

Establishing Improved Access to Orthopaedic Care in a Conflict and Troubled Region in RDC Congo: Reflections on a Recent Orthopaedic Mission

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Surgery is increasingly recognized as an essential component of primary health care [1]. In many low-and middle-income countries (LMICs) orthopaedic and trauma care is recognized as neglected. Five billion people around the world lack access to safe surgical care. The poorest 30 % of the world receives only 3 to 6 % of the operations whereas the richest 30% receives almost 75% of the operations [2]. This large gap in access to specialized care in LMICs leads to considerable morbidity and mortality [3].

Many organizations in high-income countries aim to improve access to specialized surgical care in LMICs by short term medical missions [4]. Many of these surgical projects consist of well-intentioned programs lacking local input and long term assistance and training [5]. To make an impact and to make the difference, regular visits should ideally be conducted by the same group of health providers, preferably by long-term missions with emphasis on education, teaching and local engagement. In 2023 UNICHIR, a Belgian nonprofit organization, opened a surgical and obstetric structure in Beni, North Kivu in RDC Congo with a focus on a strong local input, a long term vision of training and a mission on affordable healthcare to all through a solidarity mechanism.

UNICHIR stands for Unité Chirurgicale (French for 'surgical unit'). Unichir is looking for tangible solutions for a troubled region by caring, building and training. The Beni region is home of more than 2 million people of which most are deprived of reliable medical care. There are no trained orthopaedic surgeons in the Beni region. The new Centre was constructed by support of skilled and experienced professionals volunteers. Special attention was given to a sustainable approach. Unichir has two well equipped operating rooms. A traction table and fluoroscopy are available. A wide range of osteosynthesis materials and power instruments are available on-site. The hospital offers most of the necessary basic technical support services. We place a strong emphasis on sterility and hand hygiene. Building on these key pillars, we felt it was justified to establish a referral orthopedic and trauma department. Moreover our ambition is to become a Centre of excellence for selected specialized surgery. We consider to launch a total hip replacement program in the near future. In LMICs there are large numbers of patients with hip problems left untreated. The disability and morbidity is significant. Given the lack of treatment options in this part of the world we accepted the challenge of establishing a THP project. This program will be modeled after the hip replacement program the author already launched in Ouagadougou, Burkina Faso [6].

It is Unichirs' ambition to train local doctors, nurses and specialists. At present, the medical staff consists of 3 general surgeons, 5 general practitioners and 2 radiologists. There is no trained orthopaedic surgeon. The author selected a local doctor as a suitable candidate for an orthopaedic training after working with him for over two years on numerous medical missions in Beni RDC Congo. His training at the Muhimbili Orthopaedic Institute in Dar-Es-Salaam Tanzania is supported by Unichir and will be complete in four years. Subsequently, he is committed to working full-time as an orthopedic surgeon at Unichir. This agreement is based primarily on trust and mutual respect. Until then we organize several missions per year. The vast majority of this work is carried out by the author with a permanent staff. This inspires confidence, trust and continuity in long-term effectiveness. In this way we work on establishing a reliable orthopaedic and trauma unit together with the local staff and local surgeons.

In Eastern Congo, as in many LMICs, the majority of patients receives services from traditional healers and a variety of health professionals or medical doctors and paraprofessionals [7]. For many people in these countries, particularly those living in rural areas, this is the only available, accessible and affordable source of health care. The geographic and financial barriers leads to a delay in seeking care, reaching care and receiving care. As a result many neglected or late presenting cases are seen and many easily treatable conditions become difficult treatable diseases or surgical emergencies [Figures 1-4].



Figure 1-2. Radiological image of the left forearm in a 9 year old boy showing a simple forearm fracture.



Figure 3-4. Clinical image after treatment by traditional practitioner showing a compartment syndrome needing urgent fasciotomy.

The geopolitical situation in the Kivu region is dominated by one of the most complex and bloody conflicts in the world. For decades, the region has been the battleground for dozens of armed militias fighting for territory, political influence and control over lucrative mines (such as gold and coltan). Eastern Congo is home to vast reserves of rare minerals. However, the conflict is primarily about control of the territories and smuggling routes where these raw materials are extracted, which gives local militias considerable financial power.

As a consequence of the geopolitical situation in the Kivu region many nearby medical centers experience a dramatic shortfall in infrastructure, appropriate resources supplies and trained providers. We see many patients who consult our service for a second opinion. Many present with mal-union, non-union or pseudarthrosis. It is not uncommon for them to have undergone multiple surgeries using all sorts of hardware complicated with infection. Quite often these complications arise following suboptimal initial treatment.

The need for a good trauma service is essential and of high priority. Working in a conflict region we observe many injuries caused by gunshot wounds. The incidence of road traffic accidents is extremely high. More than 90 % of motor vehicle traffic accidents in the world occur in LMICs. Road traffic accidents are responsible for about 9% of all deaths worldwide, or nearly 1,7 times the number of deaths from HIV, tuberculosis and malaria combined. In people under 35, it is the leading cause of death and disability [8].

