





Floods in the Republic of Congo (Congo-Brazzaville)

Date: 06 February 2024

Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	Security level	INFORM risk (rank)
 Flood	Cholera and other water-borne diseases	G3	Betou – Nord: (Minimal- Level 1/5) Brazzaville – Sud: (Low- Level 2/5)	INFORM Risk 2024 for Congo: 5/ 10 (High) Global Risk Ranking for Congo in 2024: 36 out of 191 countries
 Food security	Malaria and other vector-borne diseases (dengue, chikungunya)			
 Displacement	Trauma and injury			
 Epidemics	Measles			
	Malnutrition			
	Maternal and child health			

SUMMARY OF CRISIS AND KEY FINDINGS

Since December 2023, the Republic of the Congo has been facing a flood crisis. This crisis is attributed to a consistent increase in rainfall at the end of 2023, which caused the Congo River's water level to rise by 30 cm.¹ As early January 2024, an estimated 320 891 individuals were directly impacted by the floods.² Assessments by the Government and the Congolese Red Cross found that as at 19 January, the floods had affected more than 1.8 million people.³

There have been 17 deaths reported across Likouala, Plateaux, Brazzaville, and Pointe-Noire, along with 6 people reported missing in Likouala and the Cuvette regions.⁴ A total of 361 villages and 36 neighborhoods experienced either complete or partial flooding,⁵ along with 34 health facilities and 64 000 homes.⁶ With 120 flooded schools, some 27 000 children are out of school.⁷

A total of 2 292 hectares of farmland inundated.⁸ This has raised fears that the means of food production, such as fruit trees and fishing gear, have been destroyed and livestock have perished.⁹ The flooding has resulted in 346 099 hectares of flooded land, including 2292 hectares of flooded farmland.

The northern region, which shares a border with the Congo River, has been severely affected. The current precipitation is two times the average for the period 2022–2023, and the water level in Ubangi has reached an all-time high. The worst-affected departments are Likouala, Sangha, Cuvette, Plateaux, Niari, Brazzaville and Pointe-Noire (heavy rains), due to the most exceptional flooding in sixty years.¹⁰

Worsening rainfall coupled with the overflowing waters of the Congo River have led to displacement in Brazzaville, Pointe Noire and Plateaux, with around 25 530 people now homeless.¹¹ The majority of those affected have been registered and referred (host families and town halls), and are living with a lack of basic services and necessities: e.g. without drinking water, electricity and means of subsistence.¹²

Drinking water infrastructure (wells and boreholes), are likely to be contaminated after the floods, increasing the spread of waterborne diseases as affected populations remain without clean drinking water.¹³ Sanitation infrastructure in the country is mainly latrines (43% in urban areas and 14% in rural areas).¹⁴ The flooding of these latrines will likely result in the contamination of drinking water sources and create an environment conducive to waterborne diseases.¹⁵

The main health threats include the risk of cholera and other water-borne diseases, malaria, trauma and injury, measles, malnutrition, and maternal and child health. Among the people affected by the floods, there are several already vulnerable segments of the population at high risk due to their displacement, notably pregnant women, children under five and the elderly.¹⁶ The rainy season in Congo usually runs between October–May, with peak rainfall experienced in March. This means that more floods are likely to hit both already affected and new communities.¹⁷ The Republic of Congo is prone to recurrent flooding along the river corridor, affecting around 170 000 people each year.¹⁸ The government declared a humanitarian and health emergency state on January 2, 2024, in response to flooding in nine geographic departments. The below table¹⁹ outlines the areas with the highest needs:

N	Districts	Localities	Villages	Number of people	Number of households
	Likouala				
1.1.	Bétou	2	36	75,223	12,949
1.2.	Liranga	2	31	47,010	7,458
1.3.	Bouanèla	2	15	15,477	2,159
1.4.	Dongou	1	10	13,688	2,254
1.5.	Impfondo	2	39	41,044	7,777
1.6.	Epena villages	1	4	7,282	1,280
	Total	10	135	199,724	33,877
	2 Sangha				
2.1.	Ouesso	1	2	1,627	331
2.2.	Moeko Villages	1	10	423	86
2.3.	Pikounda	1	14	2,848	634
2.4.	Kabo	1	6	1,383	277
	Total	4	32	6,281	1,328
	3 Cuvette				
3.1.	Ntokou	1	1	1,050	210
3.2.	Owando	1	1	900	150
3.3.	Mossaka	2	28	16,875	3,178
3.4.	Bokoma	2	10	8,160	1,500
3.5.	Loukoléla	3	17	10,329	2,183
	Total	9	57	36,414	7,071
	4 Plateaux				
4.1.	Mpouya	1	11	3,160	1,050
4.2.	Ollombo	2	9	1,195	296
4.3.	Makotimpoko	2	58	29,362	5,889
	Total	5	78	33,717	7,235
	5 Pool				
	Total	1	1	5,565	979
	6 Brazzaville				
	Total	1	8	35,216	8,804
	7 du Niari				
7.1.	Divenié	1	1	235	70
	Total	1	1	235	70
	8 Pointe-Noire				
	Total	1	6	15,764	3,941
	9 Kouilou				
9.1.	Axe Fluvial	1	5	60	10
9.2.	Axe terrestre	1	3	420	70
9.3.	Loango	1	3	1,020	170
	Total	2	6	2,280	380
	Total of all districts	34	324	335,196	63,685

