

**SUPPORTING DEVELOPMENT
OF
CONGO's HEALTH SECTOR**

by

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- I. Congo's Millennium Development Goals
- II. Congo's Present and Past
- III. A Health Agenda for Congo

Content

I. Tomorrow's Congo

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III. From Today's to Tomorrow's Congo

Section I:

CONGO'S

MILLENNIUM DEVELOPMENT GOALS

MILLENNIUM DEVELOPMENT GOALS

2015 TARGETS

- Under Five mortality rates: < 40 per 1000
- Maternal mortality rates: < 300 per 100 000 live births
- Deliveries adequately assisted: $> 85\%$
- Children 13-24 months completely immunized: $> 55\%$
- New curative visits: > 0.40 per capita, per year

Section II:

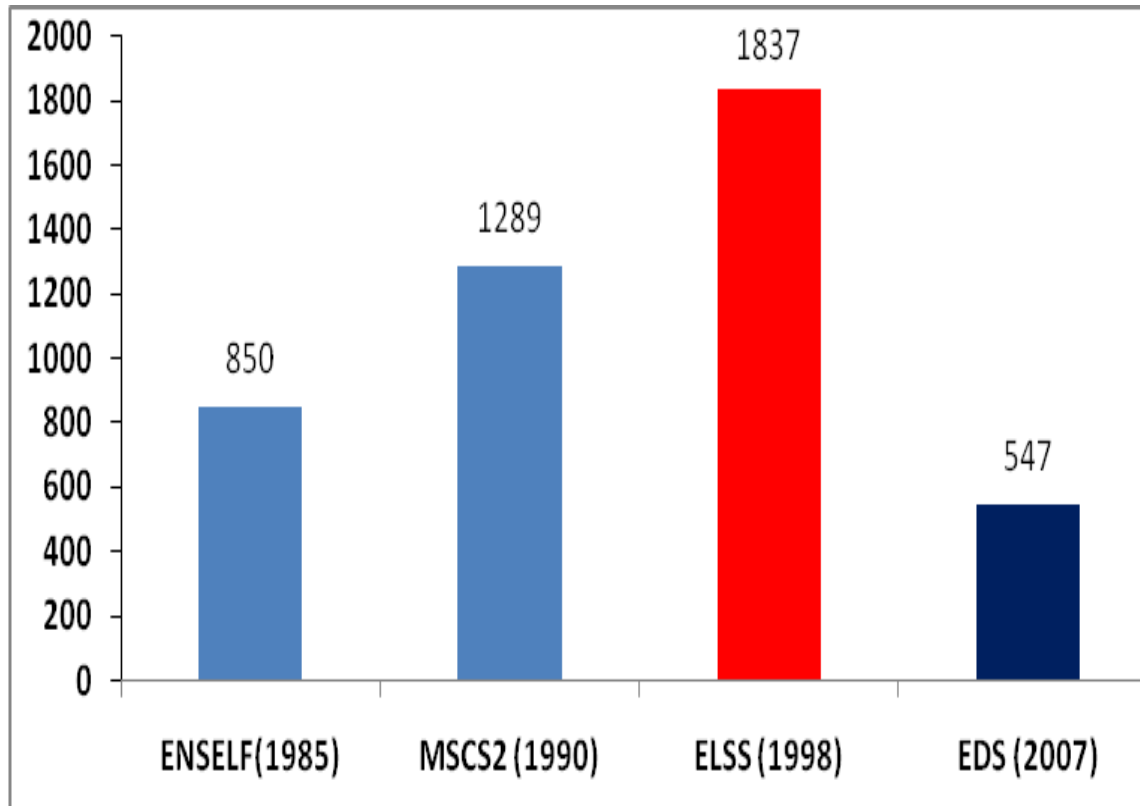
**CONGO'S
PRESENT AND PAST**

2007 CONGO's INDICATORS

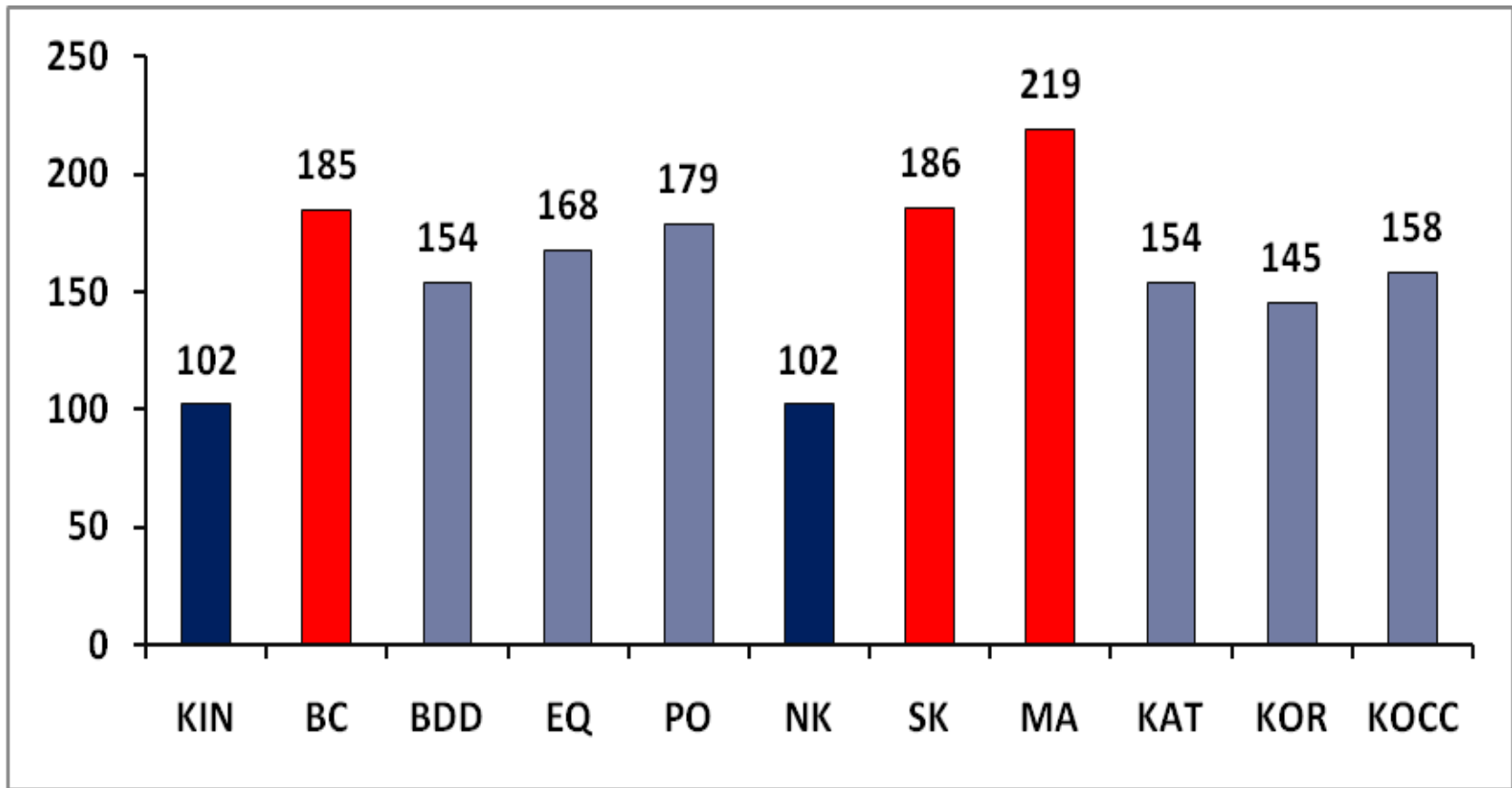
- **Maternal mortality rate:** > 500 per 100,000
- **Under Five mortality rate:** > 90 per 1000
- **Hospital case-fatality rate:** > 15 per 100
- **Number of premature deaths** due to malnutrition and easily controllable infectious diseases: Extremely high
- **Accessibility to basic social services** (including Water, Sanitation and Education): Unacceptably low

