



RIS



Ministry of Health  
and Social Action



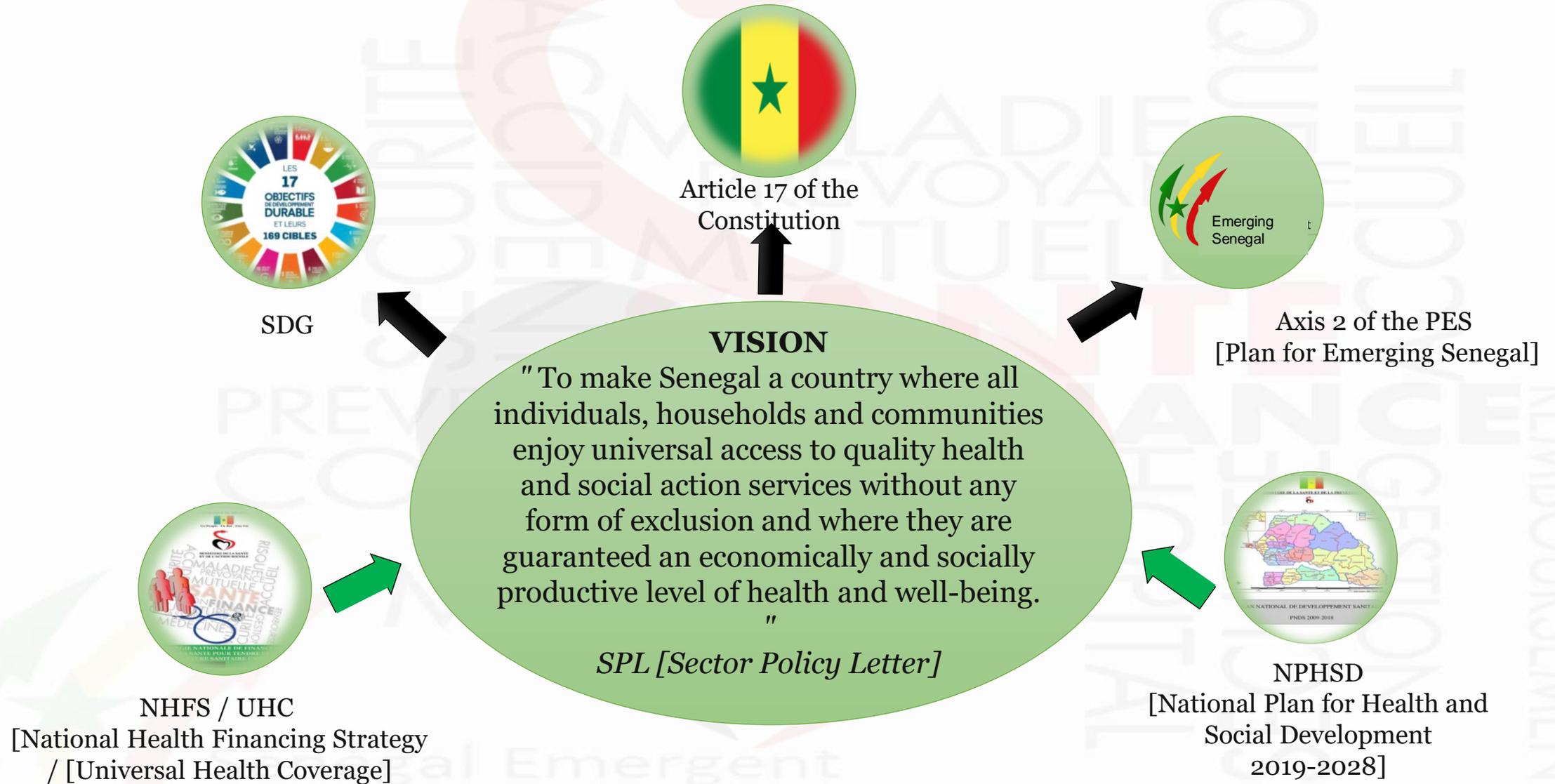
**VIRTUAL MEETING**  
**TOPIC: REINVENTING RESILIENT AND**  
**SUSTAINABLE UNIVERSAL HEALTH**  
**COVERAGE IN AFRICA**

