Post-partum detention of insolvent women and their newborns in Lubumbashi, Democratic Republic of Congo

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Burundi
A High Price To Pay
Detention of Poor Patients in Hospitals
Hospitals as debtors

In low-income and middle-income countries (LMICs), systematic research regarding the personal consequences of patients who pay their medical bills has been scarce. Headlines frequently tell a simple story: “Kenyan mothers too poor to pay for treatment in hospital.” Similar reports are found in India, Liberia, Nigeria, the Philippines.

In the 1970s and early 1980s the governments of LMICs provided free basic health-care for its citizens. With the introduction of structural adjustment programmes in the 1980s, the World Bank recommended that LMICs reduce public spending for health and social services. Cost recovery mechanisms such as user-payment was implemented in the public health-care sector, and the doctor who operated on her did so in...
<table>
<thead>
<tr>
<th>Category of Disrespect and Abuse</th>
<th>Corresponding Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical abuse</td>
<td>Freedom from harm and ill treatment</td>
</tr>
<tr>
<td>2. Non-consented care</td>
<td>Right to information, informed consent and refusal, and respect for choices and preferences, including the right to companionship of choice wherever possible</td>
</tr>
<tr>
<td>3. Non-confidential care</td>
<td>Confidentiality, privacy</td>
</tr>
<tr>
<td>4. Non-dignified care (including verbal abuse)</td>
<td>Dignity, respect</td>
</tr>
<tr>
<td>5. Discrimination based on specific attributes</td>
<td>Equality, freedom from discrimination, equitable care</td>
</tr>
<tr>
<td>6. Abandonment or denial of care</td>
<td>Right to timely healthcare and to the highest attainable level of health</td>
</tr>
<tr>
<td>7. Detention in facilities</td>
<td>Liberty, autonomy, self-determination, and freedom from coercion</td>
</tr>
</tbody>
</table>
ARTICLE VII: Every woman has the right to liberty, autonomy, self-determination, and freedom from coercion

**International Standards**

- Declaration of the Elimination of Violence Against Women, 1994, Article 1
- International Covenant on Economic, Social and Cultural Rights (ICESCR), 1976, Article 1
- International Planned Parenthood Federation Charter on Sexual and Reproductive Rights, 1996, Article 2
- International Covenant on Civil and Political Rights (ICCPR), 1966, Article 9.1, 18.2
- Universal Declaration on Bioethics and Human Rights, Article 5

**Multinational and National Standards**

- Charter of Fundamental Rights of the European Union, 2000, Article 6
- Declaration on the Promotion of Patients’ Rights in Europe, 1994, Article 1.2
Background
<table>
<thead>
<tr>
<th>MODE</th>
<th>ACC</th>
<th>PRIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDINAIRE</td>
<td>EUROCIC</td>
<td>119 500 Fc</td>
</tr>
<tr>
<td>PRIVÉE</td>
<td>EUROCIC</td>
<td>129 200 Fc</td>
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<tr>
<td>ORDINAIRE</td>
<td>EUROCIC</td>
<td>147 200 Fc</td>
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<tr>
<td>PRIVÉE</td>
<td>DYSTOCIC</td>
<td>149 500 Fc</td>
</tr>
<tr>
<td>ORDINAIRE</td>
<td>CESAREENNE</td>
<td>384 400 Fc</td>
</tr>
<tr>
<td>PRIVÉE</td>
<td>CESAREENNE</td>
<td>417 400 Fc</td>
</tr>
</tbody>
</table>
Entrée de l’hôpital général
Jason Sendwe, 2009
Methods

Semi-structured interviews
  • 2 administrators and 11 clinical staff

Cross-sectional survey
  • 85 post-partum women

Retrospective review of records
  • 2446 women who delivered 2014-2015
Findings: Semi-structured interviews
Detention is normalized, but attitudes about women’s ability to pay differ widely

**Dire Need**
- Poverty
- Expensive procedures
- Minors
- Abandoned women and girls
- Internally displaced

**Bad Faith**
- Could pay, but choose not to
- Confirm whether women have resources
- Active hostility from one administrator
• Private clinics deplete patients’ resources, then refer them to the hospital
• Women wait for a family member or benefactor to pay their fees and release them
• Some stay a long time, sometimes without food, and must be released
Findings:
Cross-sectional survey and
Retrospective record review
Patient 1

Nursing care
40,000 FC (US$40)

Discharge papers
500 FC (US$0.50)

Medical record
200 FC (US$0.20)

Gentamycin
1000 FC (US$1)

Hospital stay
28,000 FC (US$28)

Patient 2

Acts 12,000 FC (US$12)
<table>
<thead>
<tr>
<th></th>
<th>Cross-Sectional Study</th>
<th></th>
<th>Retrospective Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Detained (n=41)</td>
<td>Detained (n=44)</td>
<td>Detained (n=109)</td>
</tr>
<tr>
<td>&lt;20 years old</td>
<td>12%</td>
<td>21%</td>
<td>12%</td>
</tr>
<tr>
<td>Preterm birth</td>
<td>38%</td>
<td>55%</td>
<td>27%</td>
</tr>
<tr>
<td>Complications</td>
<td>54%</td>
<td>70%</td>
<td>67%</td>
</tr>
<tr>
<td>C-section</td>
<td>24%</td>
<td>59%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Length of Hospital Stay in Days by Mode of Delivery and Detention Status

- **UNCOMPLICATED VAGINAL**
  - Not Detained (n=19)
  - Detained (n=13)
  - Detained (retro) (n=36)

- **COMPLICATED VAGINAL**
  - Not Detained (n=12)
  - Detained (n=5)
  - Detained (retro) (n=16)

- **CESAREAN SECTION**
  - Not Detained (n=10)
  - Detained (n=26)
  - Detained (retro) (n=57)
Amount Owed in US Dollars by Mode of Delivery and Detention Status

Not Detained (n=19)  Detained (n=13)  Detained (retro) (n=36)  Not Detained (n=12)  Detained (n=5)  Detained (retro) (n=16)  Not Detained (n=10)  Detained (n=26)  Detained (retro) (n=57)

UNCOMPPLICATED VAGINAL  COMPLICATED VAGINAL  CESAREAN SECTION
Interpretation

• In the DRC, illegal detention of mother-child pairs is common and normalized
• In Lubumbashi, provision of health care services is unregulated and commercialized, even in the public sector
• State must strengthen health care spending and administration and implement cost relief / insurance for the poorest to realize universal obstetric care