The recurrence of armed conflict over the past three decades in the Democratic Republic of Congo (DRC) has had a heavy impact on the health sector with North and South Kivu provinces among the most severely affected. While progress has been made with 85% of all deliveries now assisted by skilled health personnel,\(^1\) other indicators for maternal and newborn health (MNH) outcomes remain low with 547 maternal deaths per 100,000 live births (2020);\(^2\) 26 neonatal deaths per 1000 live births (2021);\(^3\) and 28 stillbirths per 1000 births (2021).\(^4\)

Given the complex political and economic environment, a deeper understanding is needed of the factors that influence MNH policy design, implementation, and resource allocation in conflict-affected areas of the DRC. This brief outlines a recent political economy analysis (PEA) led by the Catholic University of Bukavu (UCB) – a partner in the EQUAL research consortium – to examine the diverse political and economic factors that influence MNH decision making and prioritization in North and South Kivu provinces in eastern DRC. With this information, the consortium aims to identify opportunities to accelerate progress toward improved health outcomes for women and newborns living in conflict-affected communities in the country.

As part of the EQUAL Research Consortium, the Catholic University of Bukavu (UCB) conducted a political economy analysis examining maternal and newborn health (MNH) policy, practice, and findings in DRC.

Stakeholders at national and provincial levels from government, civil society, bi-lateral and multi-lateral institutions were interviewed to capture a diverse range of perspectives.

Data analysis is ongoing with results expected mid-2023.
STUDY OVERVIEW

A PEA provides a structured way to examine the systems, structures, and processes that guide MNH policy making in DRC, primarily in the North and South Kivu provinces. This includes exploring the influence of timing and events and the role of power dynamics while also unpacking the complexity of policymaking spaces that involve multiple stakeholders each with their own priorities, perceptions, and capacities. Specifically, this PEA sought to understand the factors that facilitate and/or prevent the prioritization of MNH by government and other key stakeholders and to assess the influence of conflict and fragility on decision making.

Study location

This PEA was conducted at the national and provincial levels to take into account the decentralized organization of DRC’s health system. North Kivu and South Kivu provinces have been affected by decades of conflict and insecurity resulting in high rates of maternal and newborn mortality. The consortium is conducting other studies in these locations including assessments of facility-based quality of care and of health surveillance and information systems that collect data on pregnancy, birth, and maternal and perinatal mortality.

Study design

This was a descriptive case study conducted between June 2022 and January 2023. UCB executed a literature review looking at relevant scientific papers published in peer-reviewed journals and official MNH related documents from the DRC government and international organizations. This included policies, programs strategic plans, annual reports, and other PEAs. 25 key informants (10 from the national level in Kinshasa and 15 at provincial level) were interviewed including high-level government officials from the Ministries of Health, Planning, and Budget at the national level; health technicians from different programs and offices of the MoH at national and provincial levels, and Health Zones managers at the health zone level. Non-governmental informants included representatives from international NGOs, United Nations agencies, multilateral cooperation institutions engaged in MNH in DRC, researchers from several universities in DRC, and local North and South-Kivu civil society organizations.

The study was guided by the Health Policy Analysis (HPA) Triangle, a conceptual framework commonly used to assess policy content, policy-making processes, the overall institutional, political and social context, and the role of policy actors – including their values and interests, social networks, and power dynamics – in shaping policy outcomes.

A thematic analysis was conducted with a deductive approach with four themes inspired by the HPA: Policies & Processes, Stakeholders & Organizations, Events & Context, and Gender and Inclusion.

EQUAL PROJECT OVERVIEW

Funder: UK aid from the UK government

Length: July 2021 – April 2026

Locations: DRC, Nigeria, Somalia, and South Sudan

Partners: Catholic University of Bukavu, Johns Hopkins Center for Humanitarian Health, International Rescue Committee, Somali Research and Development Institute, and the Institute of Human Virology Nigeria
Findings

This study is ongoing with findings anticipated in mid-2023.

For more information visit www.EQUALresearch.org and contact Rosine Bigirinama (rosine.bigirinama@ucbukavu.ac.cd).

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