

Equipping Health Leaders in DR Congo



In DR Congo, thousands of children under age five die from preventable diseases such as malaria and diarrhea. Four new episcopal health boards in North Katanga, South Congo, Central Congo, and East Congo are receiving training to develop healthcare strategies to address critical health needs such as these in their respective regions.

By Ted Warnock and Julia Kayser

January 23, 2014—The Democratic Republic of Congo (DRC) has a population estimated at nearly 70 million people. Multiple languages are spoken, and it can take days to travel from one village to another. Thousands of children under age five die every year from preventable diseases such as malaria, pneumonia, and diarrhea.

Because of the huge need for healthcare leadership, this past year, the United Methodist Church moved from one joint health board in the DRC to four. Each of these new episcopal health boards: North Katanga, South Congo, Central Congo, and East Congo (the newest), is receiving training and education support as they develop their own strategies and plans to cope with the near overwhelming healthcare challenges in their regions.

Ted Warnock, a General Board of Global Ministries missionary working with the United Methodist Committee on Relief (UMCOR), specializes in training health boards. He traveled to the DRC in 2013, and, while in Katanga for a training event, he visited a rural United Methodist Hospital called Samuteb. This hospital was celebrating its hundred-year anniversary.

“We listened as the medical doctor guiding us showed us wards filled with children suffering from malaria and broken bones,” Warnock says, “and women who had just delivered their children. We met a premature baby so small that a shoe box-size container lined with old bottles filled with hot water served as her incubator.” The hospital struggles daily to get enough electricity, water, and medical supplies. A single pressure cooker was used to sterilize surgical instruments. Laboratory technicians carefully sanitized and re-used slides for detecting malaria and other diseases.

“One might wonder what this all has to do with health boards and capacity- and leadership-development training,” Warnock says. “As we exited one hospital room, we saw a child at the end of the hall. There she was—just watching us... *what were we going to do to help?* Clearly, I have no idea what she was thinking, but her silence and watchfulness as we prepared ourselves to offer assistance remains a vivid reminder of what we have to do. We must be open to understanding the needs presented to us and assist in any way possible.”

Four episcopal health boards in the DRC means four strategic plans, four organizational charts, four sets of by-laws, four sets of needs analysis, four sets of facility-analysis documents, and nearly 60 health board members now sharing the collective responsibility to lead. The planning and training has been a huge task. One of UMCOR's new roles will be to create [opportunities](#) for the different health boards to share ideas.

One of the first things that each episcopal area's health board has done is to request medical supplies to meet the needs that they have prioritized. UMCOR partners with [International Aid](#) to provide these supplies. Fulfilling the first requests will require two containers being shipped to the Congo—one to Lubumbashi to cover the North Katanga and South Congo needs, and one to Kinshasa to cover the Central and East Congo needs. "Even then, it will not be enough," Warnock indicates. "There will be additional needs, and we will all be asked to do more."