Accountable African maternal healthcare

Professor Tjard de Cock Buning is a transdisciplinary researcher dedicated to using community-based, interactive learning and action approaches to refine healthcare systems in Central Africa.

Can you begin by introducing your research team’s overarching aims and approach?

The team has been based at the Athena Institute at VU University Amsterdam in the Netherlands, for more than 20 years, and has taken its Interactive Learning and Action (ILA) approach all over the world. ILA is a transdisciplinary method we developed in Bangladesh in the 1990s that promotes knowledge democratisation by bringing societal stakeholders into the science and technology process.

Our current main focus is on tailormade health innovation and reform. Over 200 Master’s students, PhDs and researchers funded by European Union and national funding agencies are dedicated to bringing patients, health providers and governments towards better practice. We do this with a wide variety of instruments to initiate mutual learning and explore win-win options, such as roundtable meetings, focus groups, dialogues, Socratic investigations, reflective monitoring, and action- and value-based management. Our other base is at the Royal Tropical Institute (KIT-Amsterdam), which runs a one-year Master’s programme in Public Health and welcomes 50 mid-career students from all over the world. Our joint collaboration allows applied research and capacity building in fragile states.

What are the main goals motivating your research endeavours?

Each country has its own challenges when it comes to organising its health system. Our goals are the same as the Millennium Development Goals (MDGs): less poverty and more health. In fragile states it’s almost impossible to arrange a solid base to improve healthcare, particularly maternal healthcare. Although money is scarce, the need and will for improvement is high and NGOs are abundant – yet it is not working out well. It is our understanding that the hands that give the support are to some extent in competition with other helping hands, resulting in an incomprehensible and scattered picture for the local community and inducing a passive attitude. It is therefore our goal to coach communities to take an active role in shaping support structures to their needs. The ultimate aim is to work with members of the local population to formulate a consistent set of accountability rules that creates mutual respect, trust and support for addressing the needs of their community.

Accountability has become a large part of the post-MDGs debate. What is social accountability and why is it important?

Being accountable presupposes openness regarding one’s professional behaviour – it demonstrates that one has nothing to hide. Creating transparency by a monthly counter at the front wall of the hospital showing the number of women who have died during delivery, for example, is a successful social accountability instrument in many African countries. But who is the one to propose and assess this in nations such as the Democratic Republic of Congo and Burundi? In a post-war country there is much trauma. Each voice that speaks up has a hidden agenda. There is no open and constructive dialogue like that which has been exercised successfully for half a century in many stable countries.

Is a transdisciplinary approach essential to your work?

Yes. Our researchers in Burundi and the Congo are either medical doctors who have graduated in public health sciences, or seniors such as myself who possess a double degree in natural sciences (biophysics) and social sciences (philosophy and ethics). The diversity of disciplinary backgrounds enables us to understand and integrate biological, social and medical information in our analysis.

What impact do you see your research having on the lives of African mothers? Is your work applicable to other continents?

Our goal is to increase the quality of maternal health at the level of the direct actors – doctors, nurses, NGOs, pregnant women, related family, pharmacists, etc. As we approach this in an experimental way, feeding back our observations to these actors enables us to invite them to join in reflection. Ideas for solutions will arise and thus change the dynamics in the local communities. This is step-by-step action research that is aimed at finding the golden key to unlock the stalemate that has dominated the health development machinery of the international community for many years.

Do you have plans for further research?

Social accountability tries to focus on the people in the centre of health service delivery. Our research aims are to create spaces that simultaneously inspire dialogue while meeting women’s needs and improving health. All our researchers from the Netherlands, Burundi and the Democratic Republic of Congo will continue to explore health problems together with stakeholders and educate a new generation of transdisciplinary action researchers to build on a better world.
CENTRAL AFRICA IS home to some of the worst maternal mortality ratios in the world, with the Democratic Republic of Congo (DRC) and Burundi having the fourth and fifth highest global rates, respectively. According to World Health Organization (WHO) statistics, a woman giving birth in these countries has a greater than 7 per cent chance of dying while pregnant, in delivery or postpartum.

It is perhaps unsurprising that maternal health services are in need of improvement in these post-war fragile states. Major challenges that need immediate attention arise around issues of funding, understaffing, incomplete care coverage, long waiting lists, as well as embedded stigma, gender inequality and intimidation within the system.

