

Health research in Eastern Congo
and Rwanda : a tool for improving
health system's resilience
and peace building process

Dr Denis Porignon
School of Public Health
Université libre de Bruxelles

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Introduction

- Health has been a crucial issue in the African Great Lakes region for more than 30 years
- From economic depression to civil wars and natural disasters, population has faced numerous tragedies, especially during the last 15 years
- Research was undertaken to support national health policy in DRC and Rwanda in a view to demonstrating that coping mechanisms can be effective

Methods

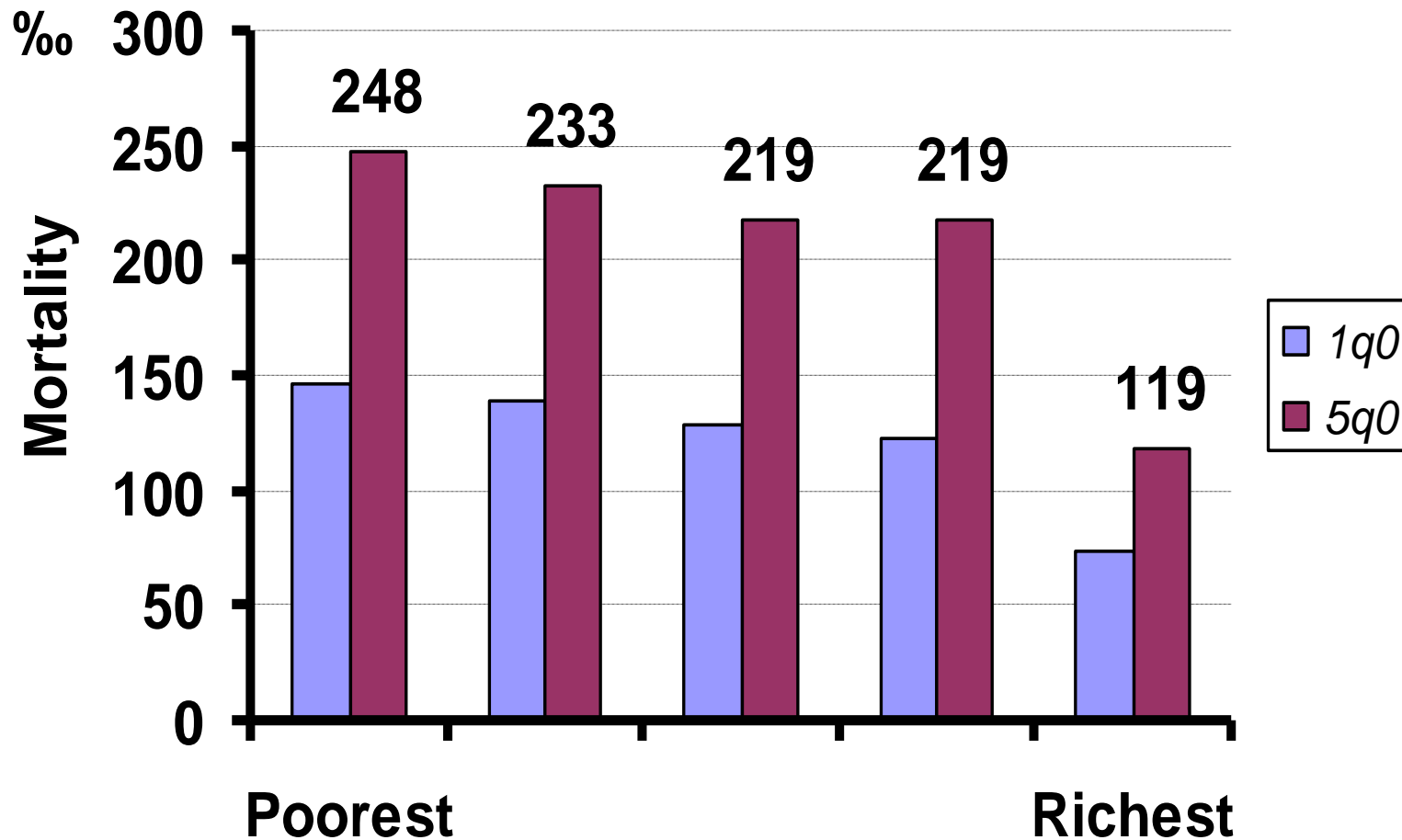
- Existing data
 - routine activity reporting from health facilities
 - surveillance system, including sentinel sites
 - surveys
 - periodic programme assessments
- Mixing quantitative and qualitative methods in « research-action » based on :
 - results of quantitative investigations
 - participating observation
 - case studies
 - stakeholder analysis
 - peer reviewing (validate routine data)
- 25 years of data gathering

