Democratic Republic of Congo

Demographic Context

The population progressively increased from 84M to 99M from 2017 to 2022 as shown in **figure 1.** Infants aged below 12 months and those below the age of 5 years accounted for less than 8% and 20% of the entire population respectively.

Figure 1: Population Profile in DRC

Source: UN, Analysis by Consultant

During the same period, the Human Development Index remained just below 50%, a below average performance on individual longevity, education and income capabilities **(Figure 2).** The Human Capital Index was 0.4, which was below average in terms of the expected productivity of future generations owing to deprivations related to health and education. This implied that children born during the period would attain only 40% of their productivity potential. The life expectancy at birth remained constant at 59 years.

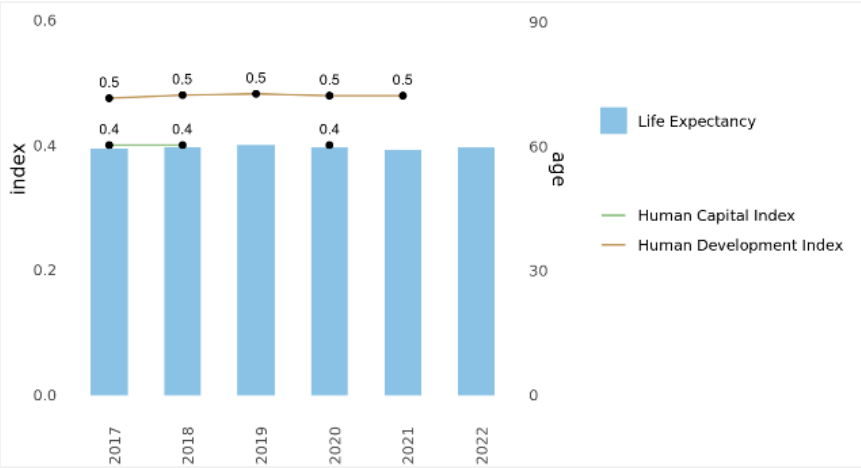

Figure 2: Development and Productivity Potential in DRC

Source: UN, Analysis by Consultant

Economic Context

The Gross National Income Per Capita progressively increased from 438 USD to 561 USD during the period of analysis **(Figure 3).** This matched the initial self-financing transition phase for GAVI eligibility(GAVI, 2022). The Tax to GDP ratio remained below 8% implying an underperformance relative to the regional threshold of 15% for adequacy of financing public services. Though the Debt to GDP ratio decreased from 19% to 15%, it remained within the EAC regional threshold of 50% for debt sustainability and adequacy of financing public services beyond debt repayment.

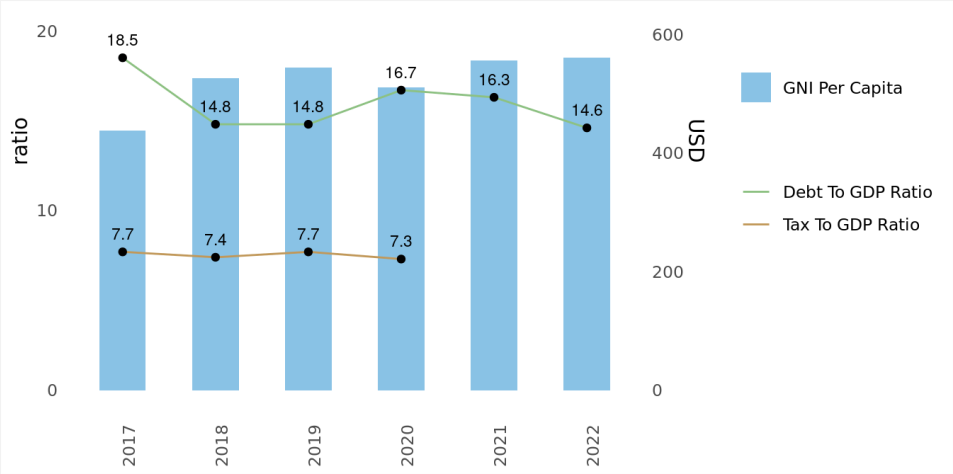

Figure 3: Economic Context in DRC

Source: WHO, IMF, Analysis by Consultant

Highlight

The low debt levels in DRC increase the public resource envelope hence a higher potential for financing health and immunization services. This is however limited by the low tax revenues.

