed at strengthening institutional capacities, structuring health governance mechanisms, revitalizing community coordination platforms and ensuring accountability to affected populations and resource providers.

WHO will also accelerate the localization of its response: more local partners will be engaged in coordination platforms and a growing share of resources will be channeled directly to national actors. This repositioning is fully aligned with the principles of the Humanitarian Reset, supporting a more sustainable, equitable and integrated response that bridges emergency and development.

Through this recalibrated approach, WHO will continue to provide rapid, coherent and resilient health leadership in the Democratic Republic of the Congo, while laying the groundwork for a stronger and more inclusive health system.



Cases of mpox clade IIb are recorded in Kinshasa.  
Photo credit: WHO

# WHO 2026 RESPONSE STRATEGY

In 2026, WHO will continue adapting its response strategy in the Democratic Republic of the Congo to address growing humanitarian and public health challenges. The strategy is grounded in an integrated approach that combines technical assistance, multisectoral coordination and direct service delivery in high-risk and crisis-affected areas, with the overarching objective of saving lives, reducing morbidity and strengthening health system resilience.

WHO's response will focus on six strategic pillars: expanding access to essential health services, delivering critical medical supplies, strengthening epidemic preparedness and response, protecting communities in crisis, building health system resilience in emergencies and strengthening emergency coordination and localization.

As the operational lead for health emergencies, WHO will offer direct technical and operational support to national and provincial health authorities. This includes deploying rapid response teams, implementing life-saving interventions and strengthening epidemic prevention and control capacities. Collaboration with the Ministry of Health will be intensified to ensure alignment with national priorities and to reinforce institutional coordination and continuity of essential health services.

As Health Cluster lead, WHO will coordinate UN agencies, national and international NGOs and civil society organizations to harmonize efforts and avoid duplication. Through integrated health information systems, WHO will consolidate data from humanitarian and governmental actors to guide decision-making and accelerate the detection of health threats. A strong operational presence will be maintained in vulnerable provinces to ensure access to essential care for displaced populations and at-risk groups, including through mobile clinics, infection prevention and control support and assistance to treatment centers for epidemic-prone diseases.

In response to the increasing return of displaced populations, WHO will work closely with partners to restore access to essential health services in areas of return. This will involve joint assessments of infrastructure, technical platforms and human resource needs to enable the resumption of vital services. Early reactivation of public health activities, particularly routine immunization, prevention and surveillance, will be prioritized to consolidate system resilience and ensure continuity of care for returnees and host communities.

Finally, WHO will serve as a catalyst to bridge emergency response with long-term health system strengthening, supporting continuity of care, restoring supply chains and integrating preparedness into routine services.

## OPERATIONAL PRESENCE

The WHO Country Office in the Democratic Republic of the Congo has approximately 285 staff dedicated to emergency response, expanding access to essential health services and strengthening health system resilience. Staff are deployed across the central office, nine sub-offices and two antennas, ensuring operational presence across all 26 provinces of the country.