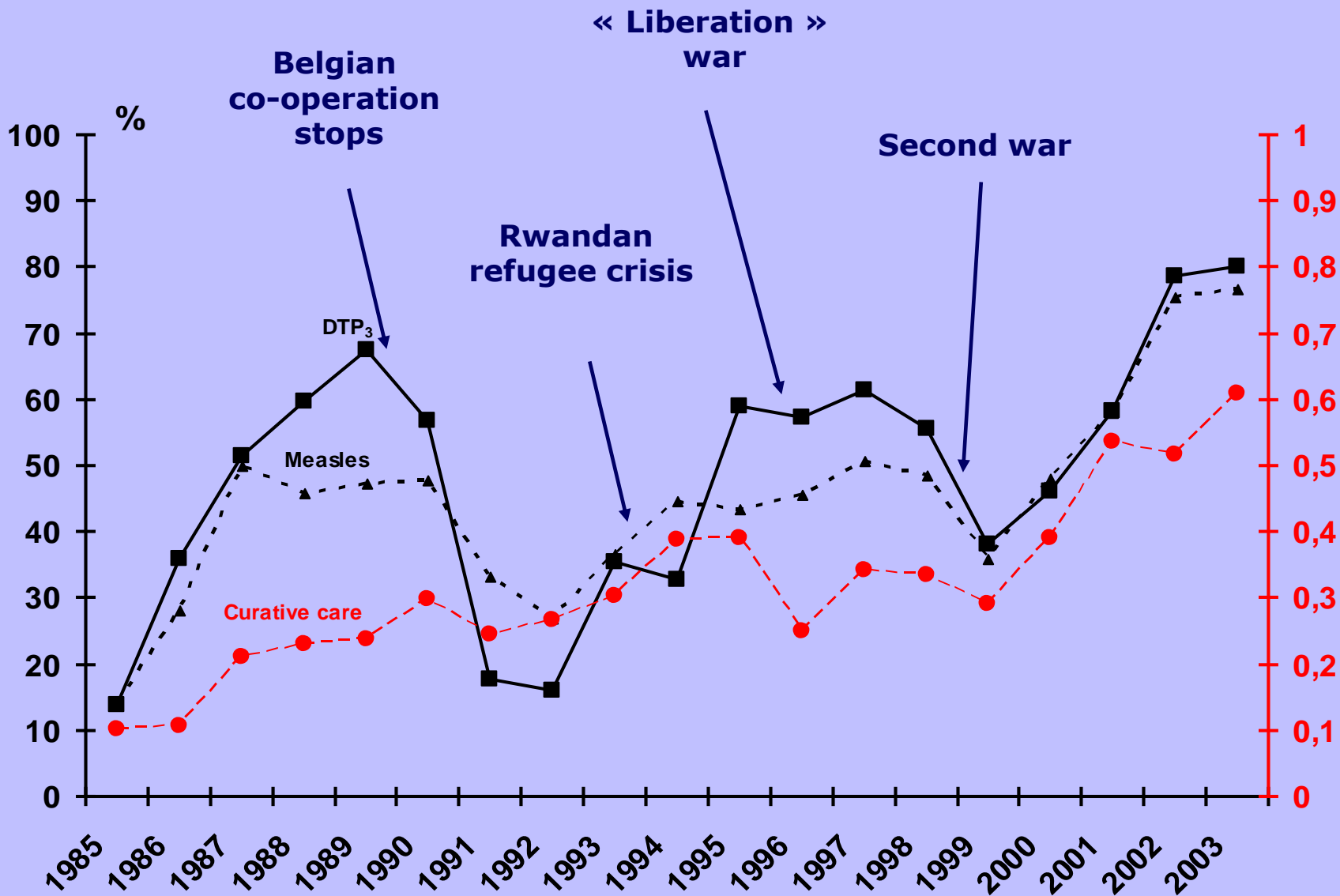


Main Findings

- In many places, collapsed infrastructures have resulted in weakened health system with insufficient capacity to meet the needs of the population
- Control of epidemics, immunization, obstetrical needs are not properly covered – Health workers have not been paid for decades – Accessibility to health services is seriously hampered – Quality remains poor