A strengthened tax administration in DRC would help mobilize more resources for public goods such as health and immunization.

Health Context

The top 3 causes of death amongst the general population during the period of analysis were neonatal conditions, lower respiratory tract infections and tuberculosis. Among the children under five years of age, the main causes of deaths during the period of analysis were pneumonia, diarrhea, neonatal complications and malaria.

There was a steady decline in the Infant and Under Five Mortality Rates over the period of analysis. The Infant Mortality Rate (IMR) declined from 70 to 62 deaths per 1000 live births, while the Under Five Mortality Rate declined from 90 to 79 deaths per 1000 live births as shown in **figure 4.**

The UHC service coverage index in 2021 was 42% implying that only 42% of the population had access to essential health services including reproductive, maternal, newborn and child health, infectious diseases, and non-communicable disease services.

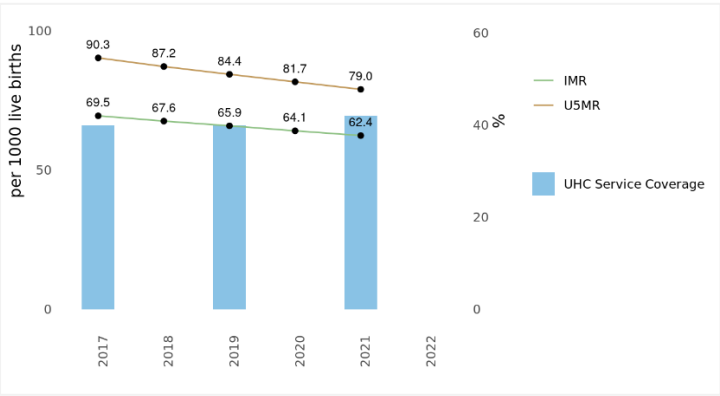

Figure 4: Health System Performance in DRC

Source: WHO, World Bank, Analysis by Consultant

Health Financing

Government spending on health was at 1% of the GDP which was markedly below the minimum of 5% recommended for progression towards UHC(McIntyre et al., 2017). The per capita spending on health was about USD 21 in 2020, which was substantially below the recommended per capita target of USD 86(McIntyre et al., 2017). Further, the government expenditure on health relative to other sectors ranged between 4% and 6% across the years, which was substantially below the 15% Abuja target. **(Figure 5).**

Figure 5: Health Financing Trends in DRC

Source: WHO Global Health Expenditure Database, Analysis by Consultant

Out of Pocket Payments (OOP) and Donor funding were the largest sources of financing for health in DRC between 2017 and 2020. OOPs accounted for between 38% and 42% of all health financing while donor funding accounted for between 35% and 42% **(Figure 6).** This was followed by government funding which accounted for less than 20% of all health financing. Other sources accounted for less than 10% of health financing during the period.

