

# Evidence brief to support **continued prioritisation and increased spending on family planning and reproductive health** in the Democratic Republic of Congo (DRC)



## Overall health allocation in the DRC is increasing but execution rates remain low

In 2021, the per capita public expenditure on health was:

**55,215 CDF\***  
/\$US 22.70<sup>1</sup>

An annual public expenditure of **at least US\$86** per capita is needed for LMICs to deliver an essential package of services.<sup>2</sup>

\*with 1 dollar estimated at 1,993 CDF, at 2021 rates.

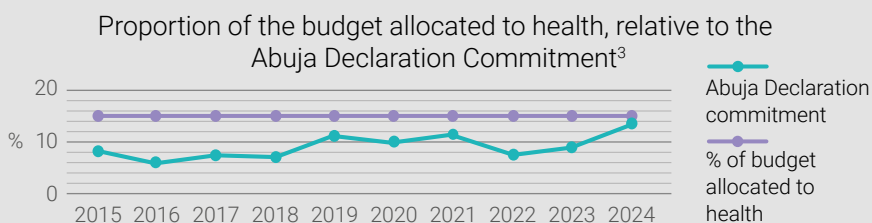
Government expenditure on health accounted for 4% of GDP in 2022.<sup>3,4</sup>

**+** 4%

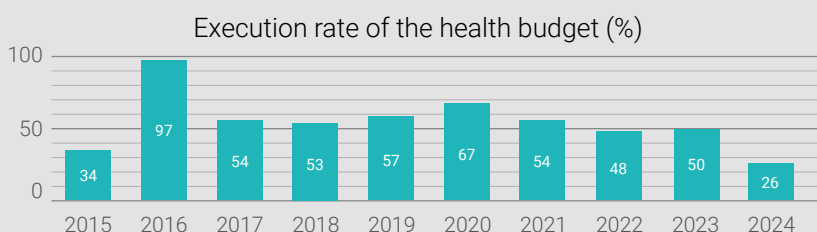
It is widely accepted that achieving UHC requires governments to spend **at least 5 – 6 %** of their GDP on health care.<sup>5</sup>

The proportion of the budget allocated to health has fluctuated significantly over the last 10 years, from 6.7% in 2016 to 14.1% in 2024.<sup>3</sup>

In 2001, African Union (AU) member states committed to allocate **at least 15%** of their national budgets to health.<sup>5</sup>



While there was an overall increase in allocation to health from 2015 and 2024, a significant portion of the health budget was not spent.<sup>3</sup>



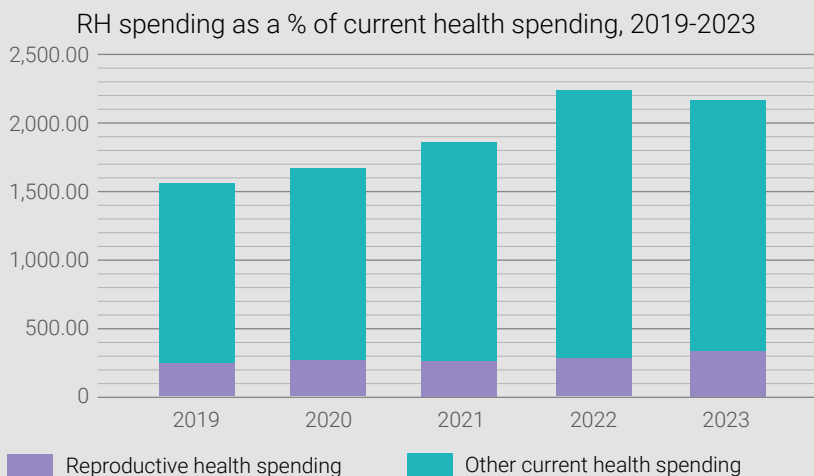
## Only 3% of reproductive health spending is for family planning

Reproductive Health (RH) as a proportion of total current health spending ranged from 13% to 17% during the period 2019 and 2023.<sup>3</sup>

However, the majority of RH funding was for maternal and reproductive health:

**In 2021, 2022 and 2023 only 3% of spending on RH was for family planning (FP), amounting to an average of US\$9m each year.**

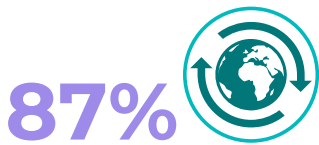
**3%**



## In 2023, almost 90% of FP funding was from donors

Analysis of FP spending from 2019 to 2023, revealed a consistent trend with the large majority of spending coming from external donors or the “rest of the world.”<sup>3</sup> In 2023 the breakdown was as follows:

### “Rest of the World”



**[-2%pt from 2022 to 2023]**

Persistently high reliance on external sources compromises the sustainability and predictability of FP funding.