INTERACTIVE LEARNING AND ACTION
One researcher devoted to overcoming these obstacles and finding ways to boost maternal survival rates in fragile states such as the DRC and Burundi is Professor Tjard de Cock Buning, Chair on Applied Ethics in Life Sciences at the Athena Institute within VU University Amsterdam in the Netherlands. For over 20 years, Athena Institute has been employing the Interactive Learning and Action (ILA) approach, which they pioneered. This involves the active and equal engagement of relevant stakeholders during the development process of healthcare-related policy implementation and change.

ADDRESSING THE NEED
One concept that has risen to the forefront of the global development agenda in recent years is that of social accountability. It refers to the need for health providers to be transparent about their performance and evaluate the extent to which the services they provide meet the needs of the citizens they serve.

In many stable states, particularly in the Western world, such mechanisms are already in place. Now, a range of interventions are beginning to be introduced within fragile states. “I am particularly hopeful about the NGO Cordaid’s initiative to implement performance-based financing – an accountability instrument by which a health centre receives more financial support when it can prove that it has increased its level of health performance,” reveals de Cock Buning.

Social accountability refers to the need for health providers to be transparent about their performance and evaluate the extent to which the services they provide meet the needs of the citizens they serve.

ASSESSING ACCOUNTABILITY
It must be admitted, however, that at present relatively little is known about how these systems might be adapted to, or applied within, a fragile state setting to maintain their efficacy. To fill the current gap in the literature, therefore, de Cock Buning and his colleagues are currently taking part in a five-year project, funded by the Netherlands Organisation for Scientific Research (NWO). Their overarching aim is to assess whether social accountability
INTELLIGENCE

MATERNAL HEALTHCARE SERVICES IN AFRICA

OBJECTIVE
To assess whether and how political accountability mechanisms increase responsiveness and performance of maternal health services in Burundi and the Democratic Republic of Congo, and in which contexts these mechanisms are successful and why.

KEY COLLABORATORS
Dr Thérèse Mambu, Dr Eric Mafuta, University of Kinshasa, Democratic Republic of Congo • Dr George Nsengiyumva, Dr Prosper Niyongabo, National Institute of Public Health, Burundi • Dr Marjolein Dieleman, Royal Tropical Institute Amsterdam, Netherlands • Professor Dr Jacqueline Broerse, Professor Dr Elsabet Lodenstein, VU-Athena Institute Amsterdam, Netherlands

PARTNERS
Cordaid & Royal Tropical Institute Amsterdam • Medicus Mundi • CARE

FUNDING
Netherlands Organisation for Scientific Research (NWO) • WOTRO • Nuffic • Cordaid

CONTACT
Dr Tjard de Cock Buning
Professor of Applied Ethics in Life Sciences
Faculty of Earth and Life Sciences
VU University Amsterdam
De Boelelaan 1085, U-544
1081 HV Amsterdam
Netherlands
T +31 20 5987031
E tjard.de.cockbuning@vu.nl


Professor Tjard de Cock Buning discusses his team’s participation in Knowledge Translation Network (KTNET) Africa:

“Together with seven other programmes in African fragile states, we have joined the KTNET platform facilitated by Makerere University of Uganda. Here, we are exploring the possibilities and challenges of cooperating with media to spread open discussion about improving the health system, such as inviting journalists to our progress meetings, sharing data and discussing ways to create voice and initiatives – in other words, making them part of the solution. If maternal health is picked up as a political issue, then it might move to the level of political transparency and accountability. It worked in Uganda, but will it work in countries like the Democratic Republic of Congo and Burundi? The first responses are positive.”

www.ktnetafrica.net

study (via situational analysis of existing accountability mechanisms within maternal health services), integration and intervention planning, which will run concurrently with the creation of descriptive case studies of four other fragile states; and reflexive learning and the formulation of development policy advice.

HOPE FOR MATERNAL HEALTH
The researchers’ hope is that, ultimately, their findings will guide future maternal health service policy making and development strategies, both in Burundi and the DRC. The study is also likely to have an impact on the employment of accountability mechanisms and citizen engagement as a means to improve health services in fragile states across the world. Overall, this research could provide an essential pathway to better health for individuals in nations where current infrastructures do not meet their needs.