

**PREVENTING MATERNAL MORTALITY IN THE  
DEMOCRATIC REPUBLIC OF THE CONGO: EFFECT OF  
THE ORGANIZATIONAL MODEL OF HEALTH CARE**

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**GMNHHC2015; Mexico 2015**

# Introduction

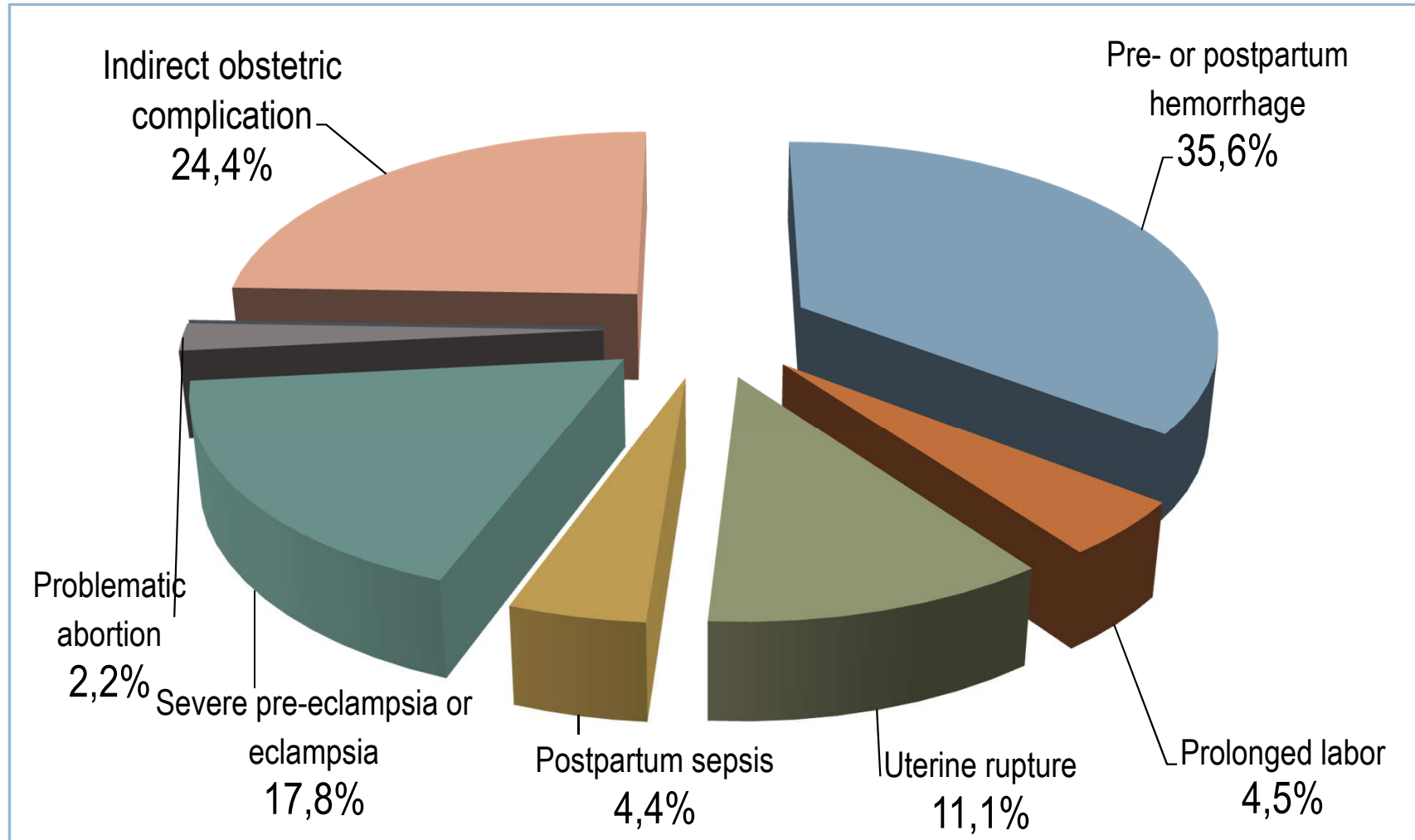
## 1. The MNCH context in DRC



- Among the 10 countries with the highest number of maternal deaths
- MMR in 2013:
  - ▣ 730/100 000 live births
  - ▣ Total MD: **16 389**
- ***Baseline MDG5 550 in 1990***