2007 CONGO's INDICATORS

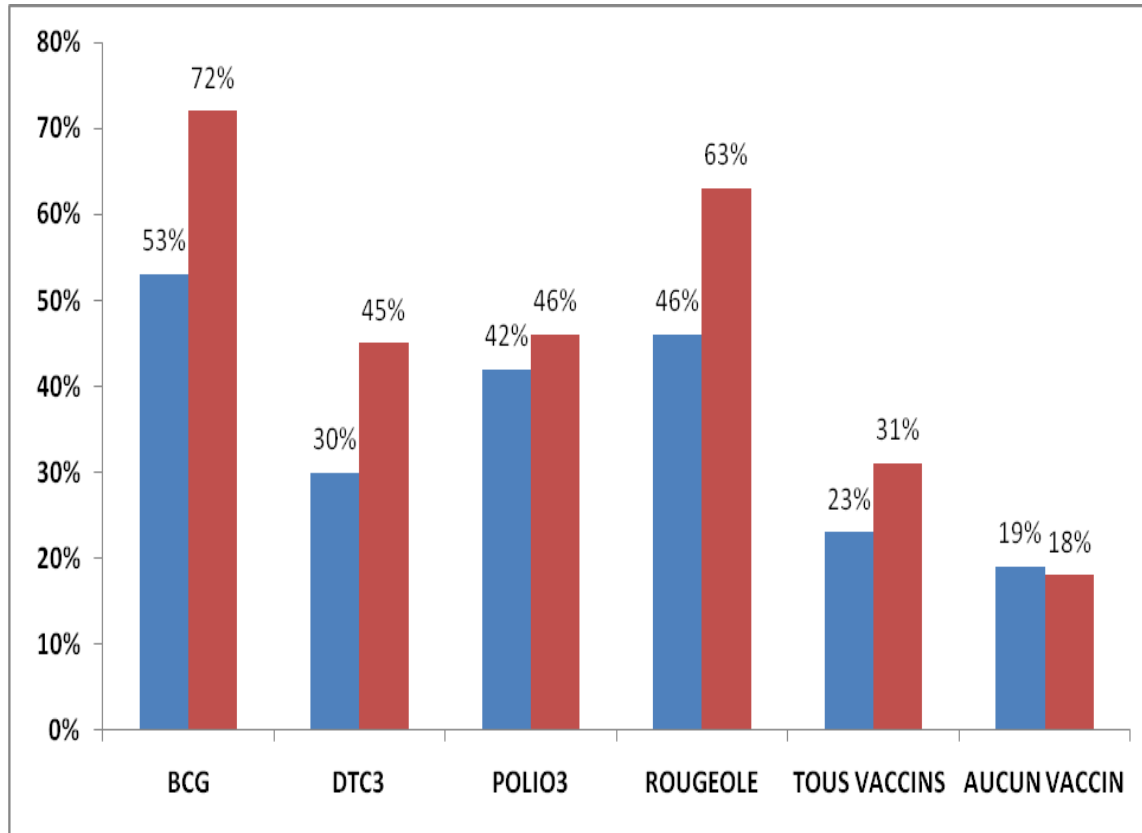
- **Annual cases of malaria:** +/- 25 million
- **Prevalence of HIV infection:** > 4.3% (among pregnant women)
- **Prevalence of arterial hypertension:** 11% (among individuals 15 years old and +)
- **Prevalence of diabetes:** > 15.5% per 100 (among individuals 15 years old and +)
- **New curative visits:** <0.25 (per capita and per year)
- **Health expenditure by Government:** <10USD (per capita and per year)



Maternal mortality rate, in DR Congo, per 100 000 live births



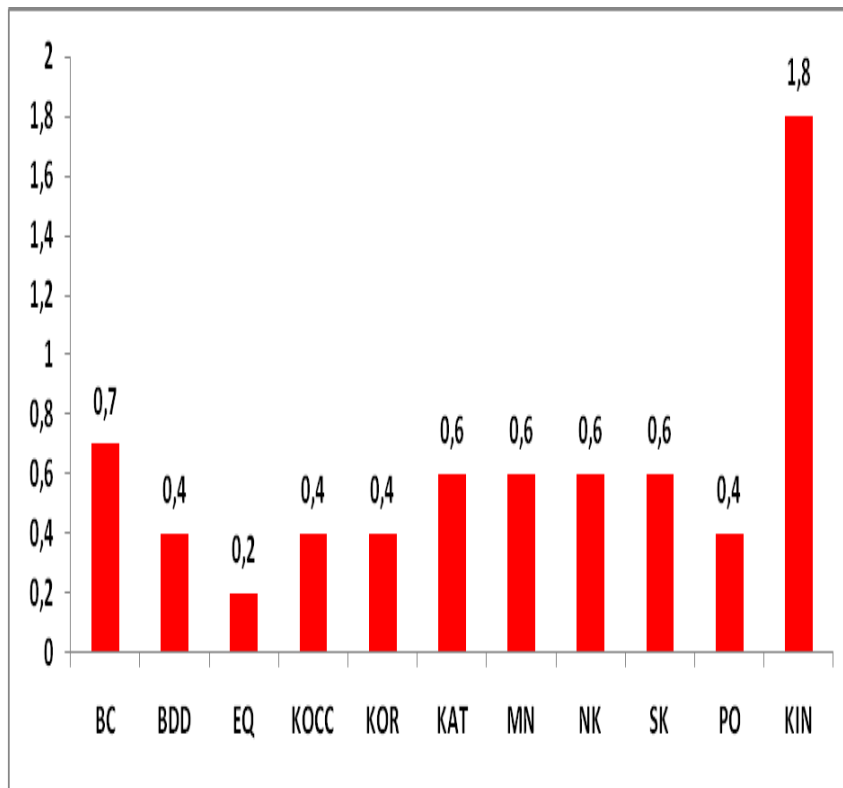
Under-Five Mortality Rates, per province, EDS 2007



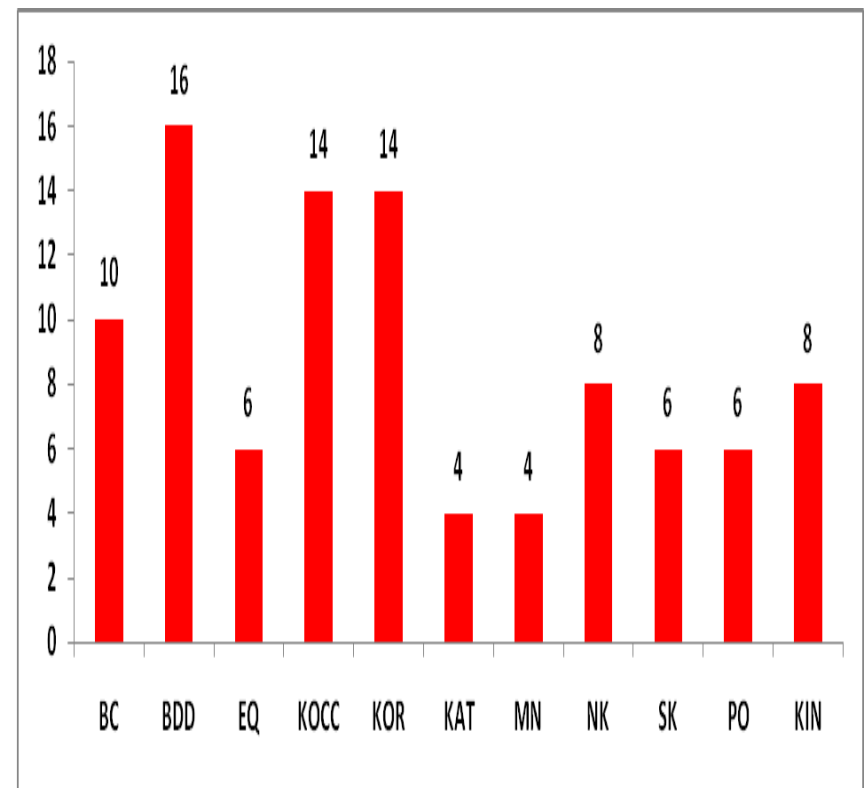
DRC's Immunization coverage rate among children 13-months, per region, in 2001 (blue) and 2007 (red)