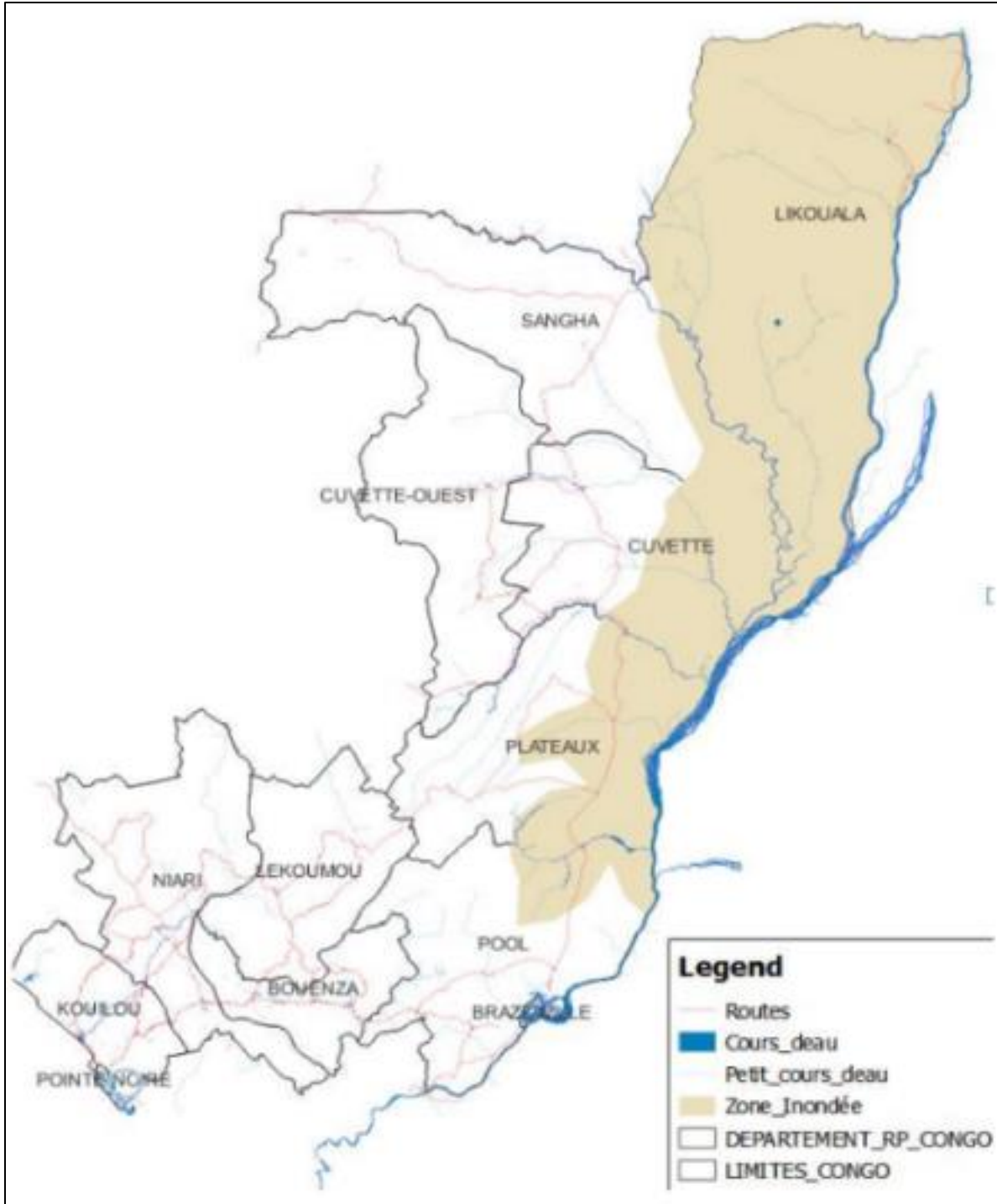


Figure 1- Flooded areas end rainfall situation compared with norms in December 2023 in the Republic of Congo²⁰

HUMANITARIAN PROFILE



PEOPLE IN NEED (PiN)

1.8 million people²¹

(49.7% are male, 50.3% are female, 15.7% are children under five and 4.3% are pregnant women)



HEALTH NEEDS

350 000 people²²



DISPLACEMENT

6178 people displaced at Makotimpoko site



FATALITIES

17 deaths, with 6 people reported missing.²³

Humanitarian Response: UN agencies have developed a response plan with the government, with a total budget of about \$26 million for shelter, food security, nutrition, health and water, sanitation and hygiene.²⁴ An allocation of \$3.6 million from the UN Central Emergency Response Fund (CERF) has already been allocated to meet the most urgent needs of 270 000 people.²⁵ However, to implement the entire response, more international funding will be needed.²⁶

Notably, the continuous flow of floodwaters, access limitations, and incessant rains have made it difficult for humanitarian responders to reach affected communities.²⁷ Major barriers to humanitarian access in Congo that continue to hinder humanitarian operations include insecurity, bureaucratic impediments, movement restrictions (e.g., checkpoints, demonstrations), government interference with humanitarian operations, and physical constraints.²⁸

