Securing the Democratic Republic of the Congo's future

Invest more, invest now to sustain immunization gains

Papy Nakwabo the mobilizer of the Ndoroka village vaccination campaign is raising awareness about the Yellow Fever vaccination campaign for infants 0-23 months and children. PATH/Carlo Lechea

Overview and purpose

In 2017, the Government of the Democratic Republic of the Congo (DRC) as a member of the African Union made a historic commitment to improve access to vaccines as part of the Addis Declaration on Immunization (ADI). This pledge included a goal to expand domestic funding and investments.

To evaluate progress, PATH conducted a retrospective study in 2023/2024 on immunization financing in the DRC and nine other African countries.[1] This summary provides key findings and recommendations from PATH's study, highlighting common trends, challenges, and opportunities.

Target audience and goals

Policymakers at national and subnational levels can use this resource to inform legislation and strategies aimed at improving community health and national development.

Civil society advocates at global, regional, and local levels can apply these findings and recommendations to advance immunization advocacy with policymakers and communities. They can also inform strategies for government accountability toward national and global targets.

Donors and partners can use this summary to inform investments and collaborations.

Addis Declaration on Immunization, Goal 2: Increase and sustain domestic investments and funding allocations to meet the cost of traditional vaccines, fulfill new vaccine financing requirements, and provide financial support for operational implementation of immunization activities by Expanded Program on Immunization programs.

The VacciNations Campaign is an advocacy initiative led by PATH, WACI Health, and the Gavi CSO Constituency. It aims to ensure increased funding commitments for immunization through Gavi replenishment and domestic resource mobilization for sustainable immunization financing.

Key findings

- **Government investments in immunization fluctuated,** providing 1 percent of immunization financing in 2017, 43 percent in 2020, then declining to 23 percent in 2022.
- **Domestic expenditures were low for immunization programs and vaccines.** Immunization accounted for 22 percent of domestic general government health expenditure and 4 percent of current health expenditure in 2020, respectively. Vaccine spending accounted for 2 percent of current health expenditure and 12 percent of domestic general government health expenditure in 2020, respectively.
- **Government health expenditures did not meet the Abuja Declaration threshold** of 15 percent.
- **Momentum on immunization financing has slowed down.** Despite commendable political commitment to sustainable immunization financing, including the Mashako Plan, internal and external challenges have limited government investment, threatening the sustainability of immunization services.
- **Donor dependence threatens the sustainability** of health and immunization services.
- **Low debt levels increase the envelope** for immunization financing. However, **low tax revenues limit this potential.**
- **Insurance coverage for immunization is limited,** placing the financial burden on households.
- **Inefficient systems weaken the financial management** of health and immunization services.

Immunization progress and challenges for financing in the DRC

The Government of the DRC has demonstrated commendable leadership in advancing the vision of universal health coverage and contributing to the United Nations' Sustainable Development Goals. The Mashako Plan 3.0, launched in 2024, aims to rapidly catalyze improvements in immunization coverage while laying the foundations for a sustainable strengthening of the immunization and health systems in the DRC. In 2019, 2021, and 2023, the President of the DRC personally led three fora dedicated to immunization and polio eradication. These initiatives made it possible to mobilize more than US$18 million in endogenous resources each year for the purchase of traditional vaccines and the payment of cofinancing for new vaccines, testifying to political will at the highest level.

The COVID-19 pandemic in 2020 had a profound impact on the health care system in the DRC, particularly on immunization activities. Prior to the global health crisis, the efforts of the EPI had led to notable advances, such as the declaration of the DRC as a country free of wild poliovirus circulation in 2015, elimination of neonatal tetanus in 2019, as well as a 20-point increase in basic immunization coverage between 2018 and 2019. However, since 2022, this progress has slowed down to a worrying degree.

Increased government funding for immunization in the DRC is vital. Approximately 20 million children under the age of 5 are directly at risk of vaccine-preventable illnesses. In 2021, less than half of the population had access to essential health services. Between 2019 and 2022, national immunization coverage in the DRC declined to less than 70 percent, likely due to COVID-19-related disruptions and ongoing conflict. Consequently, the prevalence of vaccine-preventable diseases—such as measles, polio, and meningitis—has surged.