# Introduction

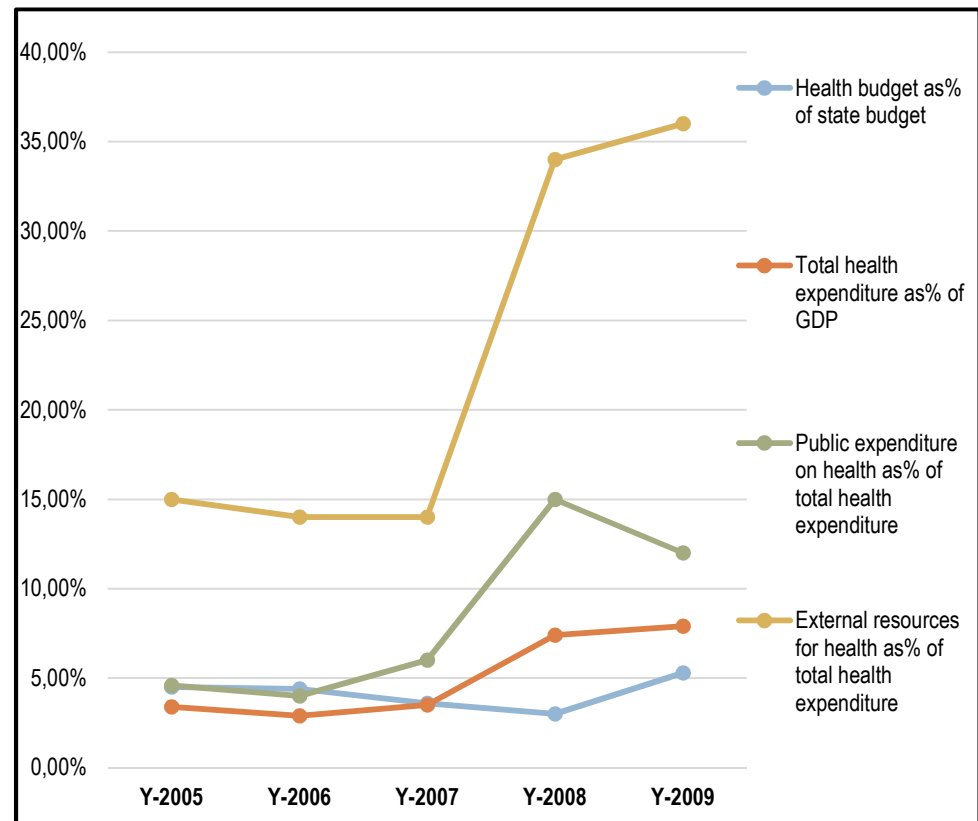
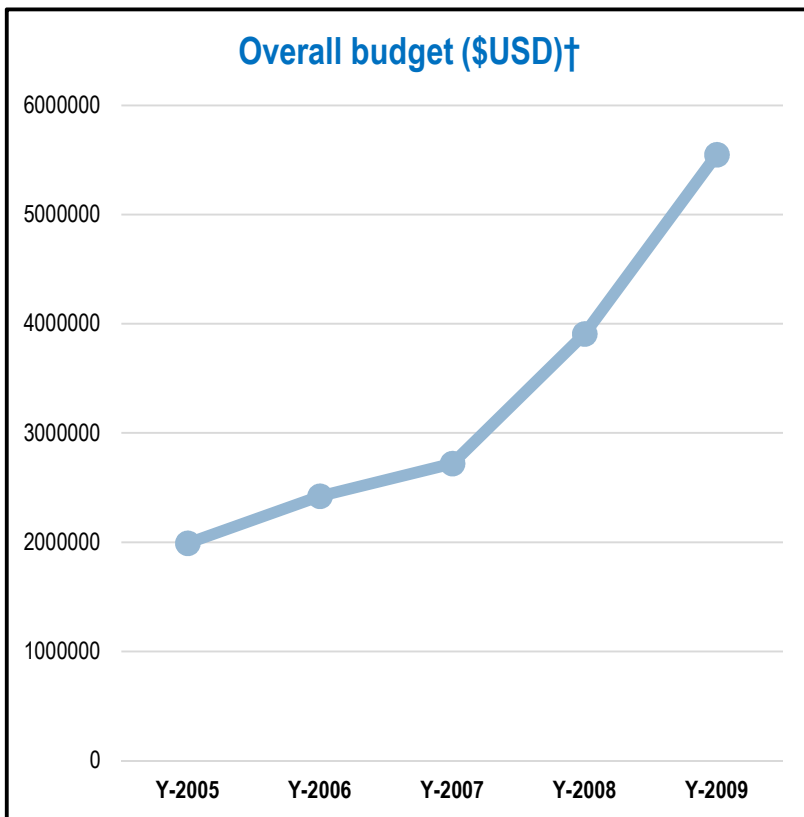
## Maternal mortality causes