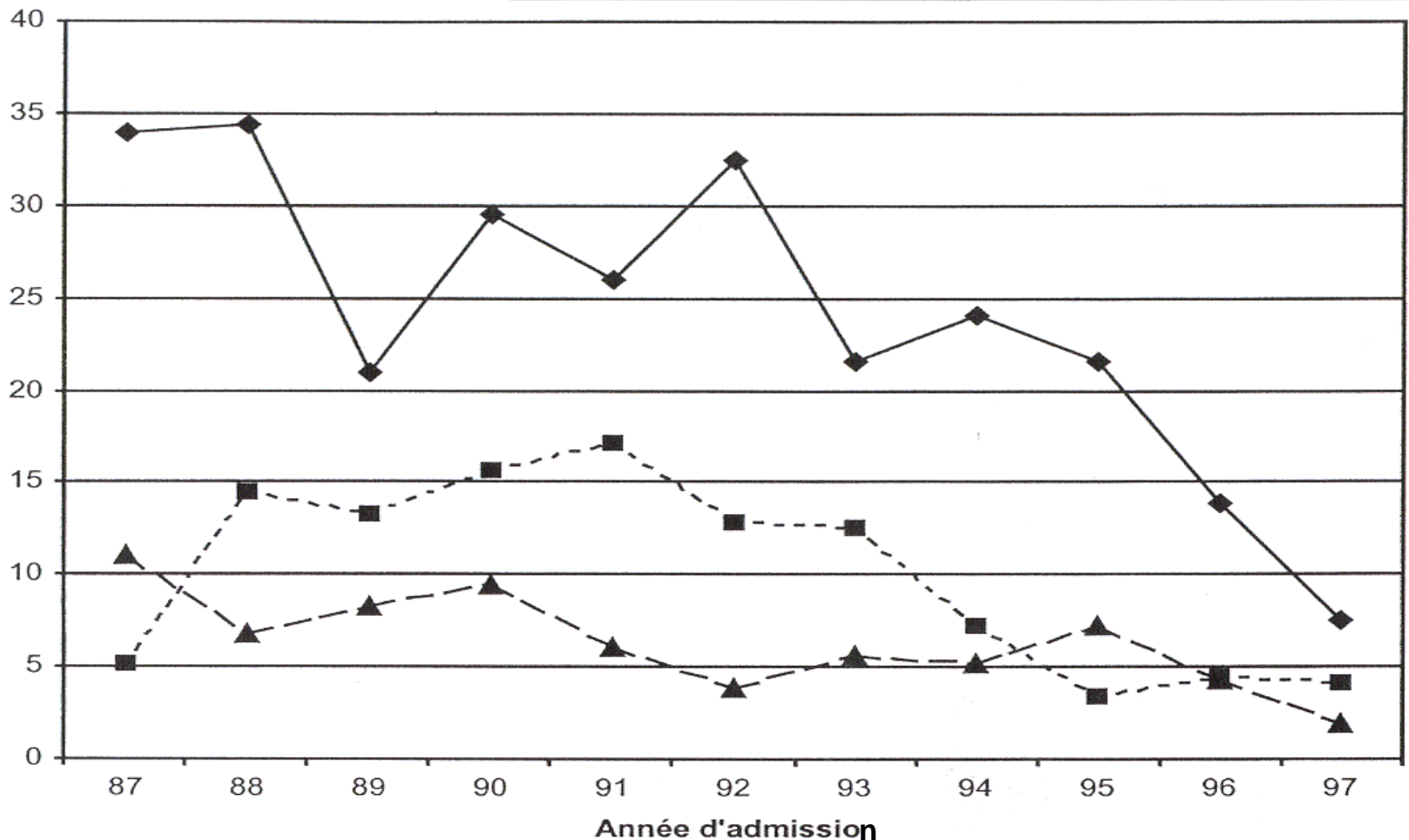
Main Findings





Pourcentage de décès