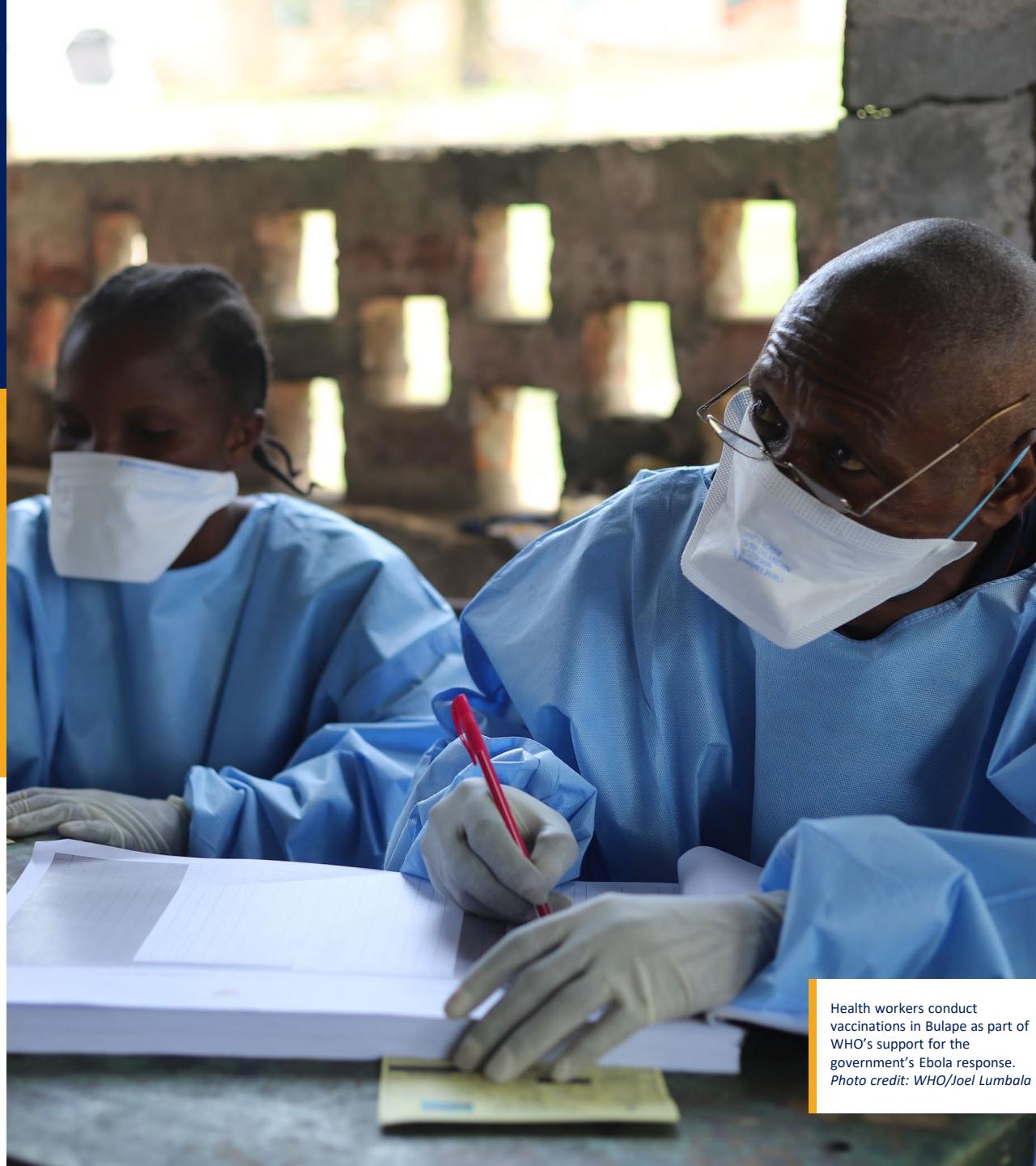
WHO leads the Health Cluster in the Democratic Republic of the Congo, with a dedicated national coordinator based in Kinshasa. The Health Cluster is co-facilitated by Médecins d'Afrique, reinforcing inclusive and effective coordination among humanitarian health actors.

The coordination mechanism is decentralized through four provincial sub-clusters located in areas of highest humanitarian severity: North Kivu, South Kivu, Ituri and Tanganyika. In each sub-cluster, co-facilitation is led by an international NGO, while technical secretariat functions are entrusted to a national NGO, in line with the localization agenda and the promotion of national leadership.

As of December 2025, the Health Cluster in the Democratic Republic of the Congo brings together 72 active partners, including four United Nations agencies, 28 international NGOs, 35 national NGOs, three observer organizations and two donors.



Arrival of WHO medical supplies in response to the humanitarian crises in the eastern part of the Democratic Republic of the Congo  
Photo credit: WHO/Eugene Kabami



Health workers conduct vaccinations in Bulape as part of WHO's support for the government's Ebola response.  
Photo credit: WHO/Joel Lumbala