# Introduction

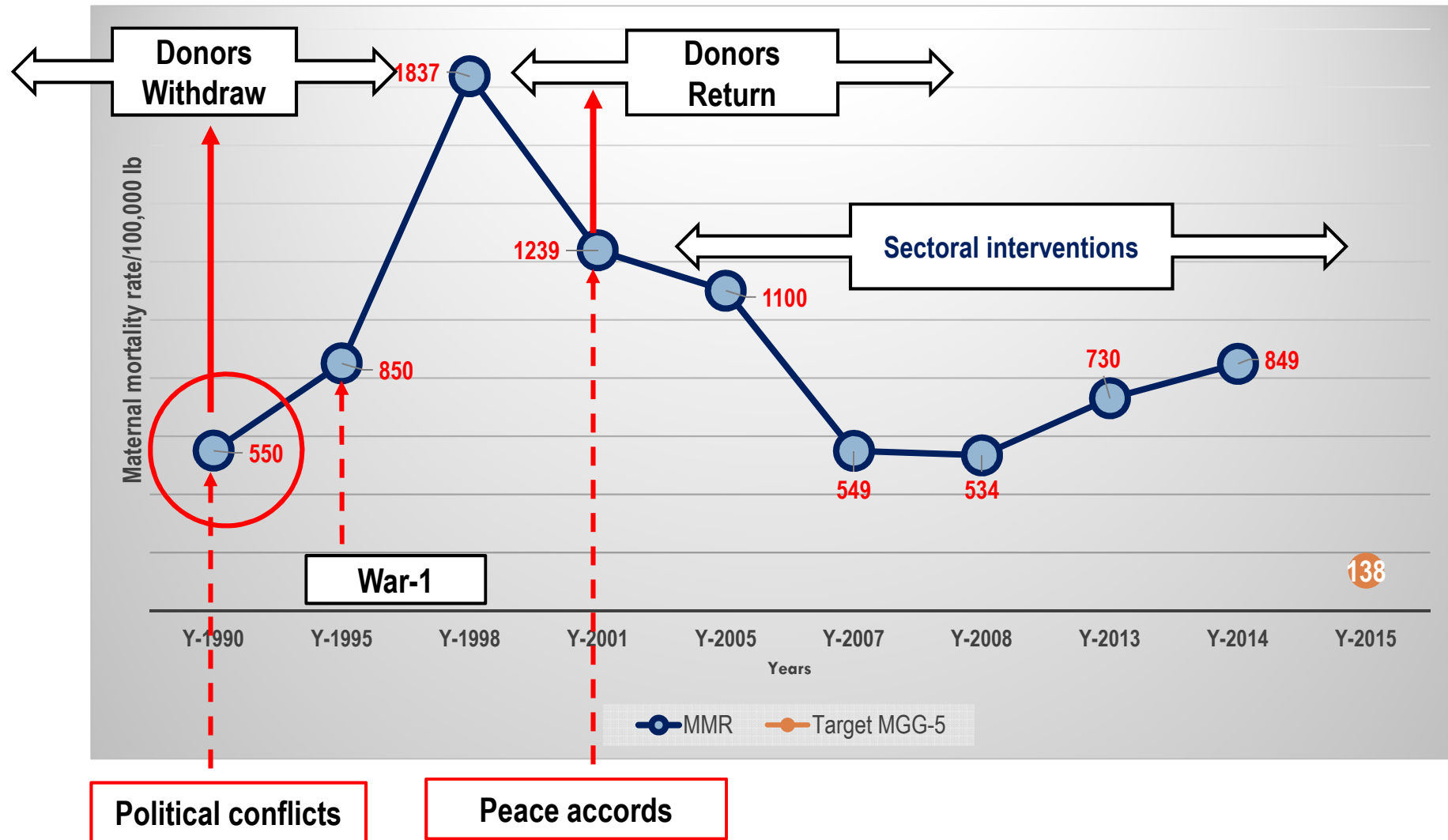
## 2. How does the DRC respond to MM?

