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# HFG COTE D'IVOIRE FINAL REPORT



USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions.



# ABOUT THE HEALTH FINANCE AND GOVERNANCE PROJECT 2012-2018

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Enhancing governance for better health system management and greater accountability and transparency;

- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and
- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

The HFG project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

The project is funded under USAID cooperative agreement AID-OAA-A-12-00080.

To learn more, visit [www.hfgproject.org](http://www.hfgproject.org)

## HFG OVERVIEW IN COTE D'IVOIRE



### CHALLENGES

Over the past decade, Cote d'Ivoire has achieved improvements in HIV outcomes including an overall downward trend in HIV prevalence. Yet the country has still faced challenges in controlling the HIV epidemic. The HIV prevalence of 3.2 percent (PEPFAR 2017) remains one of the highest in West Africa and more than 50 percent of adults and children who are HIV positive have yet to receive antiretroviral therapy (ART) (UNAIDS 2017).

In 2013, the Government of Cote d'Ivoire called on HFG to address several health finance and governance challenges that impeded the country's ability to deliver critical HIV and other health programs and protect public health during emergencies such as pandemics. A major priority was to tackle inadequate human resources for health care delivery. With a shortfall of skilled health workers needed to provide health services, many adults and children were not receiving the

life-saving HIV and other health treatment they needed, especially in certain areas of the country.

Other issues prioritized by the government included insufficient domestic resources for health and inadequate financial management – both of which posed significant barriers to scaling up HIV/AIDS services and improving health outcomes. In addition, governance problems within the health sector—including a lack of transparency and accountability, and informal (under-the-table) payments at health facilities—reduced Ivoirians' confidence in using HIV and other health services and led to high treatment drop out rates. A study conducted in 2014 revealed that 66 percent of patients with HIV are lost to follow-up within 7 months of the initial visit, and 45 percent of patients who should be on ART are lost within the same timeframe. (Kouassi et al. 2014)



## CHANGE

Since 2013, the Health Finance and Governance Project (HFG) has collaborated closely with the Ministry of Health and Public Hygiene (MHPH) and other partners in Cote d'Ivoire to address these pressing challenges. Building on previous health financing and governance programs and strategies, HFG worked with the Government of Cote d'Ivoire to strengthen the health system and improve access to quality health services for Ivorian families and communities.

Drawing on the latest evidence, the project supported the country's efforts to build a stronger health workforce, strengthen health financing, and improve governance and accountability in the health sector. HFG was led by Abt Associates, an organization with a long history of collaborating with the government to effectively strengthen health finance and governance and improve health outcomes in Cote d'Ivoire.

With funding from the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), HFG's efforts were an integral part of PEPFAR's strategy to combat HIV/AIDS while helping to build a sustainable national HIV/AIDS response within a strong Ivorian health system. By making health systems improvements, such as task sharing, which expanded access to

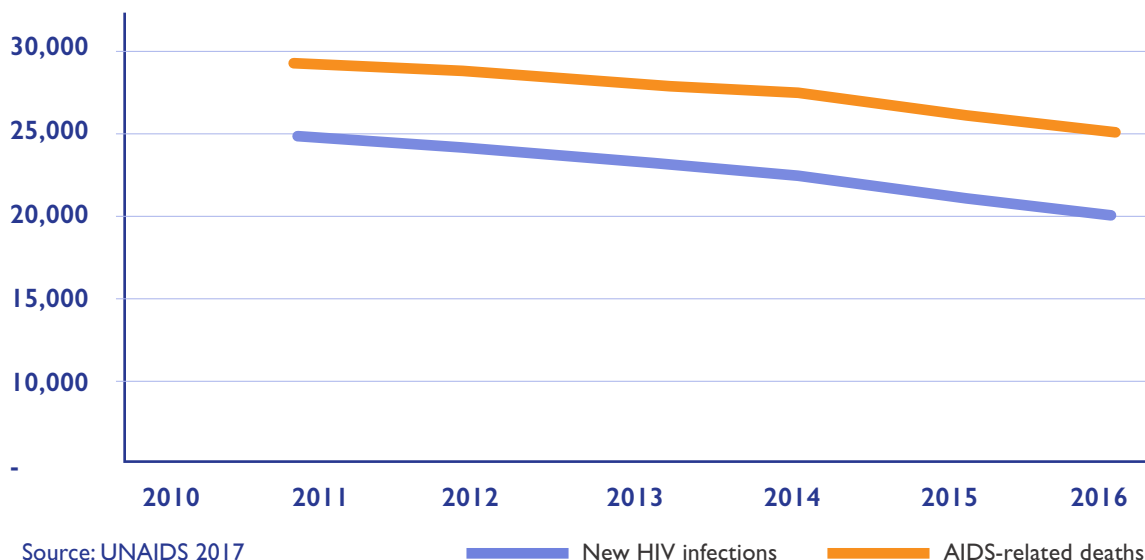
HIV treatment, HFG helped improve HIV/AIDS outcomes in Cote d'Ivoire.