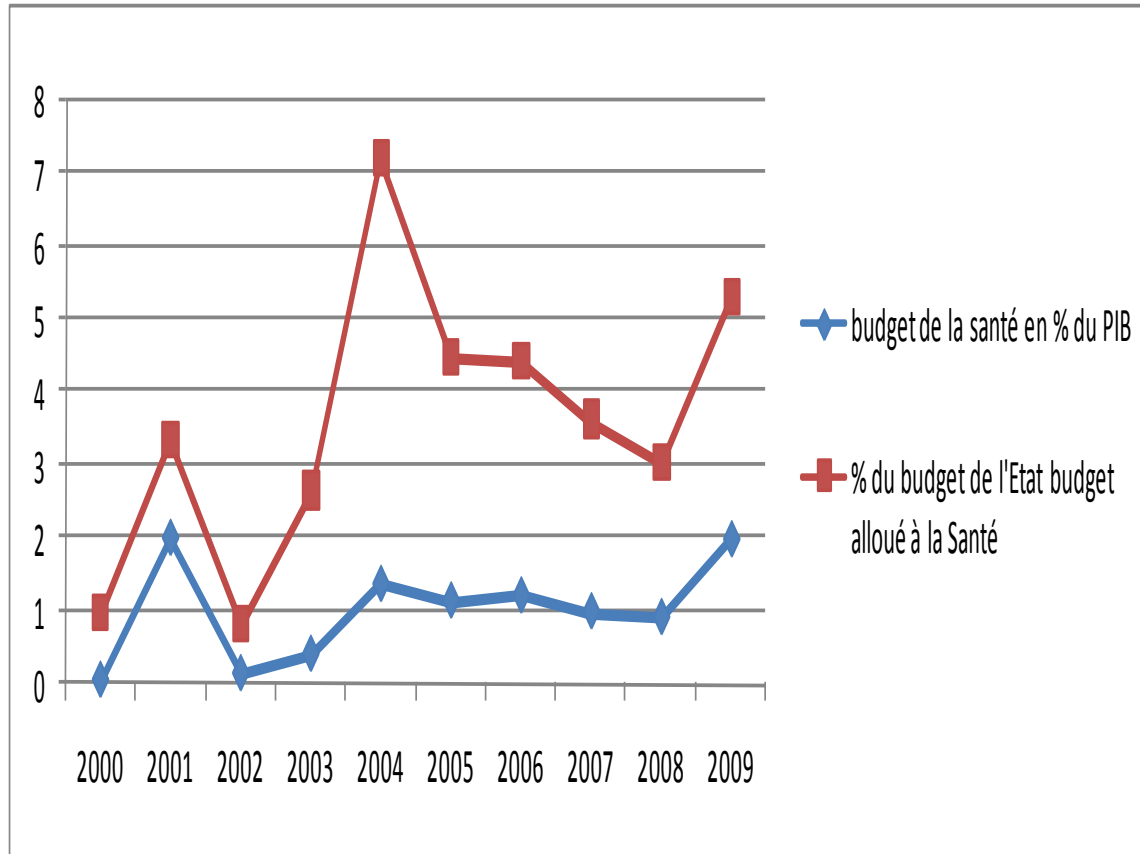
Human Resources for Health

MoH Physicians, per 10 000 population

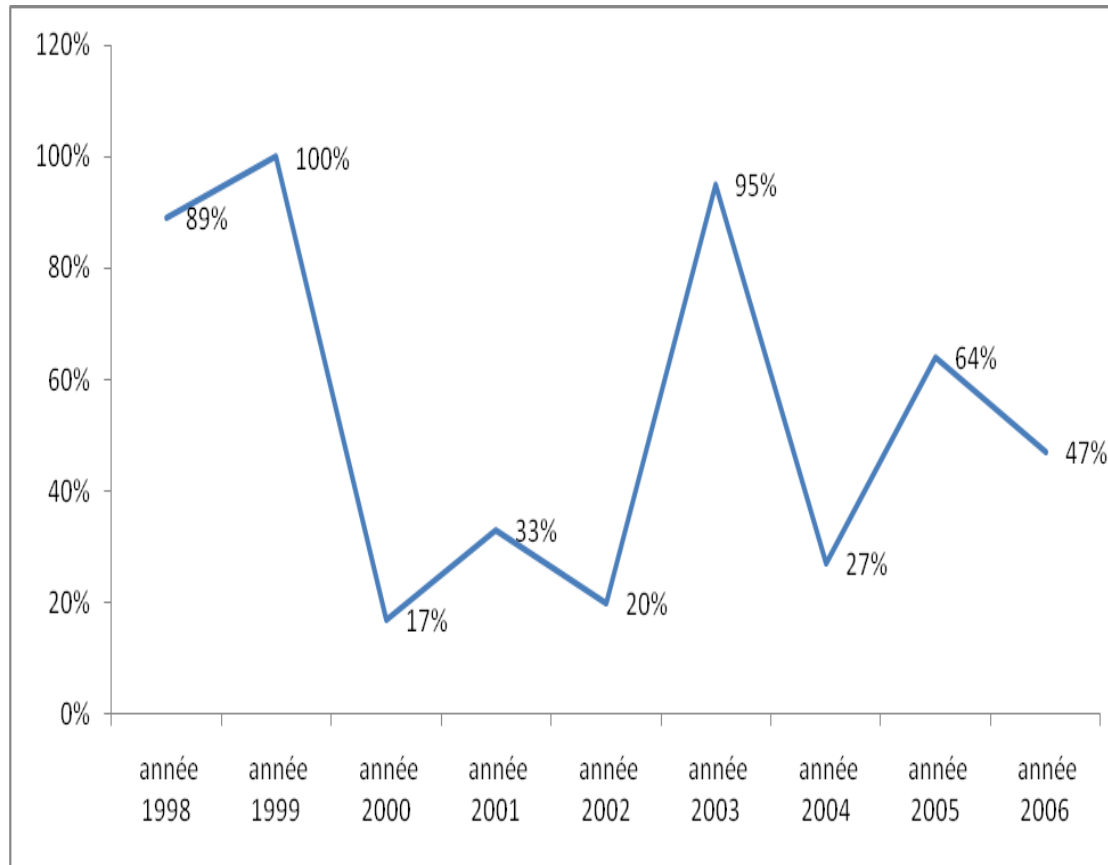


MoH Nurses, per 10 000 population



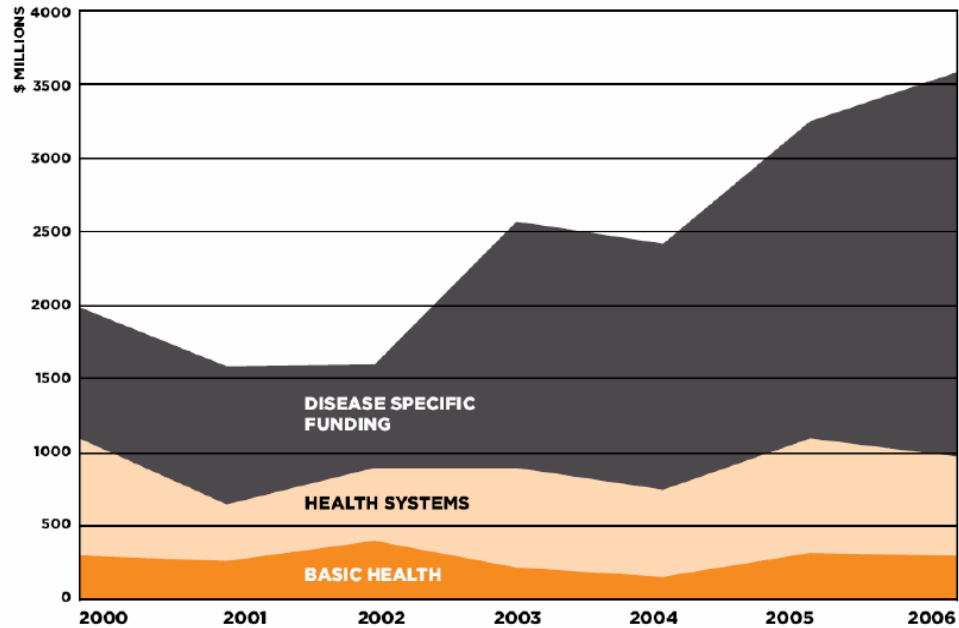


Government health expenditure, in % of GDP (in red) and % of total Government expenditure (in blue)



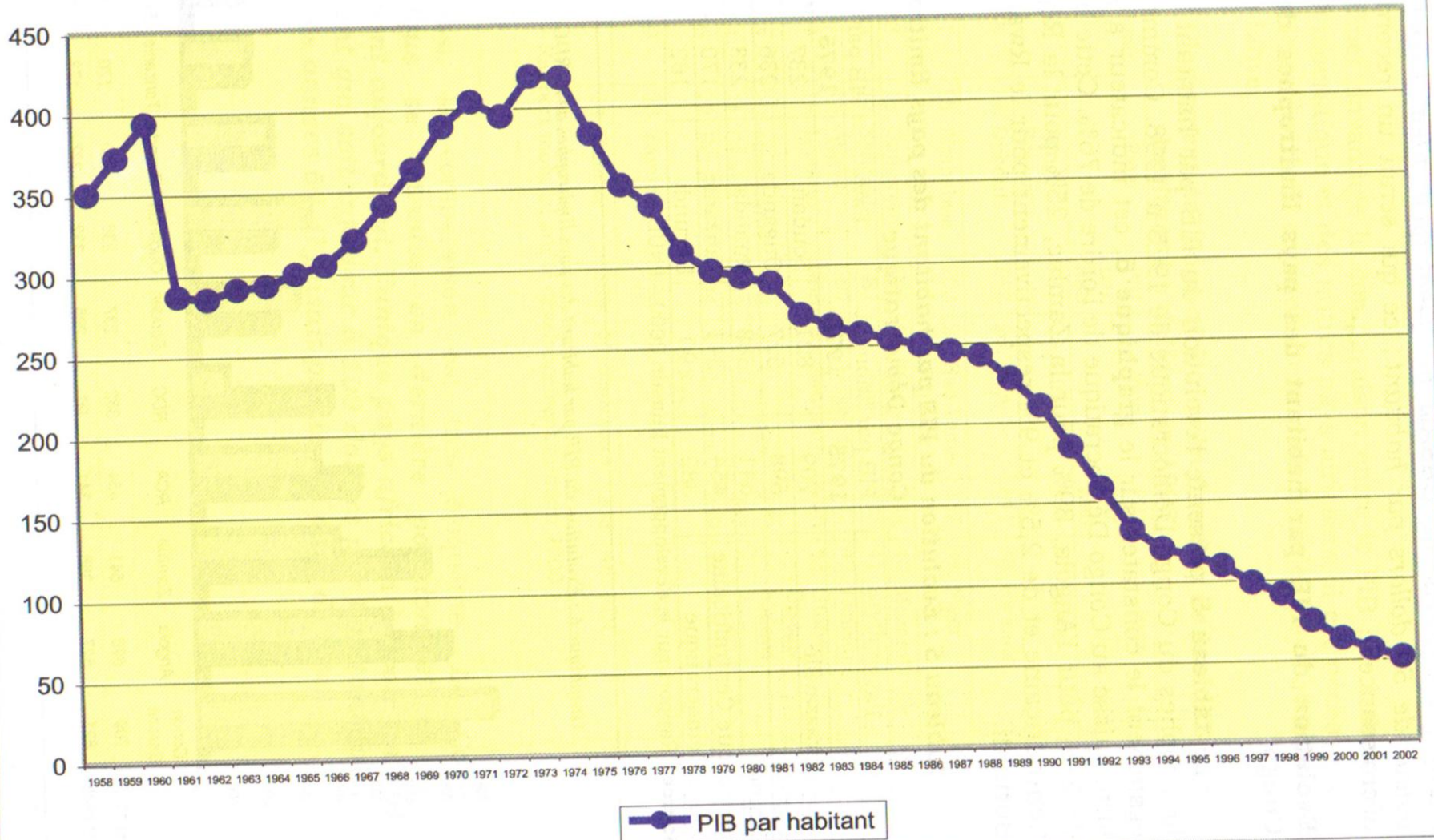
Actual Government health expenditure, in % of allocated budget