**THURSDAY, August 25, 2022**

Sénégal Emergent

REINVENTING RESILIENT AND  
SUSTAINABLE UNIVERSAL HEALTH  
COVERAGE IN AFRICA

# Context



# Country health profile

**Area:** 196,712 km<sup>2</sup>

**Population (2021):**

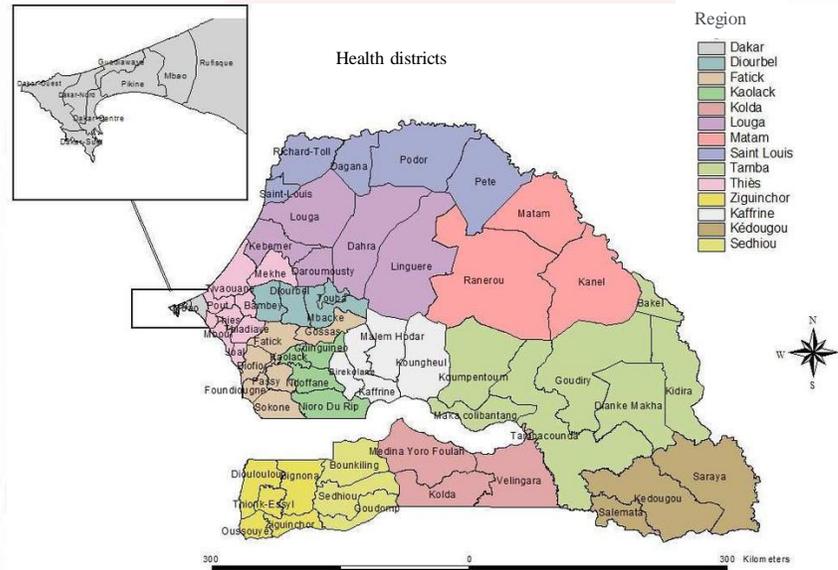
17 223 497 inhabitants

**Density:** 88 inhabitants/km<sup>2</sup>

**Life expectancy:** 67.4 years old

**HDI:** 0.512 in 2019

**Total Fertility Rate:** 4.93 children



HHR [Human Resources for Health] ratio

- Physician: 1/13 575 ◀ WHO Standard: 1/10 000

- RGN [Registered General Nurse] and Nursing

Assistants: 1/5 942 ◀ WHO Standard: 1/3 000

- Midwife: 1/1266 WRA ◀ WHO Standard: 1/300

WRA

Source: National HHR MSAS Directory 2016

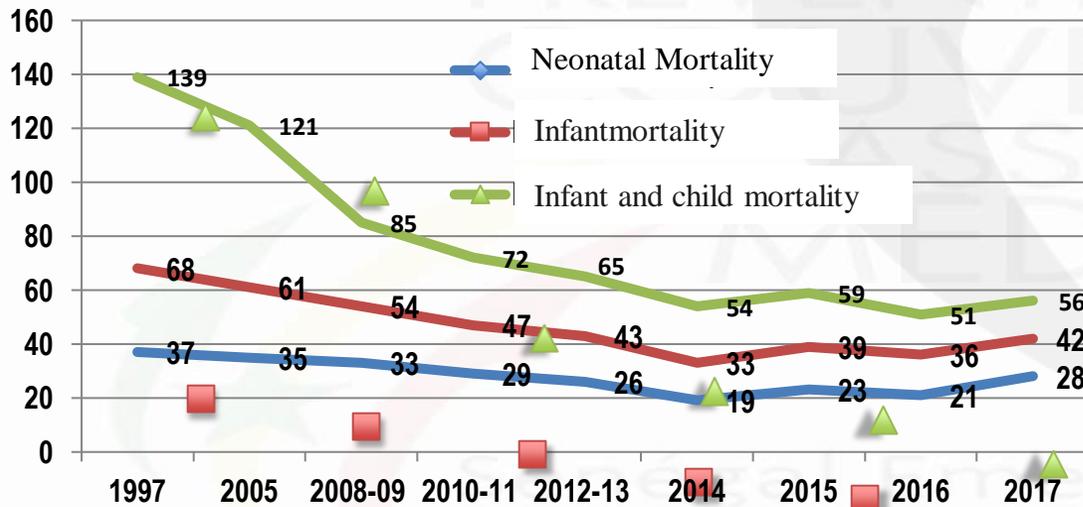
**Public Health Establishment**

**(=Hospitals): 45**

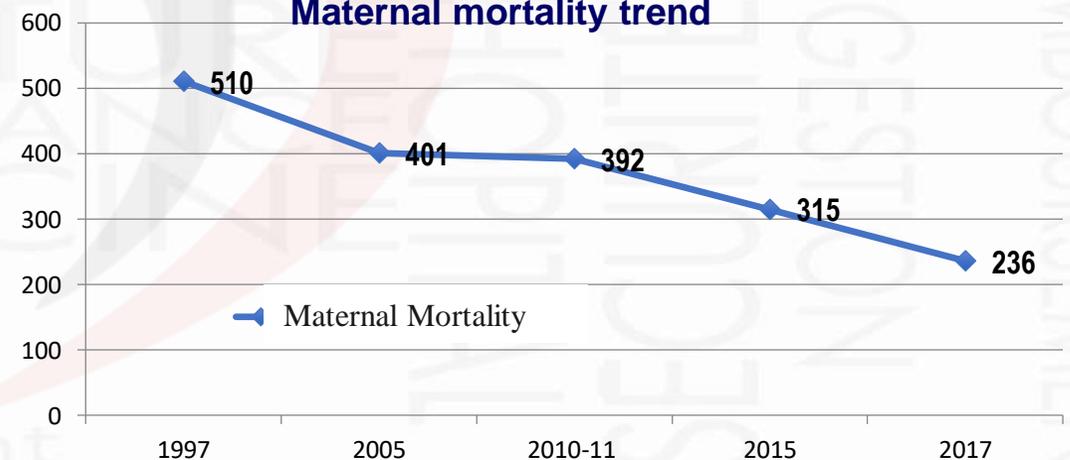
**Health Centers: 127**

**Health Posts: 1709**

Mortality trend for children under 5 years of age



Maternal mortality trend



# UHC Policy / UHC Framework

- Universal Health Financial Protection program launched by HEM Macky SALL, President of the Republic, on September 20, 2013.
- Creation in 2015 of the Agency for Universal Health Financial Protection (ACMU)
- Establishing National Plan for the Development of Universal Health Financial Protection
- Establishing National Health Finance Strategy to move towards Universal Health Coverage



# Governance / Coordination

- Functionality of the MSAS\* - MDCST# inter-sectoral coordination framework
- Functional monitoring and evaluation mechanisms
  - Evaluation of strategic plans
  - CMU Evaluation
- Improved integrated management information system
  - SIGICMU Platform
  - DHIS2
  - Surveys (DHS++)
- Ownership by civil society
  - Advocating for health financing
- Multisectoral Technical Committee for monitoring of the NHFS/UHC
- Proposal for a decree creating the steering committee of the NHFS/UHC

