



MINISTRE DE LA SANTE PUBLIQUE
HYGIENE ET PREVOYANCE SOCIALE



GROUPE DE LA BANQUE MONDIALE



MINISTRE DE LA SANTE PUBLIQUE
HYGIENE ET PREVENTION
SECRETIARIAT GENERAL
UNITE D'ASSISTANCE TECHNIQUE ET D'APPUI
AU SECTEUR DE SANTE

UG-PDSS



HEALTH EMERGENCY PREPAREDNESS & RESPONSE UMBRELLA PROGRAM

PROJET DE PREPARATION, REPOSE ET
RESILIENCE AUX URGENCES SANITAIRES

PERIODIC BULLETIN HEPRR

FIRST EDITION 2025 - 2026

LIST OF ACRONYMS

ACOREP	Congolese Pharmaceutical Regulatory Authority
BM	World Bank
CCR	Regional Advisory Committee
CTP	Project Technical Committee
DCN	Directorate of Nature Conservation
DGLM	Directorate General for Disease Control
DLCQ	Quality Control Laboratory Directorate
DPM	Directorate of Pharmacy and Medicines
DRF	Withdrawal Application
DSE	Directorate of Epidemiological Surveillance
DTS	Special Drawing Rights
ECP	Provincial Health Management Team
ECZS	Health Zone Management Team
EIR	Rapid Response Team
ENSA	Environmental Health
Env.DD	Environment and Sustainable Development
ESP	School of Public Health
FETP	Field Epidemiology Training Program
FOSA	Health Facility
HEPRR	Health Emergency Preparedness, Response and Resilience
IDA	International Development Association
IGS	General Health Inspectorate
INOHA	One Health Institute for Africa
INRB	National Institute of Biomedical Research
INSP	National Institute of Public Health
IRI	Intermediate Results Indicators
JEE/ EEC	Joint External Evaluation
LNCQ	National Quality Control Laboratory
MOU	Memorandum of Understanding
MPA	Multiphase Programmatic Approach
MVE	Ebola Virus Disease
NO	No Objection

ODP	Project Development Objective
PANSS	National Action Plan for Health Security
PCI	Infection Prevention and Control
PEL	Fisheries and Livestock
PFNRSI	National Focal Point for the International Health Regulations
PNHF	National Border Hygiene Program
PoE	Point of Entry
PPA	Indigenous Peoples Plan
PPM	Procurement Plan
PPSD	Procurement Strategy for Development
PTBA	Annual Work Plan and Budget
RAM	Antimicrobial Resistance
RDC	Democratic Republic of the Congo
RSI	International Health Regulations
SACO	Community Health
S&E	Monitoring and Evaluation
SENES	National Epidemiological Surveillance Service
SIMAR	Integrated Animal Disease Surveillance and Response
SIMR	Integrated Disease Surveillance and Response
SOPs	Standard Operating Procedures
SPAR	States Party Self- Assessment Annual Report
SPHP	Public Health, Hygiene and Prevention
SQAH	Animal and Fisheries Quarantine Service
TTL	Task Team Leader
UG PDSS	Health System Development Program Management Unit (PIU DRC)
USD	United States Dollars
USP	United State Pharmacopeia

Table of content

List of acronyms 02

Institutional Terms 05

General Introduction 07

Strengthening Preparedness and Resilience 15

Improving Detection and Emergency
Response 30

Laboratory Network Strengthening 56

Risk Communication and
Community Engagement 71

One Health Approach84

Gender, Inclusion and Social Safeguards 85

Project Management 92



Dr. MULAMBA KAMBA Roger

Minister of Public Health, Hygiene and
Social Protection.

The achievements recorded under the HEPRR-MPA Project reflect the Government's commitment to building a health system that is better prepared, more resilient, and capable of effectively protecting our populations against health emergencies.

The progress made in strengthening surveillance systems, laboratories, national capacities, and response mechanisms represents important gains for our country. These achievements demonstrate that by combining national leadership, technical expertise, and strong partnerships, we can sustainably transform our health system.

I encourage all stakeholders to maintain this momentum, consolidate the results achieved, and continue their efforts with rigor, responsibility, and commitment, so that every investment translates into better protection for our communities.



Dr. Adama TRAORE

Task Team Leader at the World Bank

The results achieved demonstrate significant progress in strengthening health emergency preparedness and response in the Democratic Republic of the Congo. Beyond activity implementation and disbursement levels, our priority remains the tangible impact of interventions on communities.

Investments in surveillance, laboratories, human resource development, and epidemic response are gradually strengthening the country's capacity to prevent, detect, and manage health threats.

I congratulate the Government, the UG-PDSS (PIU DRC), the technical teams, and all partners for their sustained efforts. We must maintain this momentum, consolidate the gains achieved, and ensure that every intervention delivers sustainable results for the benefit of communities.



Dr. Bobby ILONGA

Secretary General for Health

The results presented in this bulletin reflect the efforts made by the various structures of the Ministry of Health at the central, provincial, and operational levels to strengthen health emergency preparedness and response.

The progress achieved in human resource training, epidemiological surveillance, laboratory capacity development, and support for response interventions must now be consolidated and sustainably integrated into the functioning of our health system.

I congratulate the technical teams, beneficiary services, and partners for their commitment. I encourage them to further strengthen coordination, intervention monitoring, and a results-oriented culture in order to preserve the gains achieved and continuously improve the quality of our services.



Dr Dominique BAABO

Coordinnator of UGP-DSS

The achievements recorded are the result of a collective effort involving national institutions, technical teams, beneficiary provinces, and our partners. They demonstrate the capacity of the UG-PDSS (PIU DRC) to translate Government priorities into concrete interventions that serve the population.

Whether through capacity building, improved diagnostic capabilities, surveillance at points of entry, or support for health emergency responses, every achievement contributes to making our health system more responsive and resilient. The project primarily operates in eight provinces while also supporting health emergency responses at the national level.

I would like to thank and congratulate all the teams for their efforts and dedication. I encourage everyone to continue working with professionalism, efficiency, and a strong sense of accountability in order to accelerate the implementation of activities and deliver more sustainable results for communities.

GENERAL INTRODUCTION



The Health Emergency Preparedness, Response and Resilience Program, implemented under a Multiphase Programmatic Approach (HEPRR-MPA), is a regional initiative aimed at strengthening health security in Eastern and Southern Africa. It brings together Ethiopia, Burundi, Kenya, Malawi, the Democratic Republic of the Congo, Rwanda, São Tomé and Príncipe, Angola, Botswana, Mozambique, and Zambia, under the regional coordination of ECSA-HC and IGAD. This dynamic promotes cooperation among countries, cross-border

surveillance, and a more coordinated response to epidemics and other public health threats.

In the Democratic Republic of the Congo, the project is implemented by the Government with financial support from the World Bank through the International Development Association (IDA), under the coordination of the UG-PDSS. Its objective is to strengthen the resilience of the health system and multisectoral capacities for health emergency preparedness, detection, and response. The project primarily operates in eight provinces while

also supporting, when required, activities related to the International Health Regulations (IHR) across the country.

Since it became effective, HEPRR-MPA has gradually moved from the planning and institutional structuring phase to the implementation of concrete interventions. This progress is reflected in strengthened national capacities, support to schools of public health and One Health training programs, development of the laboratory network, improved epidemiological surveillance, and support for epidemic response efforts. Investments in laboratories are particularly aimed at bringing diagnostic capacities closer to communities and reducing the time required to detect diseases with epidemic potential.

The project also supports preparations for the introduction of the human papillomavirus (HPV) vaccine, strengthens risk communication and community engagement, improves information coordination during crises, and promotes the gradual integration of gender, social inclusion, and grievance redress mechanisms. Through these complementary interventions, HEPRR-MPA contributes to consolidating a One Health

approach, bringing together human health, animal health, and environmental health.

This issue of the periodic bulletin provides an overview of the progress achieved, initiatives undertaken in the field, and results that are beginning to sustainably transform national preparedness and response capacities. It highlights the work of institutions, technical teams, partners, and communities mobilized around a shared objective: to better anticipate threats, respond more rapidly to crises, and sustainably protect populations. Throughout the bulletin, readers will discover the main achievements, testimonies from key stakeholders, and the prospects that will guide the continued implementation of the project.



KEY HIGHLIGHTS

01

Strengthening national capacities

The HEPRR project has supported 82 scholars in three professional master's programs and the 3rd cohort of the SIMR in Kasai. Overall, 93% of the supported scholars are active in their province, with results of 15% to 85% in the SIMR training.



02

Major progress in epidemic preparedness and management

Ebola, Mpox, Meningitis and Cholera
HEPRR supported disease surveillance, diagnosis, case management, and response coordination. The support included the provision of 340 tons of Ebola response supplies, the deployment of RADI ONE platforms in 26 provinces, the investigation of suspected meningitis cases, and the supply of cholera response materials to 13 priority provinces.



03

A laboratory network closer to the populations

HEPRR supports the construction and equipment of four provincial laboratories in Kisangani, Kananga, Mbandaka, Kisangani and Bandundu.





DRC prepares for the introduction of the HPV vaccine

04

The process of introducing the HPV vaccine has been launched in six provinces, with a study on the perceptions of parents and girls aged 9 to 14.



Towards a better-structured and more effective CREC

05

The multisectoral CREC Task Force was restructured and expanded to nine provinces. The operationalization of the Joint Information Center (JIC) within the Public Health Emergency Operations Center (PHEOC) was initiated, along with the deployment of communication and information management tools and systems.

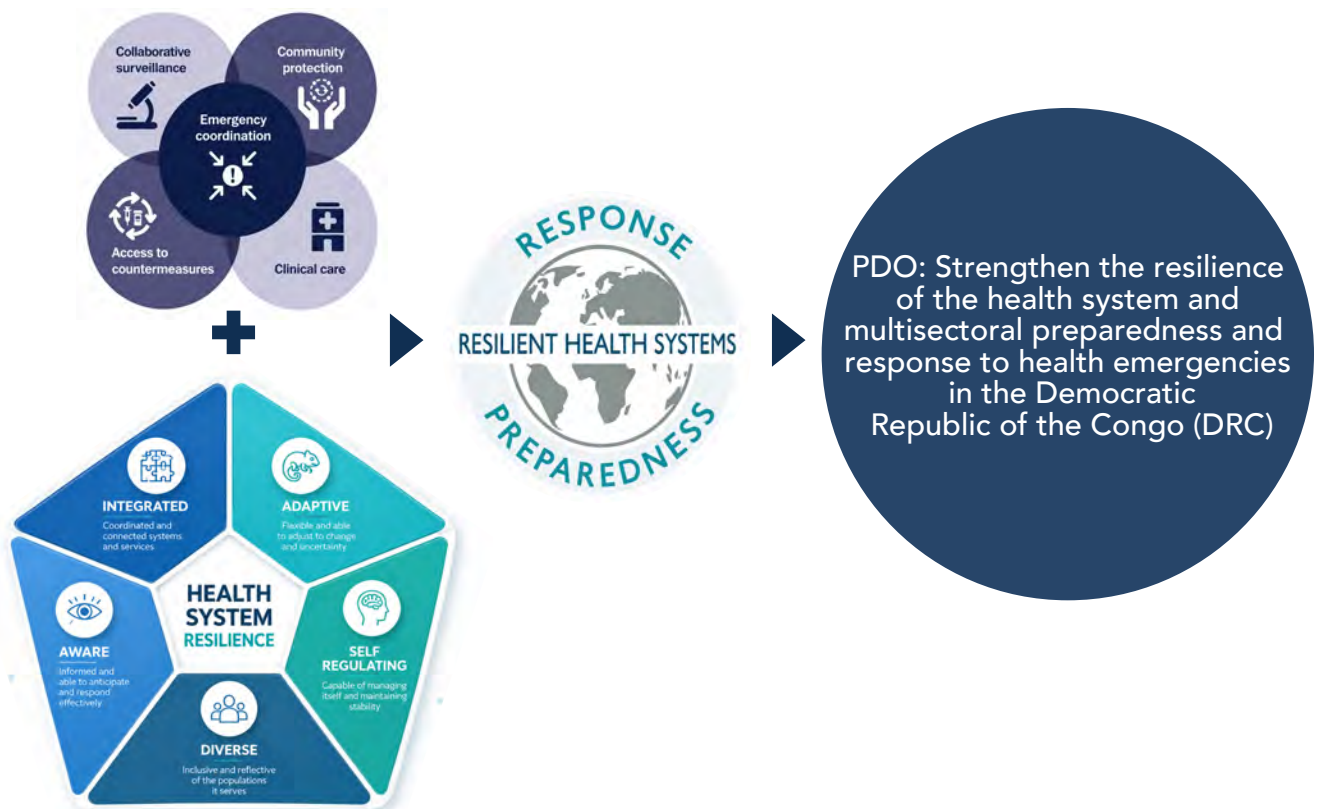


Safeguards, GBV and One Health approach

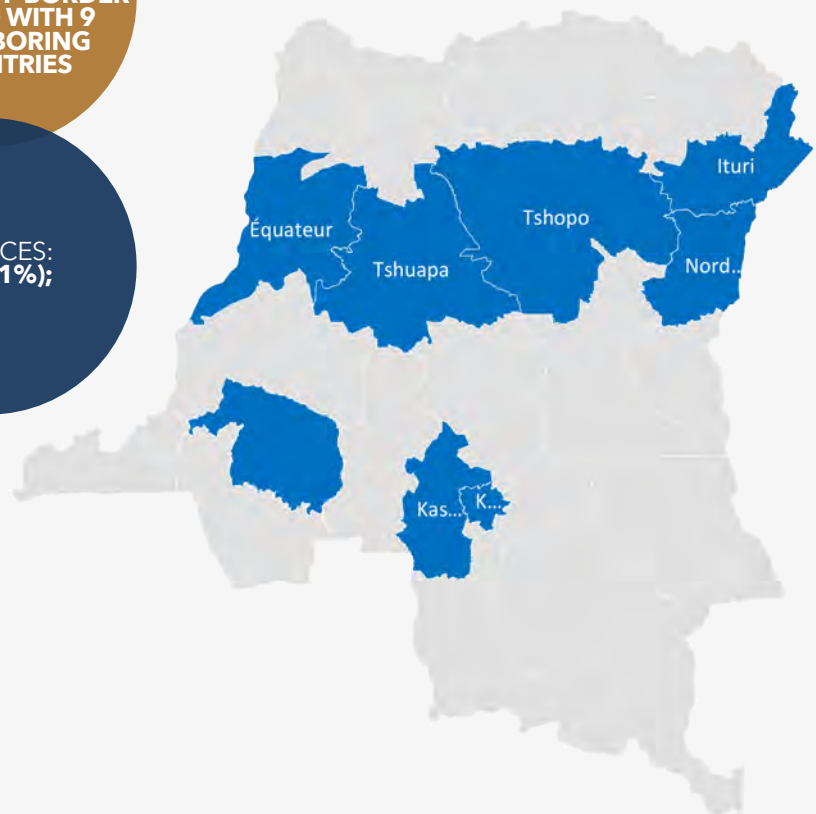
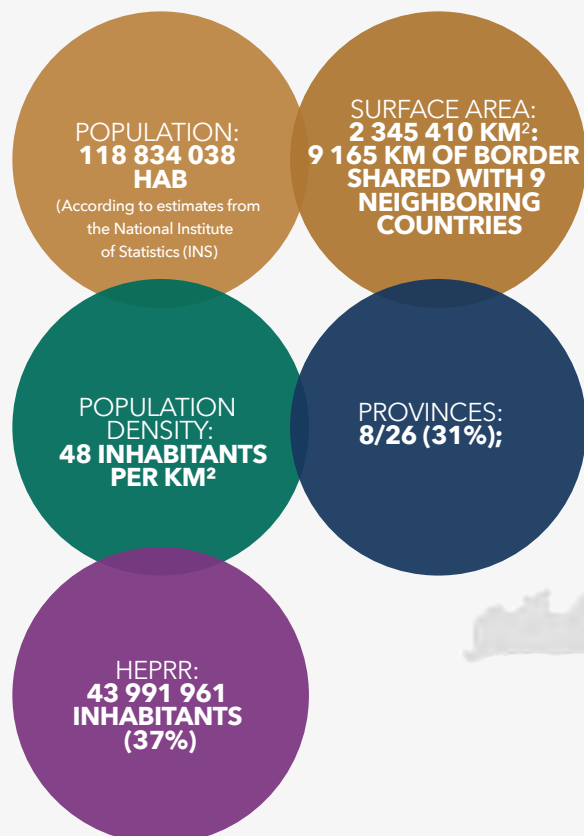
06

The project continues to integrate gender, inclusion, and the prevention of SEA/SH (Sexual Exploitation and Abuse/Sexual Harassment), with four grievance management committees in place, while also strengthening the One Health approach linking human health, animal health, and the environment.