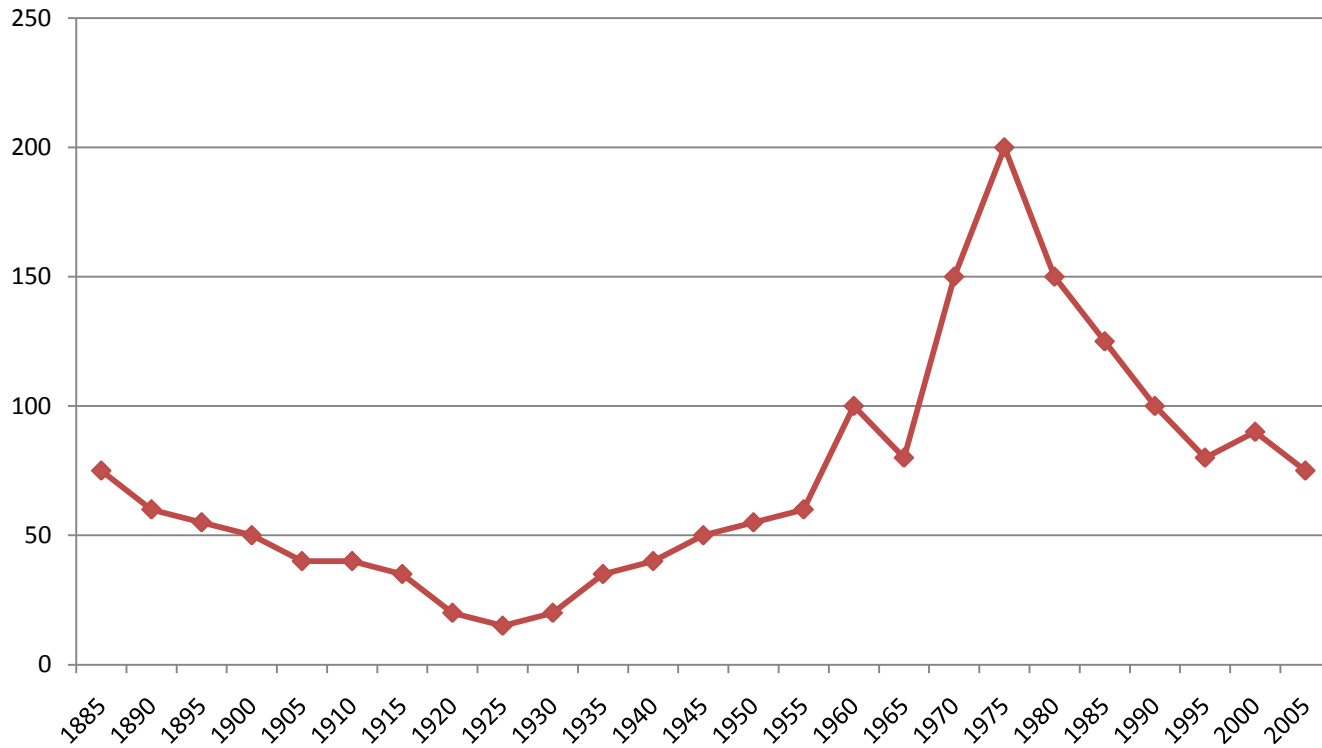
G7 BILATERAL AND MULTILATERAL FUNDING TO HEALTH CATEGORIES



Donors' contribution to health financing, per category

Graphique 5 : Evolution du PIB par habitant de 1958 à 2002 (en dollars)

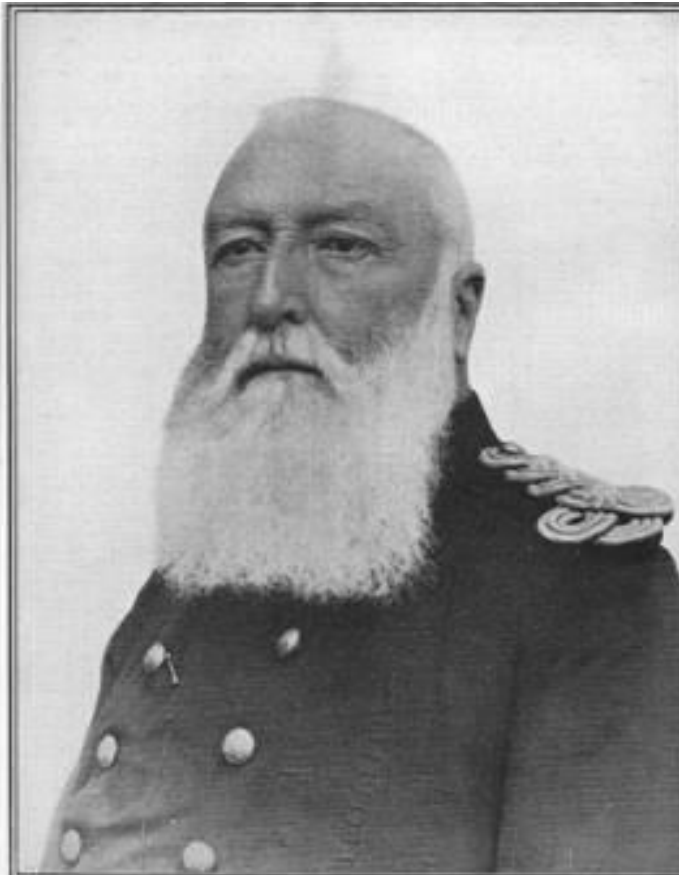




CONGO'S 3-PHASE EVOLUTION

Phase 1 (1885-1930): First Decline; **Phase 2 (1931-1975):** Steady Progress; and
Phase 3 (1976 to present): Second Decline

Phase One (1885-1934)



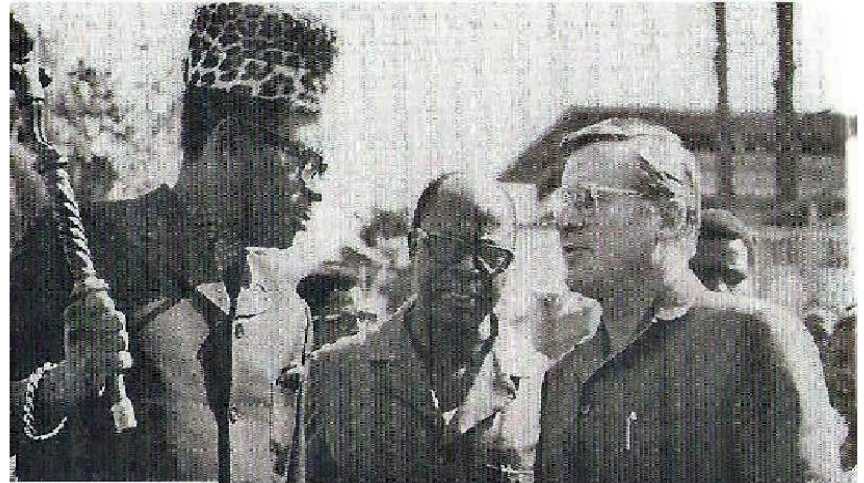
First decline due to:

- King Leopold's abusive regime (Red Rubber following discovery of vulcanization by Dunlop and Firestone)
- Spread of AHT, smallpox and other communicable diseases (following increase in people's movements)

PHASE 2 (1928-1975)

Steady improvement due to:

- **Advocacy by dedicated Champions;**
- **String of benevolent leaders** (from King Albert 1 (bottom right) to Mobutu, the Nationalist);
- **Succession of economic booms; and**
- **Implementation of sound strategies**



A sample of Congo's Champions (up to 1975)

1917: Dr. Lejeune

1923: Dr. Trolli

1926: Prof. Malengreau

1928: Queen Elisabeth

1960: Dr. Pr. d'Arembert

1960: Dr. W.T. Close

1975: Dr M. Ngwete

Kinkela

Etc.



