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Economic Evaluation of the Projects Aiming at the Reduction of Maternal Morbidity and Mortality in Congo Brazzaville

Abstract

Taking into account what a cost-effectiveness analysis in the field of health should be able to provide to project administrators and planners working in a given field of information on which they can base themselves to decide on the allocation of resources, the main objective of this study is to show which of the two methods of intervention (that developed at Makélékélé and that developed at Tié-Tié) is most effective as regards the reduction of maternal morbidity and mortality. Specifically, this study aims at comparing the effectiveness of these two interventions in terms of the number of lives saved, the rate of reduction of maternal deaths, the number of difficult childbirths avoided, the number of emergencies managed and the number of Caesareans carried out with a view to making recommendations on the modalities of implementation of these interventions.

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Country where the research takes place

Congo Brazzaville

How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

The use of the partogramme has made it possible to reduce maternal mortality in Congo because it can be noted that before its implementation, i.e. in 1980, the maternal death rate was approximately 1,000 per 100,000 live births and that today it is 781 per 100,000 live births.

The allocative superiority noted at Tié-tié, which is essentially due to the community involvement in the management of obstetric emergencies, is yet to be relativised

because the results of the evaluation are not very far from those of Makélékélé. In a country where more than half of the demographic lives below the poverty line, an average expenditure of 300,000 CFA francs for saving a life appears enormous, especially if one takes into account the fact that during a life, a subject can be confronted with this possibility several times.

One of the lessons that that can be drawn from this study is that the partogramme still has limitations in its implementation. In particular, its operationalisation is not yet effective at the two maternities. This is due to three things: the design of the graph reserves small squares each one of which represents the duration of one hour, in which one must note the elements observed. However, over this duration, many events occur that are impossible to transcribe in the space. Parallel to this, an observation is made for each woman received that retraces the medical history and freely recalls without time constraint the events that occur in the labour room until the childbirth. In addition, the use of the partogramme does not replace observation in all the cases and then raises a problem of time to manage its two aids.

How will the research address a policy need, and what kind of policy lesson is expected?

The recommendations proposed by this study are as follows:

- To review the design of the partogramme in order to make it more operational in maternities;
- To improve human resources management through training in the use of the partogramme;
- To develop the statistical culture in the wards in order to allow better follow-up evaluation of this programme;
- To make Caesarean kits available from the hospital's pharmacy which is authorised to buy at Congolaise médicaments essentiels and génériques (COMEG) at very reduced cost;
- To improve the financing of reproductive health in order to give this Demographic access to quality emergency obstetric care;
- To develop a legal framework favourable to the involvement of communities in the fight against maternal mortality.

Methods used

The field of health is increasingly using the cost-effectiveness analysis approach because of the budgetary constraints with which the governments of the world are confronted. This approach, which is regarded as the principal instrument of comparison of the cost of an intervention in the field of health and the results anticipated as regards health, has the advantage of indicating the directions towards which resources can be allocated in order to increase allocative effectiveness.

Data used

The data used in this research are drawn from a survey carried out by the research team in Brazzaville and Pointe-Noire in the various health centres that shelter the ministerial obstetric healthcare programmes. These are in particular the health centres of Makélékélé (in Brazzaville) and Tié -Tié (in Pointe-Noire).