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DOSSIER

The health situation in the DRC

Documented assessment and BOKONO RDC's contribution.

Sourced data | Bokono's response | Indicators

BOKONO RDC
Your health, our priority

ESPAGNORA SARLU
A project led by Espagnora
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1 Executive summary

In the DRC, nearly 7 women in 10 report at least one problem accessing care, only 4% of adults aged 15 to 49 are insured, and patient follow-up breaks off at critical moments. BOKONO RDC brings together, on a single phone, patients, verified professionals, health facilities, pharmacies, laboratories, ambulances and insurers.

Five priority needs emerge from the data:

1. **Reaching a trusted professional** without unnecessary travel.
2. **Following mother and child** until after delivery: only 29% of mothers are examined within 2 days.
3. **Reducing the cost for families** by integrating insurers and mutuals: 39% of health spending is paid directly by households (WHO, 2021).
4. **Ensuring continuity of treatment**, from malaria (21,695 notified deaths in 2024) to chronic diseases.
5. **Coordinating the actors** around a record controlled by the patient.

Bokono is operational as a test version: Android app, administration console, 10 user manuals in French and English. Its model relies on monthly subscriptions of USD 1 to 10 paid by mobile money, with emergencies always free. Bokono does not replace the public health system: it complements it, with measurable results (chapter "Performance indicators").

2 Method

Every figure in this dossier comes from a public source that we opened, and is given with its year, the population concerned and a link. Pages were consulted on 2 November 2026.

Type of data	Example in this dossier	How to read it
National survey	DHS-DRC III 2023-2024 (National Institute of Statistics)	Direct measurement among households, at a given period
International estimate	WHO country profiles, UNAIDS	Modelling from several sources; may differ from a national survey
Administrative statistics	National Malaria Control Programme	Cases and deaths notified by health facilities
Analysis	"Consequences" and "Bokono's response" paragraphs	Interpretation by the Bokono team, not a statistic

A figure that could not be verified at its source is not presented as a fact: it is marked "to be documented". Bokono does not claim to solve structural problems on its own; it makes a measurable contribution to access, coordination and follow-up.

3 Access to care, coverage and cost for households

Finding. Effective access to care remains limited and largely financed by families themselves: almost nobody is insured.

Indicator	Value	Year	Population	Source
Women reporting at least one problem accessing care when ill	Nearly 7 in 10	2023-2024	Women aged 15-49	DHS-DRC III, summary, p. 19
People with health insurance	4%	2023-2024	Women and men aged 15-49	DHS-DRC III, summary, p. 10
Average annual health spending	CDF 70,129 per person	2023-2024	Surveyed population	DHS-DRC III, summary, p. 10
Out-of-pocket payments by households	39% of health spending	2021	Whole country	WHO, DRC profile 2024
Universal health coverage index	42 out of 100	2021	Whole country	WHO, DRC profile 2024

Consequences. Care that is not covered is delayed or abandoned; travel to a distant facility adds to the cost of the consultation.

Bokono's response. Search for verified professionals and teleconsultation to avoid unnecessary travel; enrolment with an insurer or mutual from the app; eligibility checks and transmission of invoices between facilities and insurers; patient subscription at USD 1 per month.

Expected results. Less travel for simple advice; more members in partner mutuals; faster coverage for insured people.

Indicators. Number of teleconsultations held; median time between request and appointment; number of enrolments made through Bokono; median time to check coverage.

To be documented: households' share of current health spending in 2022 (national health accounts) and annual spending per household (DHS-DRC III, final report, chapter 21).

4 Maternal, newborn and child health

Finding. Most women see a qualified provider during pregnancy and give birth in a facility, but follow-up breaks off: fewer than half attend 4 visits, and fewer than a third have a check-up within 2 days after delivery.