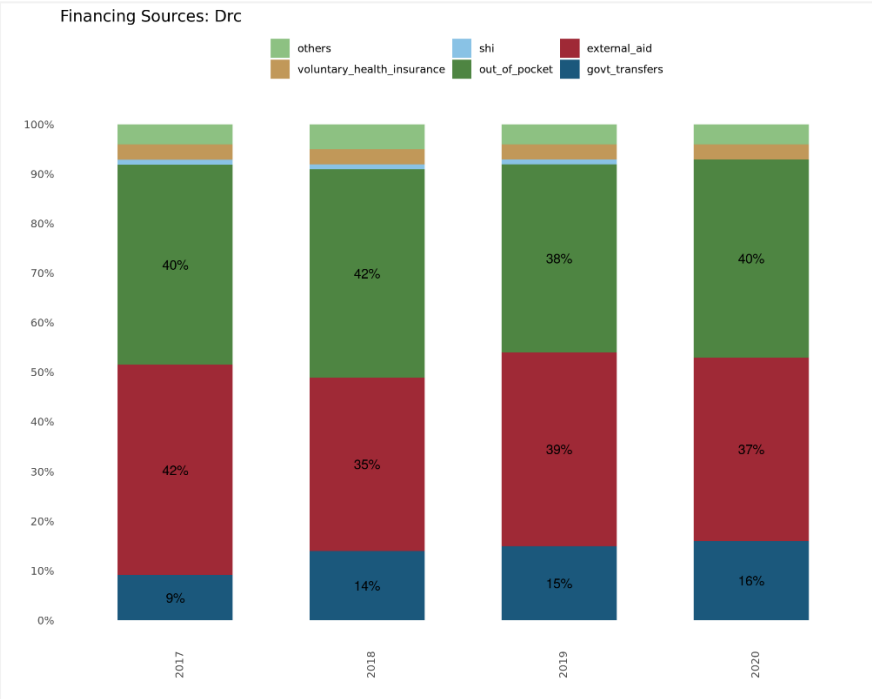

Figure 6: Health Financing Sources in DRC

Source: WHO Global Health Expenditure Database, Analysis by Consultant

Highlight

The high dependence on donor financing and out of pocket payments for health threatens sustainability of financing and increases the risk for financial hardship as households seek for health services, including immunization. Increased government funding for health is thus urgent and necessary to ensure sustainability and access to health services.

Immunization Coverage

The national immunization coverage rates showed a declining trend between 2019 to 2022 particularly DTP 3, BCG and Measles 1 **(Figure 7).** This suggests a reduction in utilization of immunization services possibly due to contextual factors such as COVID-related restrictions, and ongoing conflict within DRC. Data on Measles 2 was not available since the vaccine was yet to be included in the national routine immunization schedule as of 2022.

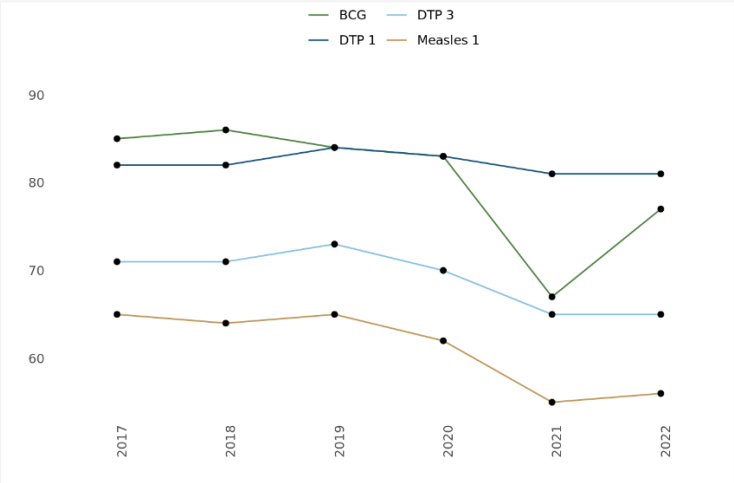

Figure 7: Immunization Coverage trends in DRC

Source: WHO/UNICEF, Joint Reporting Form

Overall, lower income groups had higher under five mortality rates, lower immunization coverage and higher zero doses which indicate income related inequities **(Figure 8).** There was a gap of more than 50 deaths per 1000 live births among the under-fives between the wealthiest and poorest income groups. The coverage gap for DTP3 and MCV2 was approximately 40 percentage points between the wealthiest and poorest income groups. Notably, the proportion of zero dose children for low-income households was more than ten times those of high- income households.

Highlights

Significant inequities persist in DRC.

