Implementation of Universal Health Coverage Reforms in the Democratic Republic of Congo (2009 – 2023)

Authors: Dosithée Ngo-Bebe[1], Théophane Kekemb Bukele[1], Fulbert Nappa Kwilu[1], Genèse Lolimo Lobukulu[1], Marcelo Ilunga Kalonji[1], Leonora Mbithi[2], Moreen Mwenda[2], Boniface Mbuthia[2], Lizah Nyawira[2]

1. School of Public Health of the University of Kinshasa

2. Strategic Purchasing Africa Resource Centre, Amref Health Africa Headquarters, Nairobi, Kenya

Abstract

Governments globally are prioritizing Universal Health Coverage (UHC), and the Democratic Republic of Congo (DRC) has taken notable steps toward this goal. The DRC has implemented key reforms, including the revival of Mutual Health Organizations (2017), the establishment of regulatory agencies (2021), and the pilot of free maternity care (2023). Despite these efforts, progress is hindered by low domestic health financing, weak governance, weak governance, health system fragility, ineffective data management and the conflict crisis. This policy brief examines the DRC's journey toward UHC through literature review and expert consultations, and offers recommendations focused on four critical areas: mobilizing domestic resources, strengthening the health system, and improving policy coordination.

Background

Despite progressive efforts, the Democratic Republic of Congo (DRC) is still unable to provide essential health services, which jeopardizes its journey toward Universal Health Coverage (UHC). With a UHC index of just 42% – below the regional average - 6 in every 10 citizens do not have access to a basic package of care, including maternal and child health. The DRC has one of the highest maternal mortality rates in the world, with a staggering 846 deaths per 100,000 live births, with important signals of fragility in the health system.[3-5] Poverty and inequality are inextricably linked barriers to care, with one in every six people living in extreme poverty in the country.

Most households cannot afford the cost or access the means to receive basic health care, compounding health inequities. These compound challenges stem from decades of conflict, political instability, and recurrent humanitarian crises, all exacerbated by new and re-emerging health threats.[6] Since 2019 the DRC government has introduced ambitious policy and legal reforms, including the Universal Health Coverage National Strategic Plan (PSN-CSU), which is the DRC's primary guiding framework for UHC. However, there are lingering gaps in implementation due to weak infrastructure, governance, and under-investment in health. The following policy brief reflects on the DRC's journey toward UHC from 2009 to 2023, identifying successes and ongoing challenges. Recommendations conclude the brief, which emphasize overcoming structural challenges to achieve UHC.

Democratic Republic of Congo (DRC) at a Glance

- Land Size: 2,344,858 km2 (Second largest Country in Africa)
- Population (2023): 105 789 731
- GDP per capita (2023): US$ 627.50
- Poverty headcount at $2.15/day (2024) (% of population): 73.5%
- Life expectancy at birth (2021): 61.6 years
- Current health expenditure (CHE) per capita (2022): US$ 24
- Domestic government expenditure as % of CHE (2022): 18%
- Out-of-pocket expenditure as % of CHE (2022): 37%
- External expenditure as % of CHE (2022): 39%

Sources: World Health Organization (WHO).[1,2]

Methodology

The Process Documentation (PD) methodology used for the continuous monitoring of UHC-related processes in Africa was applied.[7] The PD approach is comprised of four stages: (i) preparation, (ii) recording of events or stakeholders' interventions, (iii) periodic analysis of a series of records, and (iv) in-depth analyses of a series of records to answer a policy question. Data were collected through literature, documents, and policy reviews augmented with exploratory interviews conducted by health experts at the University of Kinsasha who provide technical support to the Ministry of Health (MoH).

Data analysis was based on a content analysis of pertinent documents on UHC in DRC and key informants. The analysis followed principles of flexibility, iteration, accumulation, triangulation, and reflexivity to ensure a thorough and valid understanding of the process. The implementation process consists of pathways presented in a timeline.