Indicator	Value	Year	Population	Source
Antenatal care from a qualified provider	84%	2023-2024	Women with a birth in the 2 years before the survey	DHS-DRC III, summary, p. 10
At least 4 antenatal visits	45%	2023-2024	Same population	DHS-DRC III, summary, p. 10
Births in a health facility	83%	2023-2024	Births in the 2 years before the survey	DHS-DRC III, summary, p. 10
Births assisted by a qualified provider	85%	2023-2024	Same population	DHS-DRC III, summary, p. 10
Mother's postnatal check within 2 days	29%	2023-2024	Mothers	DHS-DRC III, summary, p. 11
Newborn's postnatal check within 2 days	32%	2023-2024	Newborns	DHS-DRC III, summary, p. 11
Neonatal mortality	24 per 1,000 live births	5 years before the survey	Children under one month	DHS-DRC III, summary, p. 9
Under-five mortality	93 per 1,000 live births	5 years before the survey	Children under 5	DHS-DRC III, summary, p. 9
Maternal mortality (estimate)	547 per 100,000 live births	2020	Pregnant women	WHO, DRC profile 2024

Consequences. The days following delivery carry the highest risk for mother and child; follow-up that stops at that moment delays the detection of complications.

Bokono's response. Pregnancy and cycle tracking; appointments and reminders; exchanges with the midwife or doctor; child's record and dashboard kept by the parent, with the birth record, WHO growth charts, the vaccination schedule and the declared paediatrician; referral to maternity units; "Emergency" button and medical transport.

Expected results. More pregnancies followed up to 4 visits or more; more postnatal check-ups scheduled.

Indicators. Share of pregnancies followed on Bokono with at least 4 visits; share of deliveries followed by a postnatal appointment within 2 days; number of child records opened by a parent.

5 Communicable diseases

Finding. Malaria remains the leading public health emergency: nearly 29 million notified cases in 2024, and more than two thirds of deaths affect children under 5. The DRC is also one of the eight countries that account for two thirds of tuberculosis cases worldwide.

Indicator	Value	Year	Population	Source
Notified malaria cases	29,123,262, including 2,748,868 severe cases	2024	Whole country	PNLP, reported by actualite.cd
Malaria deaths	21,695, including 15,091 children under 5 (69%)	2024	Whole country	PNLP, reported by actualite.cd
DRC's share of global tuberculosis cases	3.9% (7th of the 8 countries accounting for about two thirds of cases)	2024	Global estimate	WHO, Global Tuberculosis Report 2025

Malaria figures are administrative statistics (notified cases); tuberculosis figures are WHO estimates.

Consequences. Uncomplicated malaria not treated in time can become severe, especially in children; interrupted tuberculosis treatment favours relapse and resistance.

Bokono's response. Fast consultation and teleconsultation; test request to the laboratory and result sent to the prescriber; electronic prescription read by the pharmacy; treatment reminders and adherence tracking. Bokono replaces neither diagnostic tests nor national treatment protocols.

Expected results. Diagnosis confirmed by a test more often; fewer interrupted treatments among followed patients.

Indicators. Share of prescriptions linked to a laboratory result; reported adherence rate in treatment follow-up; median time between test request and validated result.

To be documented: number of people living with HIV and treatment coverage (UNAIDS, AIDSinfo); tuberculosis incidence in number of cases (WHO, country profile).

6 Non-communicable and chronic diseases

Finding. Hypertension already affects a notable share of young adults and increases with age; these diseases require screening and regular monitoring over years.

Indicator	Value	Year	Population	Source
Measured high blood pressure	9%	2023-2024	Women aged 15-49	DHS-DRC III, key indicators, reported by actualite.cd
Measured high blood pressure	14%	2023-2024	Men aged 15-49	Same source
Measured high blood pressure	29%	2023-2024	Men aged 50-59	Same source

These values come from the preliminary report (key indicators, June 2024); they should be checked against the DHS-DRC III final report (August 2025, chapter 17).

Consequences. Undetected hypertension or diabetes goes untreated, and its complications (stroke, kidney damage) arrive without warning signs.