A multi-sectoral approach to alleviate the existing drivers of inequality, and social determinants of health is essential.

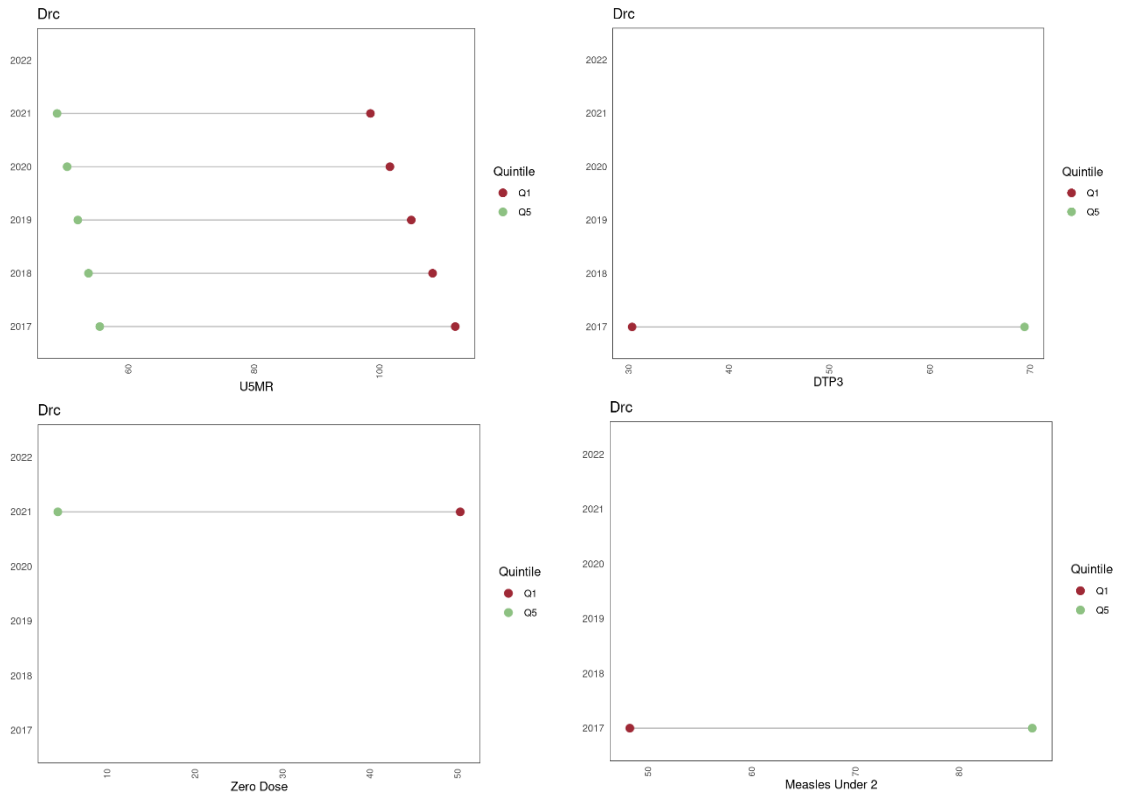

Figure 8: Equity assessment of U5MR and Immunization Coverage in DRC

Source: WHO, Analysis by Consultant

Immunization Financing

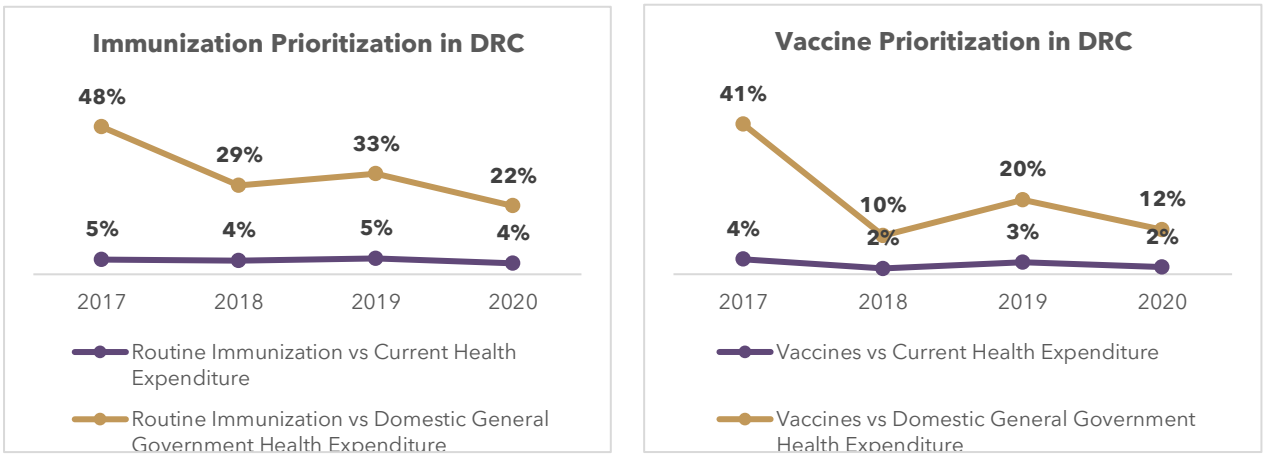

Figure 9: Prioritization of Immunization and Vaccines in DRC

Source: WHO/UNICEF, Joint Reporting Form, Analysis by Consultant

Expenditures on Routine Immunization in DRC have been declining during the period of analysis. Immunization accounted for less than 5% of the Current Health Expenditure; and between 22% and 48% of the Domestic