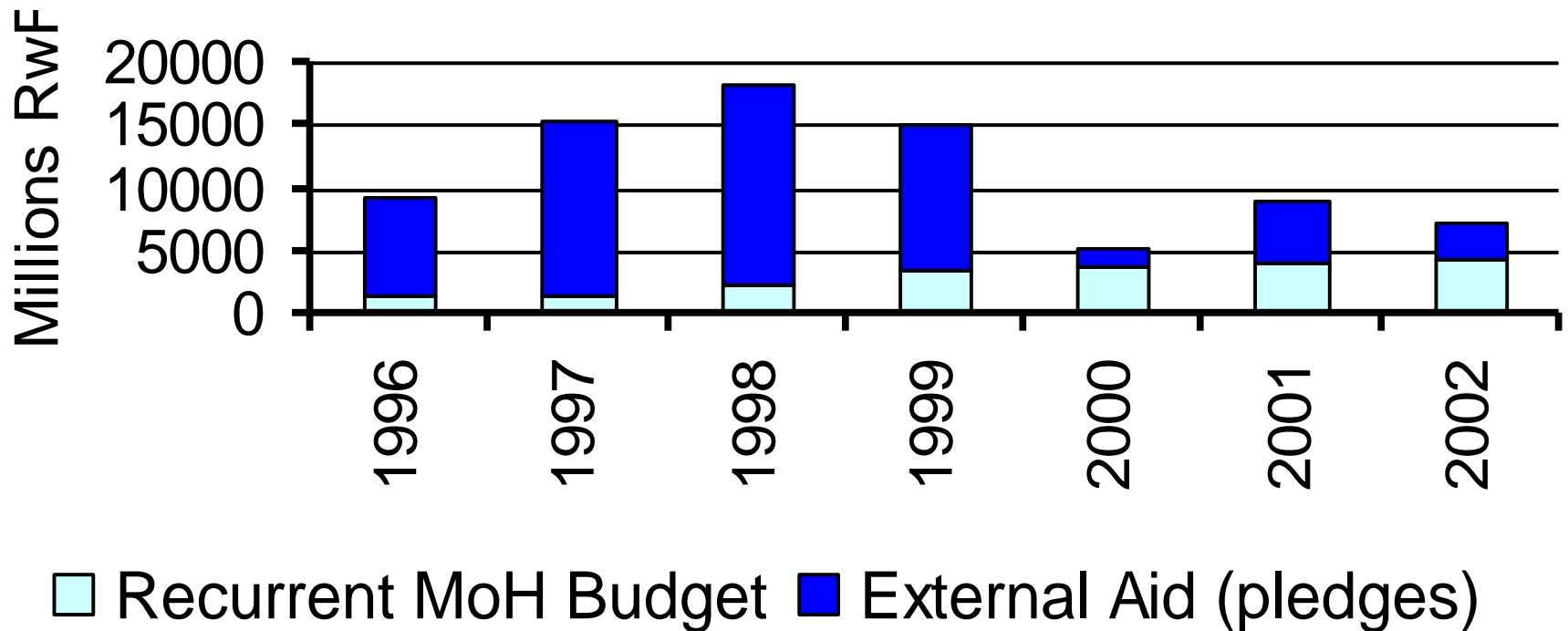
—◆— Mal.grave - - ■ - - Mal.modérée - - ▲ - - BEN