Systemic approach through the development of health zones; **But ....**



# Introduction

## Fragile and unstable approaches



# Introduction

## 3. Problem of the DRC and Study Objective

- **As an alternative to insufficient funding of the health system**
  - Problem-based approaches and not a systemic response
  - **Transfer of costs to household out-of-pocket payments (70%)**

**Determine strategies most likely to reduce maternal mortality in the DRC**

# Methods



- Modeling: 2010-2015
- Variation of MMR according to the change in the MNCH care coverage:
  - ▣ Family-community care: care before, during and after childbirth, post-partum consultation-1
  - ▣ Outreach: ANC, TT, IPTp, post-partum consultation 2
  - ▣ Family-based Clinical care: EmONC.

# Methods

**Change in the coverage: 60%; 80%; 90%**

**Combination packages: 1-2-3**

**Lives saved tool Software: Spectrum-LiST 4.8.1-2011**

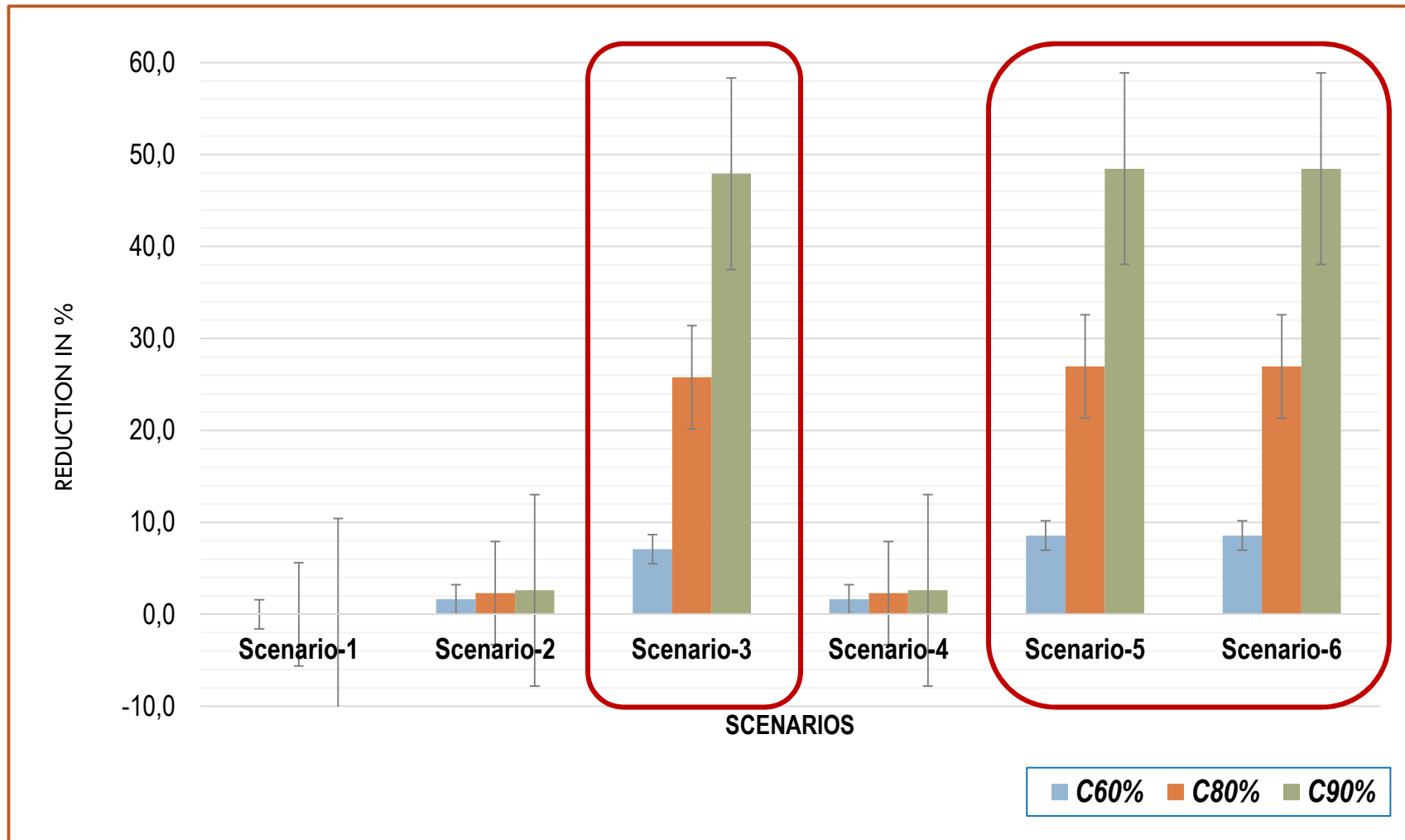
Scénarios	Family- and community-based care	Outreach	Clinical care
S1	60% & (80-90%)	S	S
S2	S	60% & (80-90%)	S
S3	S	S	60% & (80-90%)
S4	60% & (80-90%)	60% & (80-90%)	S
S5	S	60% & (80-90%)	60% & (80-90%)
S6	60% & (80-90%)	60% & (80-90%)	60% & (80-90%)