Health Needs: Since the disaster has also affected the health workers themselves, care for people with health needs is difficult.²⁹ In the departments of Brazzaville and Pointe-Noire, local councils have reported that many children are already suffering from diarrhoea.³⁰ This represents a significant risk, given that the Congo has recently suffered a cholera epidemic concentrated in Dolisie and Pointe Noire.³¹ Other water-borne diseases include shigellosis, salmonellosis and typhoid, which have spread to the flood-prone departments of Dolisie, Pointe-Noire, Bouenza, Kouilou and Brazzaville.³² Affected households (displaced/refugees in host families) have no protective equipment against the elements and are exposed to malaria vectors.³³ It should be noted that a large proportion of the displaced population needs psychological care.³⁴

WASH: With the river flooding and the disruption of river systems expected to continue for some time, access to the usual water sources will remain a challenge, especially for riverside communities. Flooding has a negative impact on the quality of water in the surrounding wells and boreholes, presenting a significant health risk.³⁵ Although data on latrines are not yet available, initial rapid assessments in some districts indicate most disaster victims have family latrines, but these are currently flooded, forcing them to defecate in the river.³⁶ This situation implies a breakdown in the contamination barrier between sanitation and the population's living environment and will result in the proliferation of diseases linked to faecal contamination.³⁷

Displacement: In the departments of Brazzaville, Pointe Noire and Plateaux, around 25 530 people are displaced and homeless.³⁸ Displaced families are housed with host families and town halls.³⁹ Coordination meetings with local authorities focused on the significant incidence of flooding in Brazzaville, Plateaux and Likouala.⁴⁰

Food Security and Livelihoods: The flooding has resulted in 346 099 hectares of flooded land, including 2292 hectares of flooded farmland.⁴¹ A large part of the population is engaged in agriculture, and the floods have had a negative impact on plantations and livestock, one of the main sources of income for these

populations.⁴² Given the seasonal calendar, it is highly likely that the harvesting and fishing season will be totally disrupted, with reduced harvests for most of the communities affected.⁴³

Food security is a major concern in the affected areas, as several crops have been flooded, resulting in unharvested production loss. Harvests of certain crops such as cassava and plantain have been delayed, and the markets of Makotimpoko, Liranga, Loukoléla, and Mossaka are virtually closed. Non-timber forest products contribute to the socio-economic development of the local population, but the floods have rendered whole sections of forest inaccessible and interrupted harvesting, weakening the local population's income from forest exploitation.

Vulnerable Groups: The dynamics of social exclusion and drivers of fragility in the Congo are multidimensional and further exacerbate poverty and inequality.⁴⁴ Women, youth, persons with disabilities, and indigenous persons are some of the most vulnerable groups.⁴⁵ Gender disparities are evident and considered as key barriers towards enhancing women's voices and socio-economic empowerment.⁴⁶ Congo ranked 147/170 countries in 2021 in terms of gender inequalities, in the international gender inequality index classification.⁴⁷ Youth unemployment has also increased over the years and has reached around 42 % which puts additional strain on the fragility of the country.⁴⁸

HEALTH STATUS AND THREATS

Mortality: The life expectancy has improved by 12.6 years from 52.1 years in 2000 to 64.7 years in 2019⁴⁹ The leading causes of death (per 100 000 population, 2019) in the Congo⁵⁰ for females are: HIV/AIDS (105.1), ischemic heart disease (51.5), stroke (47.6), neonatal conditions (47.3), lower respiratory infections (45.6), tuberculosis (41.8), malaria (34.5), hypertensive heart disease (23.6), maternal conditions (21.4), and road injury (21.4).⁵¹ For males, the leading causes are HIV/AIDS (62.5), tuberculosis (61.6), neonatal conditions (60.8), lower respiratory infections (50.2), ischemic heart disease (41.2), malaria (39), road injury (38), stroke (36.6), diarrheal diseases (30), and cirrhosis of the liver (21.7).⁵²

With a human capital index (HCI) of 0.42, the Congo is behind the average of 0.48 for its peer Low Middle-Income Countries (LMICs). The country has only made modest improvements in health on the Human Development Index (HDI), despite its recent increase in income per capita. Infant mortality remains high at a rate of 32 deaths per 1 000 live births.⁵³ There are also significant disparities between departments; Sangha, for example, has very high rates compared with other departments. In Congo, the main causes of neonatal deaths in 2016 were prematurity (34 per cent), birth asphyxia and birth trauma (26 per cent), and sepsis (15 per cent).⁵⁴

MORTALITY INDICATORS	Congo	YEAR	SOURCE
Life expectancy at birth	63/65 years of age ⁵⁵	2019	WHO
Infant mortality rate (deaths < 1 year per 1000 births)	32 ⁵⁶	2019	UNICEF
Child mortality rate (deaths < 5 years per 1000 births)	43 ¹	2021	MoH
Maternal mortality ratio (per 100,000 live births)	426 ⁵⁷	2023	MoH

Vaccination coverage: While the percentage of children in the Congo who received three doses of diphtheria, tetanus and pertussis-containing vaccine (DTP3) rose to 77% in 2021 from 73 % in 2020, and coverage of the first dose of measles-containing vaccine (MCV1) remained at 68%, Congo experienced a consistent 2% downward trend in yellow fever coverage during the last two years of the unprecedented COVID-19 pandemic (from 2019–2021).⁵⁸

VACCINATION COVERAGE DATA	CONGO	YEAR	SOURCE ⁵⁹
DTP-containing vaccine, 1st dose	82%	2022	WHO
DTP-containing vaccine, 3rd dose	78%	2022	WHO
Polio, 3 rd dose	52%	2022	WHO
Measles-containing vaccine, 1st dose	65%	2022	WHO
Yellow fever	61%	2022	WHO

The table⁶⁰ below illustrates the differences in vaccination coverage between departments in Congo, which has maintained low vaccination coverage over the last decade or so, despite making some progress in routine immunization programming.

