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Case Report

The Access to health care in the Democratic Republic of Congo: Major challenge for the poor

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General Situation of Hospitals and Health Care

Access to health care is a universally human rights established and recognized internationally, regionally and nationally by several legal instruments including the Universal Declaration of Human Rights, the International Covenant on Economic Social and Cultural Rights, the African Charter on Human Rights and peoples and the Constitution of 18 February 2006 in the Democratic Republic of Congo [1]. The best quality of health care depends on several parameters: political, cultural, demographic, security, socio - economic .... In order to improve the health sector, the Congolese Government had, in the legislature from 2006 to 2011, placed health in five priorities project of the Democratic Republic of Congo. [1 In the context of reaching the completion Point, the Democratic Republic of Congo received from the international financial institutions to reduce its debt by 12.3 billion US dollars.]

In terms of health, the DRC is significantly behind of the international public opinion, the image of the DRC remains associated with wars and disasters. A health system in full degradation can cope with a growing population and an even more rapid urbanization [2]. The harms of the DRC are multiple, from AIDS to Trypanosomiasis, that colonial medicine boasted of having defeated and yet again. Finally, the Ebola epidemic revives all fears, even if it is less devastating than the more common, Polio, measles or meningitis [3]. This image of the DRC gradually clears another, which was very present in academic circles and among healthcare professionals [4]: during year 70 and 80, where the DRC was considered one of the most developed African countries in the field of public health [5].

The decline in the quality of health services, low income households and insufficient health centers are the causes of access funds The Ministry of Health is the main governmental institution responsible for providing health services, including family planning. In the 401 existing hospitals in DRC, 176 belong to the Government (179 religious organizations and 46 to public or private companies). Figure 1

Truly, a vast country (2,345,350 km2 surface) and rich in soil and subsoil resources, the DRC paradoxically among the poorest countries in the world and is constantly subjected to internal and external shocks, characterized by difficulties that the population access to decent and sustainable to good public services. The present consequences of these tremors are reflected on the ground by serious socio-political crises become permanent threats to stability.

A high mortality rate, mobility and repetitive threats of epidemics from 9 neighboring countries, endemic diseases and pandemics that it faces. A materna mortality is very accented, an average life expectancy of 35 to 45 years, a state budget of $ 6 billion, including 1.2% allocated to the health sector with estimated population of 85 million people. it's a hard challenge to reduce a social misery, a sick people is less hard to work.

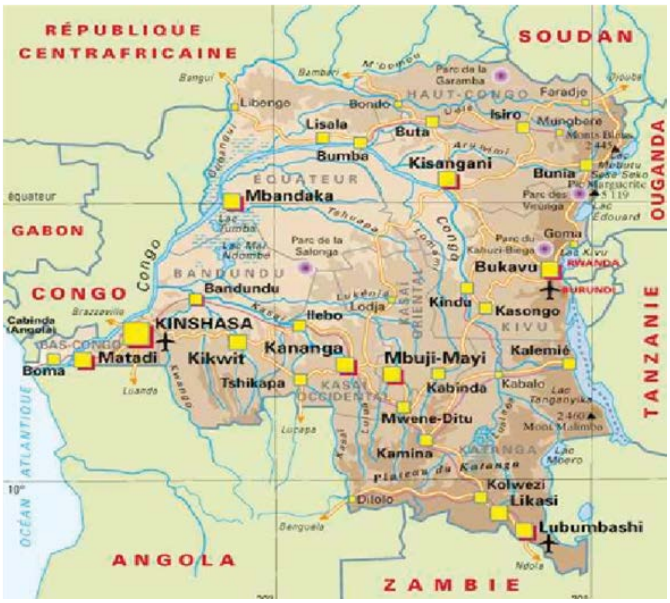

Figure 1

Standing of Hospital in Congo R. D.

The Democratic Republic of Congo in its health management policy has classified Three level of care and health services structures;

1-Primary Health Care, distributed in primary structures; health posts, community care center.

2-Secondary care, hospitals, clinics and health center.

3-Tertiary care; hospitals of references, private polyclinics.

4-Quaternary care, here the case is still under discussion because the country has one structure for quaternary care and two others are private structures.

a) The deterioration of the social environment of hygiene and multiplication of all the diseases that result, seriously affecting the health standing of populations.

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The medical qualities are guaranteed by the following factors;

b) Hygienic situation of hospitals and health centers: It appears from the observation made by our investigators that the sanitary situation of the health structures of primary care to tertiary care are to be deplored, the sanitary service as buildings, courses, facilities, rooms, and others do not meet the standards decry by 'world Health Organization.

c) Waste and rubbish hospitals: The presence of filth condition observed in some hospitals and national health center is a delicate issue because some mentally deranged men are used by the hospital for the collection of garbage and cleaning the public toilets and the morgue, because without the consequence of a state budget that cannot pay a competent cleaner service.

d) Standing of the property of the hospitals both in the capital and in the provinces: The hospital buildings are relatively old, old piping, high-risk electrical connection of obsolete WC, of hospitalization and delivery room without beds or mattresses.

d) Electrical energy: The hospital is supplied with electric power by the national electricity company "SNEL". But the frequency of outages has affected the normal functioning of the hospital. For example, some childbirth and surgical procedure are executed with the flashlight.