Evolution de la mortalité globale en fonction de l'état nutritionnel d'admission

Main Findings : financial constraints

Contribution of Govt and donors to health financing in Rwanda (1996-2002)



Main Findings : HR constraints

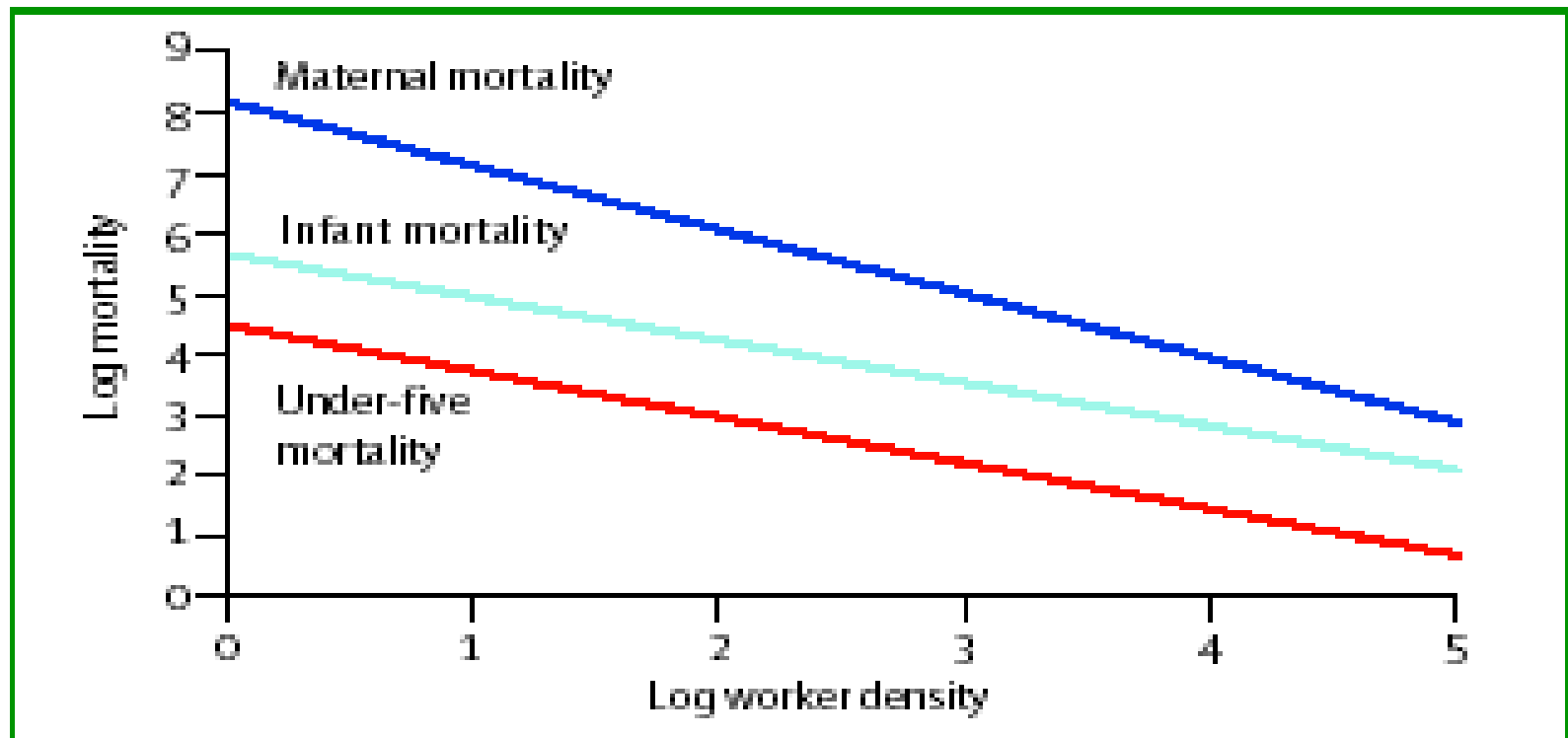
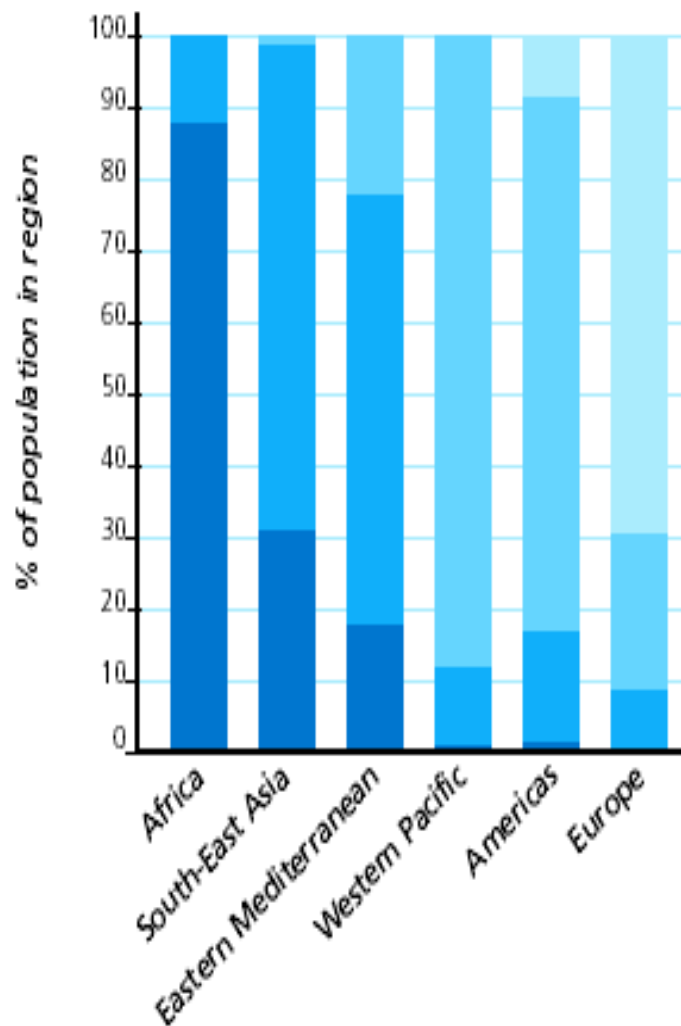