► HEPRR-MPA Project Overview: Vision and Project Development Objective



► Target Provinces





The analysis of the results shows that the project is making significant progress toward achieving its development objectives. The interventions implemented have helped strengthen the health system's capacity and better protect communities against epidemics.

These results encourage us to consolidate the gains achieved and continue our efforts so that every investment sustainably strengthens the health system's preparedness, response capacity, and resilience.

Dr. BAUDOUIN MAKUMA

Project Manager of HEPRR



1.1. Development Objective

The project development objective is to strengthen the resilience of the health system, as well as multisectoral preparedness for and response to health emergencies across the region.

1.2. Project beneficiaries

The HEPRR MPA Project is being implemented in eight provinces, namely: Equateur, Ituri, Kasai Central, Kasai Oriental, Kwilu, North Kivu, Tshopo, and Tshuapa. However, for activities related to the International Health Regulations (IHR), including the investigation of and response to public health emergencies, the Project operates across all 26 provinces of the Democratic Republic of the Congo. This was the case in Kasai Province, which experienced an Ebola Virus Disease (EVD) outbreak during Q3 2025. These populations constitute the Project's direct beneficiaries.

To consolidate the One Health approach, as outlined in NAPHS I and II (National Action Plan for Health Security) and support its implementation, the HEPRR MPA Project provides assistance to three sector ministries: the Ministry of Public Health, Hygiene and Social Welfare, the Ministry of Fisheries and Livestock, and the Ministry of Environment and Sustainable Development. These institutions constitute the Project's indirect beneficiaries.

1.3. Expected Results

In the short term, the results indicators presented in the annex and linked to the 2005 International Health Regulations (IHR) will help measure the changes attributable to the program.

1.4. Project Components

To support the achievement of its development objective, the HEPRR MPA Program is structured around four (4) key components:



CONTEXT OF ARMED CONFLICT AND EPIDEMICS: EVD, MPOX, MEASLES, CHOLERA ,...





1.

STRENGTHENING THE PREPAREDNESS AND RESILIENCE OF REGIONAL AND NATIONAL HEALTH SYSTEMS FOR THE MANAGEMENT OF INFECTIOUS DISEASES

1. Multisectoral and cross-border planning, financing, and governance for greater resilience to public health emergencies
2. Health workforce development
3. Access to quality health products, including strengthening local vaccine and pharmaceutical manufacturing capacity
4. Supporting health emergency information systems and the digitalization of the health sector

► HUMAN CAPITAL AND HEALTH EMERGENCY PREPAREDNESS

The project sustainably strengthens national capacities in health service management and field epidemiology

Since 2025, the HEPRR-MPA Project has launched a scholarship program designed to address the capacity-building needs of three key sectoral ministries: Health, Environment, and Fisheries and Livestock.

A scholarship program aligned with the needs of the health system

The program supports three priority training tracks: Public Health Program and Service Management (SACO), Nutritional Epidemiology and Food Security (ENSA), and the Field Epidemiology Training Program (FETP). Recruitment was conducted through a structured, competitive, and nationwide process combining application submission, pre-selection, a digitalized admission test, profile assessment, consideration of gender and provincial representation, as well as specific interviews for FETP candidates.



504

Applications
Received

331

Test Takers

82

Supported
scholarship recipients

3

Strategic training
programs supported

156

Alumni Supported
and Followed Up

92,3 %

Still active in
their province two
years later

Comprehensive Support to Ensure Success

Beyond academic instruction, the 82 scholarship recipients benefited from support aimed to create an optimal learning environment. This support included accommodation, computers and professional software, health insurance, sports and recreational activities, as well as internships and field-based assignments. These practical activities focused in particular on household and health facility preparedness for epidemics, environmental health, and disease surveillance.

Building skills that continue to benefit the provinces

The follow-up of 156 alumni highlights a tangible impact on the availability of skilled professionals at the provincial level: 96.2% returned to their province of origin, 62.8% returned to their original institution, and 92.3% were still working there two years after completing their training.

Several graduates have already contributed to responses to polio, COVID-19, Mpox, and Ebola virus disease outbreaks, particularly in Ituri Province. These results confirm that the scholarship program is not only an academic investment, but also a key driver of resilience, skills retention, and territorial equity.

Next Priority: Expanding the participation of women and professionals from other disciplines and sectors to further broaden the national pool of skills that can be mobilized during emergencies.



► In Bukavu, 50 scholarship recipients are preparing to strengthen the health resilience of eight provinces

Through the HEPRR-MPA Project, the UG-PDSS (PIU-DRC) and the Regional School of Public Health of the Catholic University of Bukavu are investing in strategic capacities in Community Health and One Health to strengthen health emergency preparedness and response.

A TRAINING PROGRAM DESIGNED FOR THE REALITIES OF EASTERN DRC

Launched in May 2025, the program provides 18 months of support to 50 professionals from Ituri, North Kivu, South Kivu, Haut-Uele, Bas-Uele, Maniema, Tshopo, and Tanganyika. The cohort is equally divided between the Master's degree in Community Health and the Master's degree in One Health. The support package covers tuition fees, travel, accommodation, and meals.

RESULTS ALREADY EMERGING

As of July 2026, all theoretical modules had been delivered, with course attendance exceeding 96%. Scholarship recipients also received 30 work computers. A scientific day dedicated to the One Health approach was organized, while monthly coordination meetings, the Environmental and Social Safeguards Policy, and the Grievance Redress Mechanism (GRM) strengthened the implementation framework.

Training specialists who are rooted in the provinces today means sustainably strengthening the country's capacity to anticipate, detect, and manage health emergencies.

FROM THE CLASSROOM TO THE FIELD

The next phase will focus on six-week internships and data collection for the students' dissertations. These activities will enable learners to apply the knowledge and skills acquired to concrete public health challenges.

The experience of former REDISSE IV scholarship recipients, who are now actively engaged in surveillance, prevention, and response efforts against Mpox and Ebola virus disease, already demonstrates the value of sustained investment in national and provincial capacities.

**50**

Scholarship recipients
in Community Health
and One Health
training

**8**

Provinces
represented

**18**

Months of
specialized training

**30**

Computers provided

**96%**

Class attendance
rate

NEXT STEPS

- Field Internships
- Dissertation research
- Acquisition of a bus
- Renovation of the conference room

► At SPH/UNILU, HEPRR-MPA Strengthens the next generation of One Health and Community Health professionals

Through the funding of the third cohort of the School of Public Health at the University of Lubumbashi, the HEPRR-MPA project is supporting the training of 49 scholarship recipients in two strategic programs: One Health and Community Health (SACOM), delivered in english..

A COHORT SUPPORTED BY HEPRR-MPA

The 2025–2026 cohort comprises 49 scholarship recipients supported by the project through the UG-PDSS. Among them, 30 are enrolled in the One Health track and 19 in the Community Health track. Women account for 24.5% of the cohort, with 12 female learners compared to 37 male learners.

THREE COHORTS, A PROGRESSIVE DYNAMIC

Since 2023, the SPH/UNILU has welcomed three successive cohorts across these two training tracks. The first cohort comprised 25 learners, the second 30, and the third 49. In total, 104 professionals have joined this training pathway, including 63 in One Health and 41 in Community Health.

TRAINING TO BETTER ANTICIPATE HEALTH EMERGENCIES

The One Health approach promotes an integrated understanding of risks affecting human health, animal health, and the environment. Community Health training, meanwhile, strengthens the skills needed to work closely with communities. By supporting these two training tracks, HEPRR-MPA is helping to build a pool of professionals better equipped to prevent, detect, and manage health threats.

EXPECTED IMPACT

Multidisciplinary competencies are becoming more deeply embedded within institutions and increasingly available to support preparedness and response efforts in public health emergencies.

KEY FIGURES





The training is going very well, and we can really feel how much it is adding to what we have already learned through our previous courses. We can see a real improvement in the way we work. The knowledge we are gaining here will help us improve our performance when we return to the field and to our respective workplaces.

I am from the National Nutrition Program. I am really looking forward to returning to my position and putting what I have learned into practice. Some of the areas where I previously had gaps will be addressed and replaced by the knowledge and skills I am acquiring here at school. I can already see the difference, particularly in my computer skills. I am improving in many areas already.

Jacqueline MAYO
Scholarship Recipient

ONE HEALTH APPROACH

Integrating human health, animal health, environmental factors, and data to better anticipate health threats

► INOHA : Modeling for global health

Through its support for the third cohort at the School of Public Health of the University of Lubumbashi, the HEPRR-MPA Project is supporting the training of 49 scholarship recipients in two strategic fields: One Health and Community Health (SACOM).

A MULTIDISCIPLINARY TRAINING APPROACH

Affiliated with the University of Kinshasa, INOHA has developed a training program designed to address the growing complexity of health threats. Its Master's degree in Applied Modeling for Global Health brings together health sciences, environmental sciences, economics, computer science, and geomatics to train professionals capable of analyzing health phenomena from an integrated perspective.

A DIVERSE COHORT WITH STRONG PROVINCIAL REPRESENTATION

For the 2025–2026 academic year, the program has 25 learners, including 7 women and 18 men. Nine participants come from provinces outside Kinshasa, including Ituri, Haut-Uele, Haut-Katanga, South Kivu, Kwilu, Kongo Central, and Mai-Ndombe. This geographic representation helps extend expertise in analysis and modeling beyond the capital.

BUILDING EXPERTISE TO BETTER UNDERSTAND HEALTH RISKS

The strength of the program also lies in the diversity of its participants' backgrounds, including human and veterinary medicine, environmental sciences, public health, economics, computer science, mathematics, molecular biology, health institution management, and Earth sciences. This interdisciplinary approach is a major asset for developing models that support surveillance, epidemic preparedness, and the effective targeting of interventions.

EXPECTED IMPACT

Multidisciplinary skills better embedded in institutions and more readily available for preparing for and responding to health emergencies.

KEY FIGURES



► Scholarship recipients at the CATHOLIC UNIVERSITY OF BUKAVU REGIONAL SCHOOL OF PUBLIC HEALTH



► INOHA scholarship recipients





► Training of health zone managers in Integrated Disease Surveillance and Response (IDSR), 3rd edition, in Kasai Province.

A total of 475 people benefited from IDSR3 training in Kasai Province as part of efforts to strengthen the health system in the post-Ebola context. The main objectives, aimed at improving early detection and response to epidemics, were not only achieved but also effectively integrated into a practical framework, enabling participants to apply these skills directly within their respective health zones.

The methodology adopted for the training combined innovative approaches, including practical exercises, interactive learning discussions, and adult learning techniques. These methods fostered active participant engagement, as demonstrated by the significant improvement in assessment scores, from 15% in the pre-test to 85% in the post-test.

The facilitation team also used modern tools, such as e-IDSR, to demonstrate the effectiveness of electronic systems in epidemiological surveillance.

The training outcomes highlighted

concrete strategies to address challenges related to disease surveillance. Recommendations were made to strengthen local health systems, including the development of corrective action plans based on identified gaps. Cross-sectoral collaboration, through a multisectoral approach that strengthens health system resilience, was emphasized as a key element of an effective response to health emergencies.

The training represents a decisive step toward significantly improving health service coverage in the region. Participants' enthusiasm for the organization and quality of the training, together with the commitment of partners, demonstrates the positive impact of this initiative. By strengthening the skills of health teams, the training lays the foundation for a more coordinated and effective response to future health challenges, thereby contributing to a stronger and more resilient future for community health.



CERVICAL CANCER PREVENTION AND CONTROL



Protect Girls Today, Save Women Tomorrow

By simultaneously supporting vaccination, screening, diagnosis, treatment, communication, and community mobilization, the HEPRR-MPA Project is providing a comprehensive and structured response to one of the deadliest cancers affecting women in the Democratic Republic of the Congo.

The introduction of the HPV vaccine represents a major breakthrough for the health of adolescent girls and future generations. Combined with improved screening and early management, it will help prevent many avoidable deaths and contribute sustainably to the elimination of cervical cancer in the Democratic Republic of the Congo.



► DRC strengthens cervical cancer prevention and prepares for the introduction of the HPV vaccine.

The Democratic Republic of the Congo is stepping up its efforts to reduce mortality from cervical cancer. Through the Health System Development Program Management Unit (UG-PDSS/PIU DRC), the Government is implementing a major project to support the introduction of the human papillomavirus (HPV) vaccine and efforts to eliminate cervical cancer in six provinces of the country. This intervention is funded by the World Bank under the Health Emergency Preparedness, Response and Resilience Project (HEPRR-MPA), with technical support from the World Health Organization (WHO).

Scheduled to run from June 2025 to May 2028, the project has a total budget of over US\$4.5 million. As of July 8, 2026, approximately 76% of the first-year budget had already been executed, demonstrating significant progress in both preparatory and operational activities.

A Response to a Major Public Health Challenge. In the Democratic Republic of the Congo, cervical cancer remains one of the leading causes of death among women. Data presented under the project indicate that approximately 9,000 new cases and 6,000 deaths were recorded in 2022. This situation is compounded by a shortage of qualified health personnel, limited coverage of screening and treatment services, inadequate equipment and essential medicines, as well as weak coordination and community

engagement.

The project therefore contributes to the implementation of the global strategy for the elimination of cervical cancer and to achieving the 90–70–90 targets. It also reflects the commitment made by the Democratic Republic of the Congo during the Ministerial Conference on the Elimination of Cervical Cancer, held in March 2024 in Cartagena, Colombia.

An Integrated Intervention, from Prevention to Treatment.

The intervention is built around five complementary areas: integrated communication on cervical cancer prevention and control; support for the introduction of the HPV vaccine; strengthening technical capacities for screening and treatment; improving institutional capacities for diagnosis and case management; and strengthening coordination mechanisms.

The project aims to provide visual inspection with acetic acid or Lugol's iodine (VIA/VILI) screening to 400,000 women, while enabling 100,000 women to benefit from HPV screening. Women with precancerous lesions or positive test results will be referred to appropriate services for diagnostic confirmation, follow-up, and treatment.

Overall, the six target provinces have a combined population of more than 15 million people, including approximately 3.17 million women of reproductive age. Activities will be organized around 35 general referral hospitals located in 35

health zones, with five satellite sites linked to each main site, bringing prevention and screening services closer to communities.

A Multisectoral Mobilization

The success of this intervention relies on close collaboration among several programs and departments within the Ministry of Public Health, Hygiene and Social Security, including the Expanded Programme on Immunization (EPI), the National Reproductive Health Programme, the National Health Promotion Communication Programme (PNCPS), and the National Cancer Control Centre.

The Expanded Programme on Immunization (EPI) is responsible for coordinating activities related to the introduction of the HPV vaccine, developing guidelines, training healthcare providers, microplanning, vaccine logistics, and monitoring adverse events following immunization. The PNCPS, for its part, supports the implementation of integrated communication, community awareness activities, the collection of social and behavioral data, and the development of communication materials.