e) Status of roads access and transport: The big problem is how to get access to a medical center or a referral hospital in the country, remains a situation of life or death. Moreover 70% of deaths are reported even before the patient arrives at the hospital. Add to this transport, not only there is no ambulance, but poor road conditions for an ambulance to transport a patient in a hospital.

f) Medicines and medical equipment: In general, patients are required to buy their products for treatment in hospitals, it also happens that the hospital treating you with its own products but then the costs are exorbitant and many prefer to buy their own products. Medical facilities are lacking and it is sorely lacking, apart from a few hospitals that receive donations of equipment, patients must walk for kilometers to find an ultrasound, radiology, MRI and then Scanners remain in the capital.

g) Cost of treatment: Hard test for a population that 80% are unemployed and those working in public administration, are paid $ 50usd equivalent by month. Difficult in these conditions to pay for care qualities which cost enormously. The entire population turns to private structures less qualified working in the informal to relieve their pain. Either this issue throughout all family members contribute to the care of their relatives, this formula practice.

h) Household poverty: The tariff of fees to pay for access to medical care remains exorbitant for a hospital located in a very poor environment. Because of this extreme poverty, several residents of rural and suburban areas have difficulties in accessing care. Some candidates sick to health care back without receiving care because of their insolvency and inability to pay for record and consultation. Those who can give him some of their pledge collateral. Such is the case of Madame Marie LOMIMI which after hospitalization for seven days with his son aged of five years, was asked to pay the sum of 85.000 FC = $ 85usd) when she was only 23 000 FC ($ 23usd). She had put her TV in pledge to be allowed to leave the hospital. essential materials such as syringes, gloves, needles and drugs are charged to the patient. Several nurses and doctors are trading illegally drugs and materials necessary for the administration of care. What is compromising for a support better decision?

i) Example of health care costs in a health center: Profit health care is conditional upon the prior payment of fees for consultations, examinations and for all other medical procedures.

Cost of medical care

Example of cost of medical care in a primary center (Table 1,2)

Table 1: Illustration I. PHC structure.

No	Acts Description	Cost Unemploy	Cost Employ
1	Medical Record	3.500FC (3,00$usd)	4.500FC (4,00$usd)
2	Consultation GP	1.500FC (1,00$usd)	2.500FC (2.00$usd)
3	Delivery/ Eutocia	15.000FC (15.00$)	50.000FC (50.00$usd)
4	Delivery / Dystocia	25.000FC (25.00$)	100.00$
5	Delivery / Caesarean	300.00$usd	450.00$usd
6	Ultrasound	25.00$	25.00$
7	X-Ray	20$	20$
8	EC Review	0,50$	1.00$
9	Review / W Cell.	0,50$	1.00$
10	Review / Bv	0,80$	2.00$
11	Review / R Cell.	0,80$	2.00$
12	Review / HB	2.00$	3.00$
13	Review / FL	9.00$	9.00$
14	Review / Blood Sugar	5.00$/ jour	5.00$/ jour

Table 2: Illustration II. SHC Structure.

No	Acts Description	Cost Unemploy	Cost Employ
1	Medical Record	8000FC (7,00$usd)	15000FC (16$usd)
2	Consultation GP	15000FC (15$usd)	2.000FC (20$usd)
3	Delivery/ Eutocia	150000FC (150$)	200.000FC (250$usd)
4	Delivery / Dystocia	(40$)	100.00$
5	Delivery / Caesarean	870$usd	950$usd
6	Ultrasound	25$	25$
7	X-Ray	20$	20$
8	EC Review	2$	5$
9	Review / W Cell.	2$	5$
10	Review / Bv	1.5$	5$
11	Review / R Cell.	1.5$	5$
12	Review / HB	4$	8$
13	Review / FL	9$	9$
14	Review / Blood Sugar	30$/ jour	50$/ jour

Outcomes

MDGs by 2015 and supply the socioeconomic database capable of providing reliable and timely indicators for the development of the second generation PRSP, the Government of the DRC in 2010, its third survey MICS (INS and UNICEF MICS DRC-2010).

Despite these commendable initiatives, social progress is still slow, and the country may not be able to achieve most of the MDGs at the horizon 2015. Definitely, the vast majority of the population has no access to basic social services: only 40 to 50% of the population has access to health care, an average score of 11 physicians per 100,000 people, the infant mortality rate is estimated at 97 per thousand live births, while the probability for a child to die before reaching their fifth birthday is 158 per thousand, and 24% of children are moderately underweight or sévère2, 4 out of 10 children do not attend school, more than 3 in 5 n ' have no access to drinking water (only 47% of the population uses water from an improved source) and 4 out of 5 people lack access to electricity (UNDP, 2011).

Furthermore, the use of improved toilets (those between a hygienic human waste from human contact) is reduced in the DRC where it covers only 14% of households. In contrast, 72% use unimproved sanitation facilities, while 14% do not use toilets and practice of defecation in the open. As regards the degree of promiscuity, 14%.

Conclusion

According to the Country Economic Memorandum, EMC World Bank (2011), growth slowed in the DRC by.

(i) weak institutions and governance that resulted in the vulnerability of the Congolese economy, lack of diversification and market failures, (ii) lack of energy and transport infrastructure and (iii) the low level of investment in human capital and social protection. We must also add the weakness of investment which represents only 4 percent of GDP, well below 27% required to achieve double-digit growth. Consequently, the report recommends the establishment of strong institutions, the removal of constraints by proactive policies and diversification of the economy.

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