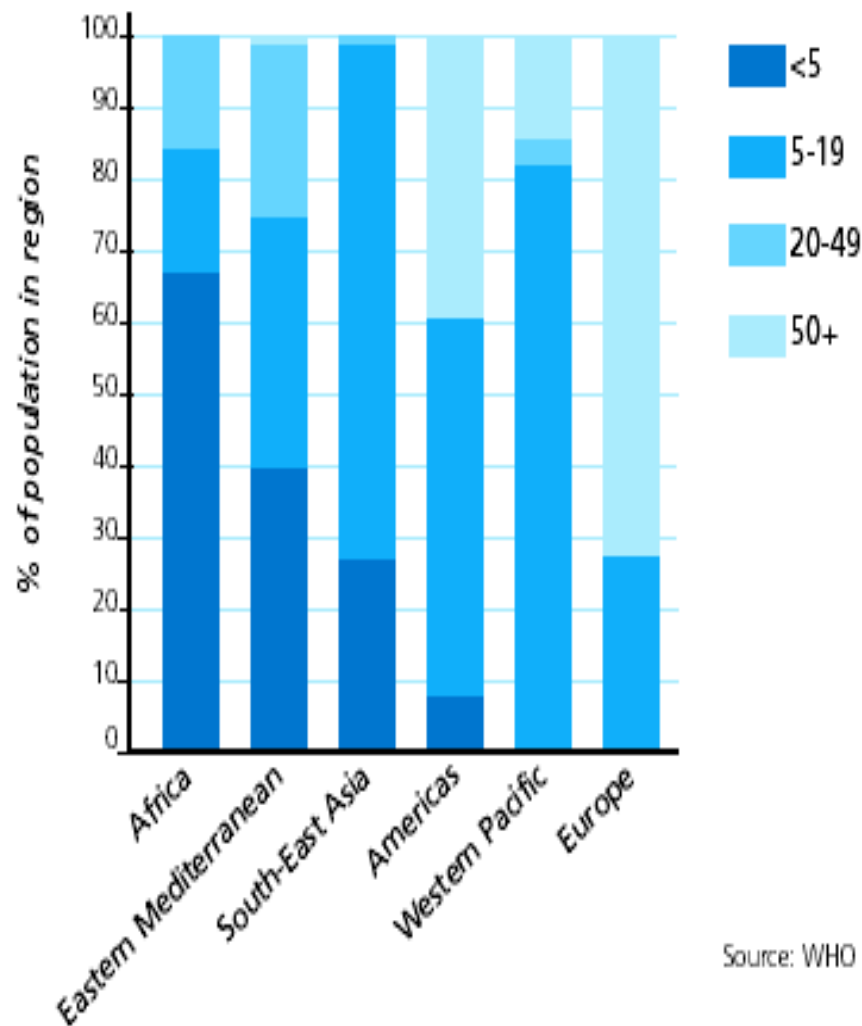
Figure 1: Association between worker density and mortality rates
Compiled with data from reference 6.

