



“PRIORITIES OF HEALTH ECONOMICS IN AFRICA”

Inaugural Conference of the African Health Economics and Policy Association (AfHEA)
10th – 12th March 2009 – Accra, Ghana

Parallel session 6: Facility funding, Costing and Budgeting of health services

PS 06/4

Estimating the health cost of the new born, the mother and the child as part of the strategy for the capacity building of the health system DR Congo

Dieudonné KWETE¹, Narcisse TONA², Mathias MOSSOKO³

¹ Dieudonné KWETE, Master health economy professional in developing and transition countries, CERDI, University of Auvergne, Clermont 1, France.

² Narcisse TONA, Public Health Doctor, Kinshasa Public Health school.

³ Mathias MOSSOKO, Epidemiologist, Department of Epidemiology, major endemia and degenerative pathologies department.

1. Context

DR Congo is coming out of the bloodiest war the world has ever seen since the Second World War, and that has left in its trail almost 3.9 million people dead. During this time, a population and health study (PHS) conducted in 2007 revealed that mortality among children under the age of five was estimated at 148 for every 1000 for the period 2002-2006, chronic malnutrition among children under the age of five also increased : it stood at 31% in 2001 and increased to 45% in 2007. In the case of maternal mortality, available estimates are among the highest in the world: 1289 of every 100,000 births (National study on the condition of children and women of 2001, MICS 2). Prevalence of moderate or aggravated anaemia among women aged 15-49 stood at 18% 2001

DR Congo has since 2006, defined and adopted its health system capacity building strategy one of whose priority area is the development of the health regions. Several partners, who subscribe to this strategy, require information concerning the cost of the Minimum Package of Activities particularly the cost of the new-born, mother and child.

In order to provide this answer, we used a costing mechanism instituted by the WHO to calculate the cost of interventions aimed at improving the health of the new – born, mother and child. It is thus the results of this costing exercise that we are going to present within the scope of this conference.

2. General objective

Estimate the cost of interventions aimed at improving the health of the new-born, mother and child.

3. Methods

preparation of a data base comprising scenario-writing in relation with the health of the new-born, mother and child based on the health care flow charts (5th Department, Primary Health Care Department), the performance standards documents of the health regions was exploited, the epidemiological profile of each scenario established, incorporation in each scenario of technologies (salaries for human resources, prices of drugs, laboratory reagents, prices of small medical machines and equipments, proportional cost of utilisation of the premises etc.).

The IHTP (Integrated Health Care Technology Package) designed by the WHO is the tool that made it possible for us to estimate the costs. To draft the entire scenario-writing, we drew from the WHO reference database scenario design logic and South Africa's reference scenario-writing on HIV/AIDS.

4. Results

With these results, we are currently able to hold discussions with the health partners on the level of financing per capita. Here in DR Congo, almost all the partners invest roughly US\$ 3 per capita per annum whereas the costing we have just made gives us the figure of US\$ 23 per capita per annum.

The shortfall of US\$ 23 could be lead to the discussion on the choice of priority interventions, geographical coverage, effectiveness of the interventions ; with a view to avoiding the scattering of resources and thereby improve the efficiency of general, continuous and integrated care interventions that would make it possible to improve the health segment of the Millennium Development Goals.