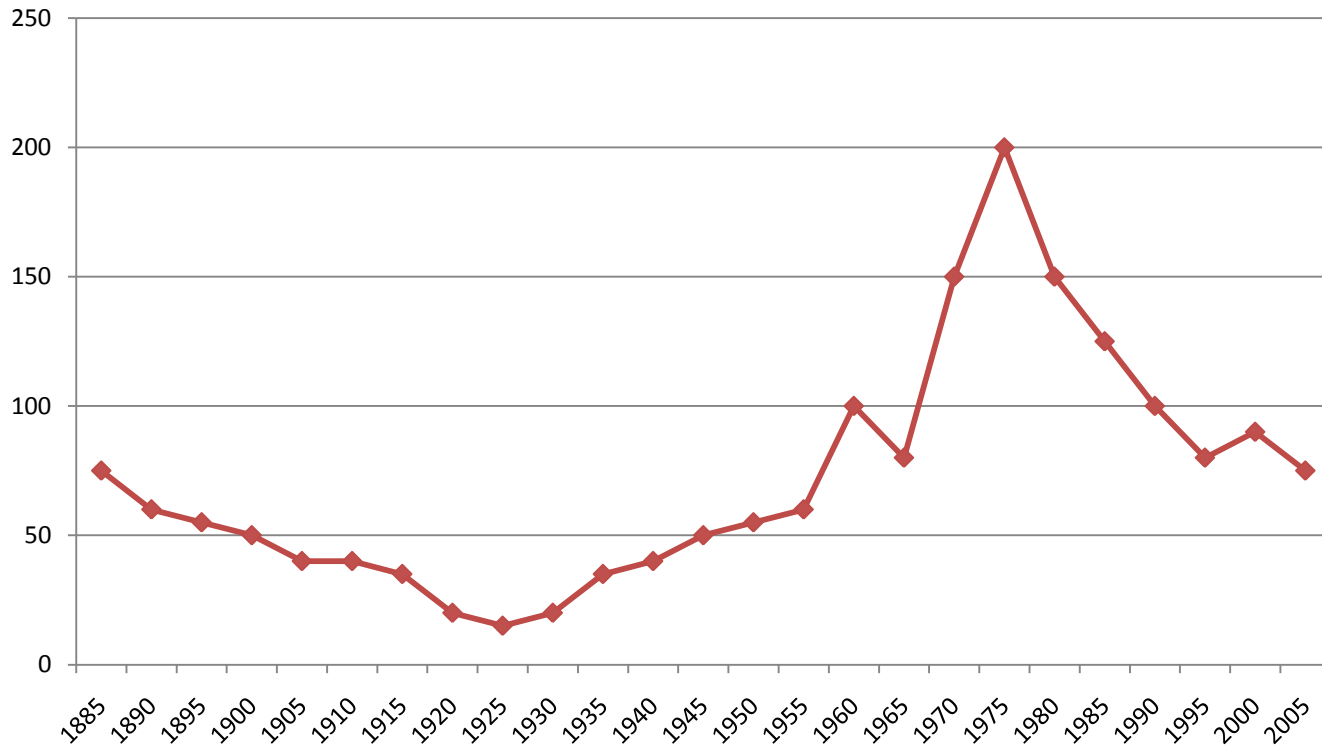
Phase Three (1976 and after)

Mobutu, the Nationalist, turned into Mobutu, the “M’en-foutiste”



Second decline due to:

- Inadequate leadership
- 1973 Oil Shock and other global mishaps;
- Spill-over of Angola’s, Uganda’s and Rwanda’s internal issues;
- international struggle for oil, coltan, and other natural resources;
- Ill conceived transition to democracy; and



CONGO'S 3-PHASE EVOLUTION

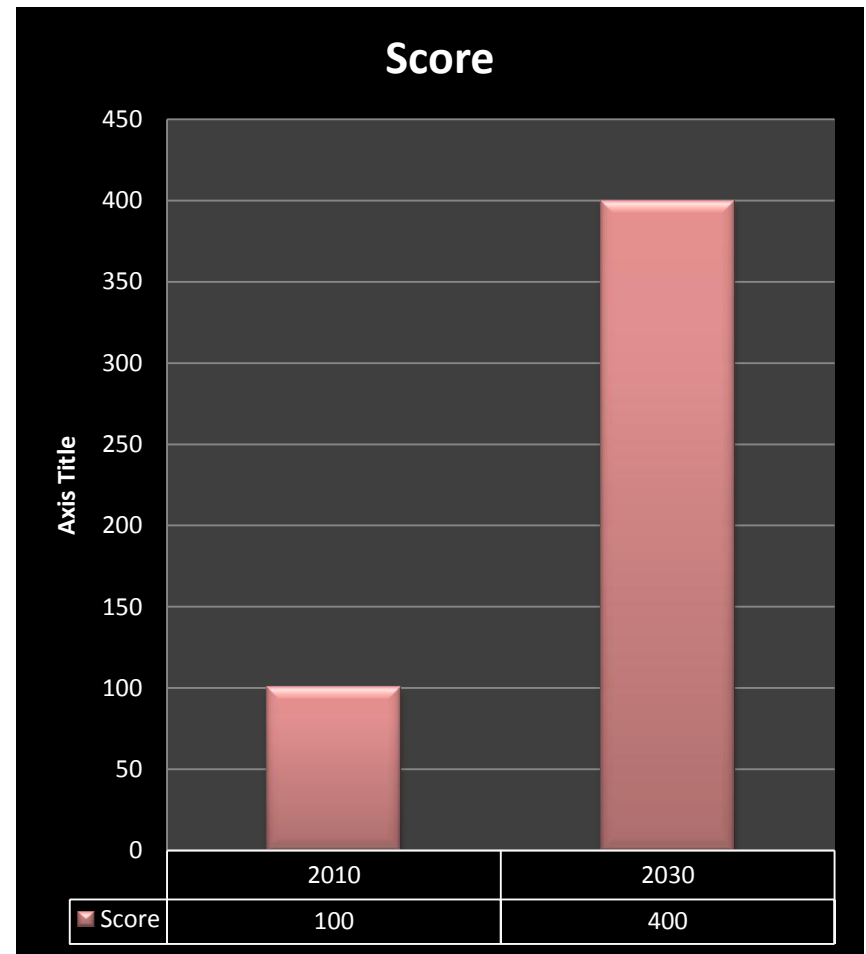
Phase 1 (1885-1927): First Decline; **Phase 2 (1928-1975):** Steady Progress; and
Phase 3 (1976 to present): Second Decline

Section III:

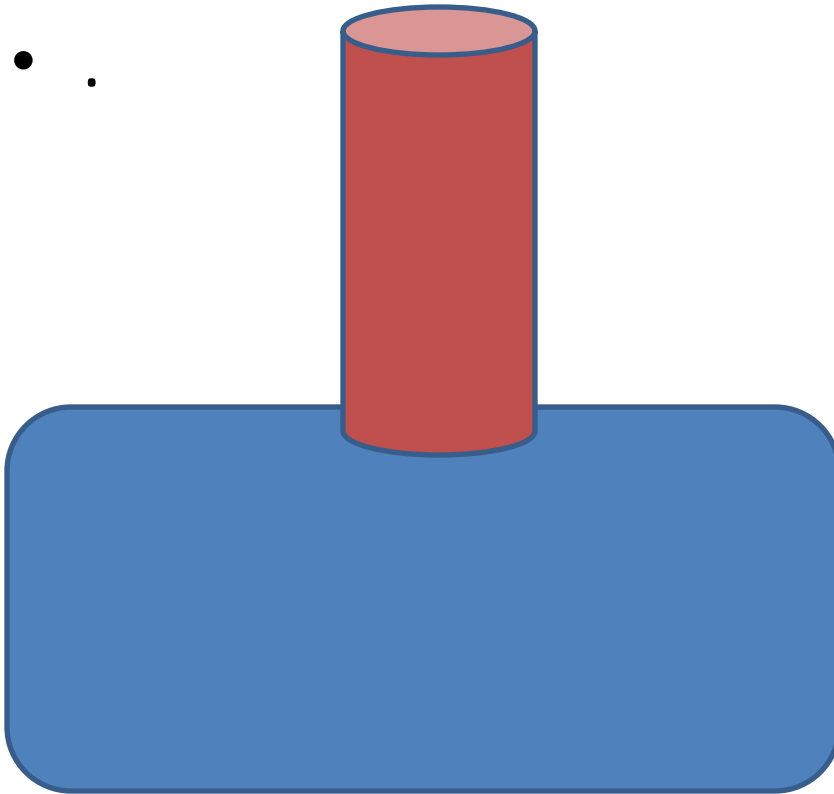
A HEALTH AGENDA FOR CONGO

HEALTH SECTOR DEVELOPMENT OBJECTIVE

- To quadruple utilization of good quality health services throughout the DR Congo by 2030



HEALTH SECTOR DEVELOPMENT PROJECT COMPONENTS



- **Providing good quality health services** *through well functioning health zones as well as secondary and tertiary hospitals;*
- **Supporting provision and utilization of good quality health services,** *including through strong advocacy, adequate leadership, and sustainable financing,*

HEALTH SECTOR DEVELOPMENT PROJECT ACTIVITIES

- Goods
 - Construction/renovation of health-related facilities (i.e. HCs; FHs; SHs; and THs)
 - Equipment of health-related facilities (i.e. HCs; FHs; SHs; and THs)
 - Provision of drugs as well as other medical and non medical consumables
- Services
 - Provision of health care services (curative as well as palliative and preventive)
 - Supportive activities (including management, advocacy, and

HEALTH SECTOR DEVELOPMENT

UNIT COSTS

- **Investment costs:**

- Health Zone (15 HCs and 1 FRH):.....US\$6,250,000
 - Health center (HC): US\$250,000
 - First Referral Hospital (FRH): US\$ 2,500,000
- Secondary Hospital:US\$7,500,000
- Tertiary Hospital:US\$12,500,000