*S= static*



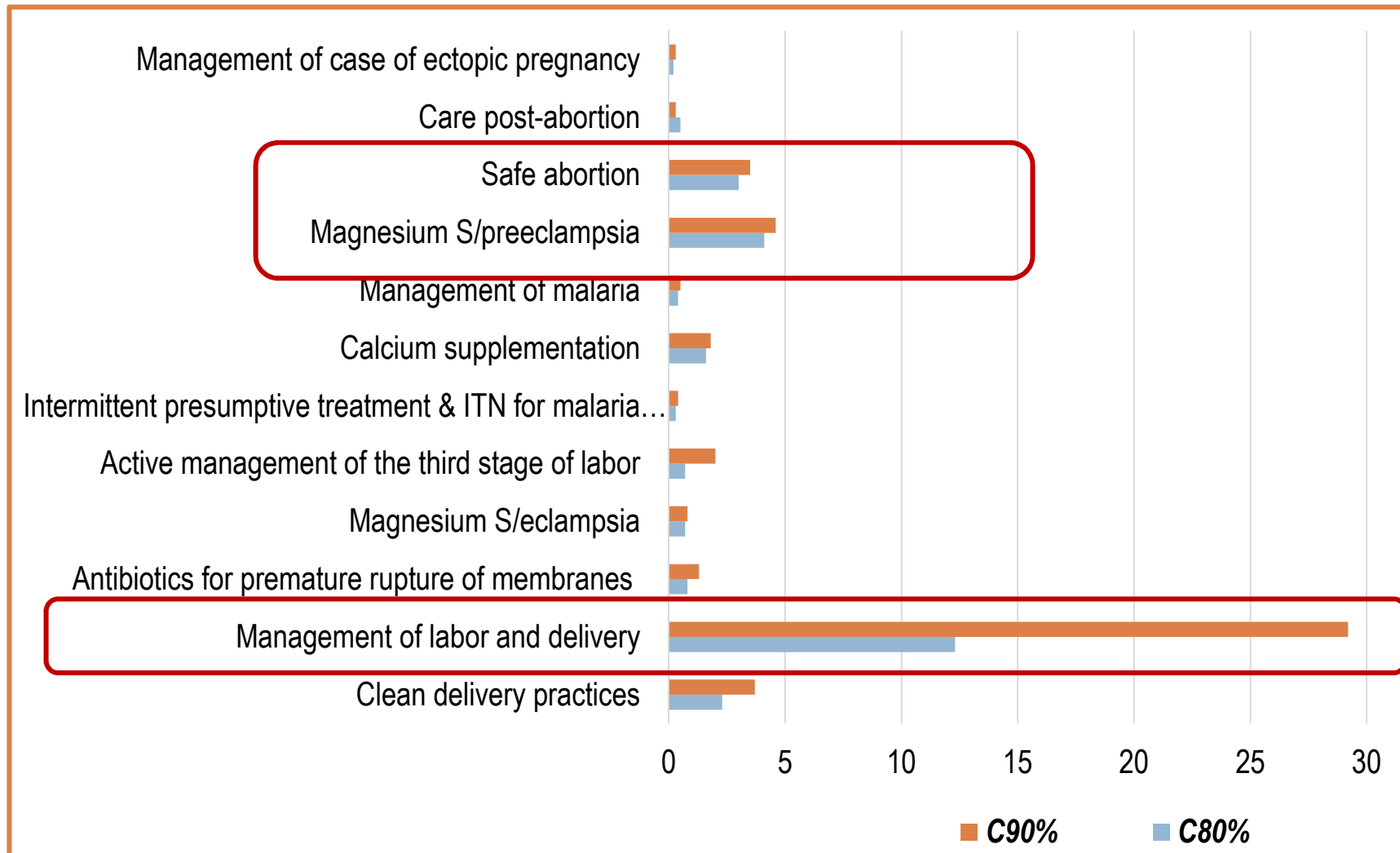
# Result (1-a)

