Commentary

Health System Reforms to Accelerate Universal Health Coverage in Côte d’Ivoire

Simplice Dagnan*
Ministry of Health, Cité Administrative Tour C, Abidjan, Côte d’Ivoire

CONTENTS

Improved Funding and Financial Management
Improving the Supply, Quality, and Use of Services
Strengthening Health Sector Governance
References

Abstract—The government of Côte d’Ivoire is resolutely committed to ensuring equitable access to quality health care for all. This commitment is reflected in the emphasis placed on infrastructure development and the provision of quality health services. In line with the Ivorian government’s commitment to achieving universal health coverage (UHC), the National Development Plan1 assumes that by 2020, diversified and quality health services will be made accessible to all populations. Under the leadership of the Ministry of Health and Public Hygiene (MHPH) and with the support of technical and financial partners, the General Directorate for Health (Direction Générale de la Santé) coordinates the implementation of this ambitious vision of UHC through major efforts targeting improved funding and financial management; improved supply, quality, and use of services, with a focus on maternal and child health; and strengthened governance of the health sector.

IMPROVED FUNDING AND FINANCIAL MANAGEMENT

To ensure sustainable financing for health services, the Ministry of Health and Public Hygiene (MHPH) first established an inter-ministerial committee to improve collaboration with the Ministry of the Budget and the Ministry of Economy and Finance. The committee’s overarching goal was to mobilize a greater share of domestic resources for health and allocate them toward national priorities. An early success was the government’s decision, announced in 2017, to allocate increased domestic resources to combat HIV.2 The government has paired domestic resource mobilization with efforts to increase transparency in resource management by implementing an internal audit function within the MHPH. With support from the United States Agency for International Development’s (USAID) Health Finance and Governance Project, the ministry’s Office of Inspector General now has the necessary tools and training to carry out its mission, including an audit charter, an audit manual, and supporting documents for conducting field missions.

Keywords: DRM, governance, health policy, health systems financing, health systems management, PFM, public health, quality, UHC

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*Correspondence to: Simplice Dagnan; Email: dagnans@yahoo.fr

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The National Health Insurance Fund initiative, carried out by the Ministry of Social Affairs, pools government and household resources to gradually expand protection against the financial risks associated with disease to the entire population through two schemes: a contributory basic general scheme (régime général de base) and a non-contributory medical assistance scheme (régime d’assistance médicale) for low-income or destitute persons, as defined by law.3

A third financing reform is the national performance-based financing (PBF) strategy developed with the support of the World Bank and other development partners to improve the management of health facilities and the motivation of personnel. PBF is being tested in 17 pilot health districts. A situational analysis of the quality of care was done in 2017 in the PBF districts. After ten months of implementation (from August 2016 to June 2017), the median quality score of the PBF districts rose 13%, from 48.65% to 70.75%. If these results continue through to the end of the pilot, the government will expand PBF to other districts in 2020, in collaboration with its partners.

IMPROVING THE SUPPLY, QUALITY, AND USE OF SERVICES

To operationalize the strategy to improve the supply, quality, and use of maternal and child health services, the Côte d’Ivoire government has focused on three major initiatives:

- **Provision of services**: The country prioritized implementation of maternal and child health service delivery management guidelines and assessed the quality of care and services in institutions benefiting from performance-based funding with support from partners such as UNICEF, the United Nations Population Fund, the World Health Organization, the European Union, the Global Fund, the President’s Emergency Plan For AIDS Relief, and USAID. The MHPH also increased training for basic obstetric and neonatal emergency care personnel at the first and second levels of care. As a result, the National Program for Maternal and Child Health and the Health Training and Research Directorate trained more than 300 health personnel.

- **Reorganization of services**: In 2018, with the support of the World Bank, focused maternal and child health services will be installed in 25 hospitals (including rehabilitated maternal and child emergency services, pediatric hospitalization services, and obstetrics and gynecology services).

- **Availability of medicines**: In 2014, the government restructured the central purchasing center for essential medicines. This new organization, known as the New Public Health Pharmacy of Côte d’Ivoire, will ensure that drugs and other supplies needed for maternal care—such as free delivery kits and supplies for caesar-ean deliveries—are available in sufficient amounts in all health facilities.

STRENGTHENING HEALTH SECTOR GOVERNANCE

Since the 2010–2011 crisis in Côte d’Ivoire, the government has pursued governance reforms across all sectors to improve accountability and transparency. Côte d’Ivoire ratified the UN Convention against Corruption in 2011 and developed a road map to improve its Transparency International index score and its eligibility for a Millennium Challenge Corporation compact.4 This overall reform laid the groundwork for MHPH’s commitment to strengthen health sector governance, which underpins its efforts toward UHC. The MHPH shares the perspective of the WHO Regional Committee for Europe that “governance is a core function of health systems which requires specific attention. Increased transparency and accountability are driving forces behind better health system performance.”5

To begin the process of strengthening health sector governance, the MHPH and the Inspector General’s office jointly conducted a self-assessment of health sector governance. The results,6 which were made public in 2014, revealed conflicts of interest, informal payments, and a lack of transparency, monitoring, community participation, and accountability. The MHPH then undertook important measures to address these challenges. First, the Inspector General introduced an audit of management risks, applied to all health facilities and services. Focused on the inherent risk involved in the management of activities undertaken by health facilities and institutions, the audit process ensures that risks such as informal payments are identified and addressed. This type of audit holds health system actors accountable for analyzing their governance performance and applying solutions.

With the Ebola outbreak intensifying in border countries, the need to implement this audit process at the local level became more urgent. The MSHP saw standardized financial controls and audit tools used by the Inspector General at local levels as a critical component to emergency preparedness, because internal audits can verify that resources are deployed and soundly managed where
they are most needed. The MSHP trained national-level inspectors in the new audit process, revised regulations to allow inspectors to conduct audits at the local level, and developed an audit manual and tools with Health Finance and Governance Project support. These trained inspectors then conducted field missions in 2016 to health facilities in districts sharing a border with Guinea and Liberia and found that these facilities lacked formalized management. The MSHP is now supporting efforts to address the audit recommendations to strengthen the capacity of the managers at health facilities and district offices in accounting and financial management. The inspectors also have the validated tools, mandate, and training to carry out future audit missions.

A second measure, carried out under the auspices of the Directorate General for Health, involved the gradual introduction of the leadership, management, and governance (LMG) approach in regions and health districts. LMG efforts were supported by Management Sciences for Health with USAID and Global Fund financing. The approach aims to engage and empower managers and their teams to build a culture of accountability. A first phase produced convincing outcomes and was evaluated externally and internally, with positive results. Starting in 2018, the LMG approach will be implemented in 17 of the country’s 20 health regions, with the support of the Global Fund.

The momentum to reform and strengthen the country’s health system continues. Côte d’Ivoire recently joined the Global Financing Facility to leverage financing for its maternal, child, and adolescent health priorities. The efforts of the Côte d’Ivoire government and its partners to implement bold health reforms promise to strengthen the health system and make quality health services accessible to all Ivoirians while accelerating progress toward UHC.

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