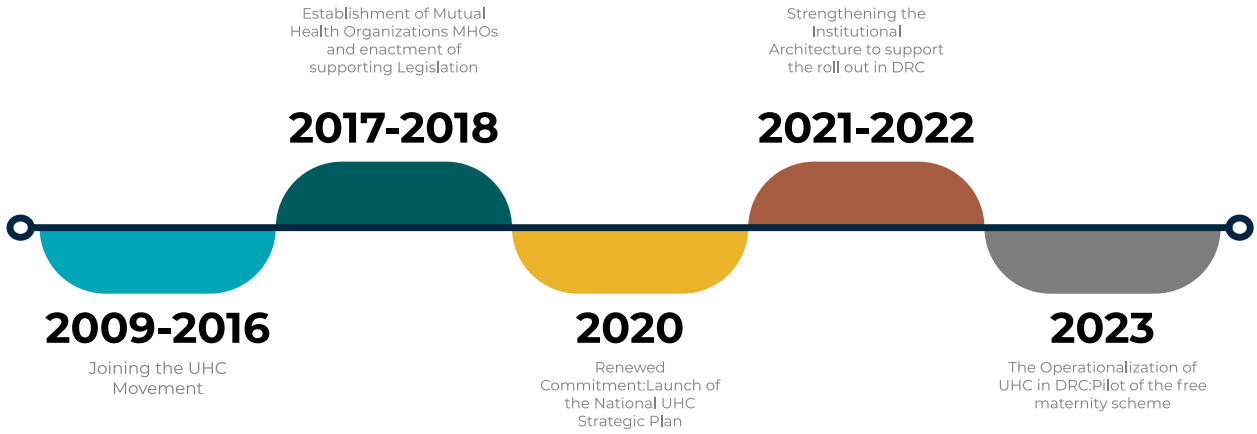

Figure 1: Key UHC reforms in DRC Source
Authors analysis of policy documents

Findings

Our findings summarize the UHC implementation process into five main steps in the period from 2009 to 2023 reflecting on the successes and challenges encountered during implementation.

1. Joining the UHC Movement (2009- 2016)

In 2009, DRC joined the International Health Partnership (IHP), a coalition of countries set to address challenges in health coverage and improve health outcomes post the Millennium Development Goals (MDGs), marking its first formal step towards prioritizing programs that promote UHC. In 2016, when the IHP mandate was transferred to UHC2030, DRC joined other countries, in Brazzaville, and agreed to the revised UHC roadmap.[8] This commitment drew the government's attention to the insufficient health coverage and substandard financial protection of its citizens, especially those in the informal sector. The introductory phase was supported by the World Health Organization (WHO) which provided technical assistance to the Ministry of Public Health, Hygiene and Prevention with other stakeholders in the health sector ensuring policy alignment. Although formal commitments were made, the challenges in mobilizing adequate resources for the health sector, weak economic status, weak health infrastructure, and poor governance limited the progress towards UHC.

A notable milestone was the launch of Mutual Health Insurance for government employees (teachers and civil servants) working in the primary and secondary education system in 2 provinces, Kinshasa and Equateur in 2011.[9]

2. Establishment of Mutual Health Organizations (MHOs) and Enactment of Supporting Legislation (2017- 2018)

The country prioritized a social protection system based on contributory health insurance through the Mutual Health Organizations (MHOs), which have been around since the 1990s. On February 8th, 2017, law No. 17/002 was enacted, clarifying the roles and fundamental principles of the MHOs. [10] The law provided two options for implementing health insurance in DRC; i) mandatory enrollment for anyone whose premium can be deducted at source for example; enterprise-based, corporate, schools, and student MHOs, and ii) voluntary enrolment in community-based MHOs (mutuelles) for informal sector workers.[11] Despite the enactment of these legal frameworks, health insurance coverage has remained low.

[9] New MHOs often attract few members and are often dissolved due to inconsistencies in paying annual premiums. Moreover, while MHOs offered a platform for social accountability, enabling members to influence provider performance, most healthcare providers did not match this responsibility with care quality.

Further progress was made in December 2018, when the executive branch of the DRC posted Law No. 18/035, "Fixing Basic Principles Relating to the Organization of Public Health." [12,13] The law outlined the government's responsibility to promote better health outcomes through improved public health and reduce infectious diseases, critical steps in progress towards UHC.

3. Renewed Commitment: Launch of the National UHC Strategic Plan (2020)

In 2019, DRC witnessed its first-ever peaceful power transition since independence rekindling hope in the government's ability to advance the provision of civic rights.[14] The current administration affirmed its' commitment to UHC when the head of state appointed a cabinet member of the President's Special Advisor to steer the UHC process in DRC.

A major first step was the establishment of the Universal Health Coverage National Strategic Plan (PSN-CSU).[15] The government convened both state (Presidency, Special Advisor to the Presidency for the UHC implementation) and non-state actors (including Non-Governmental Organizations (NGO) and WHO among others to share reflections and experiences that would help shape the discourse on UHC/CSU. This was held within the context of COVID-19.