## Maternal mortality averted by modes of MCNH care delivery



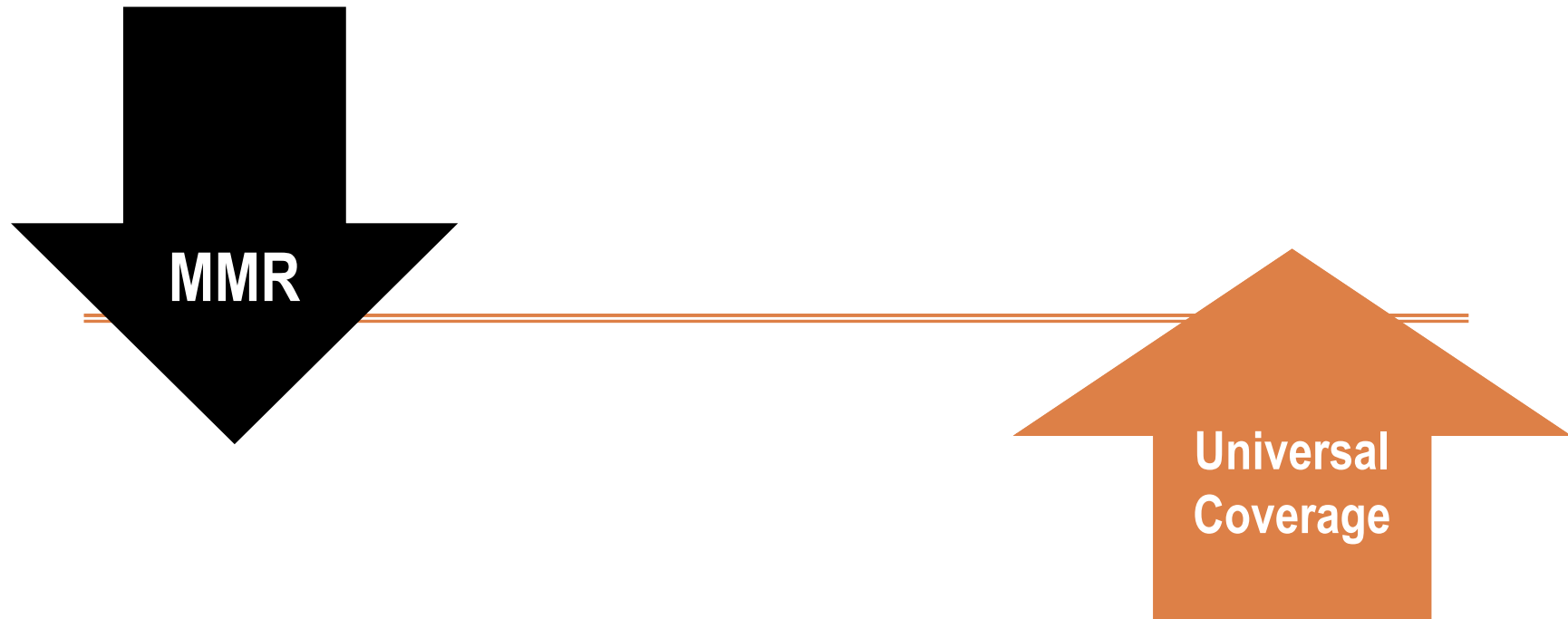
# Result (1-b)

## Key MNCH interventions to reduce MM in the DRC



# Conclusion & Discussion

## *Universal Coverage of MNCH*



# Discussion and Conclusion? Availability-Use-quality and surveillance of the MM



Improve health coverage by road infrastructure and real estate



Equipment and quality of care



Accountability of health personnel

# Remove financial barriers to care

**PRIX DE L'ACCOUCHEMENT**

TYPE	CATEGORIE	MODEN ACC	PRIX
I	ORDINAIRE	EUTOCIQUE	119 500 Fc
II	PRIVEE	DYSTOCIQUE	177 200 Fc
III	CESARIENNE PRIVEE	EUTOCIQUE	147 200 Fc
IV	ORDINAIRE	DYSTOCIQUE	149 500 Fc
V	ORDINAIRE	CESARIENNE	384 400 Fc
VI	PRIVEE	CESARIENNE	447 400 Fc

Vertical list of numbers and prices on the right:

- 103 46.50 120 58051
- 104 46.80 130 58051
- 105 47.25 131 58101
- 106 47.70 132 58151
- 107 48.15 133 60301
- 108 48.60 134 60751
- 109 48.95 135 61051
- 110 49.50 136 61651
- 111 49.95 137 62101
- 112 50.10 138 62551
- 113 50.25 139 63001
- 114 51.30 140 63151
- 115 51.75 141 63901
- 116 52.20 142 64351
- 117 52.65 143 64951
- 118 53.30 144 65051
- 119 53.55 145 65701
- 120 54.00 146 65701

Background text: ukapote habari juu ya namna ya... na CPN inayokuwa karibu na kwako. amka: PMLS KADANGA

**Thank you**

Acknowledgment: Dr. Karen Cowgill