- **Recurrent costs:**

- Overall Health Financing (per capita and per year): US\$60

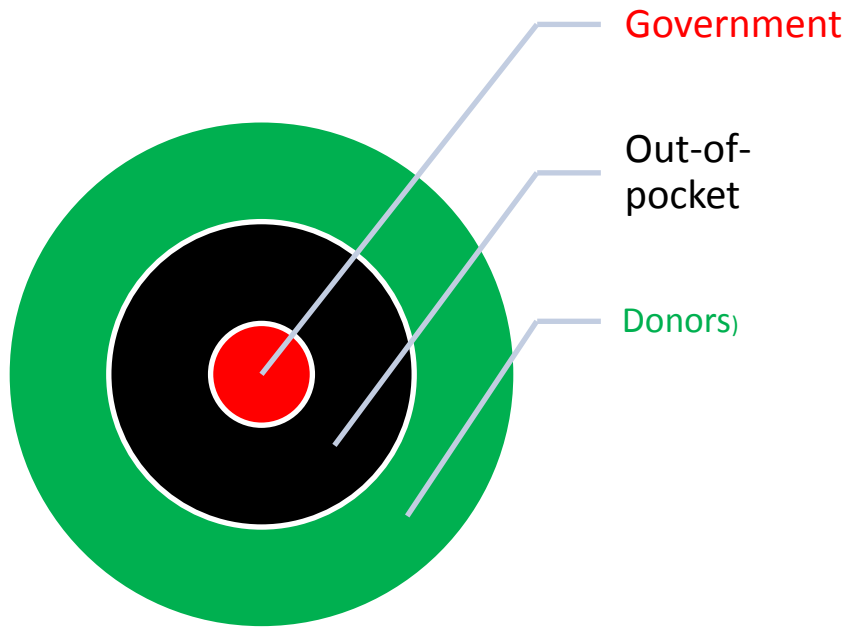
HEALTH SECTOR DEVELOPMENT

TOTAL COSTS

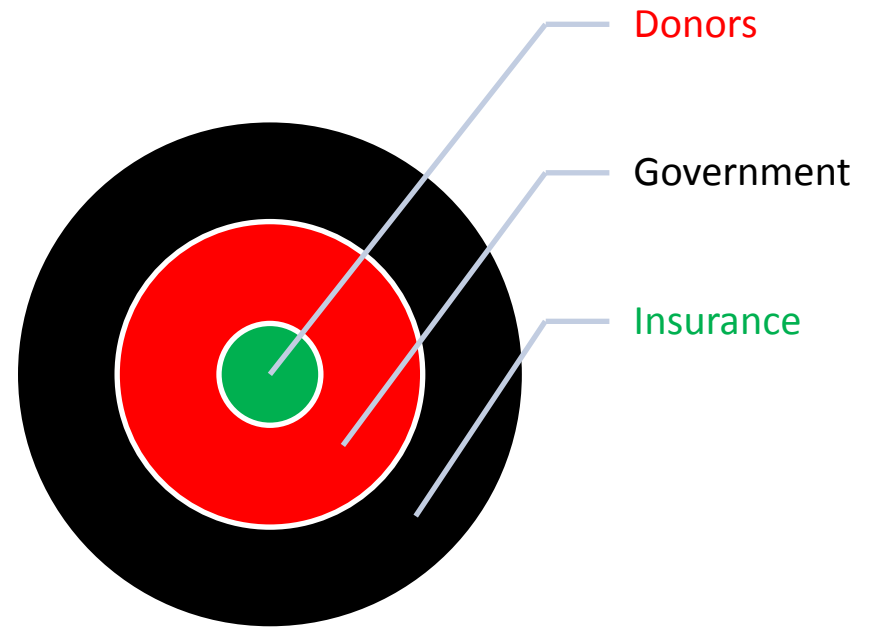
- **Investment costs:**
 - Construction: Tbd
 - Equipment: Tbd
 - Training/Human Resource Development: Tbd
- **Recurrent costs:**
 - Labor: Tbd
 - Consumables: Tbd
 - Maintenance: Tbd
 - Other recurrent costs: Tbd (To be determined upon negotiations with Financiers)

HEALTH SECTOR DEVELOPMENT SOURCES OF FUNDS

Year 2015



Year 2030



HEALTH SECTOR DEVELOPEMENT RISKS

- Donors' Fatigue
- Toxic Aid due to:
 - Receivers' sins
 - Donors' sins and/or

Donors' Fatigue

PRO

- DR Congo has been a major recipient of development assistance
- Yet, the country's growth and development has been very poor

CON

- The fate of DR Congo is partly in its own hand and partly in the hands of the Global Community.
- Reform is needed both at National and Global levels.

Receivers' Seven Common Sins

- 1) Anger (*The Receiver's hand lies under the Donor's*)
- 2) Meek submissiveness
- 3) Cynicism
- 4) Dissociation
- 5) Fake compliance
- 6) Subtle sabotage
- 7) Embezzlements

Donors' Seven Deadly Sins

- 1) **Impatience** (with institution building)
- 2) **Pride** (failure to exit)
- 3) **Ignorance** (failure to evaluate)
- 4) **Sloth** (pretending participation equals ownership)
- 5) **Envy** (failure to collaborate)
- 6) **Greed** (stingy and unreliable financing)
- 7) **Foolishness** (underfunding of global and regional public goods)

ESSENTIAL TRIAD

FOR DEVELOPMENTALLY APPROPRIATE INTERVENTION

As in the past, success will require coexistence of three conditions, namely:

1. Support from the good **leaders**,
2. Strong advocacy by dedicated **champions**, and
3. Continuous availability of Financial and other **resources**.

... the same way jets require three sets of tires to take off.



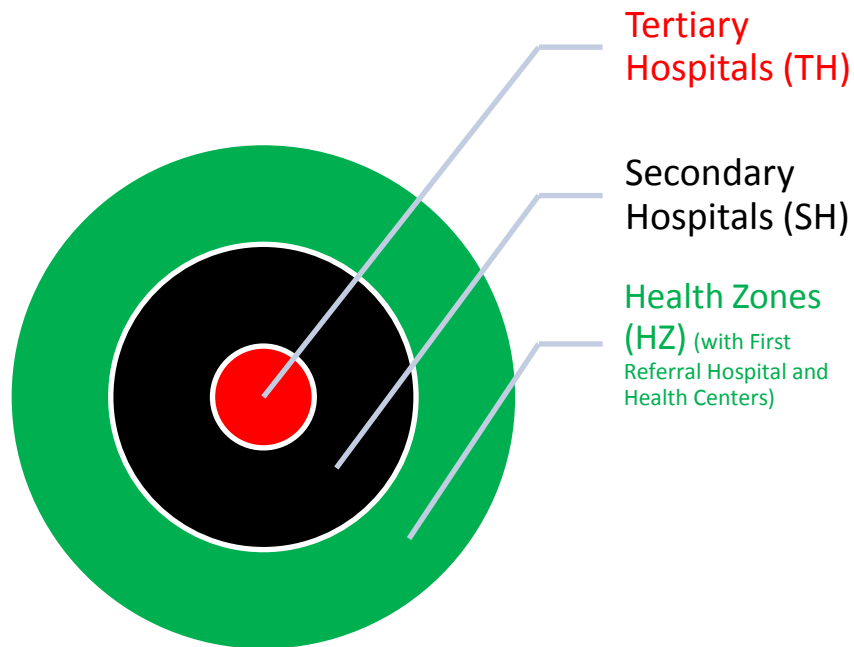
HEALTH SECTOR DEVELOPMENT FEASIBILITY & DESIRABILITY

- *Mission not impossible*
- *A sine qua non condition for national, regional, and global peace*

CONGO's SUCCESS STORIES

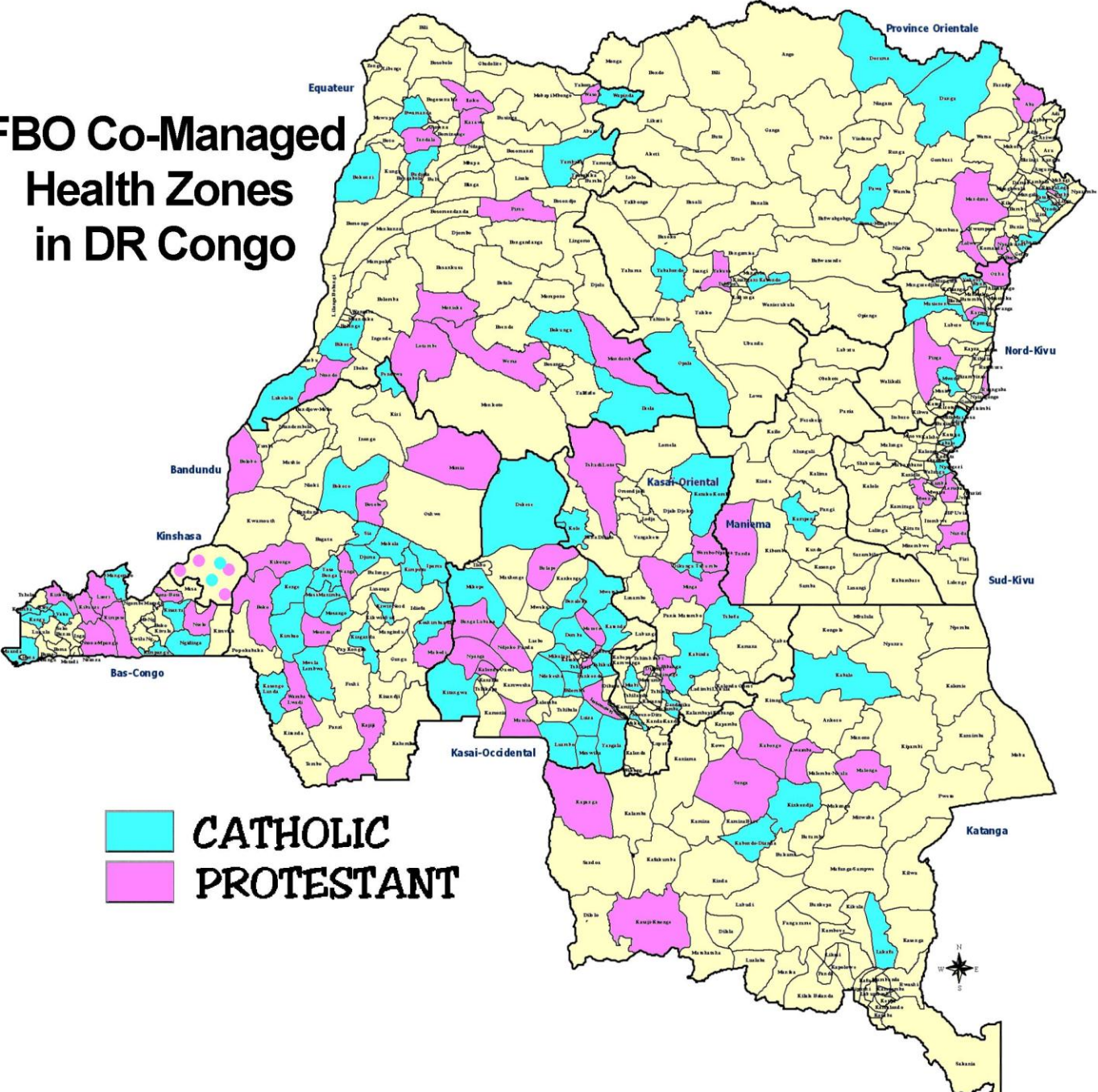
- Development of PHC, by FOREAMI, FOMULAC, USAID, etc.
- Public-Private Partnership, by the Vatican, UMHK, FOMECCO, etc.
- Control of AHT
- Control of AIDS
- USAID-Funded SANRU Project
- Etc...