While strategic planning established a clear roadmap for the implementation of UHC, it was characterized by weak governance, inadequate management capacity, and inadequate resources hindered progress and threatened the sustainability of UHC reforms in the country.

4. Strengthening the Institutional Architecture to Support the roll out in DRC (2021 -2022)

The stakeholders agreed and validated the CSU/UHC strategic plan 2020-2030 on December 7th, 2021. Following this, the president signaled and mandated the establishment of the National Council for Universal Health Coverage (CNUHC), a body established to steer the UHC agenda forward. Several other institutions were established to operate CSU/UHC. This includes the UHC Regulatory and Control Authority (ARC-CSU), the Health Solidarity Fund (FSS), the Health Promotion Fund (FPS), the National Institute of Public Health (INSP), the National Agency for Clinical and Digital Health Engineering (ANICNS), and the Congolese Pharmaceutical Regulatory Authority (ACOREP). [16] Leadership was appointed to oversee these six new institutions and capacity building was conducted to strengthen the effectiveness of these new institutions. As shown in Table 1 clear roles and responsibilities of these institutions have been set out. However, coordination mechanisms between these agencies remain inadequate.

Table I: Roles and responsibilities of the agencies to coordinate the implementation of UHC

Agency	Roles and responsibilities in the health system
National Council for Universal Coverage (CNSU)	From the office of the President, to coordinate, all activities in the implementation of UHC
National Institute of Public Health (INSP)	Under the authority of the Minister of Health, it coordinates health Programs and interventions that fight and prevent diseases. It coordinates also stakeholders and actors from other sectors whose roles are determinants in the promotion or the prevention of diseases according to health in all policies.
National Agency for Clinical Engineering, Health Information and Informatics (ANICIIS)	Under the authority of the Minister of Health, it coordinates digital development in favor of health facilities and promotes clinical engineering
UHC Regulatory Agency (AR-CSU)	Under the authority of the Prime Minister, it provides rules and ensures their implementation in coordinating, and accrediting facilities that are being involved in the provision of quality services related to UHC
Health Solidarity Fund (FSS)	This consolidates all related health funds to purchase health services, on behalf of the National Social Security Fund (CNSS); National Social Security Fund (CNSSAPE); National Social Security Fund (FNSS) and Community Based Health Insurances (CBHI). It signs contracts and pays for services with health facilities and pharmaceutical companies accredited by ARC-CSU which deliver health services and supply medicines.
Health Promotion Fund (FPS)	It supports building and renovating health facilities, purchasing and equipping them, and providing financial resources for research to improve the quality of health care among facilities accredited by ARC-CSU
Congolese Pharmaceutical Regulatory Authority (ACOREP)	Its mission is to contribute to universal access to health services for the Congolese population by ensuring the marketing of high-quality, effective medical products.

Source: Authors, documents from the Government of DRC

5. The operationalization of UHC in DRC: Pilot of the Free Maternity Scheme (2023)

The implementation of UHC in the DRC took a significant step forward in September 2023 with the launch of the Free Maternity Care Scheme, piloted in Kinshasa. This initiative was formalized through the enactment of Law No. 23/006 on March 3, 2023, which established the Total Subsidy for the Care of Pregnant Women, Mothers, and Newborns (TSP) scheme[15]. The scheme has reduced the incidence of out of pocket (OOP), however there were concerns about the quality of maternal care. During the period from September to December 2023, maternal mortality rates remained high. For instance, in October, there were 10 maternal deaths out of 1,117 live births in facilities implementing the TSP scheme.

The Health Solidarity Fund (FSS) manages the TSP scheme and acts as a central platform for pooling funds from multiple sources to support the UHC implementation. This financial structure allows for better risk pooling across different population groups and potentially more strategic purchasing of health services. The government plans to gradually extend the TSP to other provinces, with the pace of expansion dependent on the availability of funds.

