

One of the most quoted episodes of the British comedy "Yes Minister" has the health minister touring the country's top cost-efficient hospital. Their secret? They got rid of their most pesky source of costs and inefficiency: the patients.

That was fiction. But at the Hôpital General de Saint Joseph, Miabi, a referral hospital serving a population of 130 000 people in Kasai Oriental, in the heart of the Democratic Republic of Congo, Africa, that health-managers' dream, the hospital with no patients, has come close to realisation.

St Joseph's, staffed by the Sisters of Charity, is a collection of large single-storey buildings that were once filled with patients suffering from not only the usual medical and surgical problems but also local tropical diseases—malaria, sleeping sickness (trypanosomiasis), yellow fever, dysentery, to name a few. Now only one of those buildings is used as a hospital ward, with young and old, infectious and non-infectious, male and female patients, (and the odd goat or two) all housed together.

"The fuel needed to run the generators is scarce and expensive", explained the sister in charge. "So we have everyone in one ward."

Over the road, in the large maternity unit set up to deal with the district's 5000 births per year, you might expect to find at least 30 women crowding the ward in labour or receiving pre- and post-natal care. Inside the cavernous, echoing building, however, there are just four.

It is not the cost of running the hospital that is keeping the patients away, however. It is the cost of using the hospital that makes people take their chances and either use cheaper traditional healers or simply tough it out at home. Toughing it out at home is not the best strategy though—nationally the maternal mortality rate is 510 per 100 000 births, but is probably higher here.

Hospital fees range from not much more than a few US dollars to several hundred dollars. A few years ago that was not a big problem: this district, where the main activity is diamond mining, was rich. Unfortunately the main group mining in the region backed the wrong side during Congo's protracted war (known here as Africa's world war, because everyone got involved) and left after peace was established.

While peace has brought relative stability to the rest of the country, it has destroyed the economy here in Kasai Oriental. People talk of 'la crise économique' (the economic crisis) all the time, but it is not the one we think of in Hong Kong as the financial tsunami. The financial tsunami did push the economy from weak to disastrous, however, as the world's diamond customers—including Hong Kong—lost their investments and started selling their diamonds.

Vestiges of the boomtown Miabi once was still moulder on. The large colonial homes are still there—



Lubashi village meeting under the 'vaccination tree'...you can see the pile of rocks the villagers collected just behind the woman in a red T-shirt

paint peeling, walls cracking and shutters askew. But the only signs of prosperity are the diamond buyers' shacks, brightly painted in pinks, golds and blues festooned with names like "Diamond Jack" and (recently acquired I suspect) "Obama-yes we can buy diamonds!"

Although preoccupied with the daily search for a dollar or two to feed their children, the people here have not given up entirely. And for some it is not the cost of health services but a complete inadequacy of facilities that is keeping them away. At Lubashi, a village on the outskirts of Miabi district, reached by a track only a 4-wheel drive vehicle can negotiate, there is a big pile of rocks outside the mud-brick building that serves as the village health clinic.

There I met the village chief (and most of the rest of the village) who came to explain how they had collected all the rocks and bricks to make a decent building in which their women could give birth safely, but lacked the planning skills and finance to go further. For 2 years the district medical officer has been petitioning the governor and other authorities to help these people but the pile of rocks is still waiting transformation.

Remarkably, three of the 12 women who give birth each month in that district, still do so in the mud hut, despite the conditions including a narrow, rusting metal trolley they call the birthing bed.

"We've got the labour, we've got the materials. All we need is a little help to put it all together", the village chief explained. Until then, the services that can be provided under the shade of a big tree growing outside that mud hut—especially vaccination—will be the only ones the local people use.

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