Congo's Health Pyramid

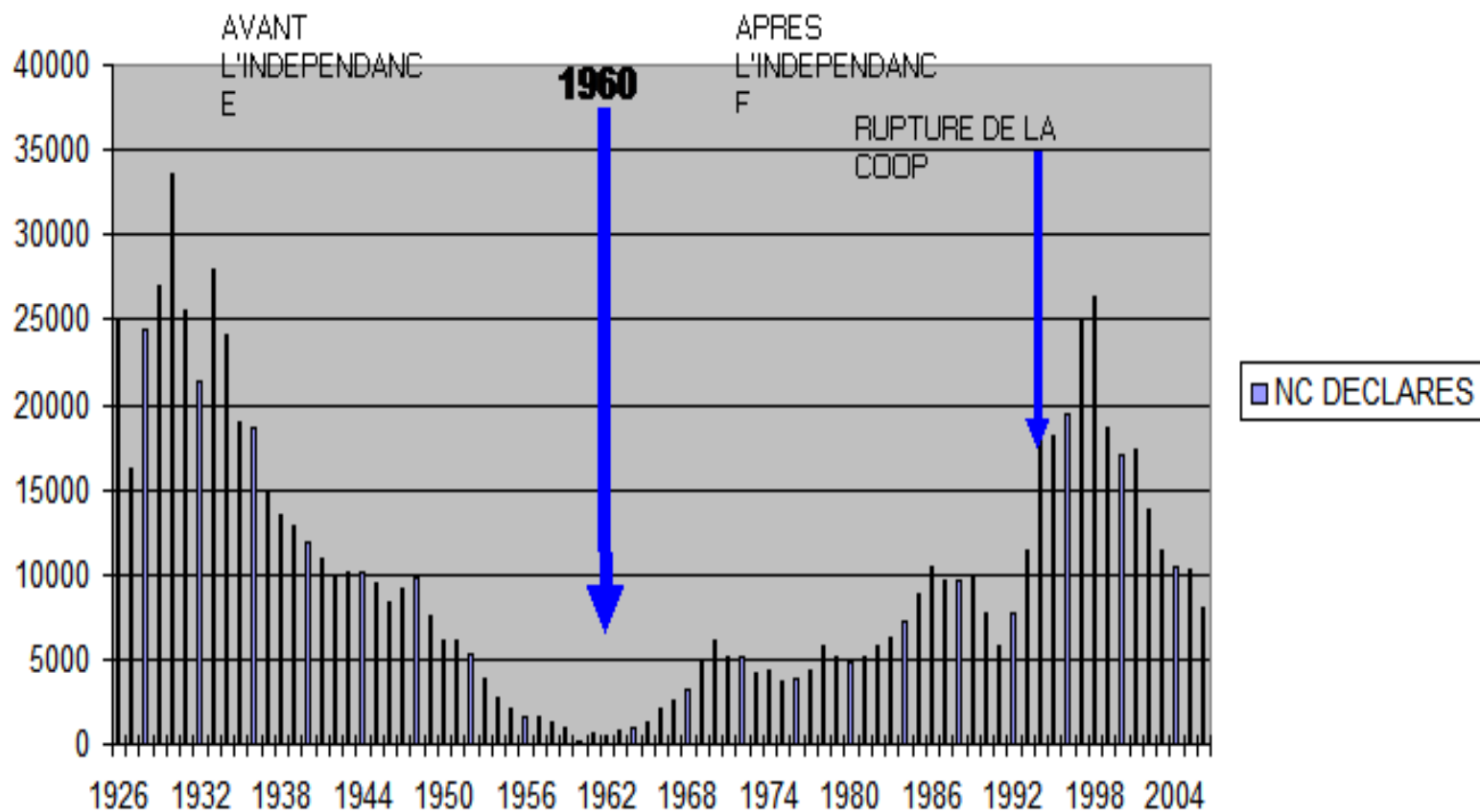


- Health Zones (i.e. constellations of Health Centers around one First Referral Hospital)
- Secondary/Regional Hospitals
- Tertiary/National Hospitals