Implementation Challenges

1. Inadequate resource mobilization for UHC

A key principle of UHC is the mobilization of adequate resources to ensure coverage. However, over the past decade, the government of DRC has failed in its commitment to allocate adequate funds for health. DRC allocates only 4.34% of the total budget to health, which is significantly below the 15% Abuja target. Additionally, its health expenditure accounts for 0.63% of its gross domestic product (GDP), far below the set target of 5%. Due to low public funding estimated at 18% of the total health expenditure (THE), the health system relies heavily on unsustainable health financing sources such as households and external funding accounting for more than 79% of THE. The recent withdrawal of U.S. Government (USG) funding has exacerbated the situation, leaving millions exposed low financial protection as they seek for health services. Nyamugira et.al (2018) reported that out-of-pocket (OOP) expenditure remained statistically unchanged from 2009 to 2018.[8] This household financial burden is compounded by the socioeconomic challenges in the country including; high poverty rates, income disparities, and regional economic disparities that make the citizen more prone to catastrophic health expenditure and limit their access to healthcare.

2. Weak health governance

Health sector performance in DRC has remained weak. Multiple health reports highlight poor governance, lack of commitment to fulfill policy goals, weak institutional governance arrangements, and weak enforcement of public financial management (PFM). This affects accountability for the available resources for health and hence remains the main obstacle to achieving national health priorities.[3,8] Although the new administration has set laws and mitigation measures to combat corruption, the transformation of the system is lengthy and complex.

Secondly, the newly formed agencies mandated to implement UHC reforms face stakeholder coordination challenges, particularly in delineating roles and responsibilities between the CNSU and AR-CSU. This undermines policy implementation and the effective delivery of healthcare services in the DRC. Thirdly, the governance bodies lack the capacity to fulfill on their mandate, especially in the decentralized system. For instance, Provincial Health Offices report capacity constraints in implementing new policies, particularly in remote areas. If governance is strengthened and corruption mitigated, DRC has the potential to unlock resources for the health system.

3. Fragile health system

DRC faces service readiness challenges such as inadequate equipped health facilities, shortage of health workforce, and shortages of essential medical supplies are factors that hinder the provision of essential health services and impede progress towards UHC. For instance, there are only 0.28 medical professionals per 10,000 individuals, significantly below the global target of 22.8 healthcare workers per 10,000.[17] This makes it challenging to provide adequate medical care to individuals who require it.

4. Ineffective data management

The absence of functional, interoperable health information systems and weak data management affect the availability of real-time and high-quality data which hinders evidence-based decision-making and resource allocation within the health sector. This is further complicated by low completeness rates, timeliness, and accuracy of data, and low dissemination of health information both on health expenditure and health statistics. Additionally, the current monitoring framework lacks standardized indicators across agencies, making it difficult to track overall progress toward UHC goals.

5. Conflict crisis

The prolonged humanitarian crisis rooted in resource exploitation, political instability, ethnic rivalries, and armed groups in the country has resulted in insecurity and displacement, disrupting the continuity of crucial health service provision including maternal care, vaccination, and treatment for chronic diseases. Secondly, decades of conflict in DRC have further aggravated the fragile health system through the destruction of health infrastructure, the displacement and loss of healthcare workers, the increased burden of infectious diseases, and the widespread disruption of medical supply chains. Conflict influences the social determinants of health, the economic viability of a country, socioeconomic status of individuals undermining progress toward UHC.[18]

Policy recommendations

Overall, the success of UHC in the DRC will depend on the ability to mobilize domestic resources, strengthen health systems such as infrastructure, and maintain strong political leadership to prioritize the UHC enablers.

1. Increase Domestic Resource Mobilization for Health

The government of DRC should progressively increase the amount of public funding for the health sector with the goal of reaching 5% of GDP or 15% of the national budget by 2030, through innovative financial mechanisms, improvement in tax collection, and efficient use of taxes. This will provide an opportunity to strengthen the three main existing pooling arrangements (Mutual Health Organizations, Community Based-MHOs; mutuelles, and government budgetary allocation) ensuring that poor and vulnerable populations are not left behind.

2. Improve Monitoring, Evaluation, and Accountability

Develop a unified UHC Monitoring and Evaluation Framework with standardized indicators, regular reporting, and data feedback mechanisms from provinces to national level. Additionally, operationalize digital dashboards and interoperable Health Management Information Systems (HMIS) to enable evidence-based decision-making and real-time monitoring of key UHC indicators.

3. Expand the Total Subsidy Program (TSP)

Assessment of the TSP scheme to assess impact, identify gaps, and inform scaling plans. Through Strategic Health Purchasing (SHP), the country should aim to adopt mechanisms such as aligning Provider Payment Mechanisms (PPMs) with provider behavior, strengthened performance monitoring that incentivizes good provider performance in TSP roll-out to reduce maternal and neonatal deaths, and upholding the standard of care.