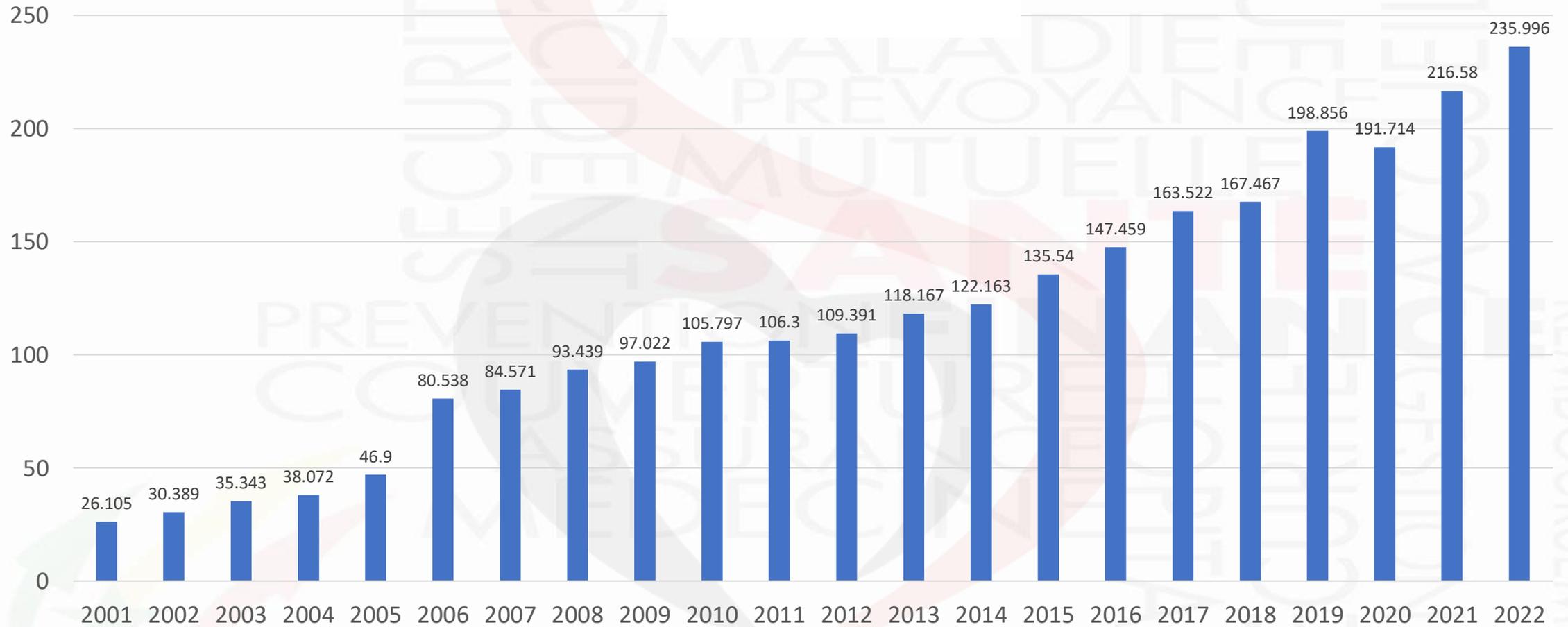
\* MSAS: Ministry of Health and Social Action

