



11TH EUROPEAN CONGRESS ON TROPICAL MEDICINE AND INTERNATIONAL HEALTH

16-20 SEPTEMBER 2019
LIVERPOOL, UK

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

Ndiaye Y., Sall F.L., Fecher F., Porignon D., Paul E.

Background

- Government of Senegal firmly committed towards UHC ⇔ 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



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



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)