### Government



**[-1%pt from 2022 to 2023]**

Government spending on family planning is relatively modest, compared to external funding. Given the fall in donor funding, it will be critical to increase this share.

### Households



**[+1%pt from 2022 to 2023]**

Thanks to free commodities, households contribute a small but growing share of expenditure on FP. In the interest of equity, this share must not be allowed to grow.

### National NGOs



**[no change from 2022 to 2023]**

The share of spending from national NGOs is negligible, ranging from 1 to 2% from 2019 – 2022.<sup>3</sup>

DRC has been significantly impacted by the ODA cuts, particularly due to the suspension of funding from the US Government, which accounted for 59% of the bilateral ODA disbursements to health in DRC in 2023<sup>7</sup>. Qualitative research carried out in July 2025 revealed a significant disruption to family planning services in conflict affected areas<sup>8</sup>:

**“With the US aid cuts, family planning services are almost non-existent for women who want them, even though family planning is one of the strategies to reduce maternal morbidity and mortality by 2030.”**

Health Program Manager working in South Kivu

## In 2023, the vast majority of funding went to primary facilities, leaving little for demand creation, supply chain management or monitoring and evaluation.

From 2019 to 2023, FP spending followed a consistent pattern with a large majority of the funds being channelled through outpatient health providers (ranging from 67% to 84%).<sup>3</sup> In 2023, spending by provider type was:

### Preventive Providers



**[-3%pt from 2022 to 2023]**

The share of spending on preventive providers is low and declining, raising concerns about investment in community sensitisation and demand creation.

### Administration and Finance



**[-2%pt from 2022 to 2023]**

Spending on non-health services including management and administration have been relatively stable from 5% to 9%.

### Outpatient Providers



**[+5%pt from 2022 to 2023]**

The vast majority of FP spending is through outpatient facilities. While this share is expected to be high, this level leaves little room for critical investments in areas such as training and supply chain management.

### Hospitals



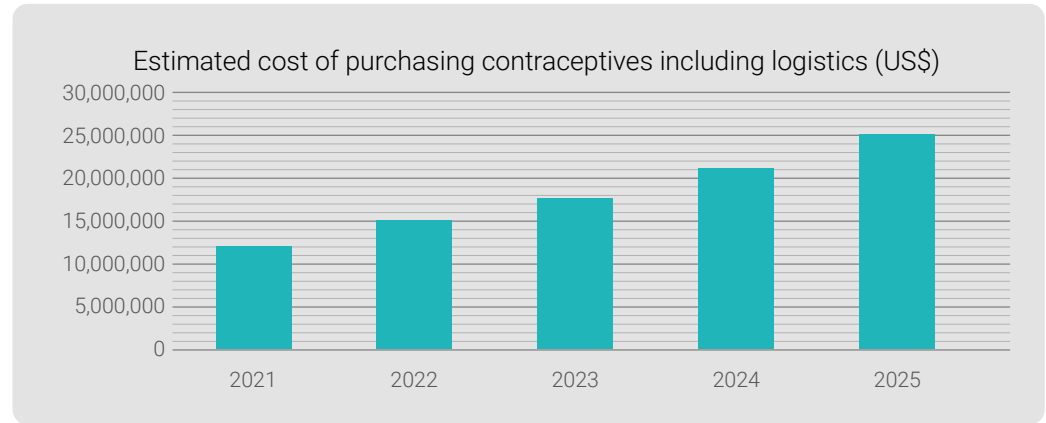
**[no change from 2022 to 2023]**

A very small proportion on spending is channelled through hospitals.

## Recent commitments to allocate US\$5m per year for commodities, while insufficient, represent an important step towards domestic financing of FP in DRC.



According to the National Strategic Plan for Family Planning - NSPFP (2021-2025), the average estimated annual cost of commodity procurement including logistics is US\$23.8m.<sup>9</sup> This represents about 45% of the estimated total annual cost of implementing the NSPFP each year (US\$43m).