The National Cancer Control Centre contributes to strengthening healthcare providers' capacities to treat precancerous lesions and invasive cancers, monitoring case management activities, and improving the national cancer registry. The Ministries of Education; Gender, Family and Children; and Higher and University Education are also involved in this multisectoral effort.

► **FEEDBACK WORKSHOP ON THE STUDY OF PARENTS' AND GIRLS' PERCEPTIONS OF CERVICAL CANCER AND FACTORS FACILITATING THE INTRODUCTION OF HPV VACCINATION INTO THE ROUTINE IMMUNIZATION PROGRAMME IN THE DRC**

A workshop to present the findings of the study on the introduction of the human papillomavirus (HPV) vaccine was held in Kinshasa. The meeting brought together representatives from the Ministries of Public Health, National Education, and Gender, as well as technical and financial partners and other key stakeholders.

The workshop provided an opportunity to present the national strategy for introducing the HPV vaccine into the Democratic Republic of the Congo's routine immunization schedule. Participants also reviewed the findings of the study on the behavioral and social factors influencing parents' acceptance of, or hesitancy toward, vaccinating girls aged 9 to 14.

Discussions highlighted the key factors that could either facilitate or hinder the introduction of the vaccine. Recommendations were made to strengthen the final study report and support the effective implementation of this essential intervention for the prevention of cervical cancer in the DRC.





Cancer is a long-term condition and therefore a chronic disease that can generate significant healthcare costs. In a context where health insurance mechanisms remain inadequate, people risk falling into extreme poverty as they struggle to finance their own treatment.

We are pleased to see that, within the World Bank Group, increasing attention is being given to leveraging national expertise. Our aim is to make greater use of national experts and strengthen collaboration with research institutions in the country. This is our position.

The work presented today is of a quality that is in no way inferior to that produced elsewhere. This is why, for some time now, we have been supporting schools of public health, universities, and national researchers through our projects.

Dr. Michel MUVUDI

Senior Health Specialist
World Bank Group DRC

► The HEPRR-MPA project strengthens provincial capacities to respond to health emergencies.

The Democratic Republic of the Congo (DRC) is strengthening its health security capacities to effectively respond to epidemics, cross-border risks, and the effects of climate change through a subproject linked to the International Health Regulations (IHR 2005). This initiative is being implemented under the Health Emergency Preparedness, Response and Resilience Project (HEPRR-MPA), a government project carried out through the Project Management Unit for Health System Development Support (UG-PDSS/PIU DRC), with support from the World Bank.

The HEPRR-MPA project aims to strengthen the resilience of health systems, improve the early detection of public health threats, and enhance multisectoral response mechanisms in line with the One Health approach.

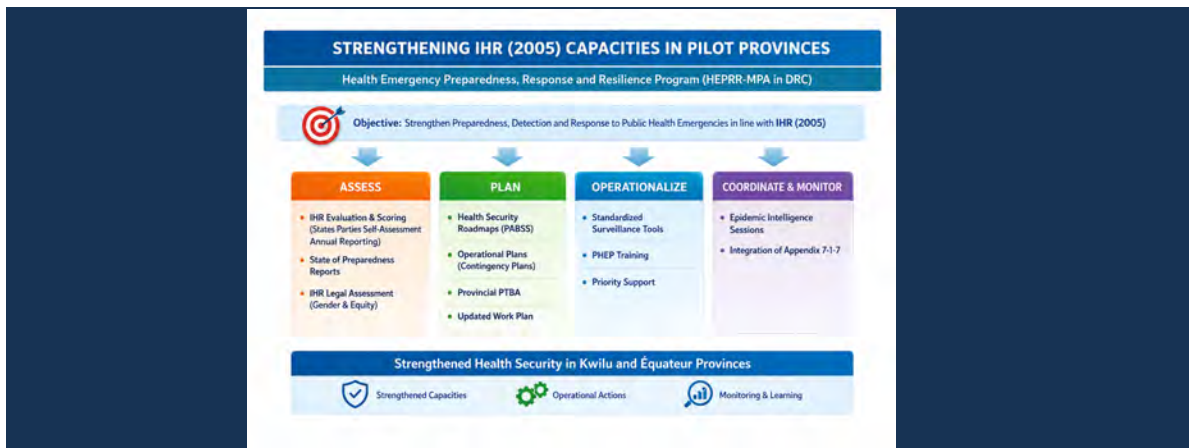
The objective of strengthening health security capacities at the provincial level is to bring preparedness and response efforts closer to local communities, thereby ensuring the effective involvement of local stakeholders in the planning, coordination, and monitoring of interventions. The provinces of Équateur and Kwilu have been selected as pilot provinces for this first phase of implementation.



Assessments to guide decision making

Between July and August 2026, subnational assessments were conducted in the pilot provinces using two complementary tools: the World Health Organization (WHO) Joint External Evaluation (JEE) tool for the International Health Regulations (IHR 2005) and the World Organisation for Animal Health (WOAH) Performance of Veterinary Services (PVS) evaluation tool. These tools were adapted to the provincial context following a legal analysis of the competencies constitutionally assigned to provinces and a technical analysis of the attributes and scoring criteria of the indicators.

These assessments provided a comprehensive diagnosis of provincial capacities for the prevention, detection, and response to health emergencies, as well as the performance of veterinary services in Équateur and Kwilu provinces. The assessment of 30 IHR indicators and 18 critical PVS competencies identified significant areas for improvement, particularly in surveillance, laboratory diagnostics, multisectoral coordination, and emergency management. The findings served as the basis for developing costed Provincial Health Security Roadmaps, aimed at progressively strengthening health security at the provincial level. These priority actions, together with detailed and budgeted activities, will be integrated into existing action plans.



The development of provincial roadmaps for Health Security Activities

One of the project's major achievements is the development of the Provincial Roadmaps for Health Security Activities (PRHSA). These documents translate assessment findings into priority actions, with clearly defined objectives, responsibilities, budgets, and implementation timelines covering the period 2026-2029. These actions, further broken down into specific activities, will soon be integrated into the Provincial Health Development Plans (PHDPs) and Operational Action Plans (OAPs), in line with WHO guidance promoting the use of existing national health security action plans rather than the creation of additional plans.

Preparation of reports on the assessment of the preparedness of the Equateur and Kwilu provinces to respond to major public health risks.

This assessment revealed an overall insufficient level of preparedness for priority public health risks, with a particularly concerning situation in Kwilu Province. Some achievements have been recorded, especially in Équateur Province, notably in the areas of surveillance, laboratory capacity, and safe and dignified burials. However, these gains remain fragmented and insufficient to ensure a rapid, coordinated, and multisectoral response. Most of the identified weaknesses are systemic and common to both provinces, including inadequate coordination mechanisms, the absence of integrated and costed plans, limited capacities of rapid response teams, logistical gaps, and the lack of readily accessible emergency funding, among others.

Strengthening the legal framework, a key pillar: Development of legal analyses and draft provincial legal instruments

En plus des évaluations techniques, le projet a également appuyé la réalisation d'évaluations juridiques infranationales dans les provinces du Kwilu et de

In addition to the technical assessments, the project also supported the conduct of subnational legal assessments in the provinces of Kwilu and Équateur to analyze regulatory instruments related to health security and the implementation of the International Health Regulations (IHR).

In Équateur Province, 41 legal instruments were identified and reviewed, including 12 provincial instruments and 29 national legal texts with implications at the provincial level. The assessment enabled the identification of existing gaps and the formulation of several reform proposals aimed at strengthening multisectoral coordination, financing for health emergencies, biosafety, zoonotic disease surveillance, and the operationalization of the One Health approach.

Towards a sustainable health resilience

Through technical assessments, operational planning, and the strengthening of the legal framework, the HEPRR-MPA Project is helping to reposition provinces at the center of national health security. The roadmaps currently undergoing validation will provide a solid foundation for mobilizing resources, monitoring progress, and enhancing the capacity of provinces to anticipate and manage public health emergencies.

By combining assessment, planning, and institutional reform, HEPRR-MPA is laying the groundwork for a more resilient, better coordinated, and sustainably anchored health security system that reflects the provincial realities of the Democratic Republic of the Congo (DRC).



2.

IMPROVING EARLY DETECTION AND RESPONSE TO PUBLIC HEALTH EMERGENCIES THROUGH A MULTISECTORAL APPROACH



1. Collaborative multisectoral surveillance and laboratory diagnostics, with a focus on completeness, accuracy, and sex-disaggregated data

2. Emergency management, coordination, and continuity of essential services

3. Risk Communication and Community Engagement (RCCE), empowerment, and social protection during public health emergencies

4. Climate change adapted emergency preparedness and response

EPIDEMIC MANAGEMENT

Since 2020, the Democratic Republic of the Congo (DRC) has faced a succession, and at times an overlap, of major epidemics. This situation has been exacerbated by armed conflicts, massive population displacement, low vaccination coverage, inadequate access to safe water and sanitation, and the limited functionality of some health facilities in affected areas. In 2024, approximately 60% of health facilities located in conflict-affected areas were partially or completely non-functional, reducing capacities for prevention, surveillance, and case management.

The year 2020 began as the DRC was concluding its response to the 10th Ebola virus disease (EVD) outbreak, declared in 2018 in North Kivu and subsequently spreading to Ituri and South Kivu. The outbreak was declared over in June 2020, after recording 3,481 cases, 2,299 deaths, and 1,162 survivors. Just days before its closure, an 11th Ebola outbreak was declared in Équateur Province; it ended with 130 cases, including 55 deaths. At the same time, the 2018–2020 measles outbreak caused approximately 7,800 deaths, resulting in a mortality burden higher than that of the 10th Ebola outbreak.

The DRC was also affected by the COVID-19 pandemic, with the first case detected in March 2020. By April 13, 2024, nearly 99,338 confirmed cases and 1,468

deaths had been reported. These figures should nevertheless be interpreted with caution, given differences in testing capacity, changes in notification mechanisms, and the gradual integration of COVID-19 into respiratory disease surveillance.

Ebola resurgences continued in subsequent years. In 2021, the 12th outbreak, which occurred in North Kivu, recorded 12 cases and 6 deaths, while the 13th outbreak, declared in the Beni Health Zone, recorded 11 cases, including 9 deaths. In 2022, the 14th outbreak, in Équateur Province, recorded 5 cases, all of whom died, while the 15th outbreak, in Beni, was limited to one confirmed case, who died. In 2025, the 16th outbreak, declared in Kasai Province, recorded 64 cases and 45 deaths, corresponding to a case fatality rate of 70.3%.

At the same time, vaccine-preventable diseases and diseases associated with poor water, sanitation, and hygiene conditions continued to cause significant mortality. In 2023, the DRC recorded 282,323 suspected measles cases and 5,330 deaths, as well as 54,298 suspected cholera cases and

447 deaths. In 2024, more than 102,539 measles cases were reported, with a case fatality rate of 2.18%, while cholera accounted for 31,609 cases, with a case fatality rate of 1.38%. Children under five years of age accounted for approximately 80% of reported measles cases in 2024. Mpox also experienced a particularly concerning increase. In 2023, 14,626 suspected cases and 654 deaths were recorded. Between January and epidemiological week 48 of 2024, the country reported 51,194 suspected cases, including 11,333 confirmed cases and 1,224 deaths, with the disease spreading to 23 provinces. Children under 15 years of age were among the most affected groups. Finally, the 17th Ebola virus disease outbreak, declared in May 2026, further illustrates the persistence of this vulnerability. According to the situation report of July 18, 2026, the outbreak had already affected five provinces—Ituri, North Kivu, South Kivu, Haut-Uele, and Tshopo—as well as 46 health zones, with 2,344 confirmed cases and 930 deaths, corresponding to a case fatality rate of

39.7%.

In response to these public health emergencies, the HEPRR-MPA project provided critical support for surveillance, laboratory diagnosis, case management, risk communication and community engagement (RCCE), and response coordination, strengthening the country's capacity to prevent, detect, and respond to epidemic threats.

EBOLA

► 16th Outbreak

CONTEXT /BULAPE

On September 4, 2025, the Government of the Democratic Republic of the Congo (DRC) officially declared the 16th Ebola virus disease (EVD) outbreak, located in the Bulape Health Zone in Kasai Province. The declaration followed confirmation on September 3, 2025, by the National Institute of Biomedical Research (INRB), of the circulation of Ebola virus of the Zaire species. Initial investigations identified a chain of transmission involving a patient admitted to a health facility, healthcare workers, relatives, and community members.

At the beginning of the outbreak, transmission was characterized by healthcare-associated infections in health facilities, as well as significant transmission during funerals where safe and dignified burial measures were not adequately observed. The occurrence of cases among healthcare workers also highlighted gaps in the implementation of infection prevention and control (IPC) measures.

A total of 64 cases, including 53 confirmed and 11 probable cases, were recorded across six health areas in the Bulape Health Zone: Bambalaie, Bulape, Bulape Communautaire, Dikolo, Ingongo, and Mpianga. Among these cases, 45 deaths were reported, corresponding to a case fatality rate of 70.3%. Five healthcare workers, including four nurses and one laboratory technician, were infected, three of whom died. The Dikolo and Bulape health areas were the main hotspots, jointly accounting for more than 78% of cases and 82% of deaths.

The occurrence of this outbreak, nearly 18 years after the previous Ebola episode recorded in Bulape, highlighted a decline in local preparedness and response capacities. The affected area is also geographically isolated: reaching it from

Tshikapa requires at least a full day of travel by road, while air connections are limited. These constraints complicated the rapid deployment of response teams, the delivery of essential supplies, and the transportation of samples.

Key Challenges Observed:

The main challenges included delays in detecting and reporting alerts, inadequate infection prevention and control measures in some health facilities, healthcare worker infections, unsafe burials, difficult access to communities, and weaknesses in water, sanitation, and hygiene (WASH) infrastructure. Fear, misinformation, mistrust of response teams, and population movements away from affected villages also posed significant risks of geographical spread. These challenges confirmed the need to strengthen risk communication and community engagement (RCCE), particularly through community listening, rapid rumor management, the involvement of local authorities and traditional and religious leaders, family sensitization, support for safe and dignified burials, and adaptation of messages to the languages and sociocultural realities of Bulape.

The end of the 16th Ebola outbreak was officially declared on December 1, 2025, after 42 consecutive days without a new case following the discharge of the last patient from the treatment center on October 19, 2025. However, continued enhanced surveillance, community engagement, and efforts to combat stigma remain essential to prevent resurgence and consolidate the gains achieved during the response.

ACHIEVEMENTS

► The UG-PDSS team, led by Dr. Baudouin Makuma, HEPRR Project Manager, was received by the Governor of Kasai Province, Mr. Crispin Mukendi Bukasa.

The fight against Ebola relies not only on technical resources but also on the commitment of local authorities. In Kasai Province, discussions between the UG-PDSS team, led by Dr. Baudouin Makuma, HEPRR Project Manager, and Governor Crispin Mukendi Bukasa helped strengthen the involvement of provincial authorities in the management of the outbreak.

This engagement translated into closer collaboration on the ground. Joint field visits conducted with the authorities facilitated the mobilization of stakeholders, strengthened coordination of response activities, and promoted greater ownership of the response at the provincial level. This commitment helped improve the implementation of interventions closer to the affected areas and communities.



These efforts have helped improve the implementation of interventions closer to the affected areas and communities. The discussions also helped prepare several forms of support that are currently being deployed in the province, including: **the construction of mini-laboratories within general referral hospitals, accompanied by staff training; the establishment of Epidemiological Intelligence Centers; the provision of essential medicines; the strengthening of logistical capacities; and the training of community health workers and head nurses in Integrated Disease Surveillance and Response (IDSR).**

These investments are expected to bring diagnostic capacities closer to communities, improve early detection and the reporting of alerts, accelerate case management, and strengthen the coordination of the response. Beyond the current Ebola outbreak, they will contribute sustainably to making the provincial health system more resilient and better prepared to respond to future health emergencies.