HFG strategies contributed to the country's progress toward controlling the HIV epidemic. Recent advances in the national response to HIV have led to results that include a reduction in new HIV infections (from 25,000 in 2010 to 20,000 in 2016) and fewer AIDS-related deaths (from 29,000 in 2010 to 25,000 in 2016) (UNAIDS 2017) (Figure 1). Although only 41 percent of people living with HIV are on treatment (UNAIDS 2017), the number has continued to rise in recent years. In light of this remarkable progress, PEPFAR recently identified Cote d'Ivoire as a priority country, noting that it is close to reaching epidemic control.

This report describes key finance and governance transformations that are leading to better health outcomes for families and communities across the country. HFG's key results over the past five years include:

- More health workers on the front lines of care
- Increased resources and better financial management for improved HIV outcomes
- Institutions empowered to improve governance and accountability
- A stronger health system to respond to public health emergencies

FIGURE 1. DECREASES IN NEW HIV INFECTIONS AND AIDS-RELATED DEATHS IN COTE D'IVOIRE



# MAKING A DIFFERENCE



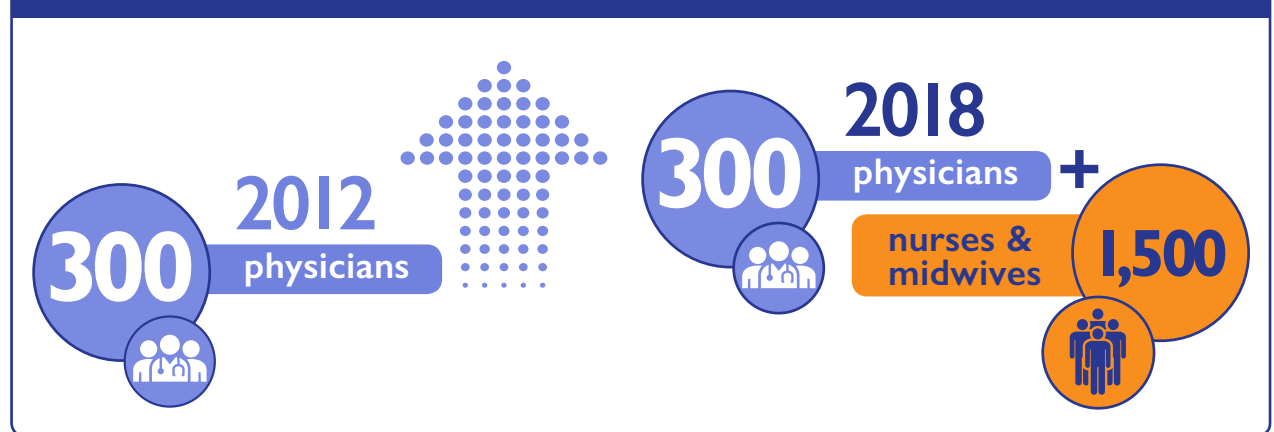
## RESULT AREA I

### More health workers on the front lines of care

#### *Large expansion of health workers trained to deliver HIV services*

With HFG's support over the past five years, Cote d'Ivoire has experienced an exponential increase in the number of health workers trained to provide vital health services to adults and children living with HIV. Notably, the number of health care workers graduating with the skills needed to initiate ART increased from 300 physicians to a total of 1,800 health workers each year (Figure 2).

FIGURE 2. INCREASE IN NUMBER OF HEALTH WORKER GRADUATES WITH SKILLS TO INITIATE ART



The six-fold increase was made possible by developing and enabling a task sharing policy and pre-service training curriculum changes that have resulted in around 1,500 nurses and midwives graduating with the skills to initiate ART each year. HFG's advocacy efforts, in partnership with the MHPH, helped convince professional associations and other stakeholders to support a national task sharing policy, approved by the government. The new policy mandates an expanded role for nurses and midwives – a change from previous policies allowing only physicians to provide ART services.

