

# Covid-19 shows that the DRC must invest in a health research industry

By [Dacquin M. Kasumba](#)

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In early March, the [first Covid-19 case was imported from Europe to Kinshasa](#), the Democratic Republic of Congo's (DRC's) densely populated capital city.



Congolese artist Chris Shongo paints on the outside wall of the Academie des Beaux-Arts in Kinshasa on June 18, 2020.

For countries like the DRC, it was a bitter blow given that it was still battling other viral epidemics. These included the [second deadliest Ebola epidemic](#), the world's worst [measles outbreak](#), and an ongoing [cholera outbreak](#).

Considering the DRC's fragile healthcare system, Covid-19 was an additional burden the country could not afford. Before the country even had an approved response plan and strategy, it was [counting cases in double digits](#) and struggling to reassure its population.

As restrictive measures and protocols aimed at combating the pandemic were finally announced, you did not need to be a public health expert to realise that many were poorly adapted to the country's situation. They were [mostly transposed](#) from major European countries.

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[\*\*\*The coping mechanisms the DRC is putting in place as it faces Ebola, measles and Covid19\*\*\*](#)

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Nevertheless, the response team – composed of highly experienced professionals – worked out a plan. They relied mainly on tracking and testing suspected cases, isolating confirmed cases and admitting severe cases to hospitals. But implementation has been hard.

The biggest stumbling blocks have been the lack of infrastructure, equipment, funds and information. In addition, partners that the country has always relied on in previous disease outbreaks have also been overwhelmed by Covid-19.

The DRC was therefore obliged to spearhead and manage its response to the pandemic with less operational involvement of its usual international partners. And it is fair to say that it has not performed as brightly as it should have.

What's been shown to be missing is the capacity to autonomously anticipate, prevent and prepare against major public health threats. You would expect that with the [country's experience](#) of [dealing with infectious diseases](#) over the past four decades its institutions would be equipped to spontaneously develop and perform surveillance and testing. You would also expect that those institutions would rely on research to take evidence-based measures.

This has not been the case.

Over the years, the country's leaders have demonstrated very [little interest](#) in equipping it with better laboratories and hospital capacity, better working conditions, and funding for biomedical training, research and development.

There's a great deal of evidence that places the blame on the extreme politicisation of many sectors in the country. But it's undeniable that scientists also share the blame. For one, they have not communicated loudly and clearly as a unified community to the country's leaders as well as to the population.

It is irrefutable that a makeover is necessary to improve the DRC's public health system as well as its capacity to prevent and respond to diseases more efficiently. So what needs to be done?

## Beyond Covid-19

First and foremost, the country needs to develop a well-structured and supported scientific and innovative research industry.

Such an industry would allow the country to better comprehend its challenges, hence helping set up appropriate prevention, response and development strategies that are relevant to its local short- and long-term needs.

To date the country has passively relied on the foreign expert opinions (sometimes lacking evidence) and assistance to make lifesaving decisions, including treatment protocols. It cannot continue to rely on one-size-fits-all measures established overseas while knowing the large diversity and specificity that countries in Africa are blessed with.

The DRC has [played a key role](#) in studies that led to the recent [discovery and development](#) of promising Ebola virus treatments and vaccines. This major contribution has always been, unfortunately, the result of isolated Congolese scientists fighting to make a difference without much support from their country.

I would argue that the lack of a national system to support science and research explains the absence of perspectives built from the DRC's Ebola experience. These perspectives would assist in the undertaking of research programmes to find solutions to other diseases and pathogens.

The country should identify its weaknesses and build on that to improve itself and better protect its future.

To catch up to the never-ending war on infectious diseases as well as on the competition, DRC must consider several reforms.

## Building a research industry

A strictly regulated and structured research industry is key to an efficient prevention and response programme. The country must, therefore, establish an institution – or agency – charged with raising and managing funds to support biomedical and health research. Its job would also be to normalise the country's health research priorities according to an established evidence-based plan.

This proposed institution should be composed and ran by biomedical and health scientists and experts.

Such an organisation needs to be kept away from political interference. It must develop a transparent system to manage programmes as well as ensure that discreet protocols are used to assess proposals. This approach would also create a stimulating environment for real scientists and researchers. In turn this would motivate them to push boundaries and start living for the future.

Alongside this, existing relevant institutions need to be revitalised. The country's academic and research institutions must be moulded into platforms promoting collaborations between locally based scientists and experts. Doing this would promote the strengthening of the country's scientific community and capacity, which in turn would stimulate stronger international collaborative enterprises.

Additionally, such an endeavour would promote innovation and development driven by experts acquainted with local challenges.

The proposed reforms must be supported by the government through clear and detailed planning and budgeting.

The new research body would need to submit its plan and budget request to the government, where it would be discussed before being addressed and voted on by the parliament. This process would take into consideration public health priorities for the coming year established together with nationwide field experts and the Ministry of Public Health.

Initial yearly budgets would not have to be exorbitant. Just enough to establish the organisation and support narrow and strategically identified projects in the early years.

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This is not reinventing the wheel. Rather, this is how all countries with strong health, research and development stature have progressed over the years to establish themselves as world leaders in global health and innovation. Examples include the National Institute of Health in the United States, or the Canadian Institutes of Health Research, to name only a few.

Such a bold endeavour requires making deep reforms that must be solidified by strong and clear laws in parliament to chaperone these critical transformations. Parliament must understand the importance of the public health and biomedical research industry, and open this debate together with academics and scientists.

Whether the post-Covid-19 era will see the tide swinging in the DRC's favour will be entirely up to its capacity to innovate and respond. Its ability to look back and objectively evaluate its performance, to learn from its mistakes, and implement

reforms will decide its future.

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