

ECTMIH 2021 Bergen – Proposal for Organised session

“Building strong and effective institutions to achieve UHC in Western Africa”

Track:

Track 5. Building strong health systems to achieve UHC: the role of rights, governance, technology and priority setting

Names, affiliations and email-addresses of all participants

1. **Josephine Aikpitanyi**, PhD student, School of Public Health, IRSS, UCLouvain, Brussels, Belgium, josephine.aikpitanyi@uclouvain.be
2. **Marie-Claudia Badiane**, PhD student, Université de Liège and Université Gaston-Berger, Saint-Louis, Senegal, claudista1@gmail.com
3. **Marc Bourgeois**, Professor of Law, Université de Liège, Liège, Belgium, Marc.Bourgeois@uliege.be
4. **Elisabeth Paul**, Université libre de Bruxelles, School of Public Health, Brussels, Belgium, Elisabeth.Paul@ulb.ac.be
5. **Mouhamed Samba**, PhD student, Université de Liège and Université de Thiès, Thiès, Senegal, sambamouhamed22@gmail.com
6. **N’koué Emmanuel Sambieni**, Lecturer, Université de Parakou, Benin, esambieni@yahoo.fr

Purpose and content of the organised session

Building strong health systems and progressing towards Universal health coverage (UHC) have been shown to be more urgent than ever in the Covid-19 pandemic era. This session intends to discuss various aspects of institutional strengthening that need to be considered by public authorities when pursuing the objective of UHC, based on case studies from three Western African countries: Benin, Nigeria and Senegal. Various perspectives will be embraced, relying on different disciplines.

The introduction will embrace the perspective of health policies and systems and discuss the challenges of ensuring policy coherence and building strong and effective institutions to achieve UHC. The next three sessions will approach a specific issue per country.

First, a PhD student in health economics will present his piece of research on a tool for monitoring the performance of hospitals in Senegal, developed using the DELPHI-AHP approach. In Senegal, the 1998 law on hospital reform intended to replace the administrative approach by a business logic. In a context marked by the scarcity of resources, the search for enhanced hospital performance was the subject of a set of performance contracts in 2006. The evaluation of these contracts was carried out by attributing the same weight to all criteria included. This presentation aims to test a multidimensional performance steering tool that we have developed and which is more in line with the introduction of results-based management. The analytical framework lies on Donabedian's model and thus considers three dimensions: structures, procedures, results. We used the DELPHI method to find a consensus among key stakeholders (hospital directors, clinicians, patients, decision-makers) regarding the key elements of performance that should be taken into account, and the Analytic Hierarchy Process (AHP) method to determine the ideal weightings of each dimension and criterion of hospital performance.

Second, a PhD student in behavioural economics will discuss whether UHC policies are sufficient to eliminate barriers to maternal health service utilisation in Nigeria. Globally, over 300,000 women die from pregnancy and childbirth related complications. In Nigeria, 145 women die daily from complications of pregnancy and childbirth resulting in an estimated 58,000 maternal deaths yearly. This high number is because a large number of women prefer to deliver at home due to barriers faced in utilising health care services. While some studies have suggested that eliminating financial and access barriers to health care utilisation will improve maternal health outcomes, others have suggested otherwise. Evidence from an intervention programme that provided free access to community-based health insurance to pregnant women aged 15-49 shows that not all women utilised skilled delivery care services. We hypothesised that behavioural and psychological factors prevent women from utilising available health care services. Using a cross-sectional community-based study design, 1411 randomly selected women of reproductive age were interviewed using a pre-tested structured questionnaire containing standardised questions of locus of control and behavioural traits in two rural communities in the Niger Delta region in Nigeria. The data were analysed with descriptive and multivariate statistical methods. The results showed that locus of control and behavioural traits were significantly associated with skilled delivery care utilisation. As a conclusion, achieving UHC in a developing country like Nigeria also requires interventions targeted at eliminating inherent psychological and behavioural traits beyond financial barriers to utilisation of health care services.

Third, a socio-anthropologist will discuss whether the UHC policy has been designed in a way that meets stakeholders' expectations in Benin. Indeed, health insurance can be comprehended along various social dimensions (health, economy, gender, etc.) and raises a number of strategic questions (targeting of social categories, choice of healthcare indicators, etc.). In Benin, the government, elected in 2016, formulated a

new social insurance policy (called ARCH) and implemented fairly quickly a pilot health insurance scheme. This presentation investigates whether local stakeholders' aspirations have been taken into account in the design of this health insurance scheme, through an analysis of its development process and of the perceptions of its beneficiaries and various stakeholders. Results show that the formulation of the ARCH scheme did not undergo a broad phase of social consultation to collect the aspirations of the different stakeholders. It drew on the technical and political experiences of public officials (administrators of the ministries in charge of economy and health, academics and technical agents of a few international NGOs). Second, it has not been widely communicated neither to the beneficiary populations, nor to the local mutual health organisations. Third, the health workers in charge of their application are neither sufficiently informed nor sufficiently motivated to implement it, because they fear that the procedures for reimbursing health expenses will experience delays as has been the case with previous fee exemption policies.

Finally, two lawyers will present the challenges associated with translating UHC objectives into the legal framework in Senegal and Benin. Indeed, among the three dimensions of UHC, one of the main challenges facing Benin and Senegal is the extension of the population covered by health insurance, beyond the 15-20% initially covered through formal sector schemes. This extension will notably depend on the establishment of appropriate legal and institutional foundations enabling to enforce the right to health coverage to those who were hitherto remained excluded from the system. To this end, Benin Senegal need to revise the legal and institutional arrangements governing access to health coverage in order to achieve two main objectives: consolidating existing schemes and fostering the adhesion to the UHC scheme preferred by the government to expand coverage to the informal sector (ARCH in Benin, and mutual health insurance in Senegal). However, the gap between the status of "right-holder" and that of "right beneficiary" raises questions about the true effectiveness of the extension of the right to health coverage.

Altogether, these presentations will highlight a number of key challenges that need to be addressed to build strong and appropriate institutions to support UHC, which are quite similar among Western African countries.

Timetable

After a brief introduction, the session will comprise four presentations belonging to three disciplines: economic, social sciences and law. The research team will then propose participants to ask questions and propose short interventions through a forum of discussion. The most relevant ones will be synthesized by a moderator at the end of the session, and a selection of participants will be invited to intervene.

1'-5': Elisabeth Paul: Introduction: The challenges of ensuring policy coherence and building strong and effective institutions to achieve UHC

6'-12': Mouhamed Samba: A tool for monitoring the performance of hospitals in Senegal using the DELPHI-AHP approach

13'-19': Josephine Aikpitanyi: Eliminating barriers to maternal health service utilisation in Nigeria: Is universal health coverage sufficient?

20'-26': N'koué Emmanuel Sambiéni: Building a health insurance model that meets stakeholders' expectations in Benin?

27'-34': Marie-Claudia Badiane and Marc Bourgeois: Translating UHC objectives into the legal framework in Benin and Senegal

35'-50': **Debate with participants** (moderation by Elisabeth Paul)

The participants will be encouraged to ask questions and propose short communications through the chat. E. Paul will synthesize them and invite the most relevant ones to participate in the debate.