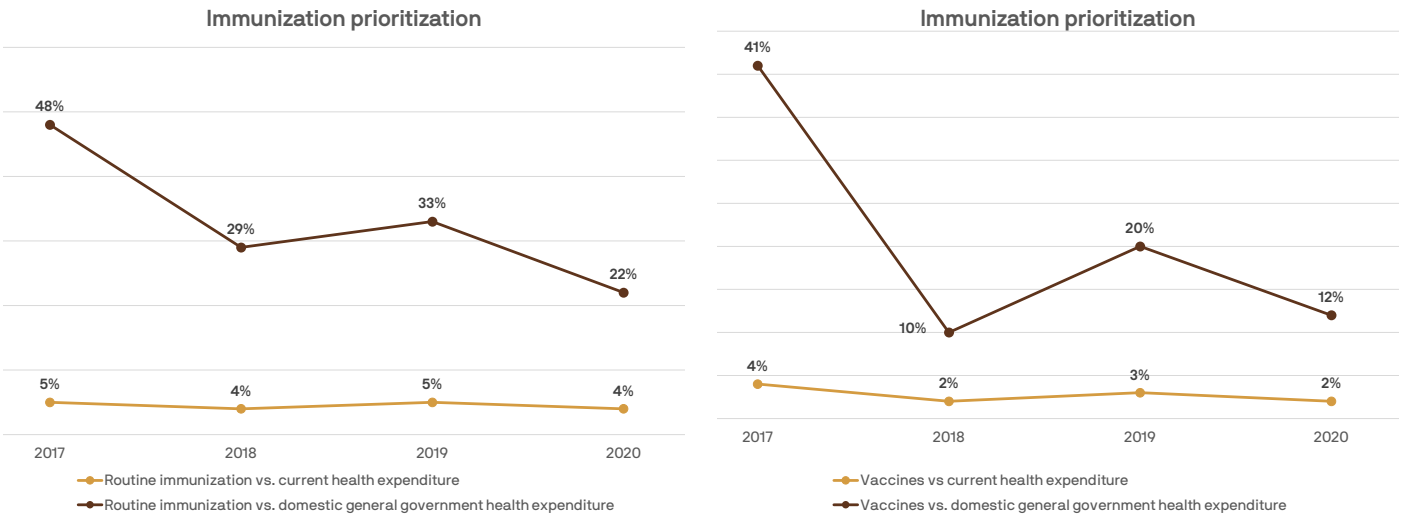
Despite significant natural resources, low tax revenues in the DRC limit government investments in health and immunization, including infrastructure, human resources, supply chain systems, and cold chain systems. Ongoing conflict has also weakened and disrupted health systems.

With high poverty rates, many households prioritize income for sustenance rather than out-of-pocket payment for health care. Internally displaced persons and refugees also have limited access to immunization services, which poses health threats not only internally but also regionally.

Among the countries reviewed in this analysis, the DRC recorded the greatest disparity in immunization coverage between the richest and poorest households. Less than half of the poorest children received a second dose of measles vaccine, for example, compared to more than 80 percent of children from the wealthiest households. More than 60 percent of the DRC's poorest children did not receive the full suite of routine immunizations, and zero-dose disparity was also significant between wealthy and poor families.

Expenditures for routine immunization in the DRC declined between 2017 and 2020 (see Figure 1). Between 2017 and 2020, immunization services accounted for 4 to 5 percent of current health expenditure, compared to other health sector expenses. Domestic health expenditure on immunization programs fell from 48 percent in 2017 to 22 percent in 2020

Figure 1. Prioritization of immunization and vaccines.



Source: PATH. Analysis of Selected African Union Member Countries' Progress Toward Sustainable Financing of Immunization. PATH; 2023

Budget allocation for immunization programs in the DRC is insufficient due to economic instability, conflict, poverty, and competing health priorities. The DRC relies heavily on external donors for vaccine procurement and immunization program implementation. The country is currently classified as being in the initial self-financing phase for Gavi, the Vaccine Alliance, eligibility.

