CERC
CENTRE DE RECHERCHE SUR L'ANTI-CORRUPTION

HealthCheck
BY CERC

HEALTHCHECK · HEALTH FUNDING

Following health money, from the donor to the patient

DRC–United States health partnership 2026-2030 — public data and HealthCheck declarations

> Five-year memorandum of understanding between the DRC and the United States, announced by the Ministry of Health on 26 February 2026: up to USD 900 million of US investment for HIV, tuberculosis, malaria, maternal and child health, epidemiological surveillance and health emergency response. The DRC is to contribute USD 300 million by 2030.

Date 2 November 2026

Sources Ministry of Public Health, statement of 26 February 2026, reported by Agence Ecofin · HealthCheck declarations

900 M USD
of possible US investment over five years (« up to ») · Ministry of Health

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declarations published

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01 About HealthCheck and CERC

HealthCheck (sante.cerc.cd) is a free, open public platform built by the Anti-Corruption Research Centre (CERC), a Congolese research centre based in Kinshasa and Bukavu. It follows, facility by facility, the quality of health services and the money meant for them.

Patients, health workers and health committees (CODESA) report the problems of facilities — medicine stock-outs, unofficial fees, no night duty, hygiene — and follow them until they are checked on site. The « Health funding » module adds the traceability of aid, from the donor to the patient.

The platform works in French, English and Swahili and is designed for mobile phones first. No individual medical data is collected; the names of the people who report are never published.

02 How HealthCheck works

HealthCheck follows health money link by link. Each actor has its own form; the declarations are then compared and checked.

1. **Donors** declare what they funded, to whom they entrusted it and for what purpose, with the contract, the budget and the project period.
2. **International agencies and local organisations** declare what they received, passed on and delivered, and for which facility.
3. **Health facilities** declare what actually reached them (funds, medicines, equipment) and how they used it.
4. **The community and CERC** check on the ground: CODESA members, civil society and citizens check each engagement (seen, partly, not seen) and evaluate the transparency, access to information and effectiveness of the project. CERC compares the declarations and publishes the gaps.

The available public data (OCHA FTS, USAspending, CERF) are integrated and refreshed weekly. All the data can be downloaded as CSV. A gap between two declarations is never presented as proof of fraud: CERC first asks both sides to explain it.

03 Why HealthCheck matters

The Government and the Ministry of Health

A real-time view of the aid received by each facility, health zone and province, including aid outside the State budget; a steering tool for the INSP and the provincial health divisions; evidence to demand accountability from the partners.

Donors

Follow their funds beyond the implementing partner, to the facility and the patient; publish contracts and budgets; independent community verification and open data for their reports and audits.

International agencies

Show, facility by facility, what was delivered; automatic reconciliation with the declarations of donors and facilities strengthens their credibility.

NGOs and local organisations

Recognition of their role, their own declarations of the aid they hand over, and visibility of their results with donors.

Civil society

Citizen check and evaluation forms, open data and evidence for advocacy.

Health facilities and staff

Declare what they actually received, show how they used it, make their needs known, and be protected against unfounded accusations.

Patients and communities

Know what their health centre received, report safely what is really missing, and see every problem followed until it is fixed.

04 Key figures: DRC–US health partnership

Amount committed or allocated

900 M USD

of possible US investment over five years (« up to »)

Ministry of Health · 26 February 2026

Ministry of Public Health, statement of 26 February 2026, reported by Agence Ecofin

Amount committed or allocated as announced by the source: it is not an amount disbursed. HealthCheck documents what actually reaches the health facilities, through the declarations of donors, agencies, local organisations and the facilities themselves.

05 What the recipients did with the money

Sectors and purposes declared to OCHA, and activities reported publicly by the organisations or the press. They are not audited results tied to specific dollars.

Health facilities

> No public source says what the health facilities received from this funding or what they did with it. Only the facilities can say it: this is the « last mile » HealthCheck documents.

06 HealthCheck declarations and citizen follow-up

Declarations published on HealthCheck by facilities, donors, agencies and local organisations, and citizen checks.

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declarations published	facilities	donors	citizen checks	transparency index

No declaration is published yet. The forms are open to facilities (directors, health workers), donors, international agencies and local organisations.

07 Recommendations

1. Publish, partner by partner, the amounts received, spent and remaining of this funding.
2. Ask implementing partners to declare on HealthCheck, facility by facility, the amounts and supplies passed on, with contracts and budgets.
3. Quickly reallocate unused funds to the health zones and facilities that need them.
4. Carry out an independent audit of the response funds and publish its results.
5. Involve the INSP and the provincial health divisions in using the HealthCheck dashboards.
6. Mobilise CODESA members and civil society to check the published engagements on the ground.

08 Method, sources and limits

- Activities: public statements of the organisations, UN reports and press, with their source.
- Amounts are those reported by the organisations and were not verified by CERC. The sources differ in scope and date: their gaps show a need for traceability, not proof of misuse.