Satisfied with these major investments, the Governor reaffirmed his commitment to supporting all stages of their implementation, thereby confirming the crucial role of provincial leadership in ensuring the effectiveness and sustainability of the response.



► **Ebola: The Governor of Kasai province, Crispin Mukendi, chaired a provincial emergency meeting dedicated to the management of the Ebola Virus Disease (EVD) outbreak, in the presence of technical and financial partners.**



During the discussions, several priority challenges were identified, including the identification and rigorous follow-up of contacts, the strengthening of surveillance teams, the referral of suspected cases to isolation sites, the intensification of risk communication, the establishment of standardized treatment centers, and improved access to safe drinking water in Bulape and neighboring areas. The WHO, for its part, announced the imminent arrival of 18,000 vaccine doses from Kananga to strengthen the response.

Reaffirming his commitment to supporting the response, the Governor commended the partners' engagement and announced an upcoming visit to the Bulape Health Zone, with support from the UG-PDSS/PIU DRC through the Health Emergency Preparedness, Response and Resilience Project (HEPRR). The mission will seek to provide support to affected families and raise public awareness about vaccination. This high-level mission will also aim to strengthen community engagement and social acceptance of the Ebola virus disease (EVD) response in Bulape, including through community consultations conducted under the technical guidance of the Incident Management System (IMS)/Public Health Emergency Operations Centre (PHEOC/COUSP).

Bulape, Mweka Territory.

As part of the Health Emergency Preparedness, Response and Resilience Project (HEPRR), a government project financed by the World Bank, the Governor of Kasai province led an awareness-raising mission in the Mweka and Bulape areas, with the participation of the UG-PDSS, represented by Dr. Jeff MEMBA, to strengthen Risk Communication and Community Engagement (RCCE).

In Mweka, the Governor brought together more than 900 people while ensuring compliance with preventive measures. He then led community consultations during which 52 traditional chiefs and 66 provincial education officials—including school heads, teachers, women, and youth leaders from areas neighboring Bulape were sensitized on the importance of vigilance and unity in the fight against Ebola.

In Bulape, the Governor met with the Incident Manager, healthcare workers, 39 traditional chiefs, 40 opinion, religious, and civil society leaders, 14 Ebola survivors, as well as technical and financial partners, reaffirming the Provincial Government's support for the response.

This awareness-raising initiative, made possible through the efforts of the COUSP RCCE team with support from the HEPRR Project, demonstrates the strength of the partnership between authorities, communities, and technical and financial partners in overcoming Ebola.

1. After-Action Review of the Ebola virus disease response.



The After-Action Review (AAR) is part of the continuous improvement process of the national health system. It aims to systematically and participatively assess all interventions implemented during the response to the 16th Ebola virus disease (EVD) outbreak, against the objectives set and the applicable national and international standards.

This exercise will notably assess the performance of the preparedness and response mechanisms, multisectoral coordination, epidemiological surveillance, case management, risk communication, and community engagement.

The AAR also provides an important platform for documenting and sharing the good practices and innovations developed during the response, while identifying challenges encountered and lessons learned. The lessons generated will contribute to sustainably strengthening the resilience of the health system, particularly its capacities for preparedness, prevention, and response to public health emergencies..

At the conclusion of this After-Action Review (AAR), a set of operational recommendations and strategic priorities will be jointly developed by the various stakeholders. These recommendations will aim to sustainably consolidate the gains achieved during the response to the most recent Ebola virus disease (EVD) outbreak by building on positive experiences, best practices, and innovations implemented in the field.

The recommendations resulting from this review will also help identify the adjustments needed to strengthen existing mechanisms, address observed gaps, and improve the coordination, effectiveness, and timeliness of interventions during public health emergencies. They will therefore contribute to enhancing the country's preparedness for future outbreaks by strengthening the capacities of institutions, health facilities, and communities alike.

This initiative is fully aligned with the vision of the Government of the Democratic Republic of the Congo, through the Ministry of Health, to promote health governance based on continuous learning, systematic evaluation of interventions, and the ongoing improvement of public health policies and strategies. It reflects the strong commitment of national authorities to drawing lessons from past health crises in order to better anticipate and respond to emerging health threats.

► 17th Outbreak

Since its official declaration on 15 May 2026 in Ituri Province, the 17th Ebola virus disease (EVD) outbreak has remained a major public health emergency in the Democratic Republic of the Congo (DRC). Its progression has been marked by rapid spread and worrying geographical expansion, driven in particular by high population mobility, interprovincial movements, insecurity, and challenges related to the early detection, isolation, and management of cases.

According to the latest available data, the outbreak now affects five provinces and 49 health zones. Ituri, which remains the main epicenter, accounts for 28 affected health zones, followed by North Kivu with 11 health zones, Haut-Uélé with 5 health zones, and Tshopo with 4 health zones, while South Kivu has one affected health zone, Miti-Murhesa. The Wanie-Rukula Health Zone is awaiting harmonization of the reported data.

As of 2 August 2026, the cumulative number of confirmed cases stood at 3,748, including 1,657 deaths, representing an overall case fatality rate (CFR) of 44.2%. In addition, 690 patients were in isolation or hospitalized, while 708 recoveries had been recorded. The overall contact-tracing follow-up rate was estimated at 80.1%, while the alert investigation rate reached 87.2%. More than 1,000 alerts were investigated during the previous 24 hours, demonstrating the continued functioning of surveillance, alert management, and laboratory systems.

With this level of transmission, the 17th Ebola outbreak has become the largest Ebola virus disease outbreak ever recorded in the Democratic Republic of the Congo in terms of the number of cases. It has now surpassed the 2018–2020 outbreak, which occurred mainly in North Kivu and Ituri and had previously been the largest Ebola outbreak in the country's history. Crossing this historic threshold confirms the exceptional scale of the current health crisis and calls for intensified mobilization of all stakeholders. Despite the absence of any newly affected health zone during the past 24 hours, the situation remains concerning. The main challenges continue to include insecurity and limited access to communities, particularly in Ituri and North Kivu; high population mobility; overcrowding in some Ebola Treatment Centers; community reluctance; and difficulties related to the identification, isolation, transfer, and monitoring of cases and contacts.

These challenges are compounded by the persistence of rumors and misinformation, sociocultural perceptions that hinder the response effort, insufficient availability of adapted communication materials, limited coverage of some communities in languages they understand, as well as difficulties in coordination, alert reporting, and harmonization of messages disseminated by different actors.

Risk communication and community engagement (RCCE) activities must therefore be further intensified. Door-to-door visits, mass awareness campaigns, community dialogues, radio programs, safe and dignified burials, and psychosocial support should continue on a regular basis in all affected and at-risk areas.

Particular attention should be given to the development of appropriate communication materials, the use of local languages, listening to community concerns, and the active involvement of local authorities, community leaders, religious leaders, and traditional leaders. Community acceptance, rapid detection of alerts, and rigorous contact tracing remain critical to interrupting chains of transmission and bringing the outbreak under sustained control.

ACHIEVEMENTS

► **HEPRR project support to the response to the 17th Ebola virus disease outbreak**

In response to the 17th Ebola virus disease (EVD) outbreak affecting the provinces of Ituri and North Kivu, particularly along the Beni axis, the Health Emergency Preparedness, Response and Resilience Project (HEPRR) is providing support and strengthening the coordination and operational capacities of the various response pillars.

The project's support, estimated at USD 46.3 million, aims to reduce morbidity and mortality associated with the outbreak while consolidating the health zone-based approach to strengthen autonomy, coordination, and decision-making at the level of affected health zones. The main interventions supported by the project include:

- Strengthening coordination and management of the outbreak response at national, provincial, and health-zone levels;
- Reinforcing epidemiological surveillance, alert management, contact tracing, and investigation activities;
- Supporting laboratory services for the timely diagnosis and confirmation of Ebola cases;
- Improving case management, infection prevention and control (IPC), and the operation of Ebola Treatment Centers (ETCs);
- Supporting risk communication and community engagement activities to improve community participation and acceptance of response measures;
- Strengthening logistics, supply chain management, and the distribution of essential medical supplies and equipment;
- Supporting safe and dignified burials and psychosocial care for affected individuals and communities;
- Enhancing preparedness and resilience capacities within health systems to better respond to future public health emergencies.

Through these various interventions, the HEPRR Project contributes to improving the speed and effectiveness of the response, strengthening the protection of communities and healthcare workers, and sustainably consolidating national and provincial capacities for preparedness and response to public health emergencies.



► Field mission

The Coordinator of the UG-PDSS/PIU DRC, Dr. Dominique BAABO, accompanied by his team, conducted a field mission in North Kivu, particularly in Beni and Butembo, as well as in Ituri, the epicenter of the 17th Ebola virus disease outbreak caused by the Bundibugyo strain.



This mission was carried out as part of UG-PDSS interventions through the Health Emergency Preparedness, Response and Resilience Project (HEPRR), a government project funded by the World Bank to strengthen the response in areas affected by the outbreak. Its objective was to assess the situation and engage with the INSP coordination team, response actors, affected communities, and frontline health workers in order to identify bottlenecks and propose practical solutions to the challenges observed on the ground.



► Support for the deployment of the first teams of experts to the field

As part of the response to the 17th Ebola virus disease outbreak declared in Ituri on May 15, 2026, the World Bank, through the Health Emergency Preparedness, Response and Resilience Project (HEPRR), a government project financed by the World Bank, is providing critical support to the Ministry of Public Health through the National Institute of Public Health (INSP) to strengthen the province's operational capacities. This support has enabled the deployment of 19 experts to Bunia to assist provincial teams in coordination, surveillance, laboratory services, case management, infection prevention and control, as well as risk communication and community engagement.

This expert mission reflects the World Bank's commitment, through the Health System Development Program Management Unit (UG-PDSS/PIU) under the HEPRR Project, to rapidly support the Government's response efforts by bringing technical expertise closer to affected health zones and strengthening the key pillars required for a coordinated and effective response.



► **UG-PDSS-EMERGENCY: Handover of 10 Vehicles to Strengthen the Ebola Response**

The Prime Minister, Her Excellency Mrs. Judith Suminwa Tuluka, officially handed over ten new Land Cruiser vehicles to the Response Coordination Team, led by Prof. Steve AHUKA, this Friday in Rwampara, Ituri Province. This donation by the Government of the Democratic Republic of the Congo to the Response Coordination Team was made through the Health Emergency Preparedness, Response and Resilience Project (HEPRR), financed by the World Bank.

This logistical support aims to strengthen Ebola response interventions in Ituri Province, the epicentre of the outbreak. Dr. Sese, representing UG-PDSS, stated that the vehicles are intended to strengthen the health system in Ituri Province, even beyond the response phase.



“

I am deeply honored to hand over these vehicles to you, acquired as part of the partnership with the World Bank and the support provided in the fight against Ebola virus disease.

Please take great care of them because, as we emphasized last night, we want all the efforts made to contribute to sustainable results. At the end of the response, these vehicles must be handed over to the Provincial Health Division so that they can continue to strengthen the province's health system.

This is therefore a great responsibility.

H.E. Judith Suminwa Tuluka

Prime Minister, Head of Government
Democratic Republic of the Congo



- **Ebola: 340 tons of medicines and response supplies provided to ituri and north kivu provinces by the hepr project, with funding from the World Bank**



As part of the response to the Ebola virus disease outbreak, the Health Emergency Preparedness, Response and Resilience Project (HEPRR) provided 340 tons of medicines and response supplies to the provinces of Ituri and North Kivu.

The HEPRR Project is a Government of the Democratic Republic of the Congo project, financed by the World Bank and implemented through the Health System Development Program Management Unit (UG-PDSS/PIU DRC).

This support package is primarily intended to strengthen patient care, support healthcare facilities involved in the response, and enhance the operational capacities of teams deployed in the field. It will primarily benefit the health zones most affected by the outbreak, as well as surrounding health zones, in order to support both the direct response and prevention efforts around active hotspots.



The deployment of these medicines and response supplies is being managed through the Incident Management System (IMS) logistics mechanism established by the National Institute of Public Health (INSP), together with the pharmacist from the Provincial Health Division (DPS), who are supporting the operational organization of distribution to the beneficiary health zones. The IMS Operations Officer also contributed to briefing the stakeholders involved, particularly to facilitate the deployment of provincial staff responsible for supporting implementation in the field.

The medicines and response supplies provided will help support case management, ensure better continuity of essential health services, strengthen field interventions, and contribute to a faster, better-coordinated, and more effective response.

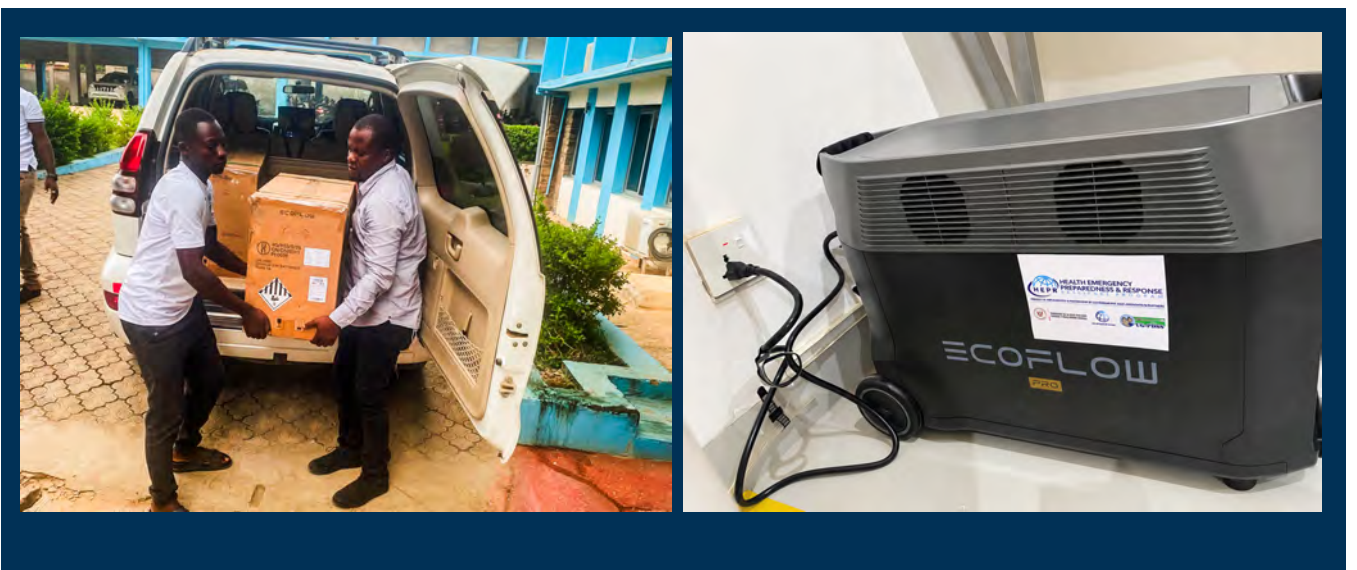
In a context marked by the ongoing evolution of the outbreak and the risk of spread to neighboring areas, this support represents an important contribution to strengthening health interventions in the eastern part of the country. It reflects the commitment of the Government, with support from the World Bank, to protecting communities, reducing the risk of mortality, and improving the quality of the response in affected and surrounding areas.



► Acquisition of RADI ONE platforms and 70,000 tests



► UPS units and computers



► Provision of 10 vehicles



► Support for the updating, reproduction, and deployment of EVD communication materials in affected areas



Exclusive interview



As the Democratic Republic of the Congo (DRC) and Uganda face a resurgence of Ebola virus disease caused by the Bundibugyo strain, rapid diagnosis remains a critical component of the response. Thanks to the Bunia Public Health Laboratory, case detection has been accelerated, although the overall response continues to face complex operational challenges on the ground.

According to data available as part of the response, Uganda is experiencing a more contained situation, with 20 confirmed cases and 2 deaths. In the DRC, the situation remains more concerning, with 1,460 confirmed cases and 452 deaths recorded.