Eastern Congo is home to millions of internally displaced people. Armed conflicts and epidemics are destructive for public health. Recent drastic cuts to foreign aid programs and the closure of the United States Agency for International Development (USAID) have put the healthcare system under even greater strain. Whilst the US had been the country's largest donor for many years, these extensive measures have led to the severe scaling back or closure of countless health and emergency aid programs in the war-torn region. With the loss of US funding and experts, local clinics are less prepared for deadly outbreaks of diseases such as Ebola.[9]

That is exactly what happened during my recent orthopaedic mission in May of this year at the Unichir Centre in Beni, North Kivu. On 15 May 2026, the DRC Ministry of Health and Hygiene issued a statement declaring the 17th Ebola virus outbreak in the zones of Rwampara, Mongwalu and Bunia in Ituri Province. This province is characterized by insecurity, difficult access and active mining zones and is the province north to the Beni region. The disease had probably been present for much longer but was difficult to detect in this conflict and troubled region. Community perceptions, linked to non-biomedical causes, contribute to under-reporting and delayed care-seeking. The recent outbreak is challenging because it involves a rare species of Ebola (non-Zaire Ebola virus stain Bundibugyo) for which there is no vaccine, and the epicenter is in an area affected by conflict.

Access to eastern Congo is getting more complicated since then. On 22 May 2026 the ministry of Health of the republic of Rwanda took prevention measures and will deny entry to Rwanda to all foreign nationals who have traveled or transited through the RDC within 30 days prior to their intended travel to Rwanda. On 27 of May 2026 the Ugandan authorities announced on that the 765-kilometer border with Congo is being closed "effective immediately". There is a concern about the impact of closing airspace, roads on transporting healthcare workers and resources to the affected regions.

The top priority right now is providing proper care for Ebola patients and developing a strategy to control the epidemic. But continuing and improving orthopedic care remains equally important. Our project is now under threat. There is considerable uncertainty as to whether we will be able to carry out any missions this year. The last Ebola outbreak in the Democratic Republic of the Congo lasted two years!! At present, borders with neighboring countries are closed or access is restricted.

Despite all this, we will move ahead with our objective to provide improved access to orthopedic and trauma care in this conflict and troubled zone of RDC Congo. Our aim remains establishing specialized quality care with emphasis on education, teaching and local engagement. This involves taking in account the local standards rather than imposing your own external standards. Equal partnership and collaboration with the local structures are key challenges. We are committed not only to caring for our patients but also have a moral duty to promote the health of society as a whole. In this way we hope to make orthopaedic surgery an indivisible part of the health care structure in this conflict and troubled region of RDC Congo. By making orthopaedic and trauma care available, even to the most vulnerable and the most deprived, we hope to save lives and reduce morbidity and invalidity.

Conflict of Interest

The author declares no conflict of interest.

Ethics approval and Consent to Participate

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References

1. Kushner AL, Kamara TB, Groen RS, Fadlu-Deen BD, Doah KS, Kingham TP. Improving access to surgery in a developing country: experience from a surgical collaboration in Sierra Leone. *J Surg Educ.* 2010 Jul-Aug;67(4):270-3. doi: 10.1016/j.jsurg.2010.05.004. PMID: 20816367.
2. Meara JG, Leather AJ, Hagander L, Alkire BC, Alonso N, Ameh EA, Bickler SW, Conteh L, Dare AJ, Davies J, et al. Global Surgery 2030: Evidence and solutions for achieving health welfare and economic development. *Lancet* 2015 2:5-58; 386: (9993); 569-624
3. Kushner AL, Cherian MN, Noel L, Spiegel DA, Groth S, Etienne C. Addressing the Millennium Development Goals From a Surgical Perspective: Essential Surgery and Anesthesia in 8 Low- and Middle-Income Countries. *Arch Surg.* 2010;145(2):154–159. doi:10.1001/archsurg.2009.263
4. Hamdi Lamine, Nikolaos Markou-Pappas, Rosa Buonamassa, Luca Ansaloni, Tayseer Alkarim. Perceived impact of regular short-term medical missions: a qualitative study in Uganda. *Academia Medicine & Health, Research Article*, 13 February 2026, 1-12
5. Nthumba PM. “ Blitz surgery”: redefining surgical needs, training, and practice in sub-Saharan Africa. *WorldJ Surg.* 2010;34:433-437
6. L. Dossche, J. Noyez, W. Ouedraogo, E. Kalmogho
Establishment of a hip replacement project in a district hospital in Burkina Faso: analysis of technical problems and peri-operative complications: *British Bone Joint Journal* Vol 96-B, No 2, February 2014,177-180.
7. Nancy Romero-Daza Traditional Medicine in Africa.. *The annals of the American Academy of Political and Social Science.* Vol 583, Sept 2002, 173-176
8. Dhurka Shanthakumar, Anna Payne, Trish Leitch, Maryam Alf-Wali. Trauma Care in Low-and Middle-Income Countries. *Surg J (N Y).* 2021 Oct 22; 7 (4): e281-e285, doi:10.1055/s-0041-1732351
9. The global implications of U.S. withdrawal from WHO and the USAID shutdown: challenges and strategic policy considerations. Auwal Rabiou, Abubakar Sunusi Ishak, Shuaibu Saidu Musa, Abbas Musa, Abubakar Saada, Anila Riaz. *Front Public Health.* 2025 Jun 2:13:1589010.doi: 10.3389/fpubh.2025.1589010.eCollection 2025.

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