## KEY ACTIVITIES FOR 2026

- **Support the strengthening of epidemiological surveillance and early warning** through the deployment and training of teams on Integrated Disease Surveillance and Response in at least 50 priority health zones.
- **Establish strategic stockpiles and ensure last-mile delivery of essential medicines, personal protective equipment and infection prevention and control kits** in nine high-risk provinces across the country.
- **Deploy a multisectoral coordination platform** (human, animal and environmental health) and an integrated information system for zoonotic surveillance.
- **Equip three provincial laboratories** (Kinshasa, Goma and Lubumbashi) and establish a logistics system to enable rapid transport of samples.
- **Organize vaccination campaigns** against measles and other vaccine-preventable diseases in fragile and conflict-affected zones.
- **Conduct advocacy and provide technical support** to establish a national rapid emergency financing mechanism.
- **Coordinate and provide clinical management** of conflict-wounded patients, including technical and logistical support to health facilities in conflict-affected areas.
- **Coordinate and provide clinical care for survivors** of sexual violence, ensuring the availability of protocols, post-rape kits and trained personnel.
- **Conduct rapid assessments of health facilities in internally displaced persons (IDPs), return and stabilization zones**, aimed at light rehabilitation and provision of essential equipment to restore primary health care delivery.
- **Promote and integrate mental health and psychosocial support (MHPSS)** into frontline health services.
- **Support the early reactivation of public health activities including health promotion, the resumption of routine immunization, the prevention of communicable diseases and integrated diseases surveillance.**
- **Support health system resilience** through local capacity strengthening, intersectoral coordination and continuity of essential services.

# IMPACT IN 2025

## RAPID EBOLA RESPONSE IN BULAPE CATALYZES LONG-TERM HEALTH SYSTEM STRENGTHENING IN KASAI



Medical supplies arrive in Bulape by helicopter, delivered by WHO as part of the Ebola response.  
Photo credit: WHO/Joel Lumbala

Following the declaration of an Ebola outbreak in Bulape Health District, Kasai Province on 4 September 2025, WHO, in close collaboration with national authorities and key partners, rapidly mobilized to contain the spread and protect affected communities. WHO deployed multidisciplinary teams to support all pillars of the response, including infection prevention and control (IPC), contact tracing, vaccination and the continuity of essential health services.

The last patient was discharged from the Ebola Treatment Centre on 19 October, and the outbreak was officially declared over on 1 December 2025.

Beyond the immediate response, WHO adopted a forward-looking approach by integrating health system strengthening into its emergency programming. This included targeted investments to upgrade health infrastructure and align with the government's broader vision for resilient health systems in Kasai Province.

WHO also implemented several key resilience-building interventions. These included upgrading the laboratory diagnostic capacity to improve outbreak detection and response, enhancing water supply systems at the general hospital to ensure safe and sustainable service delivery and supporting community engagement and preparedness mechanisms to foster local ownership and early warning.

WHO continues to work alongside national counterparts to co-develop a long-term strategy that builds on gains made during the response, ensuring that emergency investments translate into lasting improvements in health system performance and epidemic preparedness.

Beyond technical and logistical support, WHO trained dozens of health workers, helping to ensure continuity of care across the Bulape health zone. These efforts expanded access to essential health services for the most vulnerable populations. Through this intervention, WHO reaffirmed its commitment to health equity, bringing knowledge, care and resilience where needs are most acute, and demonstrating WHO's impact in some of the most fragile settings.