Figure 1: Human resources for health, by WHO region, 1995-2004

Physicians per 10 000 population



Nurses and midwives per 10 000 population



Source: WHO

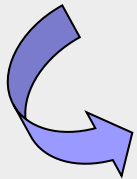


Main Findings : key questions

- Development vs emergency : efficiency ?
- Specific strategies (Global Fund,...) : efficiency ?
- Global strategies (MDG's) : relevance ?
- Research methodology : quantitative methods, but also realistic evaluation, robustness analysis,...

So what ?

- Health system strengthening is essential. Disease control will be effective only if it relies on strong health services
- « Research for decision making »:
 - strategies to motivate health professionals
 - new institutional arrangements to ease external aid (sector-wide approach ? budget support ?,...)
 - financial accessibility
 - quality of care



**The more the health systems are powerful,
the more health professionals are keen
on contributing to the peace process**

Peace... and health

- Health service's main objective is to alleviate suffering
- Community participation in management and decision making can be one of the key to “better governance”
- Health professionals get information to document the severity of crisis conditions and thereby help to mobilize relevant international support
- Their good knowledge of local settings make them relevant partners in mediation process

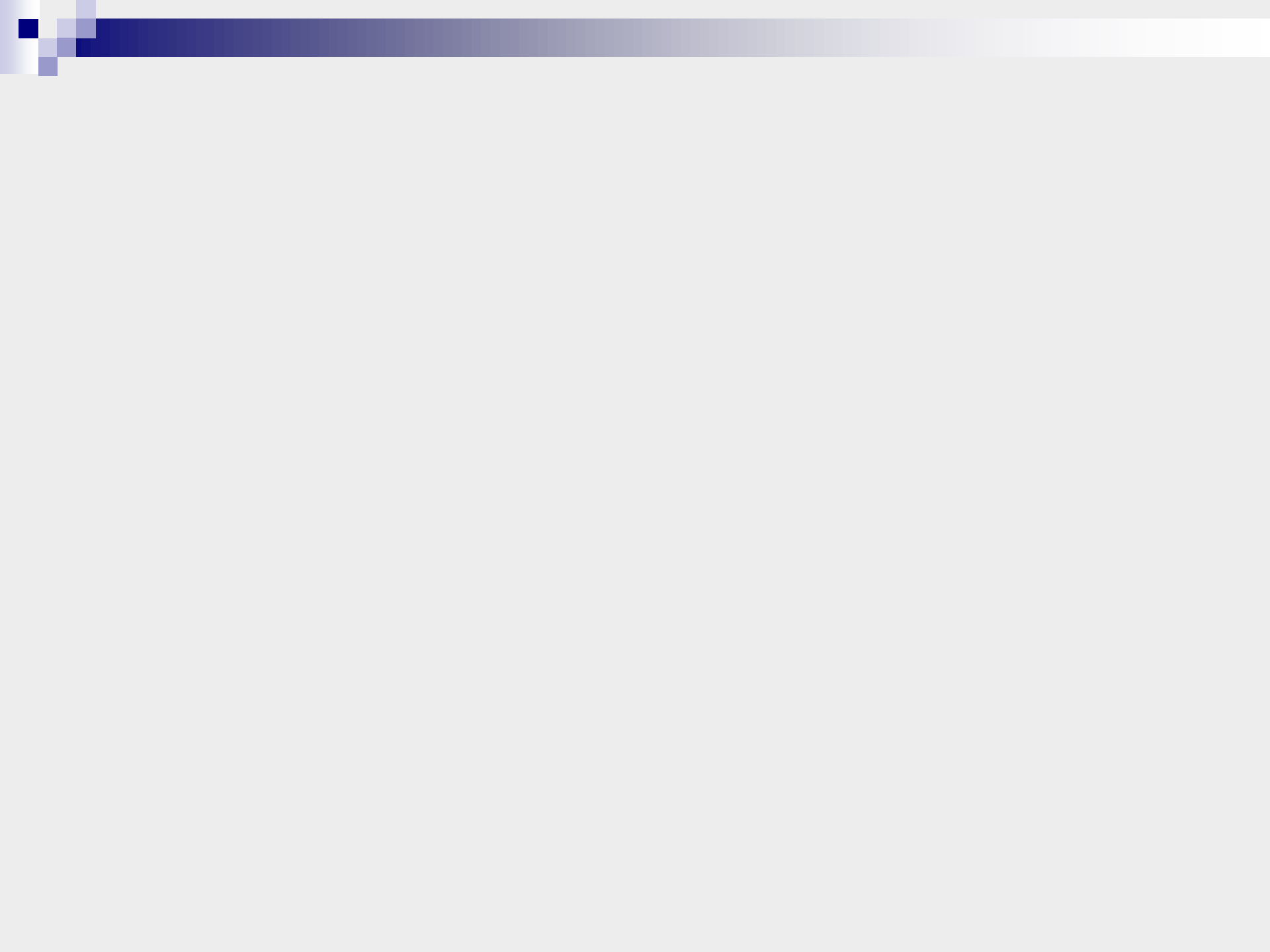


Conclusion ^(1/2)

- Health remains a critical issue in the African Great Lakes region
- Evidence exist in favour of efficient interventions at local level
- Human and financial resources should be mobilized to improve health-worker performance and health services quality

Conclusion *(2/2)*

- Health workers are relevant actors in peace building process with interventions that will contribute to fostering health system
- External aid is still necessary but new arrangements for effective partnership must be found
- Stewardship falls back on Governments and ownership should be improved if strengthening health services is really at the top of the common agenda





Main Findings : some requirements

- Peace building process : training, financial and non financial incentives
- Health sector financing (« mutuelles », insurance, increase of the domestic fiscal space, ...)
- HR incentives (contracting, training, supervision,...)
- Improvement of health care quality at every level of the system