General Government Health Expenditures between 2017 and 2020. Vaccine related expenditures while declining accounted for less than 4% of the CHE, and declined from 41% to 10% of the Domestic General Government Expenditures. **(Figure 9).**

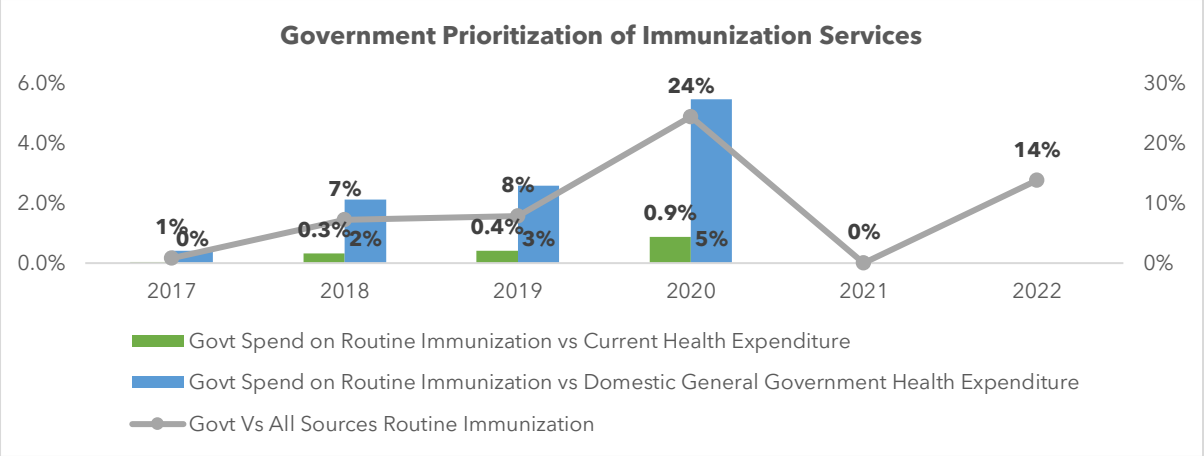

Figure 10: Government Prioritization of Immunization in DRC

Source: WHO/UNICEF, Joint Reporting Form, Analysis by Consultant

Government funding as a source of immunization financing accounted for between 1% and 24% between 2017 and 2022. This accounted for less than 1% of Current Health Expenditures and less than 5% of the Domestic General Government Health Expenditure **(Figure 10).**

