

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards GVAP-RVAP goals

DEMOCRATIC REPUBLIC OF CONGO

A. Progress towards achievement of GVAP goals

1. Summary

This summary table describes the current situation in DRC regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex (Country immunization profile).

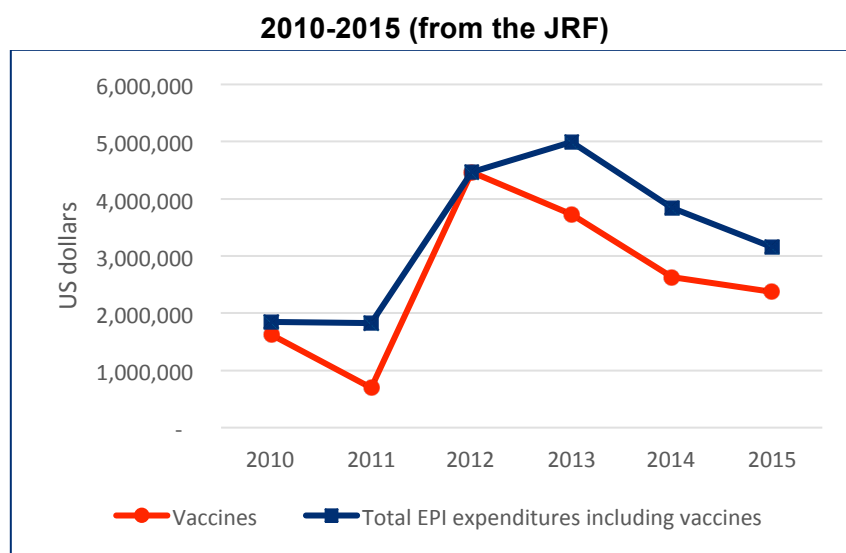
Area	Indicator	DR Congo
10. Government expenditure on routine immunization per live birth (USD)	Baseline 2010-2011 and average for 2013-2015 (% change)	0.7 to 1.4 (+101%)

2.1 Government financing of immunization

As shown in Figure 1, government expenditures for immunization have increased since 2010, after DRC started paying for traditional vaccines in 2009 and co-financing new vaccine introductions. However, the figure clearly shows that government contributions have not been rising steadily, but in fact have dipped considerably in the past four years. This is due to the fact that the transfer of funds from the Government is often slow and funds can be diverted to other uses. As a result, the Government paid for only 20% of the cost of procuring traditional vaccines in 2014 (\$2.4 million out of \$11.8 million), with UNICEF covering the remaining 80%.¹ These delays in releasing funds contributed to national stockouts of several vaccines in 2014 (BCG, TT, measles), as discussed below. The difficulty in getting the Government to release funds has greatly affected DRC's ability to co-finance new vaccines. The country was in default to GAVI in 2014 and 2015 and did not pay the its co-financing obligation for 2014 until July of 2015. DRC continues to be late in making co-financing payments.

Figure 1: Trends in government expenditures for immunization and vaccines

¹2015 joint appraisal report for DRC.



As a result of the disbursement problem, the Government provided only 15% of its immunization budget in 2015 (\$2.3 million out of \$15 million) and 25% in 2014, with most of the funds going to vaccine procurement and very little to the operational costs of routine immunization.² Several partner organizations contributed more than budgeted to help make up the difference, especially for operational costs for vaccination campaigns and routine immunization. In all, the Government's contribution to the EPI budget was 5% in 2014 (due to no co-financing in that year).³ This is a lower rate than in most countries and includes personnel costs. However, these costs are low since most health workers receive no government salary and at most, a small stipend (see next section).

As a result of advocacy for immunization, most provincial governments are now contributing to the operational costs of the EPI, by, for example, buying fuel and BCG syringes and paying for transportation of supplies from higher levels.⁴

² Sources: Financial data from DRC's JRF, 2015 joint appraisal report for DRC, Draft EPI Action Plan for 2016, February 2016.

³ 2015 joint appraisal report for DRC.

⁴ Comprehensive multi-year EPI plan (cMYP) for DRC, 2015-2019, November 2014.

ANNEX: Country immunization profile

- % of total expenditures on vaccines financed by government funds: 4%

