Interview: Meet Dr Thomas Kataba from DRC

Meet Dr Thomas Kataba, medical doctor, innovator and public health specialist from the Democratic Republic of the Congo (DRC).

We met the inspiring Dr. Thomas Kataba to talk to him about his efforts to innovate and improve the health system in DRC. His ingenuity and hard work have helped to innovate the communication system between health centres in rural areas and created crucial improvement for patients, health care professionals and local stakeholders such as the merchants and churches – leading to better health care delivery for the population. He did it with the support of helpful people on bicycles, bottles of water and regional church radios.

Dr. Thomas Ndireyata Kataba is a medical doctor, specialized in public health systems and since September this year being the Chief Director of the Department of Studies and Planning, Ministry of Health, DRC. Between the years 1998 to 2007 he worked as a head of the rural health district called MIKOPE. This was the time when he began exploring how he could solve the problem of lack of communication between the health centres in the region.

What was the problem you faced and why was it important to solve?

At the time I was the head of the health district which was divided into about 23 smaller health areas scattered far from each other. The closest health centre was about 20 km away of the district office and the one furthest away was about 210 km. The distances were far and at the time the centres had neither means of transportation nor communication.

The problem I encountered can be described as a silent health district. With this I mean there was a challenge with incomplete data and the lack of promptness of transferring the health information between our local centres in the health areas, the health district office and authorities on provincial level.

As a result, I was not informed about the situation in the different health centres in a proper manner or at reasonable time. There were no tools or means of transportation for me to receive the data from all centres. As a consequence, I only had partial data that came from the general hospital. Consequently, I wasn't able to

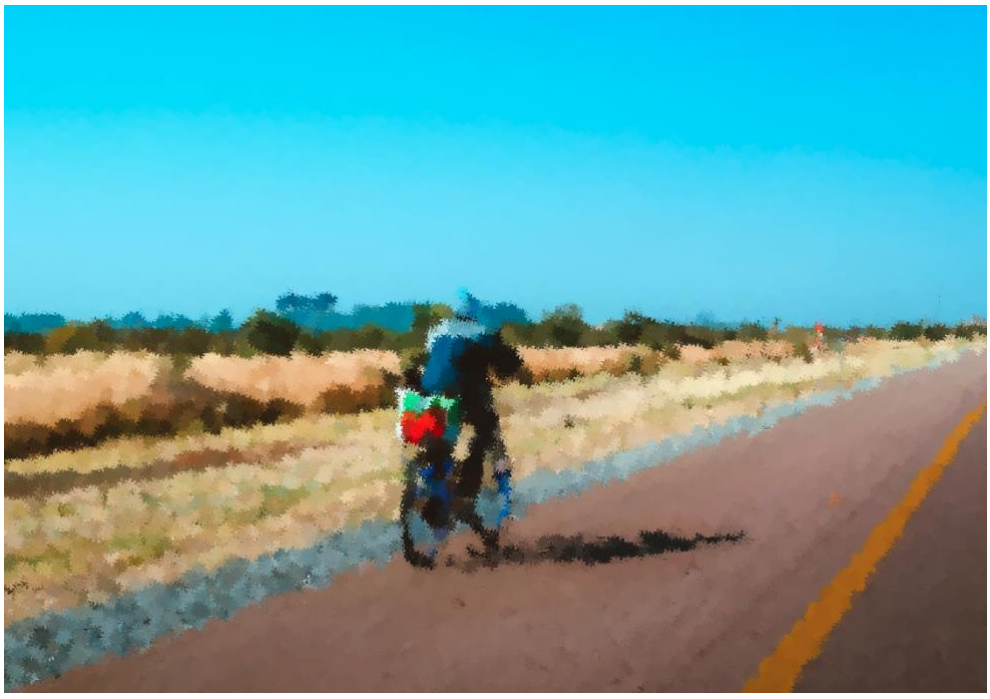
provide the right support in terms of medicine or supplies: I could not pass on health sanitary data from the health centres to the provincial level.

I started to imagine and test what could be done to improve the accuracy of the data and how we could transmit the health data more rapidly between all the relevant health points.

How did you start the process of finding a solution?

The first thing I did was to try to analyse the situation. I realized that with Mikope, a district of 11. 450 $km^{2,}$ there were large areas for people to cover. I noted that in our health district there were three radios which belonged to the Catholic church. I therefore negotiated with the Catholic church to be able to use these radios for communication to learn about the health situation in the communities and to obtain the statistics from the health areas and centres. That meant that I now had divided my health district into three sub-divisions according to the location of these three radios in addition to my radio at the district office. These radios could all function as organized information collection stations. I nominated one supervisor for each subdivision with the responsibility of getting the reports from the health areas.