4. Strengthen Health System Capacity and Infrastructure

FSP and MoH should conduct periodic comprehensive capacity needs assessments for UHC implementation at all levels, which will lead to providing targeted training programs to build the capacity of the different actors involved in the implementation of the UHC/CSU including the sub-national and health facility Staff.

5. Adapt UHC Implementation in Conflict and Crisis Settings

Develop contingency and resilience plans for UHC implementation in conflict-prone areas to ensure continuity of care, especially for maternal and child health services. This could include e-mobile clinics, and the use of drones that ensure service delivery.

Conclusion

The path toward UHC in the DRC is a long-term journey that requires continuous learning and adaptation from past experiences. While progress has been achieved, the government's leadership and commitment, coupled with strengthened financial resources and adequate health infrastructures, are key to UHC for all Congolese citizens.

Références

1. Democratic Republic of the Congo. https://data.who.int/countries/180.
2. Global Health Expenditure Database. https://apps.who.int/nha/database/ViewData/Indicators/en.
3. Democratic Republic of Congo Overview: Development news, research, data | World Bank. https://www.worldbank.org/en/country/drc/overview.
4. 9A706FD. https://data.who.int/indicators/i/3805B1E/9A706FD.

5. Ramazani, I. B. E., Ntela, S. D. M., Ahouah, M., Ishoso, D. K. & Monique, R. T. Maternal mortality study in the Eastern Democratic Republic of the Congo. BMC Pregnancy Childbirth 22, (2022).
6. Digital 2024: The Democratic Republic of the Congo — DataReportal – Global Digital Insights. https://datareportal.com/reports/digital-2024-democratic-republic-of-the-congo.
7. Process documentation for advancing universal health coverage policies a compendium of resources. (2022).
8. Nyamugira, A. B., Richter, A., Furaha, G. & Flessa, S. Towards the achievement of universal health coverage in the Democratic Republic of Congo: does the Country walk its talk? BMC Health Serv Res 22, 1–13 (2022).
9. Ngo Bebe, D. et al. Making health insurance responsive to citizens: The management of members' complaints by mutual health organisations in Kinshasa, Democratic Republic of Congo. BMJ Glob Health 7, (2023).
10. Republique democratique du congo loi determinant les principes fondamentaux relatifs a la mutualite. (2017).
11. Criel, B., Waelkens, M. P., Nappa, F. K., Coppieters, Y. & Laokri, S. Can mutual health organisations influence the quality and the affordability of healthcare provision? The case of the Democratic Republic of Congo. PLoS One 15, (2020).
12. Law No. 18/035 of December 13, 2018 establishing the fundamental principles relating to the organization of public health. https://www.leganet.cd/Legislation/Droit%20Public/SANTE/Loi.18.035.13.12.2018.html.
13. WHO MiNDbank - Loi n° 18/035 du 13 décembre 2018 fixant les principes fondamentaux relatifs à l'organisation de la Santé publique (Law No. 18/035 of December 13, 2018 establishing the fundamental principles relating to the organization of Public Health_. https://extranet.who.int/mindbank/item/6906.
14. First peaceful transfer of power in DR Congo 'an extraordinary opportunity' for advancing rights | UN News. https://news.un.org/en/story/2019/03/1034971.
15. Progress Report-Democratic Republic of The Congo 01/12/2022-30/12/2023 ILO Global Flagship Programme on Building Social Protection Floors For All-Phase II A Training Session for Officials of UHC Bodies on Social Health Protection and UHC Governance in Kinshasa.
16. 811.03.20-Decret-du-5-mars-2020_ACOREP.
17. Local Health System Sustainability Project, U. Rapport de l'Analyse Du Financement de La Sante En RDC.
18. Makali, S. L. et al. Exploring the inherent resilience of health districts in a context of chronic armed conflict: a case study in Eastern Democratic Republic of the Congo. Health Res Policy Syst 22, (2024).

Amref Health Africa has been implementing the Strategic Health Purchasing Africa Resource Center (SPARC) in partnership with technical partners (learning institutions and research organizations) in more than fourteen (14) countries, with support from a grant from the Bill & Melinda Gates Foundation. In the DRC SPARC has collaborated with the University of Kinsasha. For more information, please visit our website at **https:// https://sparc.africa.** For questions, please write to us at **info@sparc.africa**