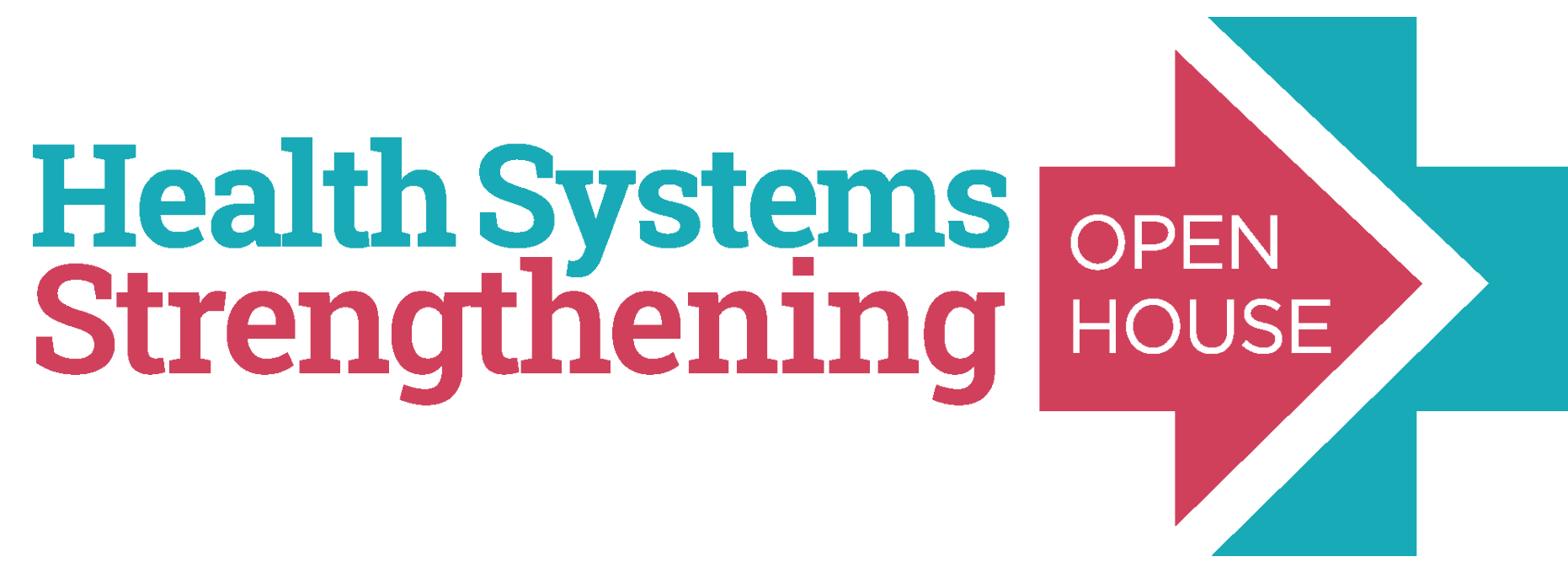


Costing and Integration of Health Services in Support of Côte d'Ivoire's Universal Health Coverage



Authors

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INTRODUCTION

1. In 2014, Côte d'Ivoire's National Assembly passed a law (*Loi 2014-131*) to achieve universal health insurance coverage called *Couverture Maladie Universelle* (CMU) and issued a decree creating the *Caisse Nationale d'Assurance Maladie* (National Health Insurance Fund, CNAM), to pilot and regulate insurance activities.
2. From 2022 to 2023, R4D – with financing from the World Bank and the Global Financing Facility – led an evaluation of the implementation of the national health insurance program to identify root causes of the inefficiencies and propose reform measures.
3. USAID, through the Health Systems Strengthening Accelerator, is interested in supporting UHC efforts, notably through costing and integration of key interventions into the UHC strategy.

OBJECTIVES

The Accelerator worked in Côte d'Ivoire to support UHC efforts through the costing and integration of key interventions into the UHC strategy.

This activity has five pillars:

1. Costing and integration of priority services into the benefit package
2. Costing and integration of community health interventions into the benefit package and the health system
3. Complementary analysis for community-based Primary Health Care (PHC) services
4. Support and collaborate with other stakeholders in the integration and harmonization of different health financing mechanisms into the UHC process
5. Costing of HIV services (with the support of PEPFAR)

METHODS

1. Data collection and costing analysis of family planning (FP), reproductive, maternal, newborn, and child health (RMNCH), and HIV interventions.
2. Data collection and costing analysis of community health activities.
3. Literature review and data collection including key informant interviews to assess economic benefits of investments in community health.
4. Literature review and data collection on integration of health financing mechanisms, including key informant interviews.
5. Co-creation process including national workshops to 1) develop an advocacy framework for investment in community health in Côte d'Ivoire, and 2) to pre-validate of the list and costs of family planning, maternal, neonatal and child health interventions to be proposed for integration into the benefits package.

RESULTS

The following results were achieved:

- Provided the government with costing estimates for Family Planning, Maternal and Child Health, and HIV interventions
- Achieved consensus on community health inputs to be costed
- Demonstrated economic benefits of investments in community-based primary health care to support the previously produced investment case for community health
- Demonstrated pathways through which multisectoral community interventions can achieve health, social, and economic impacts through the production of a theory of change
- Produced an advocacy framework to promote investments in community health
- Developed an analysis of the integration and harmonization of health financing schemes, including strategic recommendations
- Transfer of competency through capacity building activities with the newly created Health Economics Directorate
- Enhanced the sustainability plan (activity funded by the Global Fund) through technical and financial support, especially in the cocreation process, to identify the risks of the reduction in external funding for priority programs.

RECOMMENDATIONS

Managing complex stakeholder relationships to achieve project objectives requires not just technical excellence, which is vital to obtain the trust of all parties, but also an ability to always be honest brokers and to demonstrate objectivity, fairness, and neutrality as necessary to get all parties to focus on their common objectives. R4D had to deploy all these qualities to partner with the competing ministries involved in activities, especially the Ministry of Health, Public Hygiene, and Universal Health Coverage (MSHPCMU) and the Ministry of Labor and Social Protection (MEPS), leading to greater collaboration and sustainability of activities.

We learnt that engaging stakeholders painstakingly during the scoping process is crucial to identify that their needs align with donors' priorities and support national government actors in advocating for their priorities.

Working alongside and building capacity with the newly created Health Economics Directorate resulted not only in ensuring the transfer of competency and sustainability of activities, but also in reinforcing trust and the efficient achievement of other project objectives.

CONCLUSIONS

The Accelerator partnered with the government to produce outputs to support the sustainability of health financing in the country, and to inform discussions about efforts to achieve UHC. For those reasons, among others, there is large interest among government actors and technical and financial partners to continue activities including the costing work and piloting the results of the investment case on community health in selected districts.