Policy commitments

In addition to the ADI, the Government of the DRC has made national commitments to strengthen immunization services. The 2016 Kinshasa Declaration of Vaccination and to Eradicate Polio pledged "to make vaccination a gateway to universal health coverage".[2] This included a goal to ensure long-term funding for immunization, with targets for national and provincial investments.

The Mashako Plan 3.0 of 2024 is aligned with the vision and objectives of the National Immunization Strategy and accelerates its implementation. The objective of the Mashako Plan is to contribute to reducing morbidity and mortality linked to vaccine-preventable diseases. The expected outcome is to increase the immunization coverage rate for those who have received the third dose of the combined vaccine protecting against diphtheria, tetanus, pertussis, hepatitis B, and Haemophilus influenzae type b in the DRC by 17 points in 24 months in order to protect populations against epidemics. Activities focus on the routine immunization program, human capital development, and the role of EPI entities and coordination.

A review after three years found that immunization sessions increased in pilot provinces, along with supervision visits and stock increases. Coverage rose from 35 to 50 percent between 2018 and 2022. Challenges persisted, however, in vaccine availability, funding of immunization activities, systematic provision of services, and long-term sustainability.

At a glance: Immunization in the DRC

Under-5 population: **19.2 million**[3]

Under-5 mortality: **60 deaths per 1,000 live births**[4]

Immunization coverage rate: **< 70%**

Government contribution to immunization: **23% (2022)**

A call for action

National- and subnational-level decision-makers

- **Progressively increase government financing and budget allocation** for immunization, building on the Mashako model for political commitment.
- **Explore innovative financing mechanisms,** such as public-private partnerships that support immunization services in the context of health sector funding.
- **Expand health insurance coverage for immunization costs** to reduce the financial burden on families.
- **Improve the transparency and accountability of immunization financing** to build trust and confidence among stakeholders.
- **Prioritize immunization programs in development plans** at both national and regional levels and develop **multiyear funding plans** to ensure predictable and sustained support.
- **Prioritize microplanning** to identify resources, needs, and forecasting, and to improve efficiencies among government agencies and partners.
- **Strengthen public financial management and tax administration** to ensure efficiency and mobilize more resources for health and immunization.
- **Improve data systems** with stronger partnerships and practices for data collection, analysis, management, and distribution.
- **Conduct targeted immunization campaigns** in rural and conflict-ridden regions to reach underimmunized and zero-dose children.
- **Invest in social and economic development** to reduce health inequities.
- **Collaborate regionally to improve immunization among refugees** and internally displaced persons.

Civil society

- **Prioritize advocacy efforts for domestic budget allocations to health and immunization services** that will meet regional and global development goals.
- **Track commitments to enhance government accountability** on immunization financing, forecasting, and monitoring.
- **Advocate for the creation of health emergency strategies,** in partnership with policymakers, that mitigate disruptions to immunization services due to conflict, political instability, and natural disasters.
- **Amplify solutions for social and economic development** to reduce health inequities.
- **Sustain advocacy for peace-building and conflict resolution** as critical ingredients to functional health systems and immunization services.
- **Build public awareness and trust in vaccines** through outreach campaigns and engagement with community leaders.

Donors and partners

- **Coordinate sufficient investment that catalyzes increased domestic resources** to support countries in achieving immunization goals and tracking country progress.
- **Emphasize and pursue links between global, regional, and national goals** for immunization programs and health systems.
- **Incentivize and expand local and regional expertise** in vaccine development and immunization technology.

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Sources

PATH's review analyzed secondary data from global and country-based immunization and health databases, peer-reviewed scientific articles, and gray literature.

Data sources for this review encompassed EPI reports, budgets, immunization financing reports, and databases from the World Health Organization, the United Nations Children's Fund (UNICEF), Gavi, the World Bank, and the International Monetary Fund.

Acknowledgments

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