Causes of socioeconomic inequalities in maternal healthcare utilization in DR Congo

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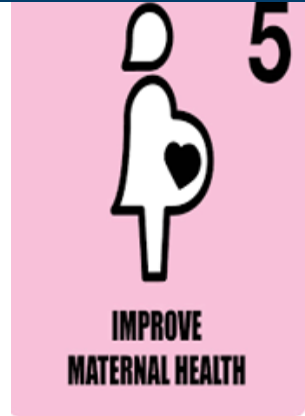University
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Outline

Outline reminder

Introduction

- During the period 1990–2015 the MMR fell by 44% Instead of 75% set up by United Nations as MDG
- DHS : only 34% of deliveries were attended by skilled personnel in the low income countries
- Predominance of User fees regime
- National insurance ? weak capacity of the state
- In DRC, the coverage rate was 10% in 2018
- 2 solutions :
  - Through community involvement access to healthcare can be improved for poor people
  - User fees removal vs quality improvements

IMPROVE MATERNAL HEALTH

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1st solution : CBHI

- Community-based health insurance (CBHI) has been created and introduced in many African countries in 2nd half of the 20th century
- "any scheme managed and operated by an organization, other than a government or private for-profit company, that provides risk pooling to cover all or part of the costs of healthcare services"
- Expected to reach informal sector & marginalised household
- However, there is evidence that poor people are less likely to enrol in CBHI and even once insured, they are less likely to use health services compared to their wealthier counterparts

MHO Wasamundi
MUTUAL HEALTH ORGANISATION

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2nd solution : User fees removal vs quality improvement

- In Sub Saharan African (SSA) countries, user fees exemption policies were initiated in the early 2000s for priority groups of people

- Debate about the equity effect of user fees : 2 schools of thought

- 1st school : shows that the equity effect of user fees depends on whether gvrnts were introducing exemption policies for disadvantage

- 2nd effect depend on whether the introduction of user fees have been followed by improvement of quality of health services

- Above the cost of the healthcare services that insurance schemes try to reduce the burden on the households the use of health services is related health beliefs and the personal characteristics of the (potential) users

Versus

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Purpose and Methodology

1. Assess the causes of socioeconomic-related inequalities in maternal healthcare utilization in DR Congo

2. Horizontal inequality approach

3. The second Demographic and Health Survey (DHS-DRC II)

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Methodology & Hypothesis

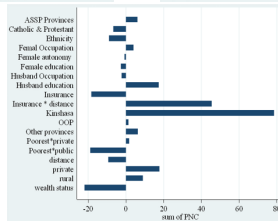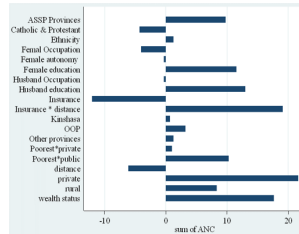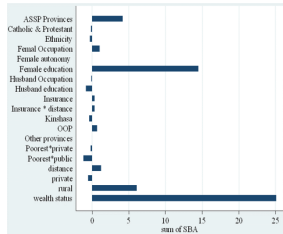| Variable	Description	expected sign (HYPOTHESIS)
HIV	1. Yes 0. No	
Women BMI	Continuous variable	
Women's age	Continuous variable	
Order of birth	Discrete variable	
Report child health Index	Continuous variable	
Child's BMI	Continuous variable	
under5 mortality	Discrete variable	
Wealth index	1.lowest (Poorest) 2. Low (poor) 3.Middle 4.high(rich) 5.highest(richest)	(+)
Living area	1.rural 0.urbain	(+)
Province	1.Kinshasa 2.Maniema 3.Sud_kivu 4.Kasai occid 5.Kasai orient 6. Equateur 7. Oriental 8. Katanga 9.Nord_kivu 10.Bas_congo 11.Bandundu	Kin (+) ASSP (-)
Religion	1.Catholic&Protestant 2. Other christians 3. Non christians	
Women's education	1.No education 2. Primary 3.Secondary 4.High	(-)
Women employment status	1.Yes 0.Non	(-)
Women's autonomy	Continuous	(-)
husband's education	Discrete	(-)
OOP	1.Big problem 2.Not big problem	(+)
Health insurance status	1.Insured 0. Not insured	(-)
Perceived distance to health facility	1.Big problem 0. Not a big problem	(+)
Type of provider for 1st prenatal care	1.Pubic 2. Private 3.Others	(-)

Neails variables (rows HIV through under5 mortality)
Non neal variables (rows Wealth index through Type of provider)

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Results

		SBA	ANC	PC
CCI	Index value	0.184 *	.012*	0.006**
	Std. error	(0.0049)	(0.00493)	(0.0032)
Need	Absolute value	0.0105	.001	0.00007
	Relative value	5.706%	0.83%	1.16%
Non-need	Absolute value	0.089	0.01165	0.005842
	Relative value	48.36%	97.08%	97%
HI		0.173	.0109	0.0055

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Contribution of non-need variables on inequalities

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1. Given the effect of female education on equity, the government should promote education for all and especially women by putting in place incentive policies. This policies may include free primary and secondary education at least for the vulnerable, especially women, the granting of scholarships to push women to excellence, etc

2. Female from rural area are less likely to use SBA services that women living in urban area. The government also called upon to increase health coverage in rural areas and to invest in a large-scale awareness-raising campaign to explain to rural women the advantages of giving birth at heath facilities and the risks of giving birth at home.

3. Female with insurance are more likely use PNC than those without insurance. The government needs to expand health coverage through an policy on health insurance. This may be efficient by strengthening the different insurance schemes, namely the CBHI,
so that more poor people can be covered

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Thank you for your attention!

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