Of the 1,460 confirmed cases recorded in the DRC, Ituri Province alone accounts for more than 1,333 cases, representing nearly 91.3% of the country's total. Several factors explain this high concentration. Ituri is a major transit area, connected to neighboring provinces and Uganda, resulting in frequent population movements and increased contact between communities. Constant population movements linked to mining activities also contribute to accelerating the spread of the disease.

This situation is further compounded by armed conflict, which hampers disease surveillance and facilitates silent transmission, sometimes for several weeks before an outbreak is officially declared.

In this context, the Bunia Provincial Laboratory

plays a highly strategic role in the management of and response to the Ebola outbreak. Located at the heart of the province most affected, it brings diagnostic services closer to communities, reduces confirmation turnaround times, and enables response teams to make timely, evidence-based decisions.

Dr. Placide Mbala Kingebeni, Head of the Ebola Diagnostic Laboratory at the National Institute of Biomedical Research (INRB) and Director of the Department of Epidemiology and Global Health in Kinshasa, highlights the critical role played by the Bunia Provincial Laboratory.

"The Bunia laboratory plays a crucial role in the fight against this new Ebola outbreak caused by the Bundibugyo strain. Located at the center of the province most affected, it enables the rapid diagnosis of suspected cases. Thanks to this infrastructure available locally, we were able to establish a diagnostic system in Bunia and significantly reduce the time required to detect cases during this outbreak," explains Dr. Placide Mbala Kingebeni.

Medical teams have therefore been able to deploy diagnostic resources directly on site. This decentralized approach represents a major step forward in rapidly detecting cases, isolating infected individuals, and helping to interrupt chains of transmission at the earliest signs.

According to Dr. Placide Mbala Kingebeni, the laboratory operates according to a precise and rigorous workflow designed to ensure both the reliability of test results and the safety of laboratory personnel.

“As in all laboratories, there is a precise workflow that must be followed. It is worth noting that this laboratory is well equipped and very well constructed. I was pleasantly surprised by the quality of the infrastructure established here. The procedures are followed from the receipt of samples from treatment centers. The well-trained team takes appropriate protective measures, registers the samples, and transports them to the laboratory. Within a Class 2/3 biosafety environment, the teams can open the containers, unpack and inactivate the samples, and then conduct PCR testing to determine whether they are positive or negative,” said Dr. Placide Mbala Kingebeni.

The volume of tests already conducted highlights the scale of the response and the critical role of this laboratory in reducing the time needed to detect the disease in the region.

“To date, more than 3,000 samples have already been analyzed through the Ituri diagnostic network, including the Bunia Provincial Laboratory and the satellite laboratories in Mongwalu and Aru. When we add the samples analyzed in Beni, Goma, and those from Butembo, the total exceeds 4,000 samples analyzed since the beginning of this outbreak,” said Dr. Placide Mbala Kingebeni.

Dr. Placide Mbala Kingebeni also highlights the critical contribution of the Health System Development Program Management Unit (UG-PDSS/PIU DRC), made possible through the partnership between the Government of the Democratic

Republic of the Congo and the World Bank..

« It is important to first note that the UG-PDSS is the institution that enabled us to have this well-equipped and well-constructed laboratory. This represents a significant investment by the World Bank through the UG-PDSS. This support makes it possible to deploy laboratory teams in the field, accommodate teams from Kinshasa as well as local teams in Bunia, and support the satellite laboratories of the Bunia Provincial Laboratory.

The support provided by the UG-PDSS extends to sample collection, by providing the teams with the means to travel easily to treatment centers. It supports testing by providing diagnostic tests and equipment, and even assists with data entry. The UG-PDSS also enables us, for example, to print test results by providing printers and ensuring the daily or weekly supply of ink cartridges, while also providing computers to ensure that data are properly entered.

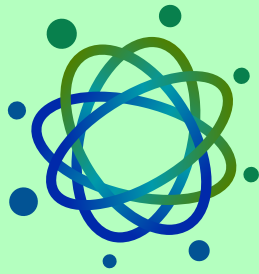
Moreover, as I mentioned earlier, once the results are ready, these same vehicles, together with the various teams, make it possible not only to transmit the data electronically but also to deliver hard copies of the results to the treatment centers. The UG-PDSS has supported us throughout this outbreak, from the very beginning all the way through to the delivery of results,” concluded the Ebola diagnostic laboratory manager

Beyond the immediate emergency, this experience highlights the importance of making sustained investments in provincial laboratories, field logistics, and staff training. By bringing diagnostic services closer to communities, the response becomes faster and more effective, while

strengthening its capacity to save lives during public health emergencies..

A close-up photograph of two dark-skinned hands, palms facing each other, showing numerous small, raised, pus-filled lesions characteristic of monkeypox. The lesions are distributed across the fingers, palms, and wrists. A thin black cord is visible around the right wrist. The background is a soft, out-of-focus light color.

MONKEY MPOX



REGIONAL MEETING ON MPOX RESPONSE AND OTHER HEALTH EMERGENCIES

STRENGTHENING COORDINATION AND COLLABORATION
FOR EFFECTIVE CONTAINMENT

May 13 > 14 2025 Hybrid format Nairobi

► Regional meeting on the response to mpox and other public health emergencies

The African region faces recurrent threats from infectious diseases due to its large and growing population, climate-related challenges such as floods and droughts that affect disease transmission, and limited health infrastructure. As of epidemiological week 22 of 2025, 26 African countries had reported Mpox cases as part of the ongoing outbreak centered in the Democratic Republic of the Congo (DRC). The Mpox outbreak was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) and a Public Health Emergency of Continental Security (PHECS) by the Africa Centres for Disease Control and Prevention (Africa CDC). Responding to such events requires coordinated regional action to reduce transmission, mitigate its impact, and improve outbreak management. Many of the challenges associated with epidemic preparedness and response cannot be overcome without strong collaboration among countries.



Clear commitments from partners and donors to provide financial and technical support

The meeting included focused discussions on the current epidemiological situation of Mpox, Ebola, and Marburg, using these diseases as case studies of the health threats facing countries across the region. Dynamic working sessions examined the main challenges encountered by Member States, identified best practices, and developed recommendations.

These recommendations covered several key areas, including cross-border surveillance, laboratory systems, risk communication, community engagement, clinical management, vaccination strategies, research and innovation, as well as cross-border coordination and collaboration among countries.

A roundtable discussion addressed the financing landscape for epidemic preparedness and response, as well as future funding prospects, with the participation of all major donors supporting the Mpox response. Finally, a group of representatives from participating countries, at Permanent Secretary level, reviewed the proposed memorandum of understanding aimed at strengthening cross-border cooperation and coordination for Mpox preparedness and response, as well as for other public health emergencies.

The various groups and sub-groups developed agreed recommendations to improve current Mpox strategies and apply them to other public health emergencies. These included specific recommendations to:

- Formalize surveillance data sharing for cross-border collaboration: establish joint cross-border community-based surveillance, conduct joint cross-border simulation exercises, and formalize and operationalize information-sharing mechanisms for the early detection and response to cross-border outbreaks.

Technical recommendations: strengthen leadership at the health district level; strengthen the One Health approach; decentralize diagnostic capacities; enhance technical capacities across all key

cross-border areas; strengthen risk communication and community engagement at the community level; promote operational research to guide preparedness and response strategies; and conduct risk assessments to identify and define cross-border health risks.

- Promote clear commitments from partners and donors regarding technical and financial assistance: provide flexible funding for emergency interventions; align country priorities to promote accountability and funding efficiency; strengthen domestic resource mobilization; promote the implementation of cost analyses to improve operational efficiency; and enhance the effectiveness and transparency of resource utilization.

The discussions also led to amendments to the proposed memorandum of understanding, based on recommendations from national authorities. They further resulted in a commitment to sign the agreement at the Ministry of Public Health level once a comprehensive consensus has been reached.

The regional meeting on the response to Mpox and other public health emergencies, held in Nairobi, was considered a success by all participants. It provided an opportunity to share best practices, identify key challenges, and develop recommendations to address them. It also strengthened interactions among participating countries, paving the way for increased country-to-country collaboration in responding to Mpox and other public health emergencies.

The meeting is also expected to contribute to the finalization and signing of a long-awaited memorandum of understanding to provide a framework for cross-border collaboration in responding to public health emergencies across Africa..



► End of the Mpox outbreak

The Democratic Republic of the Congo officially declared the end of the Mpox outbreak on April 2, 2026, marking a major milestone in the country's response to public health emergencies. This achievement was the result of joint efforts by the Government of the DRC and its partners, particularly the World Bank, through the UG-PDSS under its various projects, including REDISSE, PMNS, PUARP COVID, and HEPRR.

As part of the response, several strategic interventions were implemented to sustainably strengthen the health system :

► **Strengthening of medical case management**

A total of 105 tons of medicines were distributed across the 11 most affected provinces, significantly improving clinical case management and reducing disease-related complications, with support from the REDISSE IV Project.

► **Strengthening rapid diagnosis**

The deployment of RADI ONE platforms across all 26 provinces has enabled rapid and reliable testing of biological samples, facilitating the confirmation of suspected cases within shorter turnaround times under the Health Emergency Preparedness, Response and Resilience Project (HEPRR).

► **Strengthening the capacity of healthcare workers and community actors**

Under the HEPRR and REDISSE IV projects, targeted training sessions were organized for healthcare workers, particularly on case management and support for monitoring missions, thereby contributing to strengthening national capacities for epidemic response. In addition, through the Multisectoral Nutrition and Health Program (PMNS), particular emphasis was placed on strengthening the capacities of community health workers (CHWs) in community-based surveillance, the nutritional management of sick children at treatment centers, as well as the reproduction and provision of community data collection tools in the health zones of Kimbi-Lulenge, Fizi, Kalonge, Mwenga, Kitutu, and Nyantende.

► **Implementation of triage and isolation measures**

Triage and isolation centers were established and strengthened in several provinces, including Kisangani (Kinkole General Referral Hospital), Kongo-Central (Kinkanda General Referral Hospital), North Kivu (Virunga General Referral Hospital), South Kivu (Bukavu University Clinic), and Lualaba (Mwangeji General Referral Hospital). These systems played a key role in preventing infections within healthcare facilities, with support from the World Health Organization (WHO) in the DRC through the PUARP COVID Project.

The Government, with the support of its financial partner, the World Bank, through the UG-PDSS, remains fully committed to sustainably strengthening epidemiological surveillance systems, early case detection, and response capacities, in order to better prepare, respond, and strengthen the resilience of the health system in the face of emergencies.

Tuasakidila !

Merci !



Pastor Peter EYALE

MPOX Survivor

I began experiencing a high fever, along with a sore throat and joint pain. I also noticed that a few lesions were beginning to appear on my body. At that point, I decided to seek medical attention at a health center.

After examining me, the doctor prescribed medication and explained that, given my condition, it was necessary to contact the services responsible for managing people affected by the outbreak so that they could conduct a proper diagnosis. The VIJANA Center was then contacted, and I was admitted there.

That period was very difficult. I had lesions all over my body, I was extremely ill and deeply distressed. For me, it felt as though I was facing death.

Today, I sincerely thank the Project and the World Bank for providing the necessary resources to ensure that we could receive quality care. Thanks to this treatment, I am now completely recovered and back on my feet. May God bless them.

Merci !

Matondi!

COLLABORATIVE MULTISECTORAL SURVEILLANCE AND LABORATORY DIAGNOSTICS, WITH A FOCUS ON COMPLETENESS, ACCURACY, AND SEX-DISAGGREGATED DATA

► Support for the investigation of suspected meningitis cases in Pendjwa, Mai-Ndombe Provincial Health Division (DPS)

The investigation mission conducted in the Bengolo Health Area represented a critical step in the fight against meningitis. By collecting accurate data on the epidemiological situation, the team was able to confirm the presence of suspected cases and deaths, while taking prompt action to limit further spread. Discussions with health stakeholders and community leaders helped strengthen collective vigilance and improve coordination on the ground, contributing to the prevention of new cases during the mission.

Beyond the immediate response, this investigation highlighted the importance of awareness-raising and proactive preparedness for epidemics. The involvement of healthcare professionals and community health workers promoted the adoption of good

surveillance and reporting practices, thereby strengthening early detection capacity. This collaborative effort demonstrated that local mobilization is a key factor in effectively containing public health crises.

The recommendations arising from the mission provide a clear pathway toward greater resilience. Continuous training of healthcare workers, improved availability of medicines, and stronger community communication mechanisms are all key levers for consolidating the gains achieved.

By implementing these recommendations, the Bengolo community will not only be better equipped to protect itself against meningitis but will also develop sustainable capacity to respond to future epidemic threats..

► Provision of medicines and other cholera response supplies to 13 hotspot provinces

In 2025, despite a historic increase in cholera cases in the Democratic Republic of the Congo, targeted actions were implemented to improve the management of medical supplies in 13 high-risk provinces. These included South Kivu, North Kivu, Tanganyika, Tshopo, Maniema, Haut-Lomami, Haut-Katanga, Kinshasa, Sankuru, Équateur, Mai-Ndombe, Lualaba, and Lomami.

The provision of cholera kits significantly strengthened treatment capacities in healthcare facilities, demonstrating a strong commitment to protecting public health. Internal assessments and collaboration with partners helped improve understanding of medical-supply logistics, identify critical areas, and optimize distribution.

Through proactive measures, including epidemiological data analysis and the use of supply-management tools, PNECHOL-MD was able to anticipate and prevent stock-outs. This dynamic approach reflects a strong commitment to adapting interventions to the challenges encountered on the ground..

Elle permettra également de conduire des consultations communautaires sous les orientations techniques du Secrétariat Général à l'Intérieur / COUSP, afin de consolider l'adhésion sociale et de soutenir

une réponse coordonnée et efficace contre la Maladie à Virus Ebola (MVE) à Bulapte.

Finally, the report highlights recommendations to strengthen logistical efficiency by further involving local stakeholders and improving the monitoring of response supplies. The continued commitment of the Cholera Incident Management System (IMS) and the UG-PDSS to raising awareness and training health workers in affected provinces is essential to sustaining epidemic control efforts. Analysis of the results and lessons learned will pave the way for even more effective interventions in the future, providing a solid basis for optimism in the fight against cholera in the DRC.

► A national laboratory network to bring diagnostic services closer to communities

The experience of Bunia is part of a broader vision: progressively building a network of public health laboratories capable of supporting the early detection of outbreaks and rapid response across several provinces of the country.

As part of investments financed by the World Bank through the UG-PDSS, four major provincial laboratories are currently being finalized or equipped in Kasai-Central in Kananga, Équateur in Mbandaka, Tshopo in Kisangani, and Kwilu in Bandundu. The objective is clear: to prevent the diagnosis of epidemic-prone diseases from being concentrated solely in a few distant centers and to enable provinces to develop technical capacities closer to communities.

