For Universal Health Coverage to happen, health systems need to be strengthened: The case of Senegal

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Background

- Government of Senegal firmly committed towards UHC to various initiatives to extend the coverage of risk protection to the entire population:
  - Expand service coverage in services in poor areas
  - Improvement of financial access through the Universal Health Insurance Policy (called CMU) – incl. CBHI & fee exemption
- Population actually covered still low
  - Proportion of the Service coverage index (indicator UHC-SDG 3.8.1): 41% in 2015
  - ~50% pop. Covered by health insurance, 19% by CBHI
- Concept of UHC is closely linked to HSS (= the means to reach UHC policy objectives)

≡ Aims of this study:
- To assess the main gaps and henceforth necessary requirements in terms of HSS so as to facilitate progress towards UHC in Senegal
Methods

• Critical review of existing data and documents, completed by authors’ experience in supporting UHC policymaking and implementation in Senegal
• Application of the World Health Organization’s health system conceptual framework based on 6 building blocks + populations
• Focus on main foundational and institutional bottlenecks hampering progress towards UHC

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Results

**Governance and leadership:**
- Draft Law on CMU exists, appropriate policies and institutions in place to facilitate progress towards UHC – at least formally…
- … But 2 important issues weaken the governance of the health and social protection sectors in Senegal:
  - Severe disparities in the way resources are allocated and managed in the sector and across regions
  - Fragmentation of the institutions in charge of managing and implementing the various aspects of the overall UHC policy

**Health financing:**
- Worrying trends in terms of Senegal’s financing profile (OOPs = 50.95% of CHE in 2016, weak prioritisation of health in State budget)
- Purchasing of health services: packages of services included are not adapted to the requirements of the extension of the CMU and to the evolution of the epidemiological profile
- Common pools are fragmented
- Important issues in terms of public financial management
Results

Health workforce:
• Many policies and institutions are in place to facilitate HRM in the health sector…
• … But HRH allocation is inequitable and does not reflect regional disparities
• High absenteeism

Infrastructure, equipment, pharmaceuticals and medical products:
• Several strategies in place to make medicines and essential products available and accessible…
• … But difficulties in combating the illicit drug market
• Service availability at facility level improved, but not for certain drugs and essential products

Health information:
• M&E Plan, DHIS2, digitalisation…
• … But high degree of fragmentation → multiplicity of collection tools and software → operational overload
• Good survey capacities, but problems with routine data
• No comprehensive M&E plan to monitor progress towards UHC

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Results

Service delivery:
• 2016: 1 health centre per 147,999 inhts, 1 health post per 10,151 inhts
• Good availability of basic infrastructure at the level of health facilities…
• … But health system very hospital-centred
• Health service delivery characterised by important disparities; virtual absence of specialist services outside of Dakar
• Effective coverage of primary health services (adjusted to take quality into account) only 19% on average in Senegal (Leslie et al. 2017)

Populations:
• Importance of social determinants of health – yet 3 problems:
  • Limited functionality of some multi-sectoral frameworks
  • Ineffectiveness of health promotion initiatives contributes to increasing individuals’ exposure to the effects of behavioural determinants
  • Lack of common and inclusive strategies with regard to health system determinants → limits efforts to rationalise health expenditures
Conclusion

• Many institutions are now in place in Senegal to deliver UHC…
• But a number of bottlenecks hamper progress towards UHC, especially:
  • Inequitable resource allocation
  • Fragmentation of health risk protection schemes
    → “Upstream” constraints have negative effects on the rest of the health system down to service delivery and consequently, health outcomes
• Challenges related to health systems need to be addressed more systematically if progress has to be made with regard to the two dimensions of UHC (financial protection and quality services)