Département	BCG	VPO 0	VPO 1	VPO 3	Penta 1	Penta 3	Pneumo 1	Pneumo 3	VPI	Rota 1	Rota 2	RR 1	RR 2	VAA	Vit A	Td2+
Bouenza	56	60	78	68	79	69	79	69	68	78	70	64	35	64	63	70
Brazzaville	46	46	57	51	64	59	73	67	64	68	63	65	36	63	67	67
Cuvette	66	68	74	67	75	68	76	68	66	76	69	62	39	62	59	52
Cuvette-ouest	54	55	76	67	70	62	76	67	67	75	70	60	49	54	54	69
Kouilou	66	68	94	89	96	92	96	92	91	94	93	88	77	87	79	83
Lékoumou	51	40	54	46	74	63	73	62	62	111	59	55	39	53	46	41
Likouala	50	51	52	32	52	33	53	33	32	49	35	29	11	28	30	39
Niari	50	50	52	40	52	40	57	45	43	55	46	47	21	47	45	60
Plateaux	56	60	75	71	81	76	81	76	69	80	75	74	40	69	71	70
Pointe-Noire	35	41	71	66	64	60	74	72	70	71	62	73	38	96	85	80
Pool	52	60	76	70	81	76	81	75	71	81	75	69	46	67	73	92
Sangha	71	49	45	32	72	61	73	60	58	67	61	62	49	60	54	156
CONGO	48	50	65	58	68	61	73	67	64	71	63	65	37	69	67	71

COVID-19 Vaccination: The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 14 May 2023, a total of 25 195 cases, including 389 deaths, have been reported in the country.⁶¹

As of November 2022, a total of 12.61% of the population was reported vaccinated against COVID-19, with 695 760 people receiving at least one dose.⁶² Vaccine hesitancy and a low-risk perception of the pandemic have contributed to a decline in vaccine uptake. The response to multiple public health emergencies has also affected the COVID-19 vaccine rollout, as priorities shift to these other issues.⁶³

OVERVIEW OF KEY DISEASE RISKS

CONGO: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Cholera and other water-borne diseases		Floods have caused disruption of the water supply in affected regions. Poor access to safe water, poor sanitation, and overcrowding at displacement sites increase the risk of water-borne diseases like diarrhoea and cholera. In 2023, the latest gastroenteritis epidemics caused 138 cases (including 21 cholera, 25 salmonellosis and 92 shigellosis cases) and 51 deaths, with case-fatality rates of 17.9%, 16%, and 25.8%, respectively. ⁶⁴
Malaria and other vector-borne diseases (dengue, chikungunya)		Flooding will create ideal breeding pools for mosquitoes. Displaced households have no protective equipment against the elements and are exposed to arthropod vectors. ⁶⁵
Trauma and injury		There have been 17 deaths reported along with 6 people reported missing. ⁶⁶ Since the disaster has also affected the health workers themselves, care for the injured is difficult, along with damage to health centres. ⁶⁷
Measles		The risk of measles outbreaks among children may arise due to overcrowding in an environment of displaced people with reduced nutritional status and low vaccination coverage.
Malnutrition		The already fragile nutritional situation is jeopardized by flooding and difficult access to nutritious food. The severely affected departments have a higher prevalence than the national average (Likouala: 5.9%; Cuvette 5.6%; Sangha 5.9%). ⁶⁸
Maternal and child health		With health services disrupted because of the floods, maternal and child health is at risk. Mortality indicators include a maternal mortality ratio of 426 deaths per 100,000 live births, an under-five mortality rate of 43.0 deaths per 1,000 live births, an infant mortality rate of 32 deaths per 1,000 live births, and a life expectancy of 63/65 years. ⁶⁹ Sangha has the highest rates compared to other departments.
Gender-based violence (GBV)		Vulnerable populations and women particularly face gender-based violence. Physical injury, rapes, psychological distress, long-term mental health problems, pregnancy, STIs, and limited access to protection. Flooding can increase GBV through contributing factors such as displacement, overcrowding, and stress.
HIV/AIDS		With health services disrupted because of the floods, there are likely to be interruptions to HIV/AIDS services. The Congo is grappling with a severe HIV/AIDS crisis, with an estimated 3.8% prevalence among adults aged 15-49, with women being more infected. The rise is attributed to program weaknesses, treatment gaps, and vulnerability factors. ⁷⁰
Tuberculosis		With health services disrupted because of the floods, the risk of transmission is higher, with limited access to services. Congo has the highest burden of tuberculosis (TB) and TB/HIV among 30 priority countries, with an estimated 370 cases per 100 000 inhabitants in 2021.