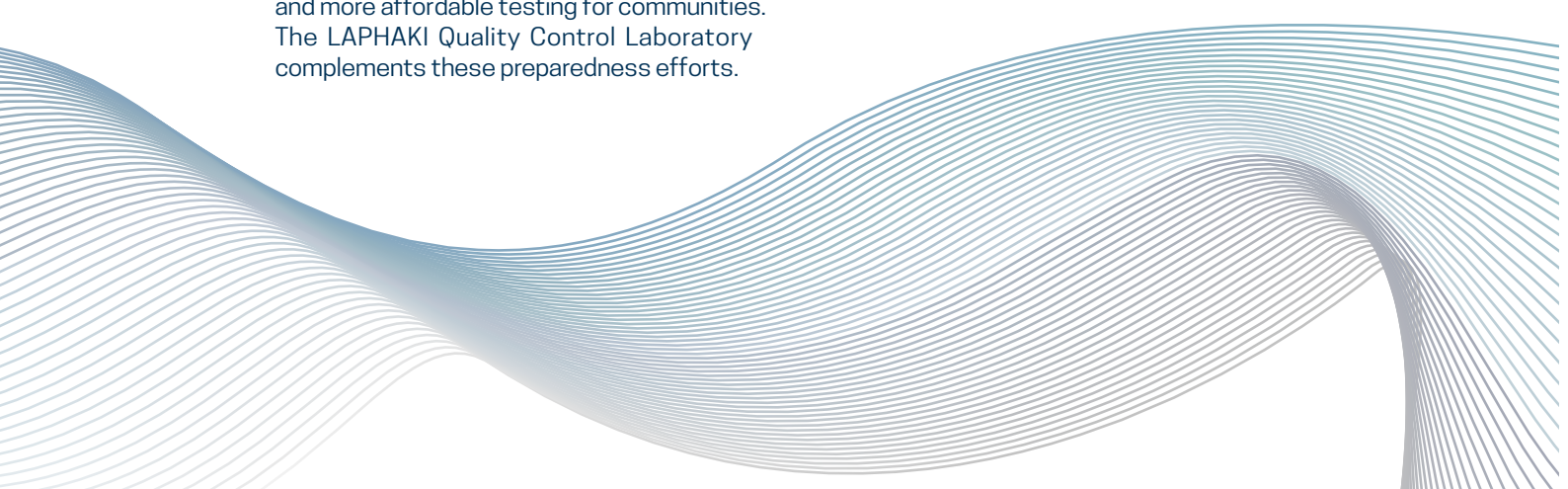
Initiated and financed by the World Bank through the REDISSE IV Project, which supported the launch of construction works and the initial provision of equipment, these four laboratories are now receiving support from the Health Emergency Preparedness, Response and Resilience Project (HEPRR). The project is supporting the completion of the facilities and their operationalization, with the aim of sustainably bringing diagnostic capacities closer to affected health zones.

In addition, the General Referral Hospitals of Bandundu-Ville, Gungu, Mosango, Idiofa, and Kikwit Nord have been rehabilitated and equipped to improve the early detection of outbreaks. These facilities play a key role in strengthening local diagnostic and treatment capacities by providing faster, more reliable, and more affordable testing for communities. The LAPHAKI Quality Control Laboratory complements these preparedness efforts.

Designed to meet quality and safety requirements, it contributes to the assessment and validation of medicines before they are placed on the market. In a health system facing emergencies, the quality of medical supplies is also a critical component of health security.

Preparedness is not limited to constructing facilities or installing equipment. It also requires skilled personnel. This is why investments have also focused on strengthening human resource capacities.

Training programs have been organized in field epidemiology, particularly through the FLTP track, to strengthen investigation, surveillance, and data analysis capacities. Biologists and laboratory technicians have also been trained to use the automated equipment provided by the project, master the biological parameters being measured, and carry out preventive and corrective maintenance of the equipment. These training programs are essential. Equipment that staff are not adequately trained to use cannot deliver its full potential. Conversely, when a trained technician has access to a functional technical platform, diagnostic turnaround times are reduced, the quality of results improves, and the response becomes more effective. It is this combination of infrastructure, equipment, and skills that enables Bunia to better support the response today.



“

The laboratory has long been the neglected component of our Ministry. However, over the past few decades, laboratories have increasingly played their role in the detection and confirmation of outbreaks. Nevertheless, detection is often still delayed, partly because of the vast size of our country. Sending samples from Lombardie to here takes at least two hours.

This is why we thank the World Bank, through the UG-PDSS, for the initiative to establish laboratories at the provincial level. These laboratories will facilitate the rapid detection of outbreaks. This is how we want our country to develop a truly functional laboratory network, with the National Public Health Laboratory at the top, Provincial Public Health Laboratories at the intermediate level, and, at the grassroots level, laboratories within referral hospitals in the health zones.”

Prof. Jean-Jaques MUYEMBE

Director General of the INRB and co-discoverer of the Ebola virus



Bunia Public Health Laboratory



Kisangani Public Health Laboratory





I must say that I am truly satisfied with the work that has been carried out here. Beyond that, my satisfaction lies in the fact that we have practically completed the work, with the exception of a few minor fittings to be finalized. Overall, this is a very good piece of work, and I believe that very soon we will be ready to proceed with the inauguration.



Dr Dominique BAABO
 Coordinnator of UG-PDSS/PIU-DRC



In Kisangani, we also discussed the laboratory that has recently been completed and is currently being equipped.

The building is now complete, and we had the opportunity to visit the laboratory before coming here. It will be used, among other things, to analyze samples that are ready for testing.

I believe it would be important to proceed with the relocation as quickly as possible in order to provide the team working there with the best possible conditions, both in terms of health and safety, so that they can carry out their work effectively.

H. E. Judith Suminwa Tuluka

Prime Minister of the Democratic Republic of the Congo



Kananga Public Health Laboratory



Mbandaka Public Health Laboratory



Bandundu Public Health Laboratory



LAPHAKE

Kinshasa Pharmaceutical Laboratory





Tuasakidila !



Dr. Justin KINZIANGU

Director of the Health Laboratories
Directorate (DLS)

We are truly very proud of this day and of all the personnel working in laboratories the biologists, laboratory technicians, medical biologists, and all the administrative staff who work behind the scenes.

The HEPRR Project is an important project for the laboratory system. It is a project that has enabled us to build four laboratories with funds mobilized by the World Bank, providing advanced technical platforms for disease surveillance, as well as for the detection and confirmation of outbreaks emerging across these provinces.

Aksan !

Merci !



Dr. Baudouin MAKUMA

Project Manager HEPRR

Laboratories are about more than buildings that have been rehabilitated or constructed; they also involve the equipment provided and the personnel who operate them.

As part of the project's implementation, we provided training for biologists from Central African countries, including the DRC, at the National Institute of Biomedical Research (INRB).

This is an international training program, and we will continue working with the DRC to extend this initiative to other countries in the region. We have also equipped the laboratories with modern equipment. Before the equipment was put into operation, which is now fully effective, we provided training for laboratory staff at the INOVI laboratory, a major laboratory here in Kinshasa. We have also constructed and equipped five laboratories at General Referral Hospitals in Kwilu Province: Bandundu-Ville, Kikwit, Mosango, Gungu, and Idiofa.

Melesi !

ntondi !

Tuasakidila !



Dr. Jean Pierre MATELA

Head of the Provincial Health Division / Bandundu

In Bandundu, we have this large building that you see, which was constructed recently and is now nearing completion. It is a regional laboratory that will serve Mai-Ndombe, as well as neighboring provinces and health zones across the province.

Outbreaks are often detected late because samples have to be sent to Kinshasa, to the National Institute of Biomedical Research (INRB). With this laboratory, we will be able to detect them quickly and provide a rapid response, helping to prevent their spread. This will initially include poliomyelitis. With the virology unit that will be established here, we will also be able to detect cases of polio.

Biological diagnosis of measles will be carried out locally, as will testing for other diseases, including mpox.

As part of Universal Health Coverage, the Head of State wants people in Kinshasa to have access to the same quality of healthcare as people in Bandundu, Kasai, Goma, and elsewhere. We therefore thank the Congolese Government for seeking this major support from the World Bank and for ensuring that it was effectively implemented in our province.

Merci !



Maman Elisé

Housekeeper at the laboratory

I am a housekeeper at the laboratory. I am responsible for cleaning the offices and the showers.

I started working with them in 2024 and I am still working there today. This job helps me a great deal."

Melesi !



Gedeon BOYALI

Laboratory worker at the Mbandaka Public Health Laboratory

We are members of an Indigenous community. There are two of us, and we have been involved in this project since 2024 and continue to participate today, in 2026.

Thanks to the income I have earned, I was able to buy four chairs and a mattress. I was also able to bring my child, who had remained in the village, to live with me. In addition, I got married.

Matondi !

Aksanti

Tuasakidila !



Eddy WANDEY

Presidency / Major Projects Unit

You know, the President of the Republic has launched a vision to ensure that every Congolese citizen has access to quality healthcare without facing financial barriers. This is what we call Universal Health Coverage.

Within this framework, we benefit from the support of external technical and financial partners, including the World Bank, which, through the UG-PDSS, has provided for the construction of laboratories to facilitate diagnostic testing and decentralize laboratory services to the provincial level.

On behalf of the Presidency, we are satisfied, and we believe that this achievement is worth reporting to the Head of State as a concrete realization of his vision through the UG-PDSS/PIU DRC.

Merci !



Richard LONGADJA

Workers' representative

I am a native of Kisangani, specifically from the Imbulu neighborhood. In the past, my children often had minor health problems. Today, they are doing well and are even attending school.

Melesi !

Aksani !

Matondi !

Tuasakidila !



His Excellency Job KUYINDAMA

Deputy Governor of Kasai-Central

Soon, Kasai-Central Province will have a modern laboratory. We will no longer need to travel to India or Kinshasa, or pay for flights abroad, to undergo medical examinations and receive the necessary care.

Today, this partnership is a source of great pride. It is a partnership that continues to benefit us, established by the President of the Republic with the World Bank, which has financed 100% of these works. Therefore, today, together with my colleagues from the Presidency who are here on behalf of the Special Council responsible for monitoring projects financed by development partners, I can say that the Government of the Republic is very satisfied with the work that has been carried out.

Aksan

Merci !



Berthe NGALULA MUTATA

Steelworkerr

I am a daughter of Kasai-Central Province, and I live in the Tshisabi neighborhood, on Dispensaire Avenue, in the municipality of Kananga.

At first, I did not know this trade. I was recruited to cook for the construction workers. When I arrived, I noticed that some people were working as steelworkers. There was not always cooking to be done, so I was shown where I could work in this trade.

Today, I do this work and receive a salary. This income helps me greatly. This building belongs to us. We will take good care of it because it is a lasting infrastructure that will remain in our province. It will contribute to the well-being of fathers, mothers, and children.

I sincerely thank everyone who made this project possible, particularly the UG-PDSS and the company carrying out the construction work, because they have done something very valuable for our province. Previously, we did not have jobs, but thanks to the income we earn here, our living conditions have improved. I am very satisfied because this work helps me a great deal.

Melesi !

Matondi !

RCCE

**RISK COMMUNICATION
AND COMMUNITY
ENGAGEMENT**

FOR AND WITH COMMUNITIES



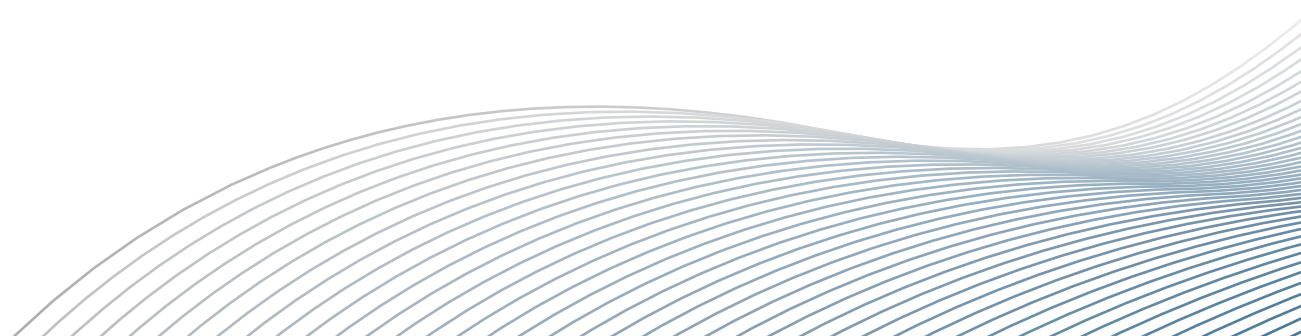
In the face of the increasing number of disease outbreaks, particularly Ebola, mpox, and cholera, response efforts continue to face significant challenges, including the spread of rumors, public mistrust, community resistance, difficulties in accessing certain areas, and sometimes insufficient coordination among stakeholders. To address these challenges, the HEPRR Project has supported the development of a Risk Communication and Community Engagement (RCCE) strategy, the restructuring of the multisectoral RCCE Task Force, and its expansion into targeted provinces to harmonize interventions across the health, environment, fisheries, and livestock sectors.

The development of the Community Engagement Operational Guide and the updating of training modules on RCCE, rumor management, and infodemic management are also helping to better tailor interventions to sociocultural realities while integrating gender, inclusion, climate, and One Health considerations. Furthermore, the rehabilitation and equipping of the Public Health Emergency Operations Center (PHEOC/COUSP) communication room, together with the ongoing operationalization of the Joint Information Center (JIC), aim to ensure the delivery of official, reliable, timely, and coordinated information during health emergencies.

The deployment of a substantial package of RCCE materials, adapted into the country's four national languages, is underway in the targeted provinces, with the involvement of the National Health Promotion Program (PNCPs). The production of audiovisual communication materials is also in progress. These tools will strengthen awareness-raising activities through the engagement of opinion leaders, authorities, community leaders, and influencers, whose participation is essential for combating rumors, restoring public trust, and promoting community adherence to preventive measures.

Finally, the project will further strengthen community-based communication across all targeted provinces, with particular emphasis on areas affected by Ebola virus disease (EVD) outbreaks. This approach will enable a better understanding of community concerns and ensure that messages are adapted to local realities.

Ultimately, the objective is to strengthen the national system by establishing a structured, organized, and sustainable RCCE framework that places communities at the center of action and actively involves them at every stage of preparedness for and response to public health emergencies.



THE WORLD BANK LAUNCHES A DIALOGUE PLATFORM WITH COMMUNICATION SPECIALISTS FROM PROJECTS FINANCED IN THE DRC

World Bank Country Director, Mr. Albert Zeufack, launched the first dialogue session with communication specialists from projects financed by the institution at the World Bank office in Kinshasa. Organized by the External Relations team, the meeting aimed to create a platform for dialogue, experience sharing, and reflection between communication specialists from Project Management Units and the World Bank's leadership team on the strategic role of communication in development.





On this occasion, the UG-PDSS, represented by Mr. Michée KITIMA, was selected by the World Bank to present its experience as a case study. The presentation demonstrated how strategic communication can increase the visibility of previously little-known projects, showcase their achievements, foster local ownership, and communicate their results from communities to the highest levels of government. It also highlighted key lessons learned, as well as remaining challenges, particularly in ensuring ownership and the sustainability of project achievements.

In his remarks, the Country Director, accompanied by the Operations Manager, Mr. Kofi Nouve, and the External Relations team, comprising Mr. Boris Luyiya and Ms. Marinette Kegbia, encouraged communication specialists to increasingly align their work with a development communication approach and to strengthen international communication efforts, as the DRC continues to face a significant image deficit



► HEPRR: Workshop on the development of the project's communication strategy



From May 13 to 15, 2026, a workshop on the development of the communication strategy for the Health Emergency Preparedness, Response and Resilience Project (HEPRR) was held in Kinshasa.

The meeting brought together key national stakeholders and technical partners around a common objective: to develop a communication strategy for the HEPRR Project aimed at strengthening preparedness, response, and resilience to public health emergencies, through a development-oriented and gender-inclusive approach

The opening session was chaired by Mr. Raoul KAMANDA, National Director of the National Health Promotion Communication Program (PNCPS), and introduced by Dr. Derrick Baroki, representing the UG-PDSS. The workshop brought together several key programs and directorates

from the Ministries of Health, Environment, and Fisheries and Livestock, including INSP/COUSP, DLS, DSE, DHSP, ACOREP, CNLC, CCUS, INRB, DCN, DLMA, ICCN, PNHF, LABOVET, as well as other national institutions and experts in environmental and social safeguards, One Health, and gender-based violence (GBV).

The workshop benefited from technical support from partners including the World Health Organization (WHO), the International Organization for Migration (IOM), and Resolve to Save Lives. Overall facilitation was provided by Mr. Michée Kitima, Communication Officer at the UG-PDSS.