HFG was also instrumental in helping the MHPH design and implement a pre-service education program and develop a curriculum to build the capacity of nurses and midwives in HIV care and treatment. In addition, HFG helped advocate for the placement of 229 of the first cohort of newly trained health workers in eight Scale-Up Districts with a high burden of HIV (Figure 3). An HFG impact study in 2018 revealed that 78 percent of these nurses and midwives initiate first-line ART

treatment in their current practice, including 92 percent at the primary care level. By including task sharing in the training curriculum the government will continue to produce future health workers with these valuable, life saving skills.

This significant expansion of health workers is helping to address a critical gap: more than 50 percent of adults and children who are HIV positive have yet to receive life-saving ART (UNAIDS 2017). Inadequate numbers of health workers, as well as their uneven distribution throughout the county, have been significant barriers to the scale-up of HIV treatment.

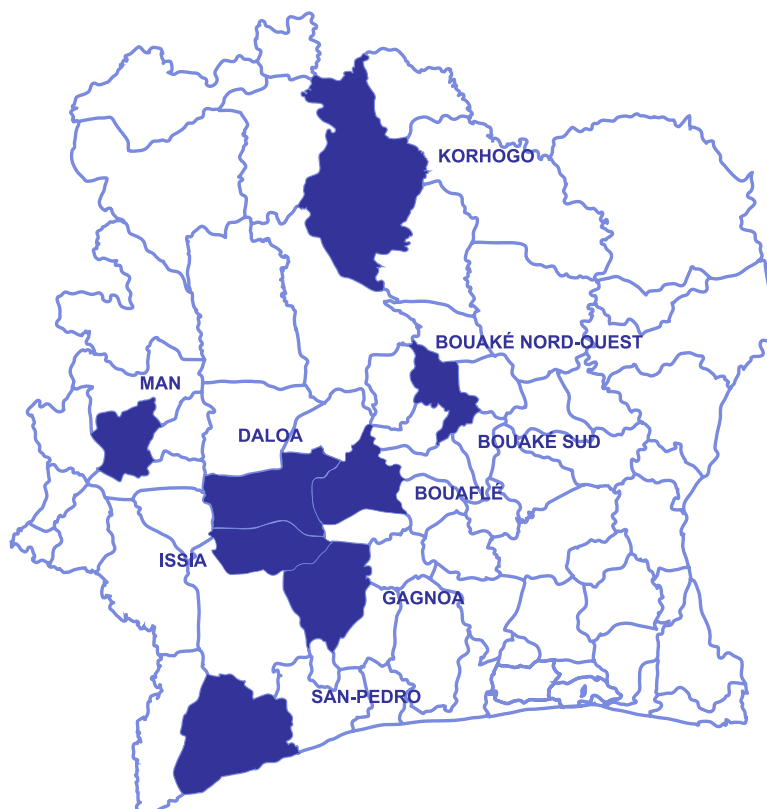
With the pre-service training approach in place, there is now a continual pipeline of nurses and midwives with competencies in HIV care and treatment – many of whom are now working in areas where there is a high burden of HIV. The expansion is expected to contribute to a continued increase in the number of HIV-positive people accessing ART in Cote d'Ivoire.



FIGURE 3.

**HFG helped the MHPH place more than 200 nurses and midwives trained in HIV care and treatment in high-burden HIV districts**

**229** nurses & midwives



### ***A stronger health workforce***

HFG also collaborated with the MHPH to increase the total number of trained nurses and midwives – from 1,591 in 2012 to 1,850 by 2017 – and deploy them across the country. As a result, Côte d'Ivoire now has a more robust health workforce that is positioned to deliver HIV, maternal and child, and other health services to families in areas where they are most needed.

To achieve a stronger health workforce, HFG supported the MHPH's Department of Human Resources to develop and implement two Human Resources for Health plans (2014–2015 and 2018–2021) outlining significant changes for health worker categories and career pathways. HFG played a critical role in establishing technical working groups and facilitating stakeholder workshops to develop, cost, and validate each national plan. The quality of these plans, and the experience gained in producing them, will serve as an example for future national plans.

Over the past five years, a range of partners have collaborated to implement the plans, making a number of transformations. New educational facilities (including a new branch of the national nursing school and a new medical school campus) have produced more nurses and doctors – who are urgently needed to address a severe health worker shortage, especially in certain geographic areas. Policy reforms are helping to place providers in underserved areas—contributing to a more optimal distribution of health workers.