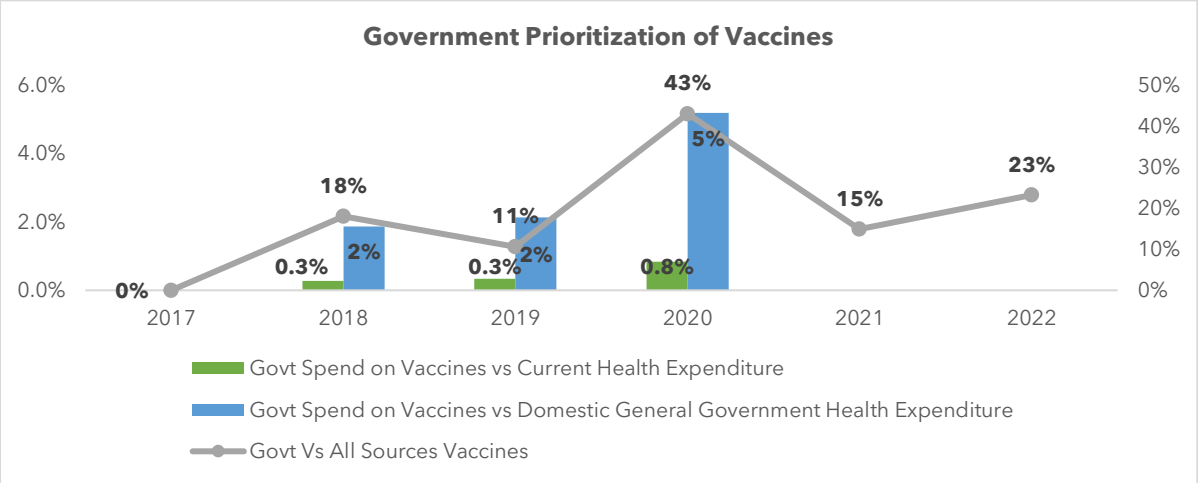

Figure 11: Government Prioritization of Vaccines in DRC

Source: WHO/UNICEF, Joint Reporting Form, Analysis by Consultant

Government funding as a source of vaccine financing accounted for between 0% and 43% between 2017 and 2022. Though rising, this accounted for less than 1% of Current Health Expenditures and less than 6% of the Domestic General Government Health Expenditure **(Figure 11).**

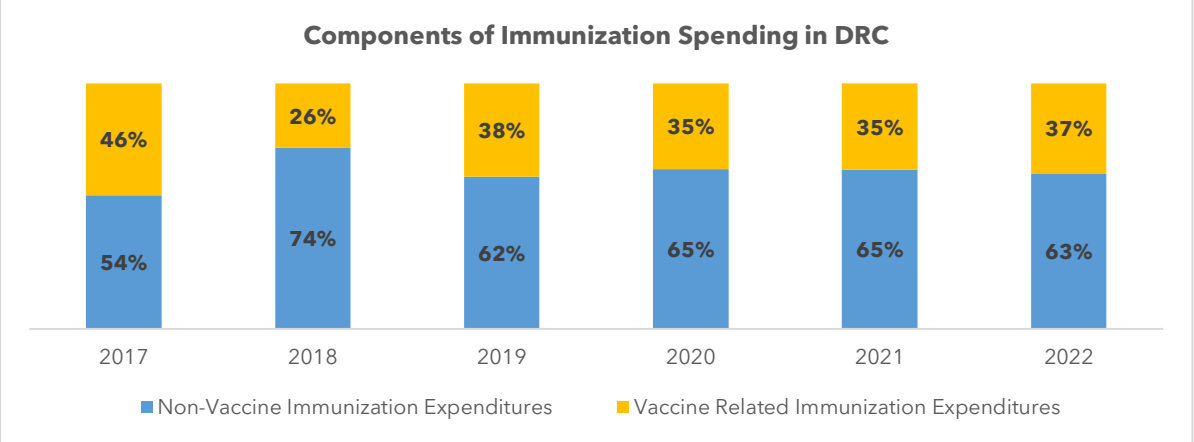

Figure 12: Components of Immunization Expenditures in DRC

Source: WHO/UNICEF, Joint Reporting Form, Analysis by Consultant

Procurement of Vaccines accounted for between 26% and 46% of the immunization expenditures between 2017 and 2022 in DRC.