Bokono's response. Monitoring of vital signs (blood pressure, heart rate, temperature, blood glucose, weight…) entered or sent by compatible devices; monitoring plan set by the doctor, with reminders for missed readings; treatment reminders; alerts sent to the professional (reading, critical result, validated clinical rule); follow-up consultation and teleconsultation. Missing or inconsistent readings are flagged by simple rules; trend analysis by artificial intelligence is planned, never replacing clinical judgement.

Expected results. More chronic patients followed regularly; earlier detection of imbalances.

Indicators. Number of patients with at least one blood pressure reading per month; share of alerts handled by a professional within 24 hours; number of follow-up consultations scheduled.

To be documented: hyperglycaemia and share of hypertensive people already aware of their condition (DHS-DRC III, final report, chapter 17).

7 Professionals, pharmacies and laboratories

Finding. A patient goes successively through a doctor, a laboratory, a pharmacy, sometimes a hospital, an ambulance and an insurer. When these actors share no tool, information gets lost between them: repeated tests, illegible or lost prescriptions, results that never reach the prescriber.

It is also difficult, for a patient as for a facility, to check that a professional is genuinely authorised to practise.

Consequences. Lost time and money for the patient; risk of dispensing errors; caregivers deprived of the history when making decisions.

Bokono's response. A space for each profession, linked to the others: QR-code electronic prescription read by the pharmacy; test request received by the laboratory, validated result returned to the patient and the prescriber; messaging and calls between registered users (Bokono Connect); verification of identity, professional registration number and legal documents before any account is activated.

Expected results. Less information lost between actors; patients directed to verified professionals.

Indicators. Number of verified professionals and organisations, by province; share of electronic prescriptions dispensed in pharmacies; share of laboratory results sent to the prescriber within 24 hours.

To be documented: density of doctors, nurses and midwives, pharmacists per 10,000 inhabitants (WHO, National Health Workforce Accounts); number of licensed pharmacies and laboratories (Ministry of Public Health).

8 Continuity of care, emergencies and medical transport

Finding. After a consultation, patients often need tests, treatment and a follow-up visit. Without structured follow-up, appointments are missed and treatments interrupted. In an emergency, a suitable facility and transport must be found quickly, and the patient's essential information passed on.

Consequences. History unavailable at the time of care; avoidable complications; minutes lost in emergencies.

Bokono's response. Digital medical record with the history of consultations, prescriptions and results; appointment and treatment reminders; red "Emergency" button alerting nearby responders, always available, with no subscription or payment; QR-code medical card for essential information; transport request to an ambulance service and step-by-step mission tracking. This system complements existing emergency services and never replaces official emergency numbers.

Expected results. Fewer missed appointments; better-informed emergency care; medical transport tracked from start to finish.

Indicators. Appointment attendance rate; median time between an emergency alert and handling by a responder; median time between a transport request and the crew's arrival.

To be documented: national data on emergency access times and ambulance availability (Ministry of Public Health).

9 Digital technology and health data protection

Finding. Mobile phones are already widespread, but fewer than a third of the population uses the Internet: a digital health solution must work on mobile, with an intermittent connection, and strictly protect highly sensitive data.

Indicator	Value	Year	Population	Source
Internet users	34.7 million (30.5% of the population)	End of 2025	Whole country	Kepios, Digital 2026: DRC
Active mobile connections	64.7 million (56.9% of the population)	End of 2025	Whole country	Kepios, Digital 2026: DRC

These figures are estimates by a private firm based on operator and institutional data; one person may have several mobile connections.

Consequences. A heavy app, or one that requires a permanent connection, excludes a large share of patients; poorly protected medical data destroy trust.

Bokono's response. Android app in French and English; messages kept on the phone and sent as soon as the network returns; mobile money payment; access rules enforced in the database itself; record sharing decided by the patient alone; no employer or administrative role can access medical data; data sent to artificial intelligence de-identified; tamper-proof audit logs; two-factor authentication.