At the International Conference of Family Planning 2025 in Bogotá in Colombia, the Government of DRC committed to move from zero budget for contraceptives to \$5m a year over the next four years (2026 – 2029).<sup>10,11</sup> While this remains considerably below the estimated financial requirement, it represents an important step towards national ownership of contraceptive security in DRC. As one of the 54 UNFPA Supplies Partnership countries, this commitment has the potential for DRC to unlock UNFPA matched funds of \$2 for every \$1 of domestic funds spent (up to \$2 million per year).<sup>12</sup>

## An investment of US\$5 million per year will generate significant health benefits<sup>13</sup>



Investing in family planning produces significant cost savings

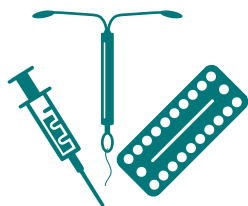


Every **US\$1** invested in family planning beyond the current level reduces the cost of pregnancy-related and newborn health care by **US\$8.13**



**USD 5,000,000**  
investment

Funded by DRC  
Government



**468,056** women  
and couples  
receive modern  
contraceptive care



**140,896** unintended  
pregnancies averted  
**81,797** unplanned  
births averted  
**34,234** unsafe  
abortion averted



**430** women's and  
girls' lives saved

## Key messages:



Strengthening public financing for health (to 5% of GDP) is essential to guarantee health sovereignty and to improve predictability of funding.



Increased priority needs to be given to FP within the RH budget, given its critical role in safe motherhood, especially in the context of reduced external funding.

## Urgent actions:



**Strengthen advocacy to national government** to increase availability and efficiency of RH funding, by:

- Actively following up on the signature of the 2024 Compact, currently pending at the Minister of Finance's office, to prevent UNFPA from having to reduce contraceptive quantities.
- Making the case for increased investment in family planning, using the evidence presented in this fact sheet to tailor the messages according to the interests and priorities of different stakeholders.
- Organising round tables to build support for FP/RH investment with the participation of the media, civil society and the National Assembly. One issue to be tabled is reduced storage fees charged by distribution centres from 8% to 5% of the total acquisition value for contraceptives, medicines, and other inputs.



**Track allocation and expenditure** to:

- improve disbursement rates for reproductive health and health sector, with a focus on increasing budget execution early in the year and
- ensure that the government delivers on its commitment to allocate and spend US\$5 m per year from 2026 – 2029 to the purchase of contraceptives.



Explore and advocate for **innovative strategies to increase fiscal space** for reproductive health such as:

- reduced customs duties on contraceptives and related commodities, as well as medicines and other health supplies.
- the use of earmarked taxes on alcohol, tobacco or sugary beverages to fund reproductive health.



- Strengthen advocacy with technical and financial partners to align with national policies and procedures in line with international commitments (e.g the Lusaka Agenda).

## References

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2. [Raising more domestic money for health: prospects for low- and middle-income countries | Health Economics, Policy and Law | Cambridge Core](#)
3. PNNS (2025) Dépenses en Santé de la planification familiale : Résultats de l'étude 2019-2023. Kinshasa, Septembre 2025
4. [Democratic Republic of the Congo | World Health Organization](#)
5. [abuja\\_report\\_aug\\_2011](#)
6. [A target for UHC: How much should governments spend on health? | RESYST](#)
7. [Cuts in official development assistance \(EN\)](#)
8. [Abandoned in Crisis: The Impact of U.S. Global Health Funding Cuts in Democratic Republic of the Congo - Democratic Republic of the Congo | ReliefWeb](#)
9. [Plan\\_Strategique\\_National\\_RDC\\_2021-2025\\_1.pdf](#)
10. [Three countries boost family planning funding in 'powerful shift from dependency' in Africa after aid cuts | Global development | The Guardian](#)
11. [UNFPA-RDC on X: "@ONURDCongo @PrimatureRDC @UKinDRC @FP2030Global @FP2030ESA @SwedeninDR Congo @NorwayInDRC @UEenRDC @MinSanteRDC Financement de las planification familiale en RDC Le gouvernement a signé l'accord-cadre de l'UNFPA pour le financement durable et innovant de la planification familiale en #RDC, à travers l'acquisition de contraceptifs et de https://t.co/VagtNAILbi" / X](#)
12. [UNFPA Supplies Partnership Annual Report 2024\\_web \(2\).pdf](#)
13. [Family Planning Investment Impact Calculator | Guttmacher Institute](#)

Women's Integrated Sexual Health (WISH2) West and Central Africa (WACA) is a joint program delivered by MSI Reproductive Choices, Ipas, Options, RAES, Sightsavers, and WiLDAF-AO and funded by UKID.



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