Highlight

The declining prioritization of immunization financing by government in DRC threatens sustainability of immunization services. Progressive increments in government financing of health and immunization will help mitigate against donor dependence and financial hardship among households as they seek for immunization services.

Factors Affecting Immunization in DRC:

1. **Geographic and Infrastructure Challenges:** Vast and remote regions, poor road networks, and limited healthcare facilities make it difficult to reach populations, particularly in rural areas.
2. **Conflict, Instability, and Security Risks:** Ongoing conflicts, political instability, and security concerns disrupt immunization efforts, posing risks to healthcare workers.
3. **Healthcare Workforce Shortages:** A shortage of trained healthcare workers limits the capacity to deliver immunization services.
4. **Vaccine Supply, Cold Chain, and Hesitancy:** Challenges in maintaining a consistent vaccine supply and cold chain, especially in areas with unreliable electricity. Additionally, vaccine hesitancy influenced by cultural and religious factors.
5. **Economic Constraints and Access:** High poverty levels limit families' ability to afford transportation to vaccination centers and other costs. Limited access to basic healthcare services due to resource constraints and infrastructure challenges.
6. **Disease Outbreaks and Accountability:** Frequent disease outbreaks divert resources and attention from routine immunization. Challenges in holding healthcare providers and officials accountable for immunization program performance.
7. **Data and Monitoring:** Weak data collection and monitoring systems make it difficult to track vaccine coverage and program performance.
8. **Government Commitment, External Support, and Awareness:** Inconsistent government funding, dependency on external support, and limited awareness of the importance of immunization impact funding priorities and program sustainability.

Factors Affecting Immunization Financing in DRC:

1. **Limited Government Funding and Economic Challenges:** Insufficient budget allocation for immunization programs in national healthcare budgets due to economic instability, poverty, and competing healthcare priorities.

2. **Dependency on External Funding:** The reliance on external donors and international organizations for financial support for vaccine procurement and program implementation.

3. **Healthcare Infrastructure and Supply Chain Costs:** Expenses associated with building and maintaining healthcare facilities, vaccine procurement, storage, transportation, and distribution.

4. **Human Resource Costs and Economic Disparities:** Expenses for healthcare worker salaries, benefits, training, and capacity building, along with economic disparities across regions.

5. **Health Insurance Coverage and Financial Management:** Limited health insurance coverage for immunization costs and inefficient financial management systems within the healthcare sector.

6. **Advocacy, Awareness, and Data Management:** Limited public and political awareness of the importance of immunization, inadequate funding for data collection, monitoring, and evaluation, and weak coordination among government agencies and partners affect fund allocation and utilization.

Recommendations towards Improving Immunization Services

1. Geographic and Infrastructure Challenges

- Expand mobile and outreach vaccination services to reach underserved populations in remote areas.
- Improve road networks and transportation infrastructure to facilitate access to vaccination centers.

2. Conflict, Instability, and Security Risks

- Work with humanitarian organizations and other partners to ensure the safety of healthcare workers and access to vaccination services in conflict-affected areas.
- Develop and implement security contingency plans for immunization programs.
- Engage with community leaders and religious groups to promote peacebuilding and support for immunization.

3. Healthcare Workforce Shortages

- Invest in training and education programs to increase the number of healthcare workers, particularly vaccinators.
- Provide incentives for healthcare workers to work in remote and underserved areas.
- Optimize the use of existing healthcare workers by delegating tasks and leveraging technology.