Expected results. Possible adoption on ordinary phones and unstable networks; trust of patients and professionals in confidentiality.

Indicators. Monthly active users, by province; share of messages sent with delay after an outage; number of security incidents; number of patient data requests handled on time.

To be documented: legal framework applicable to health data in the DRC, to be clarified with ESPAGNORA SARLU's legal counsel.

10 Problem – statistic – response – impact matrix

Problem	Statistic (source)	Bokono's response	Expected impact
Difficult access to care	Nearly 7 women in 10 report an access problem (DHS-DRC III, 2023-2024)	Verified professionals, appointments, teleconsultation	Less travel for simple advice
Care paid by families	4% insured (DHS-DRC III); 39% out-of-pocket payments (WHO, 2021)	Enrolment in a mutual, eligibility checks, invoices to the insurer	More members, faster coverage
Interrupted pregnancy follow-up	45% attend 4 visits or more (DHS-DRC III)	Pregnancy tracking, reminders, exchanges with the midwife	More pregnancies followed to term
Few check-ups after delivery	29% of mothers, 32% of newborns examined within 2 days (DHS-DRC III)	Postnatal appointment, child's record	More postnatal check-ups scheduled
Child mortality	93 deaths before age 5 per 1,000 births (DHS-DRC III)	Child's record, emergencies, transport	Faster recourse to care
Malaria	21,695 deaths in 2024, 69% of them children under 5 (PNLP)	Consultation, laboratory test, prescription, reminders	Confirmed diagnosis, treatment followed
Unmonitored hypertension	9% of women and 14% of men aged 15-49 (DHS-DRC III, key indicators)	Vital signs monitoring, reminders, alerts to the professional	Regular follow-up of chronic patients
Uncoordinated actors	National data to be documented	Linked spaces, digital prescriptions and results, Bokono Connect	Less information lost
Low Internet access	30.5% Internet users, 56.9% mobile connections (Kepios, end of 2025)	Mobile app, delayed sending, mobile money	Adoption on unstable networks

11 Performance indicators after launch

These indicators will be calculated from platform data, in aggregate form and without identifying any patient.

Area	Indicator	Frequency
Adoption	Monthly active users, by profile and by province	Monthly
Adoption	Verified professionals and organisations, by province	Monthly
Access	Number of teleconsultations; median time between request and appointment	Monthly
Mother and child	Pregnancies followed with at least 4 visits; postnatal appointments within 2 days	Quarterly
Coordination	Electronic prescriptions dispensed; results sent to the prescriber within 24 hours	Monthly
Continuity	Appointment attendance rate; reported treatment adherence	Quarterly
Emergencies	Median time between an alert and handling; median ambulance arrival time	Monthly
Coverage	Enrolments made through Bokono; median time to check coverage	Quarterly
Trust	Security incidents; patient data requests handled on time	Quarterly

12 Bibliography

All pages were consulted on 2 November 2026. In case of difference, the French version of this dossier prevails.

National survey (access, mother and child, cost, chronic diseases)

- National Institute of Statistics, Kinshasa School of Public Health and ICF, DHS-DRC III 2023-2024, summary report.
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- actualite.cd, "RDC : la prévalence de l'hypertension évaluée plus élevée parmi les hommes", 10 August 2024 (in French).

International estimates (maternal mortality, coverage, financing, tuberculosis)

- World Health Organization, African Health Observatory, Democratic Republic of Congo Profile 2024.
- World Health Organization, Global Tuberculosis Report 2025, tuberculosis incidence.

Administrative statistics (malaria)

- National Malaria Control Programme, 2024 figures reported by actualite.cd, "RDC : plus de 21 000 décès dus au paludisme enregistrés en 2024", 26 April 2025 (in French).

Digital

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In an emergency, also use the red "Emergency" button in the app: it always works, with no subscription or payment.

BOKONO RDC is a project led by Espagnora, through the company ESPAGNORA SARLU (Kinshasa, Democratic Republic of the Congo).

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