Despite this improvement, the communication was still difficult, and I could still not receive the right information because the health centres were far away from the information collection stations. This meant we needed some kind of additional communication structure.



Again, I did an analysis of the situation and I observed that although the roads were bad, and we lacked public transportation, people were still finding ways to move around, especially the merchants. I observed that the local merchants in my district were moving from village to village by bicycle to sell various small things on the

markets in the villages. I was wondering how I can capitalize on the movement of people who are going to the markets.

I realized that in all the health areas there were markets to which people were moving to at least once a week to go shopping. For me, this was the discovery. Even if the health centres did not have means for transportation to bring me the reports, they could partner with those travelling to the markets, who, from time to time, came to rest at the health centre and maybe to drink some water.

So, I asked the nurses in charge of the health areas and centres to partner with the local merchants to request if they could stop by the health centre and collect the reports and leave them in the nearest information collection station. In return I proposed to provide the merchants with cold drinking water.

With the support of this partnership, we found a way to transport the reports more rapidly than before. The merchants brought the reports from the centres to the information collection stations, and my information could then also reach the health areas and centres.

How the solution and system developed and how does it work today?

After the new system was in place, we shared the initiative and provided the statistics of the health situation in our health district to the authorities on provincial level and we started to gain support and recognition both from the provincial level and some international organizations such as UNICEF. They were impressed of what we were able to achieve with the initiative. They understood the challenge of the lack of transportation and came to support us with bicycles and motorcycles for people to go between the health centres and the stations.

The supplies of means for transportation didn't cover all the 23 health areas so the health areas who didn't receive any means of transportation still continued to use this system. They were also provided with mobile phones to make it easier to share the reports. The health areas that are not yet covered, and still lack transportation, continue to use the system we developed up until today. In other areas international organizations have installed telecommunication hardware to enable the health centres to use mobile phone communication.

What was the value that the initiative and solution created for the target group and partners?

Firstly, for the population it enables the health system on all levels to be informed of the health situation and then able to plan and deliver suitable and timely interventions from the provincial and national level. For instance, when the data is analysed, and if we detect the threat of an outbreak, we can immediately deliver support and respond to the epidemic in the relevant health areas. In terms of mobilization of resources, it has improved the progress to reduce poverty in the

population with enhanced quality of care. It also allows the authorities to gather the information and publish it for research purposes.

The health care professionals such as nurses and medical staff, benefited from the system by receiving medicine and other necessary supply on time. They can also now more effectively improve the health of their population, communicate the information and receive appropriate medical interventions from the provincial level. This has also improved the conditions of the health workers.

For the merchants, firstly they could go to the health care centres to rest, get water and in that way benefit from the partnership. They also felt valued because they understood that the health care centres were relying on them for delivery of the information. It was seen as prestige for them to be part of supporting a public structure and they saw that if they themselves got sick they would benefit from the system.

Then, the Catholic churches, already have the mission to deliver social service to the communities so this system was in line with and helped strengthen their existing work. In addition to this, some of the health centres were owned by the churches so they clearly felt they gained from the system and the health information they provided was important to plan interventions in the health district.

Lastly, the system also strengthened the general communication, relationship and mobilization of partners which has been an advantage during the current pandemic. The system and our initiative have been part of building a more long-term partnership supporting the health system.

What would you say are your best advice to the programme participants in Uganda, DRC or Somalia who are facing a problem they want to solve in a new way?

The first thing to do when you encounter a problem is to conduct a situation analysis. I managed to do this without any public health expertise and so can you. Without doing it intentionally, I was doing my analysis according to the SWOT-analysis: looking at the Strengths, Weakness, Opportunities and Threats. I know there are several techniques that exist to do this, but I realized I was using the SWOT analysis without knowing. **So, when you have a public health problem, try and analyse the situation and condition you are in according to this structure.** You can count off the strengths to balance out the weaknesses, and you can count on the opportunities to solve the problem. By doing this you can get efficient results and potentially find a simple solution without having to wait for resources to appear.

Instead of being pessimistic or getting discouraged because of the lack of resources, try to be optimistic and start looking for solutions that could help solve the problems in your area. The solutions might not be optimal ones, but they could be workable solutions to start with.

Thank you so much Dr Thomas for sharing!

Interview conducted and translated by Professor Mapatano Mala Ali at Kinshasa School of Public Health, medical student Alma Nordenstam at Karolinska Institutet and Linn Tomasdotter in Tinkr.