This activity is part of the Government's efforts, with technical and financial support from the World Bank through the UG-PDSS, to implement the HEPRR Project..



AT THE HEART
OF COMMUNITIES

Participation, Engagement and Appropriation

MUDJIMBAYI Josephine

Painter on the construction
site of the Kananga
Laboratory under
construction



HEALTH EMERGENCY
PREPAREDNESS & RESPONSE
UMBRELLA PROGRAM

HEALTH EMERGENCY PREPAREDNESS,
RESPONSE AND RESILIENCE PROJECT

► Establishment and institutionalization of the Multisectoral CREC Task Force



With the aim of making Risk Communication and Community Engagement (RCCE) a strategic and sustainable tool for promoting public health through a multisectoral approach, in accordance with the International Health Regulations (2005), a meeting was held from March 5 to 6, 2026, bringing together the General Assembly of the Multisectoral RCCE Task Force. The Task Force includes communication leads from the three sectors involved—health, environment, and fisheries and livestock—as well as technical and financial partners. The meeting aimed to establish a new configuration of the Multisectoral RCCE Task Force, with financial support from the Health Emergency Preparedness, Response and Resilience Project (HEPRR).

The Multisectoral Risk Communication and Community Engagement Task Force (TFM-RCCE) is responsible for strategic coordination, the design and planning of policies, programs, and projects related to multisectoral RCCE in the Democratic Republic of the Congo, as well as their implementation, monitoring, and evaluation.

Held over two days at the Reine de la Paix Hall under the leadership of the National Health Promotion Communication Program (PNCPS), chaired by Director Raoul KAMANDA, the workshop concluded with the validation of a new operating manual for the TFM-RCCE, a roadmap with a clear distribution of roles and responsibilities among the various stakeholders, and recommendations for the next steps.

Participating institutions and partners included representatives from INSP/COUSP, Resolve to Save Lives (represented by Mr. Edmond Mucipayi), SNES, PNHF, and other key stakeholders involved in health security.

Represented by its Communication Officer, Mr. Michée Kitima, the UG-PDSS, through the HEPRR Project, welcomed the efforts of all experts and reaffirmed its commitment to supporting these initiatives so that the recommendations arising from the workshop can be translated into concrete actions for the benefit of communities.

Establishment and functioning of the Multisectoral RCCE Task Force in 9 target provinces.

Risk Communication and Community Engagement (RCCE) constitute a strategic pillar of the International Health Regulations (IHR, 2005) and the One Health approach, particularly in the context of public health emergency preparedness and response. In the Democratic Republic of the Congo (DRC), sustained efforts are being made to improve RCCE indicators by strengthening multisectoral coordination and institutionalizing functional mechanisms at both national and provincial levels.

Against this backdrop, a major activity was implemented to facilitate exchanges among experts from relevant technical fields and expand the Multisectoral RCCE Task Forces. The initiative brought together communication focal points from key ministries, including Fisheries and Livestock, Health, and Environment. These stakeholders play a central role in monitoring the effective establishment of Multisectoral RCCE Task Forces at the provincial level, ensuring compliance with the multisectoral approach and supporting the implementation of activities outlined in the national RCCE roadmap.

The establishment sessions focused primarily on outreach, information sharing, and awareness-raising among local stakeholders in each targeted province. To date, the DRC has successfully established Multisectoral Risk Communication and Community Engagement (RCCE) Task Forces in nine provinces, marking significant progress toward embedding RCCE at the provincial level. The rationale behind establishing these Task

Forces is to institutionalize RCCE and operationalize the One Health approach at all levels of the administrative structure, involving all key sectors concerned with the technical areas covered by the International Health Regulations (IHR, 2005). This dynamic directly contributes to the implementation of the National Health Security Action Plan (PANSS), the reference framework for operationalizing the IHR in the DRC.

However, a crucial step remains: organizing provincial general assemblies, during which technical working groups will be established. These groups are expected to function as essential operational mechanisms to ensure the sustainability, functionality, and institutionalization of multisectoral RCCE under the One Health approach.

Finally, strengthening the capacities of RCCE Task Force members is a key priority. Continuous training on the IHR (2005), the One Health approach, and the principles of RCCE institutionalization is essential to enhance skills, consolidate achievements, and ensure effective and harmonized RCCE implementation at both national and provincial levels.



► **Workshop on updating the RCCE training module, rumor and infodemic management using the “ONE HEALTH” approach, including climate, gender, and inclusion considerations, for RCCE stakeholders**



► Workshop on the Development of the Operational Guide for Community Engagement in the DRC

The Operational Guide for Community Engagement aims to strengthen the active participation of communities in public health, environmental protection, and animal health activities in the Democratic Republic of the Congo. It aligns with the vision of Universal Health Coverage and the One Health approach, recognizing communities as full partners in decision-making, risk prevention, and local development.

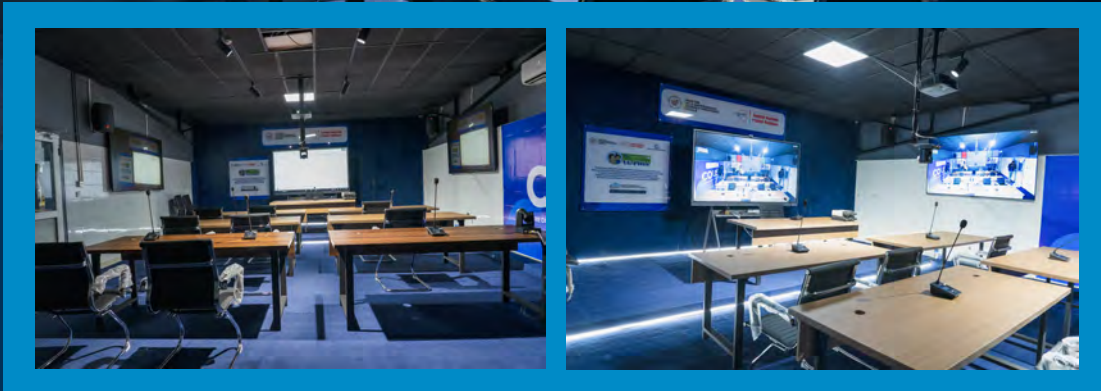
The document is based on several fundamental principles: a community-centered approach, inclusive participation, consideration of sociocultural norms, transparency, trust, and two-way communication. These principles are intended to promote community ownership of interventions and strengthen trust between communities, authorities, and partners.

Implementation is carried out through a multisectoral framework involving the human health, environment, and animal health sectors. Coordination is led by the Multisectoral Risk Communication and Community Engagement Task Force (TFM-RCCE), while at the local level, Community Mobilization Cells (CACs) play a key role in coordinating community-based activities.

Community participation is ensured through various mechanisms, including community committees, community health workers (CHWs), religious and traditional leaders, civil society organizations, and community-based surveillance systems. Under the One Health approach, these mechanisms contribute to the early detection of health, environmental, and animal health threats, as well as the rapid dissemination of alerts.



► Strengthening communication during public health crises



To strengthen Risk Communication and Community Engagement (RCCE), the communication room at the central site of the Public Health Emergency Operations Center (PHEOC) was rehabilitated and equipped with modern communication equipment and materials.

The renovated space now provides improved conditions for holding press briefings, technical briefings, and official communications during public health emergencies. It also facilitates the rapid dissemination of reliable and coordinated information to the media, partners, and communities.

This intervention contributes to improving crisis communication coordination, combating rumors and misinformation, and strengthening public trust in epidemic preparedness and response efforts.

► HEPRR Project Support for the Operationalization of the PHEOC Joint Information Center.

In any public health emergency, the availability of reliable, verified, and timely information is essential to saving lives, limiting disease transmission, directing populations to appropriate services, and promoting adherence to public health measures. Conversely, contradictory information, rumors, and misinformation can increase fear, mistrust, and community resistance, thereby undermining response efforts.

It is in this context that the Joint Information Center (JIC), established within the Public Health Emergency Operations Center (PHEOC), serves as a strategic mechanism for coordinating public information during an outbreak or public health crisis. It is intended to become the central point of contact between health authorities, the various response pillars, technical and financial partners, the media, and the public. Under the responsibility of the Public Information Officer (PIO), the JIC will be responsible for collecting, analyzing, validating, and disseminating information related to emergencies, as well as harmonizing messages, monitoring rumors, and coordinating media relations.

The operation of the JIC will be supported by a Joint Information System (JIS), designed to provide a common framework for developing and disseminating coordinated inter-institutional messages. The system will also help advise the Incident Manager on communication issues that could affect the response, rapidly detect misinformation, and adapt communication strategies to community concerns and perceptions.

Within this framework, the HEPRR-MPA Project will provide technical, institutional, operational, and financial support for the gradual development of the JIC. This support will not be limited to one-off activities but will accompany the mechanism from its initial structuring through to full maturity and sustainable operation. The project's support will focus in particular on:

1. Developing and validating the JIC's standard operating procedures, competency framework,

1. profiles, roles, responsibilities, and job descriptions for its experts;
2. Defining communication channels and protocols, as well as mechanisms for collecting, processing, securing, validating, and disseminating information;
3. Updating the mapping of institutions, partners, media outlets, and organizations involved in RCCE;
4. Reproducing and disseminating JIC tools among stakeholders; organizing consultation platforms, quarterly multisectoral meetings, advocacy meetings, and press cafés to harmonize interventions, mobilize resources, and strengthen collaboration with the media;
5. Developing experts' skills in crisis communication, rumor management, spokesperson functions, media content production, event-based surveillance, and the use of socio-anthropological studies to adapt interventions;
6. Organizing simulation exercises covering disease outbreaks, humanitarian crises, high-impact rumors, and disasters; progressively establishing pilot JICs at the provincial level, particularly in Ituri, Équateur, Tshopo, and Kwilu.

Ultimately, this support will make it possible to establish a permanent mechanism capable of delivering rapid, coherent, and transparent communication during outbreaks. It will help reduce inconsistencies among stakeholders, enable the early detection of rumors and community alerts, improve the quality of decision-making, and strengthen public trust.

By supporting the JIC through to full maturity, the HEPRR Project will sustainably strengthen the preparedness, coordination, and resilience of the health system in the face of public health emergencies.

ONE HEALTH

► Supervision Mission to the Faculty of Veterinary Medicine at the University of Lubumbashi

The assessment mission conducted at the Faculty of Veterinary Medicine of the University of Lubumbashi was carried out as part of the HEPRR-MPA program, financed by the World Bank. Its objective was to assess the institution's capacity to host Master's scholarship recipients specializing in Applied Epidemiology for both wildlife and domestic animals.

This assessment responds to the need to strengthen national capacities in animal disease surveillance, prevent zoonotic risks, and promote the integrated One Health approach linking human, animal, and environmental health.



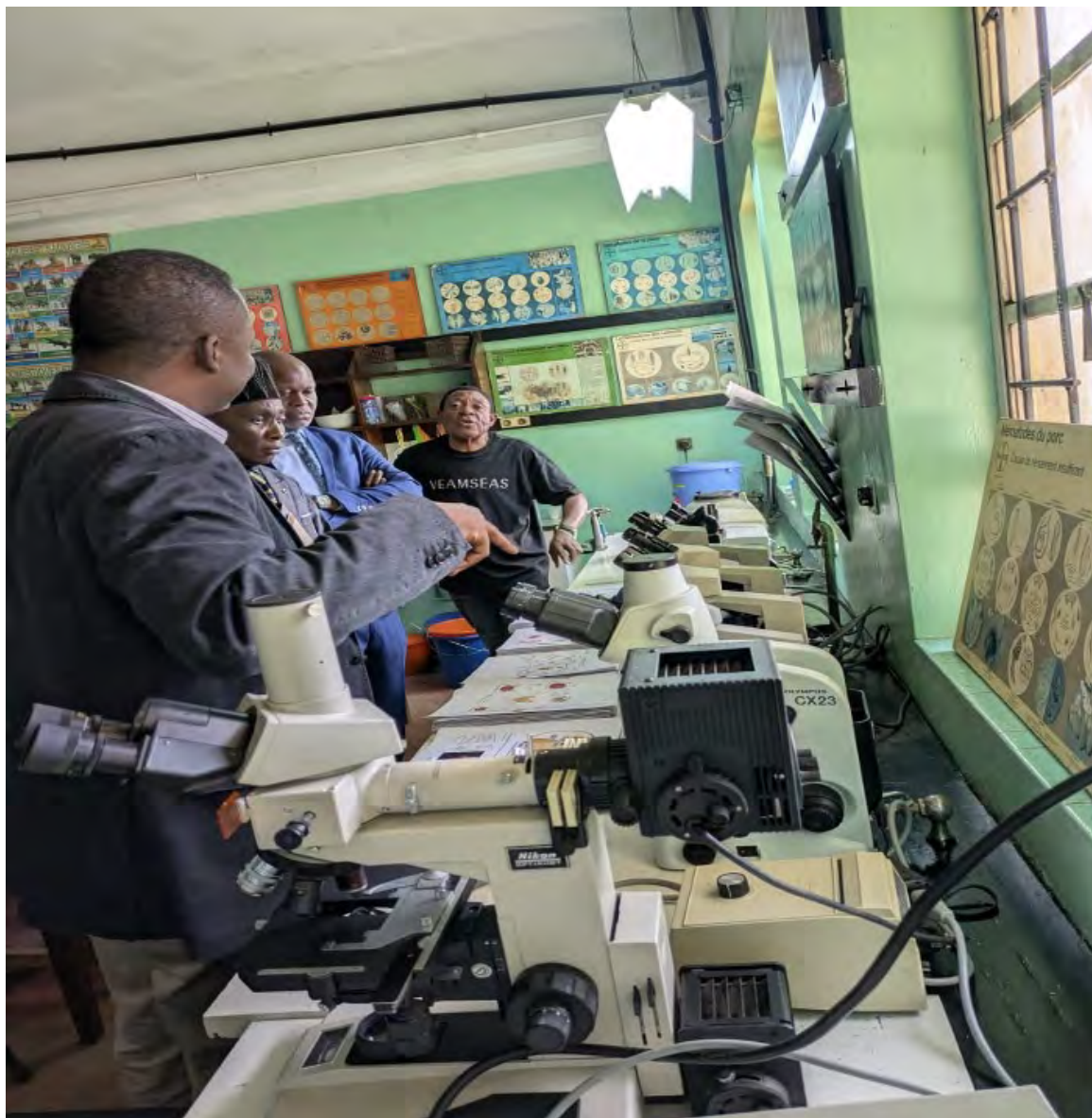
During the mission, the evaluators conducted an in-depth assessment of the Faculty's academic, administrative, and technical capacities. They confirmed that the Master's program in Wildlife and Domestic Animal Epidemiology has been officially recognized since 2018, that the academic calendar is regularly followed, and that admission procedures are transparent and equitable.

The Faculty has a qualified teaching staff of 27 professors, complemented by visiting lecturers and experts trained in the One Health approach, thereby ensuring high-quality academic supervision.

The infrastructure assessment revealed generally satisfactory facilities, including several suitable lecture halls, a computer room equipped with 50 computers, and functional microbiology, biochemistry, serology, and parasitology laboratories. A partnership with the University Clinics also provides access to an efficient cold chain. Backup power systems and waste management arrangements likewise meet quality requirements. However, the parasitology laboratory requires modernization, and Internet connectivity needs to be strengthened.

At the end of the mission, the Faculty of Veterinary Medicine of the University of Lubumbashi obtained a score of 80 out of 95 points, or 84.2%, demonstrating its capacity to provide quality training in applied epidemiology for wildlife and domestic animals.

The evaluators concluded that the institution has major strengths, including a stable academic environment, qualified staff, adequate infrastructure, and strong partnerships for internships. They therefore recommended the Faculty for the awarding of HEPRR Project Master's scholarships, while recommending gradual improvements to the parasitology laboratory, Internet access, and financial support for students.