		The country's surveillance system reported 1980 new cases and relapses, a 45% decrease from 2000. ⁷¹
Skin diseases		In the departments of Brazzaville and Pointe-Noire, local councils have reported that many children are already suffering from skin diseases. ⁷² Skin and soft tissue infections are some of the most common dermatologic complications that people can experience due to flooding as injured skin is exposed to contaminated floodwaters containing sewage, chemicals or pollutants. ⁷³
Mental Health		A large proportion of the displaced population needs psychological care. ⁷⁴ Studies have shown that those displaced tend to struggle more with certain mental illnesses than the population at large. ⁷⁵
Non-Communicable Diseases (NCD)		Health infrastructures are damaged and inaccessible because of the floods, resulting in the disruption in access to vital health services, critical medications and medical supplies used to treat non-communicable diseases (e.g., hypertension and diabetes).
Acute Lower Respiratory Tract Infections (non-COVID-19)		The current situation involves a decrease in medical resources, a scarcity of oxygen, and the possibility of additional challenges arising from a heightened susceptibility to respiratory illnesses caused by unfavourable living circumstances such as overcrowding, chilly temperatures, and poor cleanliness.
Poliovirus		No circulating vaccine-derived poliovirus type 1 (cVDPV1) cases were reported in January 2024. As of 6 December 2023, only one case reported that year. ⁷⁶
Mpox		From 22 August to 27 November 2023, 21 laboratory-confirmed cases of mpox, five probable cases and five deaths were reported. ⁷⁷ The situation is exacerbated by the presence of the disease in all departments, and disrupted access to services due to flooding.
<p>***[Select cell and fill with the colour]</p> <p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

Cholera and other water-borne diseases: Floods have caused disruption of the water supply in affected regions. Poor access to safe water, poor sanitation, and overcrowding at displacement sites increase the risk of water-borne diseases like diarrhoea and cholera. The country has recently suffered a cholera epidemic concentrated in Dolisie and Pointe Noire.⁷⁸

Other water-borne diseases include shigellosis, salmonellosis and typhoid, which have spread to the flood-prone departments of Dolisie, Pointe-Noire, Bouenza, Kouilou and Brazzaville.⁷⁹ In 2023, the latest gastroenteritis epidemics caused 138 cases (including 21 cholera, 25 salmonellosis and 92 shigellosis cases) and 51 deaths, with case-fatality rates of 17.9%, 16%, and 25.8%, respectively.⁸⁰ UNICEF reports that only 21% of the population use at least basic sanitation services, while 34% use limited sanitation services.⁸¹

Malaria and other vector-borne diseases (dengue, chikungunya): Malaria is an endemic public health issue in the country and affects all the population, especially children under five and pregnant women. Despite efforts, it remains in the control phase, with an incidence rate of 228 cases per 1000 people exposed in 2021.⁸² Affected households (displaced/refugees in host families) have no protective equipment

against the elements and are exposed to vectors.⁸³ Malaria significantly impacts the healthcare system, leading to consultations (71%), hospitalization (56%), and mortality (42%).⁸⁴ Flooding will create ideal breeding pools for mosquitoes. The below table highlights the trends in malaria in 2023.

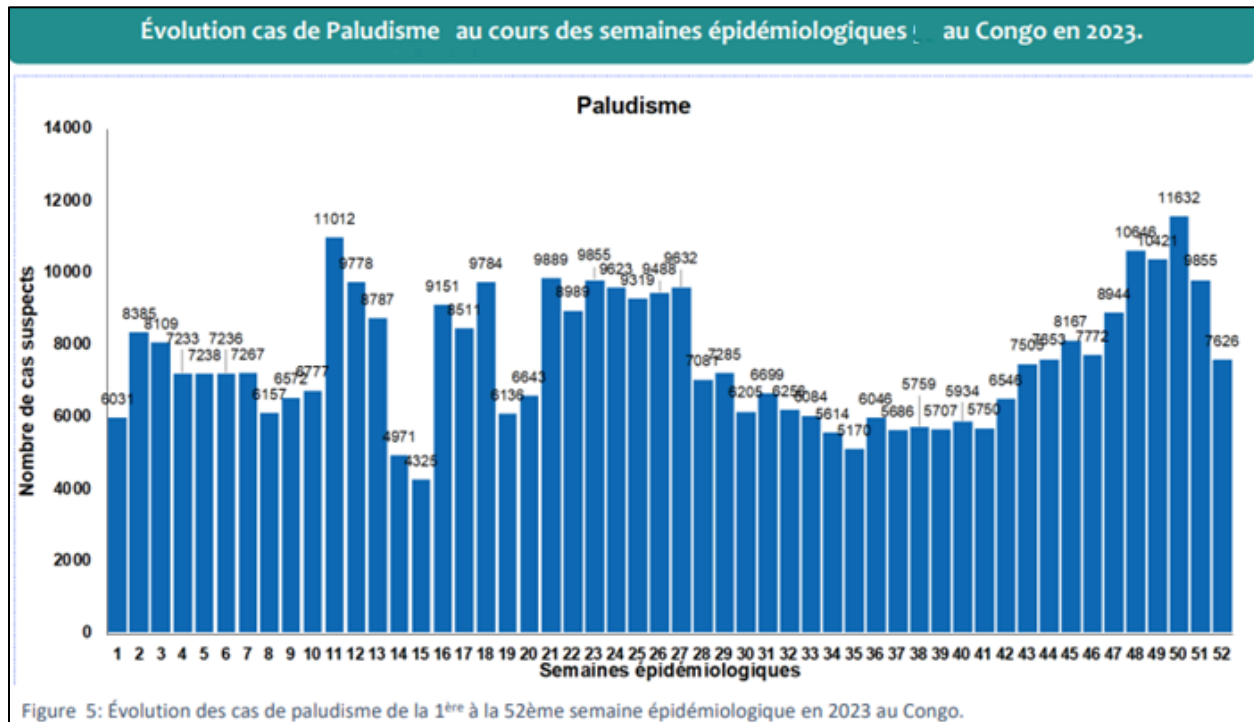


Figure 2 Malaria Trends in Congo week 1-52, 2023

Trauma and injury: There have been 17 deaths reported across Likouala, Plateaux, Brazzaville, and Pointe-Noire, along with 6 people reported missing in Likouala and the Cuvette regions.⁸⁵ Due to the excessive rainfall, 34 health facilities have experienced complete or partial devastation, with has likely impacted the services available to those impacted by the floods.

