

Polio transition in a snapshot: DRC



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Background

DEMOGRAPHICS¹



Total population, 2022:
99 million



Birth rate (per 1000 people),
2021: **42**



Infant mortality rate (per 1000 live
births), 2021: **62**



Under-5 mortality rate (per 1000
live births), 2021: **79**

FINANCIALS²



Gross Domestic Product (GDP), 2022:
US\$ 58 billion



GDP per capita, 2022:
US\$ 586.5



Health expenditure per capita, 2020:
US\$ 21.25



Health expenditure (% of GDP), 2020:
4%



External health expenditure (% of current
health expenditure), 2020: **37.5%**

KEY RESOURCES

- Democratic Republic of Congo Polio Transition Plan 2022-2024
- [Strategic Action Plan on Polio Transition \(2018 – 2023\)](#)³
- [Polio Eradication Strategy 2022–2026: Delivering on a Promise](#)
- Africa Regional Strategic Plan on Polio Transition

¹ World Bank Data [website] (<https://data.worldbank.org/>, accessed 19 November 2023)

² World Bank Data [website] (<https://data.worldbank.org/>, accessed 19 November 2023)

³ The latest information about polio transition planning can be found at: <https://www.who.int/teams/polio-transition-programme> and <https://polioeradication.org/tools-and-library/policy-reports/timb-resources/reports/>

Overview of polio eradication and transition planning in the Democratic Republic of the Congo

The Democratic Republic of the Congo (DRC) last reported a wild poliovirus case on 20 December 2011, and was certified wild polio-free in August 2020, along with the rest of the African region. However, in the past years the DRC has experienced large-scale outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2), alongside a vaccine-derived poliovirus type 1 outbreak beginning in 2022. Additionally, the country has dealt with significant outbreaks of measles, cholera, yellow fever, and mpox. Access to the conflict-affected eastern region is challenging for humanitarian and health workers, and the western region faces accessibility issues due to poor infrastructure and flooding.



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The polio eradication network in the DRC extends its duties beyond polio surveillance and outbreak response. It plays a crucial role in bolstering essential immunization, integrated disease surveillance and disease control, communication for development initiatives, and overall health system strengthening.

As a highly decentralized unitary state with 26 provinces, the DRC delegates health responsibilities to each province, each with its government and health minister. The DRC's health system heavily depends on external funding. Most provinces allocate less than 5% of their budget to health, insufficient to meet subnational needs. International aid, although vital, is fragmented, affecting

the integrated nature of primary healthcare and leading to the creation of multiple management units and steering committees. The potential reduction of Global Polio Eradication Initiative (GPEI) funding as polio outbreaks are closed poses a significant risk to the DRC's health infrastructure.

Polio transition planning in the DRC began alongside the GPEI's Polio Eradication and Endgame Strategic Plan 2013–2018, of which transition was a core pillar. The DRC's Polio Transition Plan, covering 2022–2024, was published in May 2021. It aligns with the GPEI Polio Eradication Strategy 2022–2026: Delivering on a Promise.



Journey to transition

The DRC's Polio Transition Plan 2022-2024 aligns with the country's broader health priorities. It is currently awaiting full validation and approval by the Inter Agency Coordination Committee. Its key aim is to transition the network and infrastructure established by the GPEI to sustain a polio-free world post-certification. Specifically, by 2024, the plan focuses on achieving the following objectives:

1. Maintaining polio essential functions post-eradication by strengthening routine immunization.
 - Reach a minimum national IPV (Inactivated Polio Vaccine) vaccination coverage rate of 85% and at least 75% in each Health Zone
 - Add a second IPV dose to children's vaccination schedule in all 26 provinces
 - Introduce the second dose of the measles vaccine between 15-18 months in the Health Zones of the 26 provinces
 - Boost demand for vaccination services from 57% to 85%
2. Maintaining polio essential functions post-eradication by strengthening surveillance of vaccine-preventable diseases (VPDs).
 - Increase the proportion of provinces achieving acute flaccid paralysis (AFP) and other VPD surveillance indicators from 50% to 80%
3. Bolstering the country's emergency preparedness, detection, and response capacities to fully adhere to the International Health Regulations (2005).
4. Facilitating the transfer of technical skills, processes, assets, and lessons learned generated by the GPEI to support other health priorities within the country.

DRC's Polio Transition Plan strategies

The country's Polio Transition Plan encompasses a range of functions and corresponding strategies that aim to ensure the sustainable transition of polio essential functions into the broader health system. These include:

Function 1. Implementation and service delivery

- Maintaining and gradually integrating the essential function of routine vaccination through the implementation of the "reaching every district" approach, expanding vaccination into the second year of life, and enhancing local communication strategies.

Function 2. Surveillance

Maintaining and gradually integrating:

- Core surveillance functions for AFP and other VPDs, including laboratory assets and activities and containment measures.
- Assets related to capacity building for mid-level and operational-level providers in VPD surveillance.

Function 3. Outbreak response

- Strengthening the response to any event or case of cVDPV2.
- Securing existing resources and mobilizing additional sustainable resources to respond to epidemics and other emergencies.
- Coordinating response to the COVID-19 pandemic.
- Strengthening the surveillance system for alerts, active research, and investigation of COVID-19 cases.
- Enhancing monitoring and evaluation of COVID-19 vaccination.
- Boosting herd immunity through COVID-19 vaccination.

Function 4. Communication, community engagement and policy advocacy

- Continuing advocacy for sustainable financing for the implementation of the polio transition plan.

Function 5. Maintenance and gradual integration of acquired knowledge and lessons learned

- Gradually transitioning the gains and lessons learned from GPEI to the Government.

Function 6. Improved service offering

- Improving the quality of vaccination services through competent human resources.

Financial sustainability and resource mobilization

The DRC's Polio Transition Plan 2022-2024 has a total budget of US\$ 815.2 million to fulfill outlined functions and corresponding strategies. Some funding is already available from WHO's expanded programme on immunization and other partner contributions, with a remaining gap of US\$ 120.7 million (approximately, US\$ 40 million per year). As of the end of 2023, the gap remained unfunded.

Monitoring and evaluation

The Plan includes a Monitoring and Evaluation Framework, where each objective is matched with corresponding indicators, specifying targets and goals.

At the global level, the Polio Transition Monitoring & Evaluation framework consists of two sets of indicators to measure health system performance in relation to the polio essential functions, and the polio transition process. The framework aims to guide decision-making, facilitate progress, and enable the monitoring of the quality of performance of the polio essential functions.

The datasets related to DRC can be accessed at <https://www.who.int/teams/polio-transition-programme>.

Risks/challenges

- Political instability may hinder the government's ability to increase the state budget allocated for immunization programmes.
- The security situation in certain provinces could obstruct the supply of vaccines and the implementation of vaccination activities.
- The potential lack of a dedicated budget line for immunization by provincial assemblies, coupled with the non-disbursement of pledged funds, could impede resource mobilization and the implementation of planned activities at the provincial level.
- Instability of functional teams at the provincial and operational levels might pose a barrier to effective active surveillance for AFP.

Next steps

- Stopping transmission of cVDPV outbreaks.
- Mobilizing resources for closing the gap and implementation of transition plan objectives with the involvement of the Government and relevant partners.