FBO Co-Managed Health Zones in DR Congo



EVOLUTION DE LA TRYPANOSOMIASE HUMAINE AFRICAINE (THA) DE 1926 A 2006 EN RDC

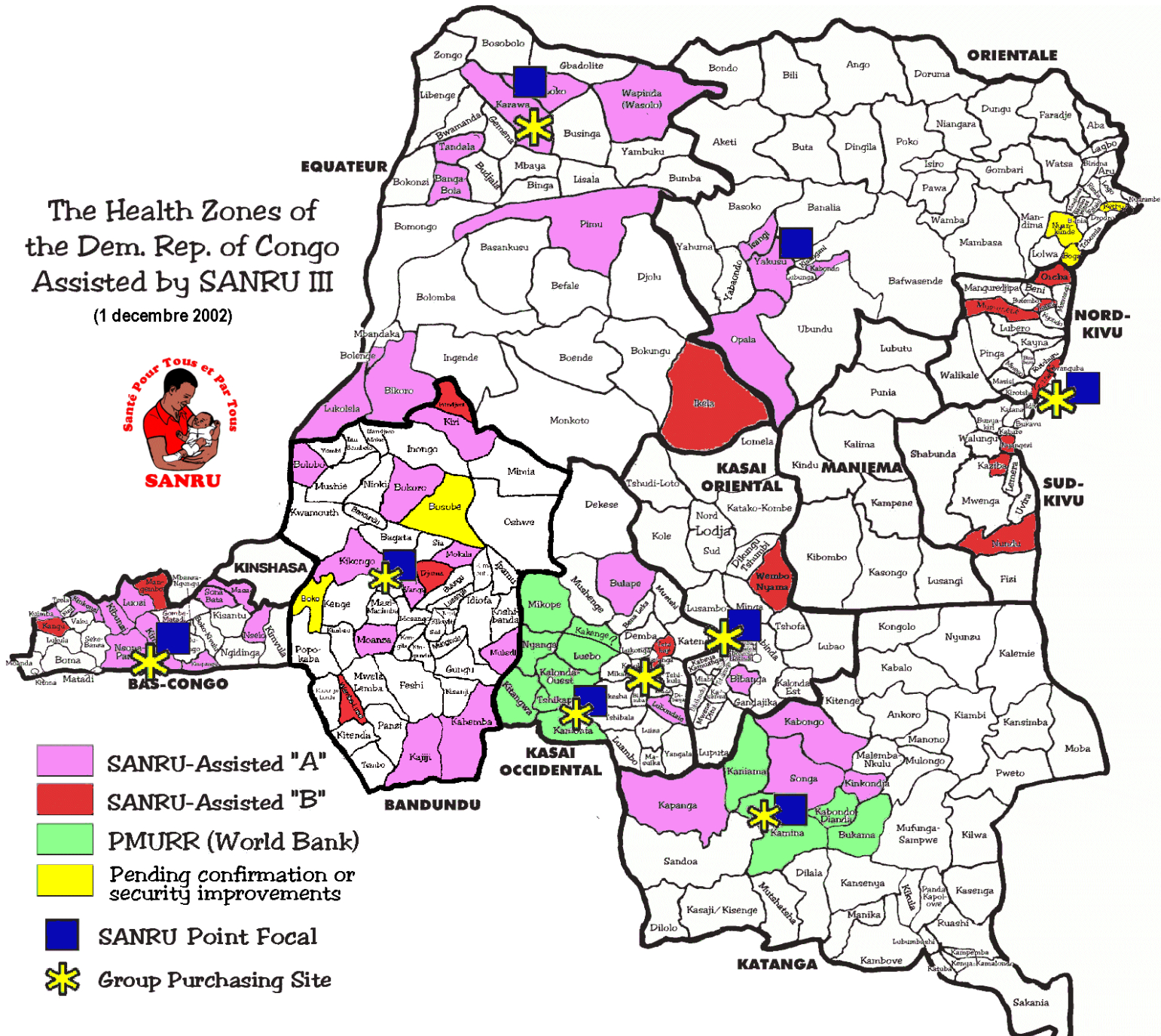


CONTROL OF AIDS

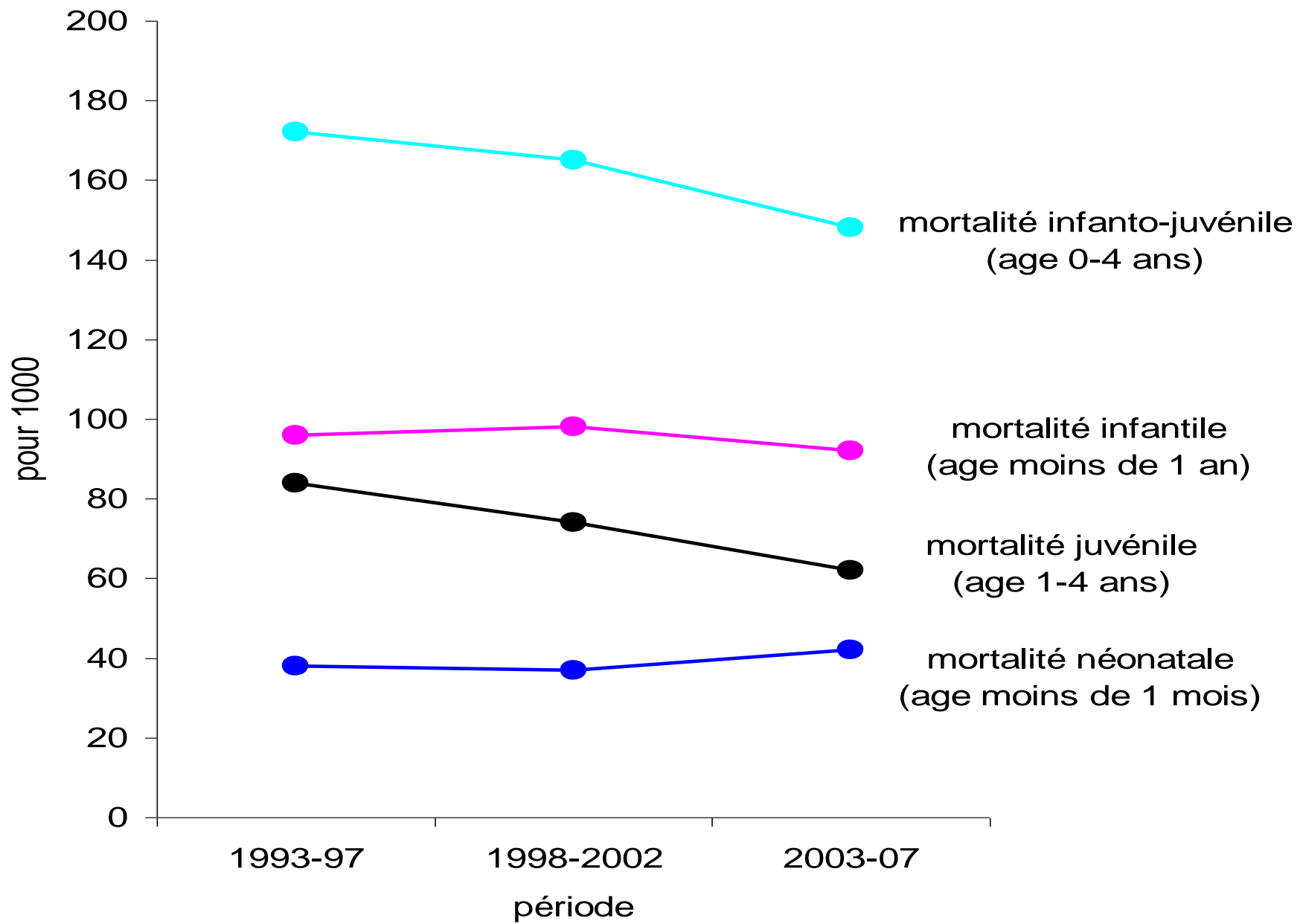
- Significant contribution to the knowledge about HIV
- Effective stabilization of HIV prevalence (under 5 per cent of pregnant women, since 1984)

The Health Zones of the Dem. Rep. of Congo Assisted by SANRU III

(1 decembre 2002)



- SANRU-Assisted "A"
- SANRU-Assisted "B"
- PMURR (World Bank)
- Pending confirmation or security improvements
- SANRU Point Focal
- ✳ Group Purchasing Site



HEALTH SECTOR DEVELOPEMENT BENEFITS

- Greater human capital
- Enhanced productivity
- Higher degree of symbiosis

HEALTH SECTOR DEVELOPEMENT BENEFITS



Area: 2,345,000 sq. km (the size of Western Europe or USA East to Mississippi)

Total Population (in millions)

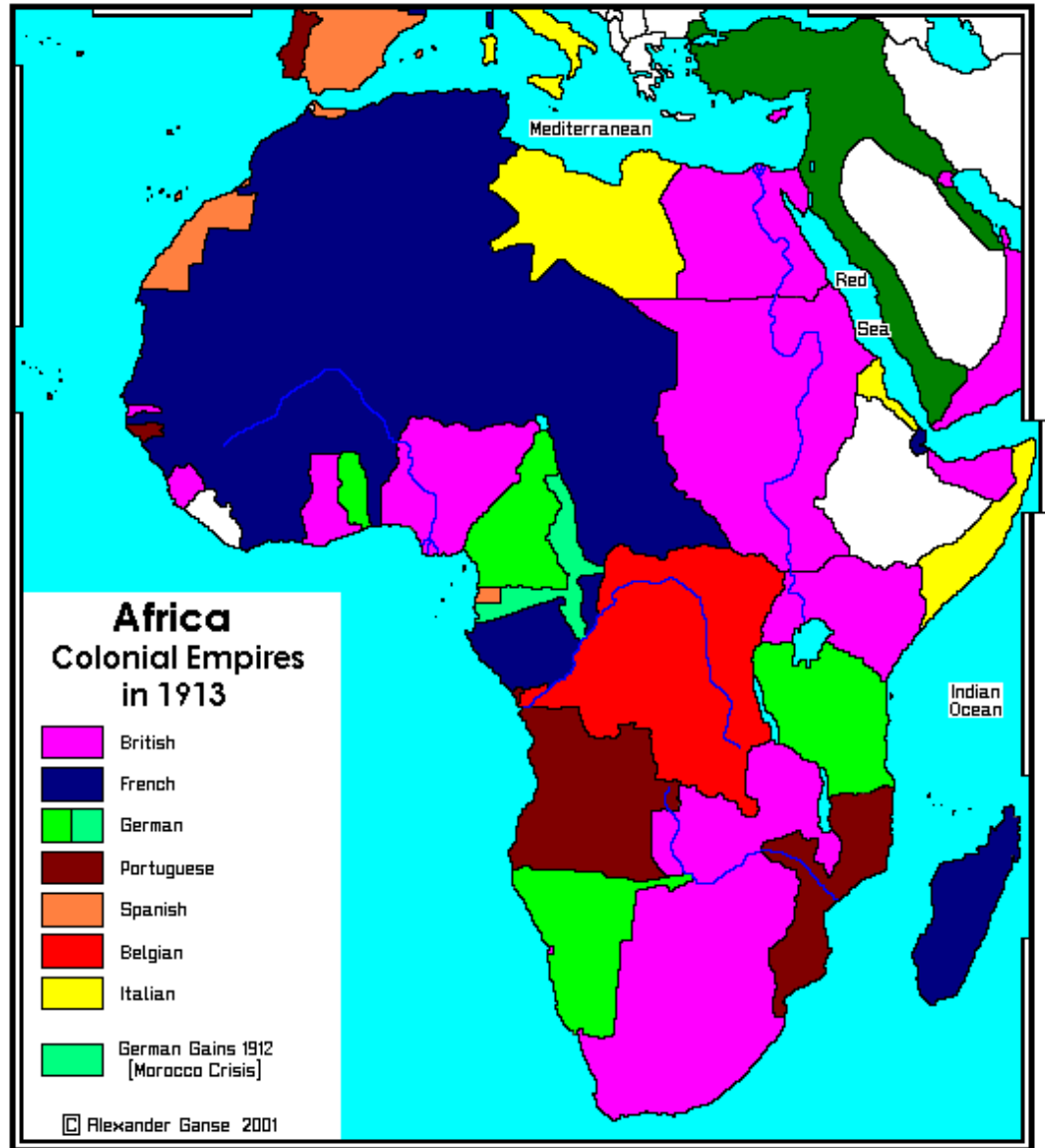
- 1960.....14.31
- 2010.....64.42

DR Congo's Strategic Resources (in % of world reserves):

- Cobalt: 10%
- Hydro-electrical potential : 13%
- Tropical forests : 50%
- Coltan: 80%
- Uranium na
- Etc...

With a prosperous Congo at its heart, Africa could significantly contribute to nurturing global development, rolling back poverty, and securing peace.

“Africa is shaped like a revolver, and Congo holds its bullets.”



In the village,

*The Poor Man does not sleep
Because hunger gnaws his stomach,
The Rich Man does not sleep
Because the Poor Man cannot sleep.
(African proverb)*





THE END