Measles: The risk of measles outbreaks among children may arise due to overcrowding in an environment of displaced people with reduced nutritional status and low vaccination coverage. In 2023, 393 suspected cases, 180 confirmed cases, and 199 epidemiologically linked cases were reported. In total, there are 15 epidemic health districts (Alima, Mossaka Loukolela (Cuvette), Abala, Ngo, and Gamboma (Plateaux), Impfondo, Enyellé-Betou (Likouala), Goma Tsé and Ignie Ngabé (Pool), Etoumbi (Cuvette-Ouest), Brazzaville (Ile-Mbamou), Lekoumou (Sibiti), Mossendjo (Niari), Bouenza (Loudima), and Madingou. The rate of non-measles eruptive febrile illness (TAFENR) per 100 000 inhabitants is 3.58, with a target of 2.0. All health districts reported at least one case of measles with sampling, indicating a high prevalence of the disease.

Malnutrition: The SMART 2022 survey⁸⁶ shows a global acute malnutrition prevalence of 5.2% among children under five. The severely affected departments have a higher prevalence than the national average (Likouala: 5.9%; Cuvette 5.6%; Sangha 5.9%).⁸⁷ In the Plateaux, prevalence is 4.2%. A total of 1.5% of pregnant and breastfeeding women suffer undernutrition. In some affected departments, this risk is higher than the national average. These are: Niari and Pool 12%, Cuvette 11.8%.⁸⁸

However, while some progress has been made toward reducing stunting, 21.2% of children under five years of age are still affected, although this is lower than the average for the Africa region (30.7%).⁸⁹ The Congo has made no progress towards achieving the target for wasting, with 8.2% of children under five years of

age affected, which is higher than the average for the Africa region (6.0%).⁹⁰ The prevalence of overweight children under five years of age is 5.9%.⁹¹

The Congo has made some progress towards reducing anaemia among women of reproductive age, with 48.8% of women aged 15 to 49 years now affected.⁹² Meanwhile, some progress has been made towards achieving the low-birth-weight target with 11.6% of infants having a low weight at birth.⁹³ The Congo is also on course for the exclusive breastfeeding target, with 32.9% of infants aged 0-5 months exclusively breastfed.⁹⁴

Maternal and child health: Access to basic reproductive, maternal and child health services is still a major challenge for the Congo, where the high mortality rate could be attributed to the poor quality of services.⁹⁵ Mortality indicators include a maternal mortality ratio of 426 deaths per 100 000 live births, an under-five mortality rate of 43.0 deaths per 1000 live births, an infant mortality rate of 32 deaths per 1000 live births, and a life expectancy of 63/65 years.⁹⁶ UNICEF reports that 80% of mothers receive postnatal care (aged 15-49 years) within two days of giving birth.⁹⁷ A total of 79% of women attend antenatal care (4+ visits) (aged 15-49 years).⁹⁸

Although skilled birth attendants assist with almost 90% of births in health facilities and maternal mortality rates have fallen in recent decades, the rate remains high when viewed against the Sustainable Development Goals (SDGs), whose target is to reduce the maternal mortality ratio to less than 70 deaths per 100 000 live births by 2030.⁹⁹

HIV/AIDS and tuberculosis: The TB/HIV co-infection rate in Congo is one of the highest in Western and Central Africa.¹⁰⁰ Congo has the highest burden of tuberculosis (TB) and TB/HIV among 30 priority countries, with an estimated 370 cases per 100 000 inhabitants in 2021. However, the procurement system is weak, which has led to chronic shortages and persistent stock-outs of antiretroviral drugs and related commodities.¹⁰¹ UNICEF report that only 20 per cent of pregnant women living with HIV are receiving effective ARVs for PMTCT, while 4700 new infections are estimated per year in children aged 0-19 (2019).¹⁰² Prenatal care screening rates are low, and children and adolescents are often overlooked in local efforts to eradicate the disease.¹⁰³

The country's TB surveillance system reported 1980 new cases and relapses, a 45% decrease from 2000.¹⁰⁴ Mortality trends have shifted over the last four years, with a drop between 2017 and 2019 and an increase in 2020.¹⁰⁵ The disruption of health services will jeopardize the continuity of care for people living with HIV and tuberculosis.¹⁰⁶

Skin diseases: In the departments of Brazzaville and Pointe-Noire, local councils have reported that many children are already suffering from skin diseases.¹⁰⁷ Skin and soft tissue infections are some of the most common dermatologic complications that people can experience following a disastrous flooding event. These types of infections can occur when injured skin is exposed to contaminated floodwaters containing sewage, chemicals or pollutants.¹⁰⁸ In cases when malnourished patients have not had access to food and clean water, even a small, superficial cut that has been exposed to these infectious organisms can result in a potentially dangerous infection.¹⁰⁹ Floods can also aggravate existing dermatologic conditions such as eczema or psoriasis.¹¹⁰

