Health system barriers and facilitators to support integrated diabetes care in North and South Kivu provinces, Democratic Republic of Congo: A Rapid Appraisal Study

Arsene Daniel Nyalundja

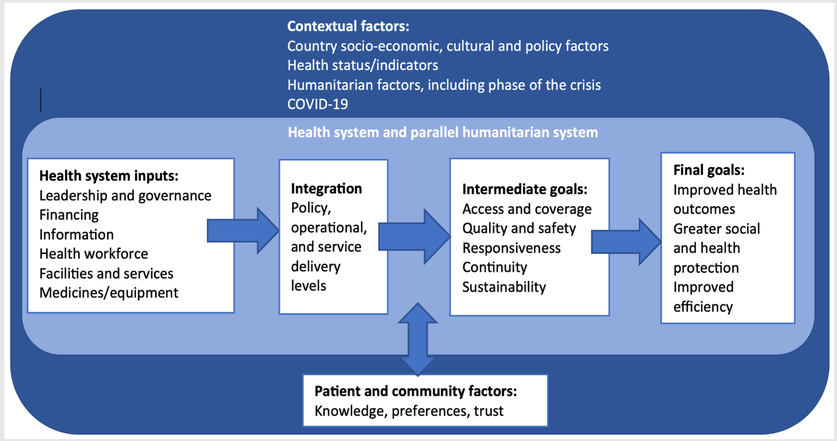
BACKGROUND:

The Democratic Republic of Congo (DRC) is committed to fostering more integrated health care, including for diabetes, yet its implementation remains unclear.

We examined health system barriers and facilitators to support more integrated diabetes care in DRC, focusing on conflict-affected areas of North and South Kivu.

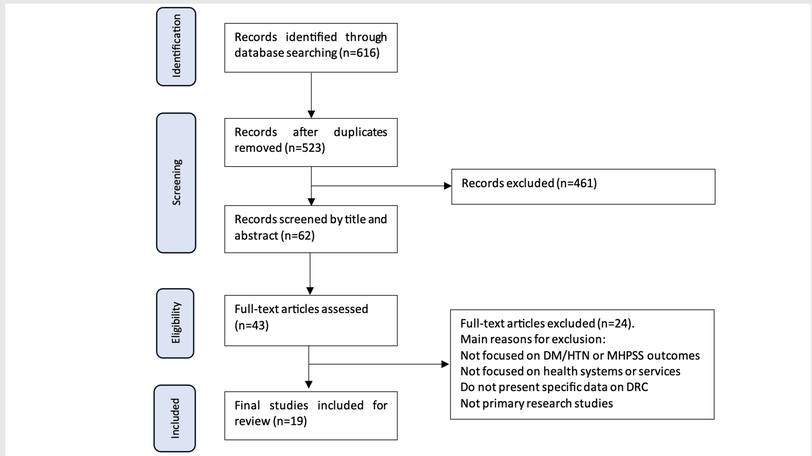
METHODS

We conducted a desk-based search for gray and published academic literature from January 2012 to March 2023. Informal discussions were held with local experts to check key findings. The analysis was guided by an adapted conceptual framework.



Adapted framework for analysis of models of care for integrated MHPSS and NCDs in humanitarian settings

FINDINGS :



Search and screening results of published academic literature

- Lack of data for crisis-affected populations.
- Diabetes needs are high among conflict-affected populations due to ongoing violence, forced displacement and high levels of poverty.
- Insufficient workforce and financing, regular shortages of essential drugs, care delivery and resources are not evenly distributed, policies and commitments for integrated services are limited, and low service coverage and access.
- Patients also experience high out-of-pocket expenditure with quality of care being often poor.
- Lack of data on the quality, safety, responsiveness, and continuity of care.
- Coverage and effectiveness of promotion service at community level are unclear.
- Very limited data on the community-level influences on diabetes, improvement of services and protection outcomes

DISCUSSION

There appears insufficient focus on diabetes barriers and facilitators in South and North Kivu.

Further investment and research are needed to strengthen services in conflict-affected areas and to support integration for a more comprehensive and effective health system response.

FUNDING

This study is supported by the Centers for Disease Control and Prevention (CDC) of the United States (U.S.) Department of Health and Human Services (HHS) as part of financial assistance ward U01GH002319. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS or the U.S. Government

Arsene Daniel Nyalundja, Gabriel Aganze Muhanzi, Melissa Ankonkwa Lukula, Esto Bahizire, Serge Bintu Munane, Achille Bapolisi, Fabrice Gulimwentuga Cikomola, Tony Akilimali Shindano, Gaston Lubambo, Pablo Perel, Bayard Roberts, Justin Cirhuza Cikomola

International Alliance for Diabetes Action