### FOR MORE INFORMATION

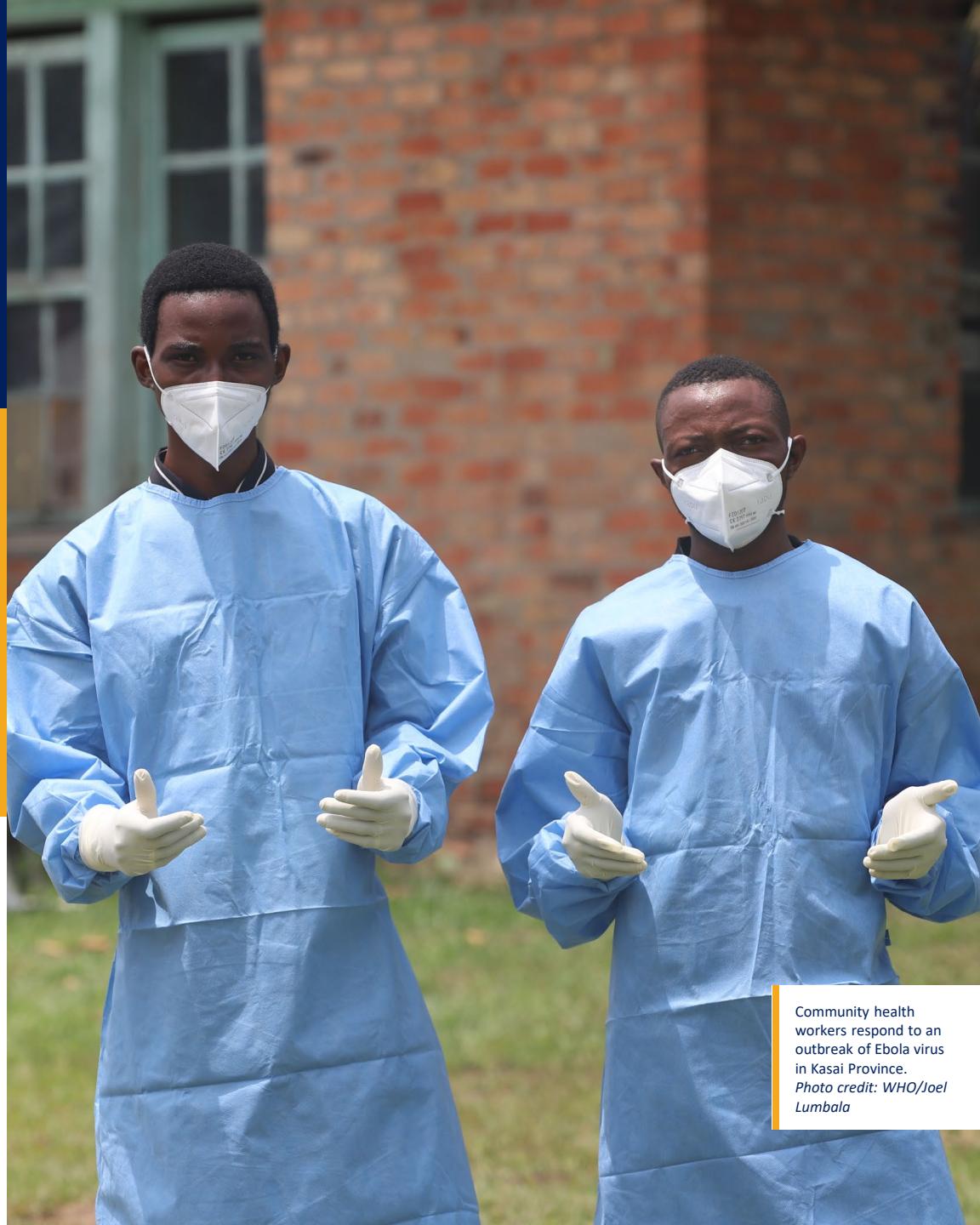
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A health worker delivers a surveillance briefing in Bulape, Kasai Province.  
Photo credit: WHO/Joel Lumbala



## WHO'S 2026 FUNDING REQUIREMENTS

### THE DEMOCRATIC REPUBLIC OF THE CONGO REGIONAL CRISIS

#### FUNDING REQUIREMENT BY RESPONSE PILLAR

	FUNDING REQUIREMENTS (US\$ M)
<b>Collaborative surveillance</b>	<b>6.40</b>
Laboratory systems, diagnostics and testing	2.54
Surveillance, case investigation and contact tracing	3.86
<b>Community protection</b>	<b>7.48</b>
IPC in the community	0.72
Risk communication and community engagement	1.30
Travel, trade, points of entry and gatherings	0.54
Vaccination	4.92
<b>Safe and scalable care</b>	<b>7.48</b>
Case management and therapeutics	1.57
Essential health systems and services	2.32
IPC within health care settings	3.60
<b>Access to countermeasures</b>	<b>3.35</b>
Operational support and logistics	2.84
Research, innovation and evidence	0.51
<b>Emergency leadership</b>	<b>4.55</b>
Lead, coordinate, plan and monitor acute response ops	2.96
Lead, coordinate, plan and monitor protracted response ops	0.13
PSEAH in acute emergency response operations	0.78
PSEAH in protracted emergency response operations	0.12
Risk and readiness assessments	0.56
<b>Total</b>	<b>29.26</b>