# MDCST: Ministry of Community Development, Social and Territorial Equity

# Health financing

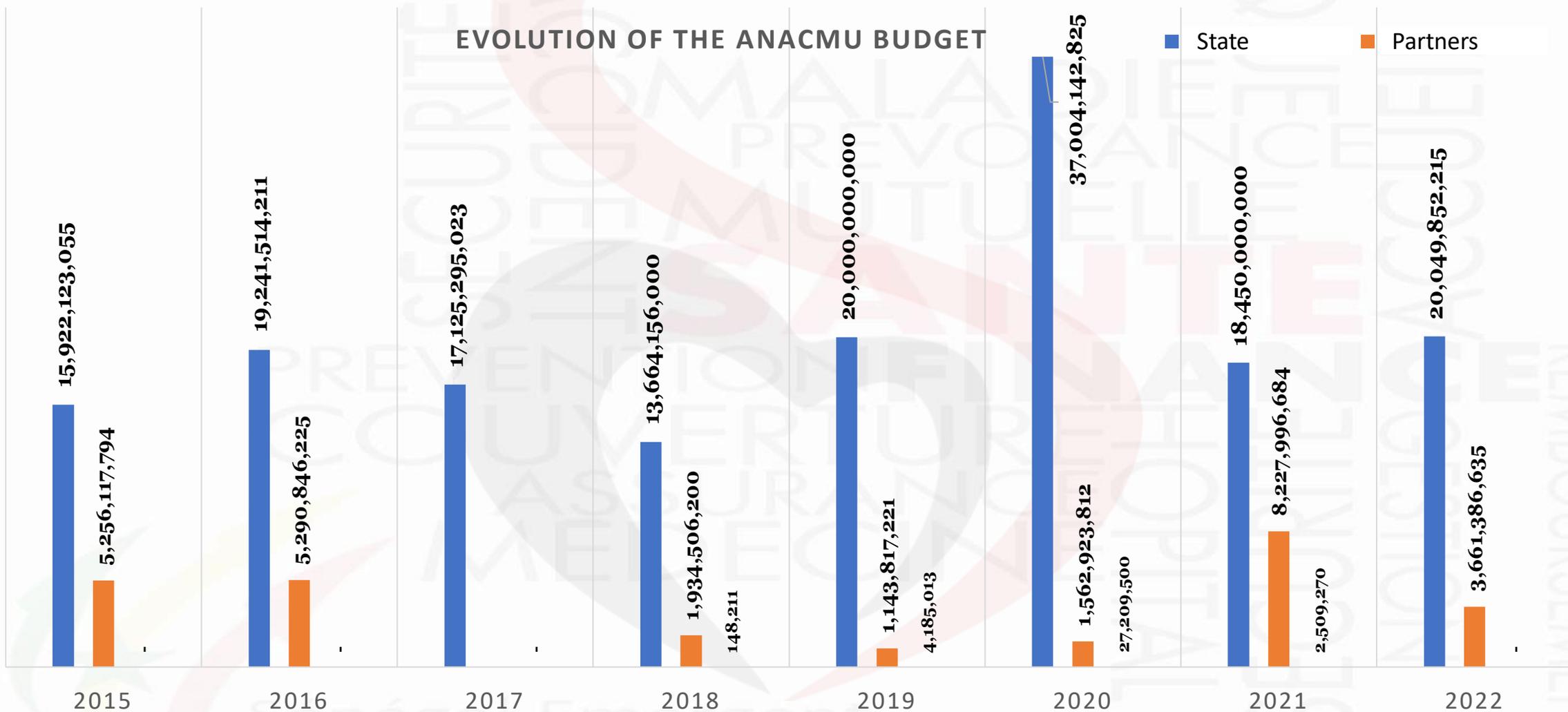
Evolution of the Health Budget since 2001

Budget in billions



# Health financing

Evolution of the ANACMU dedicated budget



# Financing

## State budget allocation

From 2012 to 2022, the MSAS budget increased from FCFA 110,505,288,086 to FCFA 235,996,717,777, an increase of CFAF 125,491,429,691 in absolute value and 53.18% in relative value

### **Abuja objective**

Health sector expenses: 4.5% (2016)

Allocation to health sector: 8.01% (2021)  
8.01% (2022)

## Direct payment from households

From 2013 to 2016 **direct payments** decreased from 55.2% to 51.1% (health accounts)

## Health insurance

From 2013 to 2021, the health risk coverage rate increased from 20.0% to 53.2% across all schemes (according to the health accounts).

## Contribution of technical and financial partners

- From 2013 to 2016, the contribution of TFPs increased from 13.4% to 18.8% of current health expenditures (health accounts report)...

According to the NPHSD2019-2018 resource map

- **30% TFP contribution**
- 47% public resources of the State
- 23% contribution from local authorities, households and the private sector