4. Vaccine Supply, Cold Chain, and Hesitancy

- Strengthen vaccine supply chain management systems to ensure timely and reliable delivery of vaccines to all regions.
- Invest in cold chain equipment and infrastructure, particularly in remote areas.
- Conduct targeted awareness and education campaigns to address vaccine hesitancy and build trust in the healthcare system.

5. Enhance Financial Protection

- Reduce the financial burden on families by providing publicly funded prepaid pooling schemes e.g., health insurance.
- Expand access to basic healthcare services, including immunization, in underserved areas.
- Implement social safety nets to support low-income families and reduce the impact of poverty on immunization coverage.

6. Mitigate disruption of immunization services due disease outbreaks

- Strengthen surveillance and early detection systems for vaccine-preventable diseases.
- Develop and implement contingency plans for rapid response to outbreaks.
- Ensure adequate availability of vaccines and other resources to respond to outbreaks.

7. Enhance Accountability in Immunization Programming

- Hold healthcare providers and officials accountable for immunization program performance through transparent monitoring and reporting mechanisms.

8. Strengthen Data Management and Monitoring

- Invest in strengthening data collection, monitoring, and surveillance systems for immunization programs.
- Use data to track progress, identify gaps, and make informed decisions about immunization programs.
- Build the capacity of healthcare workers and public health officials to collect, analyze, and use immunization data.

9. **Increased government prioritization of Immunization**

- Increase domestic government funding for immunization programs as a proportion of the overall healthcare budget.

10. **Awareness Creation and Community Engagement**

- Conduct public awareness campaigns to highlight the importance of immunization and mobilize communities to support immunization programs.
- Partner with community leaders and organizations to mobilize communities and support vaccination efforts.

Recommendations towards improving Immunization Financing in DRC

1. **Increased government prioritization of Immunization**

- Gradually increase the share of the healthcare budget allocated to immunization over time.
- Explore innovative financing mechanisms, such as public-private partnerships in immunization financing.
- Advocate for increased government investment in immunization programs as a critical public health intervention.
- Enhance coordination among government agencies and partners to optimize fund allocation and utilization.

2. **Reduce dependency on External Funding for Health and Immunization**

- Develop a multi-year funding plan for immunization programs to secure predictable and sustained external support.
- Align immunization financing with national priorities and strategic plans.
- Strengthen government capacity to manage and implement immunization financing programs.

3. **Healthcare Infrastructure and Supply Chain Costs**

- Invest in building and maintaining efficient and effective healthcare facilities and vaccine supply chain systems.
- Partner with the private sector and other stakeholders to leverage resources and expertise.

4. **Human Resource Costs and Economic Disparities**

- Invest in training and capacity building for healthcare workers to deliver high-quality immunization services.
- Provide competitive salaries and benefits to attract and retain healthcare workers in underserved areas.

5. **Reduce and mitigate effects of inequalities**

- Implement targeted strategies to address economic disparities and improve access to immunization services for all such as subsidy and social protection programmes.

6. **Health Insurance Coverage and Financial Management**

- Expand health insurance coverage for immunization costs to reduce the financial burden on families.
- Strengthen financial management systems within the healthcare sector to ensure efficient and effective use of resources.
- Improve transparency and accountability in immunization financing to build trust and confidence among stakeholders.

7. **Enhanced Advocacy and Awareness Creation**

- Advocate for increased public and political support for immunization programs.
- Invest in public awareness campaigns to educate communities about the importance of immunization.

8. **Strengthen Data Management and Monitoring**

- Strengthen immunization data collection, monitoring, and evaluation systems to track progress and identify areas for improvement.

References

GAVI. (2022). *Gavi Alliance Eligibility and Transition Policy Version 4*. https://www.gavi.org/types-support/sustainability/eligibility

McIntyre, D., Meheus, F., & Rottingen, J. A. (2017). What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Economics, Policy and Law*, *12*(2), 125–137. https://doi.org/10.1017/S1744133116000414