Mental health: A large proportion of the displaced population needs psychological care.¹¹¹ Patients with chronic mental illness, people with disabilities, the elderly, female-headed households, child-headed households, pregnant and breastfeeding women and widows all require psychosocial support.¹¹² Studies have shown that those displaced tend to struggle more with certain mental illnesses than the population at large.¹¹³

Non-communicable diseases (NCD): Noncommunicable diseases such as cancer, cardiovascular diseases and diabetes are increasingly becoming the main cause of mortality in sub-Saharan Africa, where the diseases were responsible for 37% of deaths in 2019, rising from 24% in 2000 largely due to weaknesses in the implementation of critical control measures including prevention, diagnosis, and care.¹¹⁴

By 2020, the Congo has made limited progress towards reducing diet-related non-communicable disease (NCD) targets, with 15.6% of adult (aged 18 years and over) women and 6.8% of adult men are living with obesity.¹¹⁵ The Congo's obesity prevalence is lower than the regional average of 20.8% for women and

9.2% for men.¹¹⁶ At the same time, diabetes is estimated to affect 8.9% of adult women and 9.0% of adult men.¹¹⁷

Progress against noncommunicable diseases has also suffered setbacks due to disruptions by the COVID-19 pandemic on essential health services. About 80% of countries in African region reported disruption to at least one health service against noncommunicable disease between May and September 2021. Countries are striving to restore services, although many have not yet been fully re-established.¹¹⁸

Acute Lower Respiratory Tract Infections (non-COVID-19): Acute lower respiratory tract infections are common in Brazzaville. Children under one year of age, who do not have complete immunization coverage, are the most affected. The most observed varieties are bronchiolitis and pneumonia. The determinants of death are, as elsewhere, malnutrition, HIV seropositivity, poverty, and inadequate immunization coverage.¹¹⁹

Poliovirus: No circulating vaccine-derived poliovirus type 1 (cVDPV1) cases were reported in January 2024. As of 6 December 2023, only one case reported that year.¹²⁰

Mpox: From 22 August to 27 November 2023, 21 laboratory-confirmed cases of mpox, five probable cases and five deaths were reported.¹²¹ The situation is exacerbated by the presence of the disease in all departments and health districts.

DETERMINANTS OF HEALTH

Food Security: Around 700 000 people – more than one third (35,3%) of the inhabitants of Brazzaville – are estimated to be food insecure, including because of the socio-economic impact of the Covid-19 pandemic, according to a recent study by the World Food Programme (WFP). This is four times more than the precedent study conducted in 2015. Less than half of the children (48.2%) aged between six and 23 months have a minimal food diet. Seventy-eight percent of the households in the capital of the Congo declared that their incomes dropped in the last three months. Street vendors, daily workers and those dependent on the informal economy have been particularly affected. The peripheral areas of Madibou, Djiri and Mfilou are amongst the most affected neighborhoods in Brazzaville. In Madibou alone, more than 50% of households are food insecure.¹²²

Economic Challenges: The country has been facing economic stagnation since 2015, aggravated by the COVID-19 pandemic and more recently by rising food and transport prices due to the Ukraine - Russia conflict, exacerbating food insecurity.¹²³ The economy contracted by 2.2 percent in 2021.¹²⁴ The poverty rate – the proportion of the population living below the international extreme poverty line of USD 1.90 per day – increased from 39.1 percent in 2015 to 52 percent in 2021.¹²⁵

Water, Sanitation and Hygiene (WASH): Access to drinking water and sanitation infrastructure was already very low in the Congo even before the flooding. Improved services in urban areas represent 76.2%, while the sanitation rate in rural areas is just 27%.¹²⁶ Access to water is a problem in all districts, especially in flooded rural and peri-urban areas, where water sources are still mainly linked to the Congo river.¹²⁷ UNICEF reports that only 21% of the population use at least basic sanitation services, while 34% use limited sanitation services.¹²⁸

Protection Risks: In Congo, 27% of women (aged 20-24 years) are married or in union before age 18.¹²⁹ Concerningly, more than half (54%) of women (aged 15-49 years) consider a husband to be justified in hitting or beating his wife for at least one specified reason.¹³⁰ In terms of child protection risks, in Congo a total of 14% of children (aged 5-17 years) are engaged in child labour (economic activities and household chores), while 83% (aged 1-14 years) have experienced physical punishment and/or psychological aggression by caregivers.¹³¹

Education: Education has also been affected by the floods, with at least 120 school infrastructures affected, catering to at least 26 677 pupils. Classes were temporarily halted and school supplies destroyed, which undermines efforts to improve the education system and could lead to increased repetition rates, drop-out

rates, poor quality of learning, and lower enrolment rates. If no urgent action is taken, these children may not enjoy their right to education this school year.

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status





The healthcare system in affected regions is already fragile, with a shortage of medicines, medical equipment, and qualified healthcare professionals. The Congo has been struggling with stagnant health outcomes in recent years, largely due to insufficient investments in primary health care that have led to the underutilization of health services by the population.¹³²

The Congolese health system is a pyramidal structure with three levels and two slopes: administrative organization and care and health services. The central level is responsible for strategic coordination, mobilizing resources, and allocating resources. The Ministry of Health and Population has specific programs in priority health areas, including vaccination, malaria control, TB control, HIV/AIDS, and sexually transmitted infections.