# Financing

## Health financial protection schemes

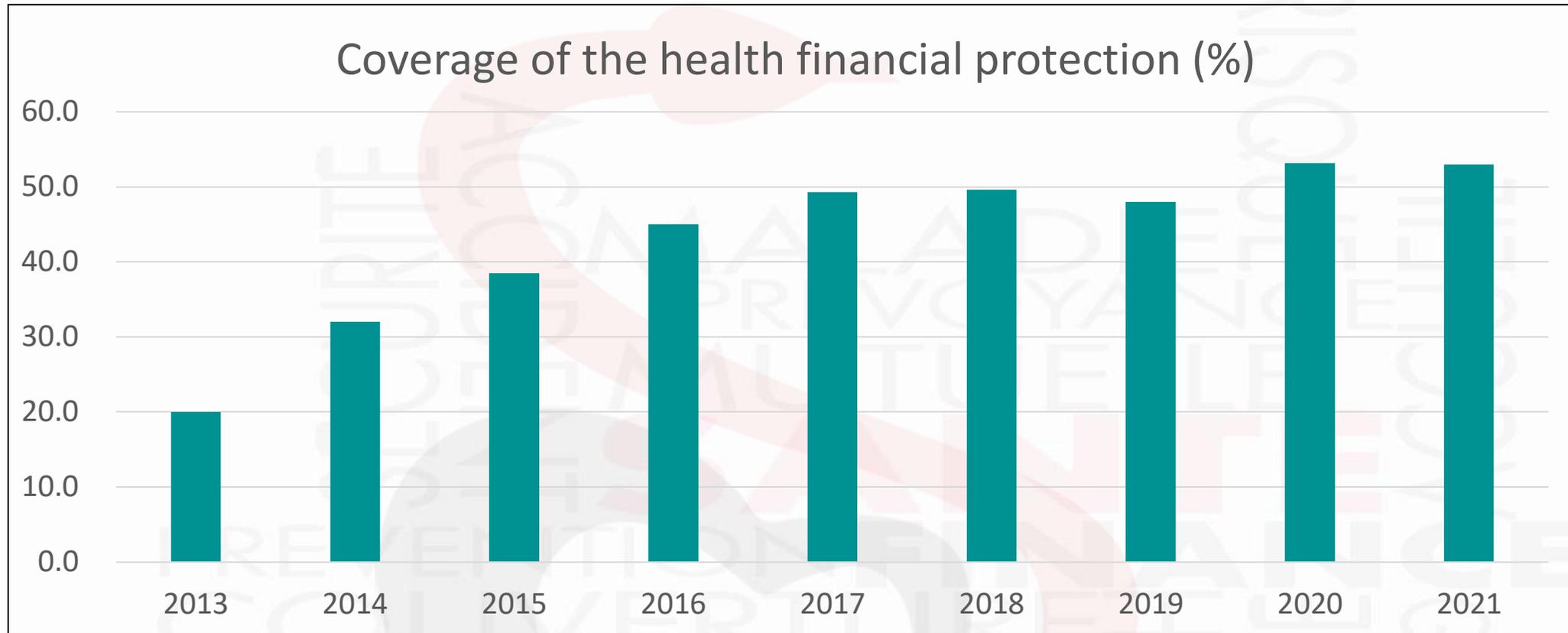
## Resource mobilization

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Compulsory scheme for state employees</li></ul>                             | <ul style="list-style-type: none"><li>• Deductions at source</li></ul>   |
| <ul style="list-style-type: none"><li>• Compulsory scheme through the Health Insurance Institutions (IPM)</li></ul> | <ul style="list-style-type: none"><li>• Funding by the state budget</li><li>• Employer and employee contributions</li></ul>  |
| <ul style="list-style-type: none"><li>• Voluntary scheme through the mutual health insurance</li></ul>              | <ul style="list-style-type: none"><li>• Household contribution (health insurance premiums and memberships)</li><li>• There are plans for a subsidy of contributions for the extension of their package offered</li></ul> |
| <ul style="list-style-type: none"><li>• Medical Assistance Scheme (the free health care policies)</li></ul>         | <ul style="list-style-type: none"><li>• Targeted subsidies for indigent and vulnerable groups</li><li>• Funding: State and TFP [Technical and Financial Partners]</li></ul>  |

