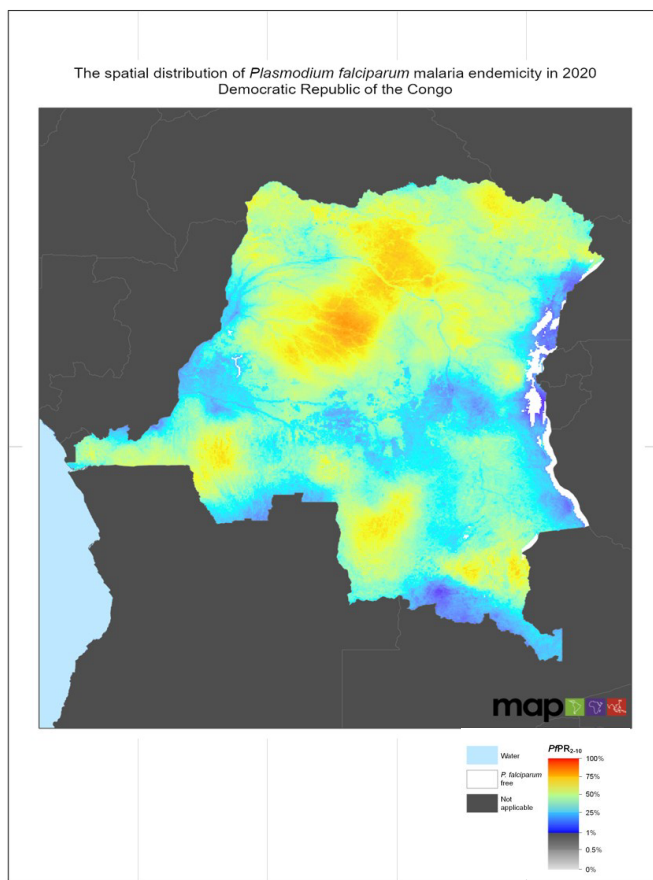


Scorecard for Accountability and Action



The entire population of the Democratic Republic of Congo is at high risk of malaria and transmission is intense year round with seasonal variations. The annual reported number of malaria cases in 2024 was 29,825,871 with 21,260 deaths.

Metrics

Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		3
Insecticide resistance monitored since 2020 and data reported to WHO		
% of vector control in the last year with next generation materials		100
ACTs in stock (>6 months stock)	▲	
RDTs in stock (>6 months stock)		
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)		42
% of Neglected Tropical Disease MDAs Achieving WHO Targets		40
National Budget Allocated to NTDs		
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)		30
DPT3 coverage 2024 (vaccination among 0-11 month olds)		65
Climate Change and VBDs in NDCs		

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

## **Malaria - The Big Push towards 2030**

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. WHO have also recently approved the use of Spatial Repellents. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If the Democratic Republic of Congo cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 51,923,909 additional cases, 90,986 more deaths, and GDP loss of US\$2.6 billion between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Democratic Republic of the Congo there will be a US\$11.2 billion increase in GDP.

### **Global Fund Allocation**

The Global Fund allocation for the Democratic Republic of Congo for Grant Cycle 8 is US\$617.4 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$354 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. The Democratic Republic of Congo Côte d'Ivoire is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain coverage as much as possible.

### **Progress**

The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. DRC has carried out insecticide resistance testing and reported the results to WHO and in response to these data have rolled out next generation mosquito nets to address the resistance. The country has also successfully launched the Zero Malaria Starts with Me campaign.

In line with the priority agenda of the ALMA chair, President Advocate Duma Gideon Boko, the country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control Scorecard. This scorecard is up to date but

has not yet been posted on the ALMA Scorecard Hub. The country has launched their ALMA youth corps.

### Impact

The annual reported number of malaria cases in 2024 was 29,825,871 with 21,260 deaths.

### Key Challenges

- Resource gaps to fully implement the national strategic plan, including the impact of the recent ODA reductions
- Threat of Insecticide and drug resistance

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported
Impact	Work to ensure that malaria elimination is prioritised in the America First Global Health Strategy Country Memorandum of Understanding, and that costed prioritised plans are developed	Q1 2026		The US government is continuing to deliver essential malaria commodities to the country The Ministry of health has signed the 5-year bilateral MOU with the US government, with malaria included
Impact	Work to address the increase in malaria incidence since 2015, and the lack of progress in reductions in malaria deaths which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2026		DRC has finalised the MTR which has reviewed achievements against plans. Recommendations were made in order to implement interventions which will contribute to the decrease of malaria incidence and mortality. At the same time, the NMCP in collaboration with PATH completed Sub National Tailoring which will guide the development of the revised 2026-2030 NSP. The new NSP will be used as a key document in the GF funding request development.
Impact	Work to address the low stocks of ACTs and RDTs	Q 2026		The country now has adequate stocks of ACTs but less than three months supply of RDTs

## Reproductive, Maternal, Newborn, Adolescent and Child Health

### Progress

The country has enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

# Neglected Tropical Diseases

## Progress





Progress in addressing Neglected Tropical Diseases (NTDs) in Democratic Republic of the Congo is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Democratic Republic of the Congo is low for trachoma (9%); for Soil transmitted helminthiasis (49%) and for schistosomiasis (53%). It is very good for lymphatic filariasis (77%) and onchocerciasis (77%). Overall, the NTD preventive chemotherapy coverage index for Democratic Republic of the Congo in 2024 is 42 which represents a decrease compared with the 2023 index value (53). The country did not reach WHO MDA coverage targets for schistosomiasis, soil transmitted helminthiasis and trachoma.

## Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Climate Change and health	Work to collate data on the impact of climate change on Vector Borne disease and incorporate into the next round on National Determined Contributions and National Climate Change Action Plans	Q4 2025		The country's updated NDC (NDC 3.0, 2025) and National adaptation plan to climate change (2022-2026) while prioritizing climate sensitive diseases do not specify VBD and malaria control adaptation plans. However DRC has collated data linking malaria to climate change and plans collaboration between the MOH/malaria programme and the metrology department of the Ministry of Environment for data sharing to better integrate climate data into malaria control programming.
NTDs	Work to increase the Preventive Chemotherapy coverage for trachoma, schistosomiasis and soil transmitted helminths and reach WHO targets	Q4 2026		In December 2025, the country started Mass Drug Administration (MDA) for schistosomiasis, soil transmitted helminthiasis and onchocerciasis in targeted areas to be completed in Q1 2026. The country is now working on the reports. Trachoma MDA was not conducted in 2025 due to delays in medicines delivery. The MDA for trachoma is planned in Q3 2026.

The country has responded to the recommended action on submitting data to the AUC on the status of an NTD Budget line.

## Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due