The intermediate level consists of 12 departmental directorates of care and health services (DDSSSa), which are subdivided into health areas. The peripheral level, Integrated District Health System (SSID), has been in operation since the 1990s and provides health care and services by public and private sectors. First Line Health Services (PHCS) offer a Minimum Activity Package (MAP) based on primary health care (PHC). Integrated Health Centres (IHCs) are the first-level healthcare structure at the health district level, responsible for all care and services in the health area. Currently, the country has 344 public IHCs, including 211 at MAP 1, 25 at MAP 2, 108 at MAP, and 319 health posts.

There were 20 doctors per 100 000 persons in the early 2000s.¹³³ A lack of investment in Congo's healthcare system and poor working conditions have resulted in many public healthcare workers taking advantage of better offers from the private sector. Since 2018, the health sector has lost more than 40% of its active staff, according to the Minister of Health.¹³⁴

Congo's health sector budget has fallen steadily since 2015, apart from a slight increase in 2020 to deal with the COVID-19 pandemic.¹³⁵ In 2014, the health sector budget was estimated at around EUR 515 million. From 2015, it began to steadily decline reaching its lowest point in 2017 at around EUR 200 million.¹³⁶ After stagnating in 2018 and 2019, it began rising sharply in 2020 to around EUR 325 million thanks to the COVID-19 pandemic, before decreasing again in 2021 to around EUR 290 million.¹³⁷

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
Limited information available to date	Limited information available to date	34 HFs were flooded, 33 were rendered non-functional, and two were destroyed	n/a

There are also reports of a rapid decline in health infrastructure in recent years, including dire conditions in University Hospital in the capital Brazzaville, which has been regularly deprived of running water and electricity supply in recent years.¹³⁸

Surveillance/early warning, alert, and response capacity: The Directorate of Epidemiology and Disease Control (DELM) organizes surveillance through the departmental directorates, health districts, and health units in the health areas. The EWARS system is used to collect and upload data on a weekly basis, and a national data validation meeting is held every Friday to produce and distribute the weekly epidemiological bulletin. The country has Rapid Intervention Teams (RITs) in all health districts, and training has been provided for all district management teams on Integrated Disease Surveillance and Response (IDSR), 3rd edition; but these teams are not operational. In total, 18 diseases are under surveillance in the country: chikungunya; cholera; Ebola virus disease; yellow fever; dengue fever; influenza; meningitis; mpox; malaria; plague; zika virus disease; acute flaccid paralysis; rabies; rubeola; shigellosis; COVID-19; neonatal tetanus; and Rift Valley fever.

In-crisis health system status

The health system was already fragile, with limited human resources and functional infrastructure, and the current flooding has only worsened the situation, with health facilities damaged and health workers affected, some of whom have been forced to relocate with their families, interrupting the provision of health services. A total of 34 health facilities (HFs) were flooded, 33 were rendered non-functional, and two were destroyed. The following table summarizes the preliminary data on health facilities affected by the flooding in the Congo.¹³⁹

Departments	Flood affected healthcare facilities	Non functional healthcare facilities	Destroyed healthcare facilities	Over-flowing healthcare facilities
Likoula	9	9	2	1
Plateaux	4	3	0	1
Sangha	0	0	0	0
Brazzaville	4	4	0	1
Pointe Noire	7	7	0	1
Kouilou	6	6	0	1
Niari	0	0	0	0
Cuvette	4	4	0	4
Total	34	33	2	9

HUMANITARIAN HEALTH RESPONSE

The Prime Minister and Head of Government, Mr. Anatole Collinet Makosso, called for an urgent meeting on December 29, 2023, to discuss the magnitude of the catastrophe. Delegates from the United Nations system (UNDP, the World Food Programme, and the WHO Country Office in the Congo), civil society, and religious organizations were present at the meeting. The meeting resulted in the creation of an emergency fund and a collaborative platform among the participating parties. On January 2, 2024, the government officially announced a state of humanitarian emergency in the areas that were impacted. The coordination of meetings occurred from January 3 to 5, with the involvement of WHO, WFP, UNICEF, UNDP, and other collaborating entities. The government has disbursed a total of 5 billion CFAF (equivalent to US\$ 8.3 million).

Since the beginning of this event, the WHO Country Office in the Congo has activated and established an Incident Management Support Team working in close collaboration with health emergency officers from the WHO Regional Office for Africa (AFRO) to provide technical expertise to the government through the Ministry of Social Affairs, Solidarity, and Humanitarian Action. To support Congo's flood emergency response, the WHO Country Office in the Congo has allocated US\$ 100 000 to deploy first responders (the Ministry of Health SURGE Team) for an in-depth public health situation analysis to ensure effective relief operations based on primary data.

A comprehensive multi-sector floods response plan has been developed with assistance from all stakeholders, including the WHO health emergency officers based in the country and WHO AFRO. The total funding allocated for the flood response plan amounts to US\$ 25.5 million, which includes US\$1.9 million specifically designated for the health and nutrition pillars.

Domain	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Surveillance data in remote areas	Establish Early Warning Alert and Response (EWAR) System
	Information about the impact of the floods	Ad hoc cross-sectional surveys
	Health needs information is limited	Health needs assessments
Health resources & services availability	Limited information on health workers availability	WHO to conduct the Health Resources and Services Availability Monitoring System (HeRAMS)
	Mapping of partners – 4 Ws	OCHA, WFP, and WHO to have a workshop to finalize the mapping of partners – 4 Ws
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries.	Beneficiary satisfaction survey to be conducted
	Displacement figures limited	Regional IOM to perform Displacement Tracking Matrix (DTM) tool

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