► HEPRR - KENYA: Launch of the Community of Practice (CoP) on Climate and Health

The Global Fund TA&D Secretariat, in collaboration with the World Health Organization Country Office in Kenya, hosted the launch of the Community of Practice (CoP) on Climate and Health as part of the HEPRR program.

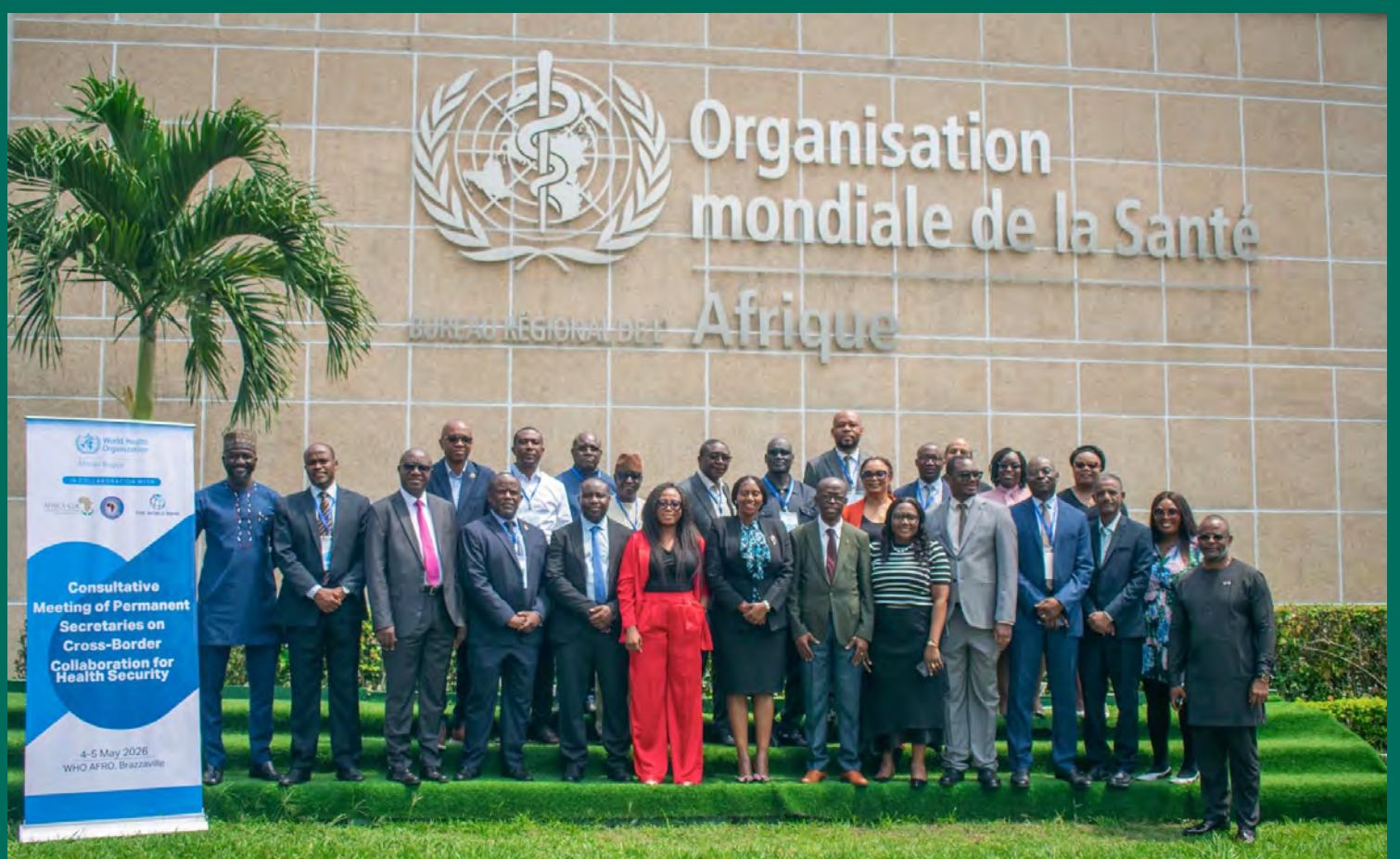
This Community of Practice aims to develop a platform for exchange, learning, and collaboration focused on climate change and health.

Several key stakeholders from across the environmental health system participated, including representatives from the WHO Country Office in Burundi, the Ministry of Public Health and the Fight Against AIDS, the National Environment Management Authority (NEMA), the National Drought Management Authority, the Kenya Meteorological Department, academia, as well as public and private sector partners.

Dr. Delphin Hévol, the UG-PDSS Focal Point, presented the Community of Practice, highlighting its added value for stakeholders by strengthening knowledge sharing and peer learning, fostering joint learning, and promoting a forward-looking approach to climate and health challenges across borders.



► **HEPPR - Brazzaville : Consultative Meeting of Permanent and General Secretaries of Ministries of Public Health on Cross-Border Health Security Collaboration**



As part of efforts to strengthen cross-border health security collaboration between the Democratic Republic of the Congo (DRC) and its neighboring countries, a high-level meeting was held in Brazzaville on May 4–5, 2026. The meeting pursued several key objectives, including facilitating discussions on cross-border health security, assessing regional risks and capacities, reviewing and improving the existing memorandum of understanding, and defining mechanisms for its effective implementation.

The DRC delegation was led by the Secretary-General for Health, Dr. Body ILONGA, who actively participated in the discussions and reaffirmed the Congolese Government's commitment to strengthening health cooperation. During the proceedings, several technical partners addressed the meeting, including the World Health Organization (WHO) in the DRC, which emphasized the importance of effective coordination of cross-border interventions and the need to strengthen health information sharing.

The East, Central and Southern Africa Health Community (ECSA-HC) also stressed the importance of close cooperation among neighboring countries, emphasizing that no country can effectively address public health emergencies on its own. The session brought together representatives and international partners, including the World Bank, represented by Dr. Isidore Sieulenou, as well as HEPRR Project expert Dr. John Kombe. Delegations from several African countries also participated, including Angola, Burundi, the Republic of the Congo, Mozambique, Ethiopia, Kenya, Malawi, South Sudan, Tanzania, Uganda, and Zambia. The success of this meeting reflects the joint efforts of the Government, with financial support from the World Bank, through the UG-PDSS and the HEPRR Project.



► Safeguards, EAS, and GBV

1.1. Grievance Redress Mechanism (GRM)

The HEPRR-MPA Grievance Redress Mechanism (GRM), based on the REDISSE project model, is operational.

- Existing committees have been revitalized in the common areas.
- New grievance-handling bodies have been established at the new sites.
- Four (4) grievance management committees, each composed of six members, are operational around the main construction sites.
- A call center with the toll-free number 156 is operational and managed by ASA Technologies.

Ces dispositifs assurent la réception, le traitement et le suivi des plaintes des travailleurs et des communautés affectées par le projet.

Le projet a hérité des acquis du REDISSE IV en ce qui concerne l'inclusion du genre. Ces acquis portent principalement sur les évaluations réalisées. Il s'agit de :

- Laboratoire : Evaluation de l'accessibilité et de l'implication des femmes aux services de laboratoire (Santé Humaine et Vétérinaire) dans les villes de Mbuji Mayi, Mbandaka, Kisangani et Lubumbashi ;
- Formation/RH : Etude sur les raisons de la faible fréquentation des femmes à l'Ecole de Santé Publique de Kinshasa ;
- RSI : Atelier sur l'analyse multisectorielle des lacunes en matière de genre dans les instruments juridiques liés à la sécurité sanitaire en RDC ;
- Fonction publique/RH : Elaboration de la stratégie de genre et de l'égalité des chances au sein de l'administration publique ;
- Surveillance : Etude pour comprendre les facteurs (Obstacles et facilitateurs) de la collecte, de l'analyse et de l'utilisation de données désagrégées par sexe et sexospécifiques dans la surveillance des maladies en RDC ;

Le projet a encouragé l'inclusion du genre notamment dans le recrutement des boursiers dans les Ecoles de santé publique (ESP) de Kinshasa, Lubumbashi, Bukavu et à l'Institut One Health pour l'Afrique (INOHA) avec le financement du projet HEPRR. Pour cette année académique 2025-2026, la proportion des femmes boursières se présente comme suit :

- INOHA : 27 sur 75 apprenants, soit 36% ;
- ESP Lubumbashi : 12 sur 50 apprenants, soit 24% ;
- ESP Kinshasa : 22 sur 80 apprenants, soit 27,5%.

Une formation sur l'inclusion de l'équité et du genre a été organisée à Addis-Abeba par la Banque mondiale, IGAD et ECSA à laquelle 2 staffs de l'UG-PDSS ont pris part : le coordonnateur et le spécialiste VBG. Depuis le retour de cette formation, les actions suivantes ont été entreprises :

- Intégration des aspects dans genre dans les modules de formation et outils de communication sur la vaccination contre le HPV (atelier organisé par le PNSR, CNLC avec l'appui technique de l'UG-PDSS et la Banque mondiale) : Avril-mai 2026 ;
- Analyse de la prise en compte du genre dans les normes de construction et fonctionnement des laboratoires ;
- Etat des lieux des laboratoires des HGR en termes d'infrastructures, personnel et fonctionnement ;
- Révision des plans de construction et réhabilitation des laboratoires pour intégrer le genre au niveau des vestiaires, toilettes et salles de prélèvement ;
- Promotion des candidatures féminines lors de recrutement à l'UG-PDSS.

Un plan d'action préliminaire a été élaboré afin d'intégrer progressivement les aspects de genre.

Gender & social inclusion

- **Ebola in Ituri: As part of the response to the Ebola Virus Disease (EVD) outbreak in Ituri, the significant presence of humanitarian and technical intervention actors in Bunia and in affected health areas may increase the risks of sexual exploitation and abuse (SEA) within communities.**

This is why, as part of the HEPRR project, with the support of PSEA focal points, a training session was organized for EVD response actors from the Community and Religious Leaders Platform (VECIRE) and the PSEA focal points, facilitated by the FEMURD team in coordination with Dr. Evariste KIVIBAGE, PSEA Expert HEPRR, with the aim of strengthening their understanding of these issues.



► Implementation of the GBV/SEA/SH Action Plan

As part of the implementation of the Gender-Based Violence (GBV) Action Plan, including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), the Health System Development Program Management Unit (UG-PDSS), through the HEPRR Project, launched the recruitment process for GBV-focused NGOs to ensure coverage across all project provinces.

Accordingly, the activities carried out by the GBV Specialists during the first half of 2026 mainly focused on:

- Integration of SEA/SH clauses into contracts, Memoranda of Understanding (MoUs), and Terms of Reference (ToRs) for project activities.
- Assessment of the quality of GBV response services in Kasai Province, which was affected by the Ebola outbreak.
- Strengthening awareness-raising efforts among stakeholders on GBV/SEA/SH prevention and response.
- Capacity building for service providers, stakeholders, and beneficiaries involved in project interventions.
- Support to the Public Health Emergency Operations Center (PHEOC) in implementing PSEA activities as part of post-Ebola resilience efforts in Kasai Province, including the supervision and assessment of SEA/SH risks.
- Support to Community-Based Complaint Management Committees (CBCMs) established at all laboratory construction sites, including one site committee and one community committee at each site.
- During the reporting period, no cases of SEA were reported under the HEPRR Program.
- Support to strengthening the PSEA pillar of the Ituri Ebola Virus Disease Incident Management System (IMS) through the provision of awareness-raising materials aimed at preventing SEA/SH.



3. PROJECT MANAGEMENT

World Bank supervision mission conducted in Kinshasa



A World Bank supervision mission commenced in Kinshasa as part of the implementation of the Health Emergency Preparedness, Response and Resilience (HEPRR) Project.

The mission aims to review the achievements accomplished under the project, strengthen coordination among the various stakeholders, assess the progress of ongoing activities, and discuss technical and strategic perspectives for the continuation of project implementation.

Several stakeholders from the three sectors involved in the implementation of the project participated in the mission. The mission was also marked by a presentation delivered by Professor Jean-Jacques Muyembe, Director General of the National Institute for Biomedical Research (INRB). On this occasion, he commended the progress made in establishing the national public health laboratory network across the country.



► **HEPRR : Visit of Mr. Ronald MUTASA, Senior Manager at the World Bank Group**





I am very impressed by the work done by the PIU DRC and by the positive results seen in the field. These activities are making a real difference in people's lives. I would like to congratulate the entire team for their excellent work and thank the Government for this valuable partnership, which helps improve health services, strengthen health security, and support the well-being of our communities.

Ronald MUTASA

Practice Manager , World Bank Group

HEPRR : 3rd Meeting of the Regional Steering Committee: Strengthening Collaboration and Momentum in Lusaka



The third meeting of the Regional Advisory Committee (RAC) of the Health Emergency Preparedness, Response and Resilience – Africa Program for Multisectoral Preparedness (HEPRR-APM) was held in Lusaka, Republic of Zambia. This high-level regional meeting brought together representatives from several countries benefiting from the program, including the Democratic Republic of Congo (DRC). The meeting aimed to strengthen coordination among participating countries, ensure effective monitoring of program implementation, and promote strategic alignment around key priorities related to health emergency preparedness, prevention, and response.

The Democratic Republic of Congo (DRC) was represented at the meeting by a delegation led by the Acting Secretary



General for Health, Dr. Jean Bertin EPUMBA, accompanied by Dr. Derrick BAROKI, representing the Health System Development Project Management Unit (UG-PDSS), as well as other technical experts from the Ministry of Health.

Their participation provided an opportunity to highlight the country's progress, operational challenges, and prospects for improving the implementation of the HEPRR-APM program at the national level. The facilitation team also demonstrated the use of modern tools, such as e-SIMR, to showcase the effectiveness of electronic systems in epidemiological surveillance.

Funded by the World Bank and organized by the Intergovernmental Authority on Development (IGAD) and

the East, Central and Southern Africa Health Community (ECSA-HC), the meeting provided a valuable platform for strengthening regional collaboration and coordination in health emergency preparedness and response. In collaboration with the Ministry of Health of the Republic of Zambia, the third Regional Advisory Committee (RAC) meeting provided a strategic platform for dialogue and exchange among participating countries. Discussions focused particularly on reviewing progress achieved, sharing experiences and best practices, and addressing common challenges related to public health emergency preparedness and response, within an integrated regional approach.

The two-day meeting highlighted the importance of strengthening regional cooperation to address cross-border health threats and build more resilient health systems. Through its active participation in the meeting, the Democratic Republic of Congo (DRC) reaffirmed its commitment to strengthening its national capacities for health emergency preparedness and response, while contributing to regional efforts in coordination, solidarity, and knowledge and expertise sharing, in line with the objectives of the HEPRR-MPA program.



► Country Portfolio Performance Review (CPPR)

The UG-PDSS (PIU-DRC) participates in the World Bank Country Portfolio Performance Review (CPPR) in the Democratic Republic of Congo (DRC).



On Wednesday, November 12, 2025, Ms. Josée MAKIUKILA, Coordinator of the Project and Program Monitoring Unit (CSPP), chaired the Country Portfolio Performance Review (CPPR), in the presence of Mr. Kofi NOUVE, World Bank Operations Manager, Dr. Jean Bertin EPUMBA, Acting Secretary General for Health, as well as coordinators of World Bank-funded projects, technical experts, and partners.

The main objective of the meeting was to strengthen the effectiveness of the implementation of the 22 projects financed by the World Bank. Discussions focused on several priority actions:



- Strengthen support to Project Implementation Units (PIUs) to improve their efficiency and effectiveness;
- Improve technical and administrative quality to ensure better project implementation;
- Establish a new monitoring system to better identify challenges and provide appropriate solutions.
- During the review, Dr. Dominique BAABO, National Coordinator of the UG-PDSS, addressed coordination with implementing partners. He emphasized the importance of close collaboration to maximize project effectiveness and ensure alignment with national priorities.



PERIODIC BULLETIN HEPRR

www.ugpdss.org