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

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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

**Excess of mortality** which remains twice as high as expected

**Childhood mortality** is mostly due to infectious diseases like malaria, acute respiratory infections, diarrhoea, and to malnutrition.

**Maternal Mortality ratio** ~ 1.8%

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DRC, Mics2, 2001, Usaid
Main Findings: performance

- Both in Eastern Congo and in Rwanda, evidence is there to argue in favor of the resilience of local health services in crisis conditions.

Graph: Performance indicators over time.

- DTP3: %
- Measles: %
- Curative care: %

Key events:
- Belgian co-operation stops
- « Liberation » war
- Rwandan refugee crisis
- Second war

Note: Porignon, 2004 (Cemubac)
Main findings: performance

- Careful attention and treatment of severe malnutrition cases in hospitals led to a significant drop in mortality.

(Imuku Bawhere, Cemubac, Lwiro, 2001)

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Main Findings: financial constraints

- Uncertainty makes the system fully unpredictable.
- The massive material destruction calls for huge investment.
- Health sector crippled by under-financing ($2-5 USD/inh/yr$) and inadequate capacity. SSA: $10-15 USD/inh/yr$ and Europe: $4000 USD/inh/yr$.
- Lack of Governmental financial inputs, weak financial participation of local communities.
- The pressure is strong on external aid.

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

(Porignon, for the Rwandan MoH, 2000)
Main Findings: HR constraints

- Lack of human resource is becoming the most crucial issue in health system strengthening (Chen et al., Lancet, 2004)

*Figure 1: Association between worker density and mortality rates. Compiled with data from reference 6.*
Main Findings: HR constraints

- In Eastern DRC and in Rwanda:
  - Less than 1.5 nurses per 10,000 inhabitants
  - Less than 0.2 MD/10,000 inhabitants

- In SSA: 1.3
- In Europe: 25

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

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