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

Ntambue AM, Malonga KF, Dramaix-Wilmet, Donnen P
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

- Pre- or postpartum hemorrhage: 35.6%
- Prolonged labor: 4.5%
- Uterine rupture: 11.1%
- Postpartum sepsis: 4.4%
- Severe pre-eclampsia or eclampsia: 17.8%
- Problematic abortion: 2.2%
- Indirect obstetric complication: 24.4%
Systemic approach through the development of health zones;  But ....
Introduction
Fragile and unstable approaches

Donors Withdraw

Donors Return

Year

Maternal mortality rate/100,000 lb

Political conflicts

Peace accords

War-1

Sectoral interventions

Donors Withdraw

Donors Return
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

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<th>Scénarios</th>
<th>Family- and community-based care</th>
<th>Outreach</th>
<th>Clinical care</th>
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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

- Management of case of ectopic pregnancy
- Care post-abortion
- Safe abortion
- Magnesium S/preeclampsia
- Management of malaria
- Calcium supplementation
- Intermittent presumptive treatment & ITN for malaria
- Active management of the third stage of labor
- Magnesium S/eclampsia
- Antibiotics for premature rupture of membranes
- Management of labor and delivery
- Clean delivery practices

The diagram shows the percentage of interventions with C90% and C80%.
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
Thank you

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