



A Health Technology Assessment Agency in the Democratic Republic of Congo

Achievements and Challenges ahead eighteen months after its launch

Chenge F, Mitashi P, Kabinda J,
Belrhiti Z, Mapatano MA, Criel B



Evidence-2018 Conference, Pretoria,
September 27

Background

- Health Technology Assessment Agencies (HTAA) are developed worldwide in order to support Ministries of Health (MoH) in evidence-informed decision-making (EIDM).
- Such agencies are sorely lacking in sub-Saharan Africa.
- In the DRC, many of the recommendations made by the research institutions are not channeled to decision-makers
- In order to contribute in filling this gap, an Evidence Research Center called “Centre de Connaissances en ***Santé au Congo (CCSC)***” was launched in the Democratic Republic of Congo (DRC) in February 2017.

Mapping of HTAA



<http://www.inahta.org/members>

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Objectives

- Report how the CCSC actually supports the development of evidence-informed decisions within the Congolese MoH,
- Discuss the main challenges the CCSC has faced so far, and the way to address them

Methods (1)

- To effectively support the MoH, we proceeded as follows:
 - Launch a call for topics to the stakeholders with the aim of setting priorities to support EIDM
 - Define policy-relevant research questions
 - Search and appraise evidence

Methods (2)

- Summarize into policy briefs which provide evidence and recommendations
- Identify and document the main challenges encountered in the process, and the ways to address them.

Results

- In response to the call, we received two research questions from the MoH, both relating to the health financing strategies:
 - How to finance the inclusion of the informal sector in the context of UHC in DRC?
 - Is it appropriate to scale up the flat-rate payments per sickness episode in DRC?

Role of the CCSC in Evidence informed decision making in DRC

Research questions	Conclusions & recommendations of the policy briefs	Decision made by MoH
<p>How to finance the inclusion of the informal sector in the context of UHC in DRC?</p>	<ul style="list-style-type: none"> - Designing a health financing policy for the informal sector only makes no sense; it should fit into a systemic perspective and be part of a comprehensive policy covering the entire population. - The contribution from informal sector households to financing a health insurance essentially involves a prepayment for CHI. - The funding of UHC must be based on both the household contributions and public subsidies to cover all categories of population 	<p>The health financing strategy for UHC developed by the MoH now includes the informal sector as part of a comprehensive UHC policy</p>
<p>Is it appropriate to scale up the flat-rate payments per sickness episode in DRC?</p>	<ul style="list-style-type: none"> - The existing evidence on flat-rate payments per sickness episode is scarce and uncertain. - The Congolese context is hardly conducive for the introduction of such a policy on a national scale. 	<p>The flat-rate payments per sickness episode was abandoned as a national policy option to the benefit of a standardized guideline for implementation for more trials on the matter in the field</p>

Main challenge

- Lack of a culture of using EIDM. We are therefore committed to creating the need for using evidence by health authorities and other key stakeholders in:
 - Explaining the relevance of the CCSC and its work at the general meeting of the national health sector steering committee and at all other meetings bringing together the key stakeholders
 - investing in intense interpersonal contacts with key stakeholders in order to argue the relevance of evidence-informed decisions.
 - organizing a workshop gathering decision-makers and key stakeholders in order to set up priorities for EIDM in the years 2018 and 2019: the research agenda topics is now available

Conclusion

- The CCSC is a young but promising initiative to be sustained.
- To be more effective and sustainable, the CCSC, requires:
 - commitment and ownership by decision-makers and key stakeholders.



Thank you so much
Merci beaucoup
Matondo mingi
Aksanti sana
Twasakidila wa bunyi