# Services covered



Health Financial Protection Schemes		Care packages
Compulsory scheme for state employees	<ul style="list-style-type: none"> <li>Medical consultations</li> <li>Births</li> <li>Hospitalization</li> <li>Dental care</li> </ul>	<ul style="list-style-type: none"> <li>Paramedical examinations</li> <li>Caesarean sections</li> <li>Surgery</li> </ul>
Mandatory plan (IPM)	<ul style="list-style-type: none"> <li>Medical consultations</li> <li>Paramedical examinations</li> <li>Births</li> <li>Caesarean sections</li> <li>Hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>Surgery</li> <li>Dental care</li> <li>Generic and specialty drugs</li> <li>Eyewear</li> </ul>
Voluntary mutual health insurance	<ul style="list-style-type: none"> <li>Basic package at the Health Post level</li> <li>Basic package Health Center level:</li> <li>Medical consultations</li> <li>Paramedical examinations</li> <li>Births</li> </ul>	<ul style="list-style-type: none"> <li>Surgery</li> <li>Dental care</li> <li>Generic drugs</li> <li>Minor surgery</li> <li>Hospitalization</li> </ul>
Medical Assistance Scheme (the free health care policies)	<ul style="list-style-type: none"> <li>Medical consultations</li> <li>Paramedical examinations</li> <li>Births</li> <li>Caesarean sections</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalization</li> <li>Surgery</li> <li>Dental care</li> <li>Dialysis</li> <li>Subsidies (ARV, chemotherapy, TB, malaria, vaccination...)</li> </ul>



Source: Annual reports of CMU Agency

To increase the coverage of Mutual Health Insurance, which covers the informal sector, the Universal Health Financial Protection (CMU) program has been evaluated and a new CMU strategic plan is being developed.

# Human Resources Development for the UHC

- Adoption of a Health Map 2018-2022
- National Health Human Resources Development Plan 2019-2023
- Recruitment of 905 health workers in 2021 (400 midwives, 400 state registered nurses)
- Efficient and equitable distribution of health human resources
  - Winning verse
  - Mobility Guide
- Specialty scholarships

	2015	2019
Percentage of health posts in targeted difficult areas with a nurse and a midwife	<b>41%</b>	<b>80%</b>

Source: Performance indicators of the "Universal Health Coverage Support Program (DPL1)" by JICA

# Infrastructure development for universal health

- Sector Investment Plan Update 2020-2024
- Improving the supply chain for essential medicines and products
- Investment Case for Maternal, Child and Adolescent Health

# Multi-sectoral approaches

## Health care supply

- Construction of PPS (Health posts and health huts)
- Construction of housing for nurses and midwives
- Supply of ambulances and medical equipment

**Example: PUMA** 43 medical ambulances

### **Projects/Programs:**

PUMA, PUDC,  
PromoVilles

## Determinants (Hygiene, Water, Sanitation, Development)

- Construction of boreholes and rural roads
- Sanitation
- Rural Electrification
- Funding of social projects
- Social support and counselling

### **Projects/Programs:**

PUMA, PUDC, Promo  
Villes, DGDCPE, DGPSN

## Protection against the financial risk of illness

- Targeting the poorest with the Single National Register [SNR]
- Cash transfer for the poorest
- Health insurance and medical assistance for the targets of the informal sector, the rural areas and the poorest and most vulnerable people (CEC)
- Supervision of purchasers of benefits

### **Projects/Programs:**

DGPSN, ANACMU,  
DGDCPE

# Covid-19 and UHC

- ❑ Development of an economic and social resilience plan for macroeconomic stability in the country
  - Force Covid-19 Response Fund
- ❑ Implementation of the multi-sectoral contingency plan for a resilient and sustainable health system
- ❑ Impact on health indicators
  - Monitoring of essential services
- ❑ Impact on program funding
- ❑ Opportunity for recovery?

# Challenges

- Establishment of a single multisectoral coordination framework
- Compliance with the health map
- Availability and retention of health care personnel
- Maintenance of health infrastructures and equipment
- Development of mandatory membership mechanism
- Improved efficiency and equity in the allocation and use of resources
- Evaluation of the compact
- Development of domestic resource mobilization
- Mechanisms to reduce direct household payments
- Evaluation of the National Health Financing Strategy
- Appropriation by the private sector and local authorities
- UHC Measurement / Data Quality
- Social Protection Bill
- Sustainability of UHC funding