These human resources reforms are strengthening the health system and helping the country make progress on improving HIV and maternal and child health outcomes in addition to positioning more health workers to prevent, prepare, and respond to emerging epidemics.

*“We have made significant efforts at the domestic level by increasing the budget allocated to the fight against AIDS. Global solidarity and shared responsibility must go hand in hand.”*

~ Alassane Dramane Ouattara, President of Côte d'Ivoire. Source: UNAIDS website



## RESULT AREA 2

### Increased resources and better financial management for improved HIV outcomes

As a result of HFG's support to ongoing advocacy efforts, the government recently increased domestic investments for HIV, an important step toward expanding and sustaining access to HIV services. In 2017, for example, Cote d'Ivoire's budget for HIV-related commodities increased by 400 percent over the previous year. With more domestic resources for commodities such as HIV test kits and ARV medicines, more adults and children with HIV will have access to life-saving test and treat services.

HFG supported a range of advocacy activities to increase *domestic resource mobilization* (DRM), the process through which countries raise and spend their own funds to provide for their people. For example, the project collaborated closely with the MHPH to coordinate a technical working group with members from the Ministry of Economy and Finance, the Ministry of Budget, and other ministries. The working group met regularly to discuss and develop DRM strategies and activities. Notably, the working group produced a strategic plan to optimize the country's use of financial resources allocated to health. HFG also played a key role in working with the U.S. Embassy to advocate with the Prime Minister's office to increase the domestic budget for HIV. This experience could be used to advocate for more domestic resources for other priority health areas, such as maternal and child health services.

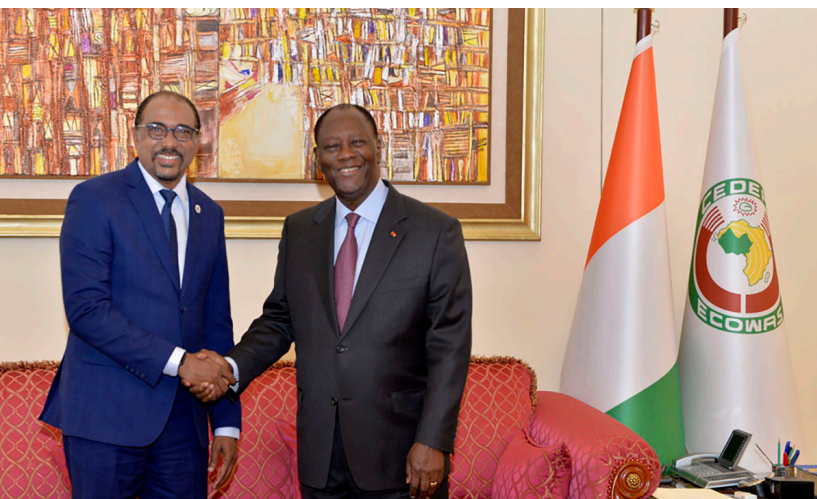
The government has coupled the increase in domestic resources with efforts to increase

transparency in managing financial resources. To improve financial management, HFG assisted the MHPH to strengthen the alignment between national MHPH health plans and operational budgets. HFG's support is helping MHPH staff increase the use and accuracy of health accounts and ensuring that budgeted funds reach intended health activities (Tschetche et al. 2017).

A study published in 2017 assessed the degree to which the health sector Annual Operational Plan process in Cote d'Ivoire has achieved alignment between planning and budgeting at the national level. The study revealed inconsistencies between the budget planned for the operational plan and the budget actually allocated to it. The authors of the study concluded that the misalignment negatively impacts the ability of the health system to provide quality care (Tschetche et al. 2017).

In order to strengthen health sector planning and budgeting, HFG supported the MHPH to organize a workshop involving health stakeholders in addition to stakeholders from the Ministry of Finance and the Ministry of Budget, to establish a coherent framework for health sector planning and budgeting.

With increased HIV resources and better financial management, Cote d'Ivoire is paving a path to sustainability, especially in light of decreasing donor funds.



*The President of Côte d'Ivoire, Alassane Dramane Ouattara, meeting with the Executive Director of UNAIDS, Michel Sidibé, to discuss the country's HIV commitments.*



### RESULT AREA 3

#### Institutions empowered to improve governance and accountability

Cote d'Ivoire has made progress toward strengthening governance of the health sector at the national and subnational levels – a major priority for the government. With HFG's assistance, the Office of the Inspector General launched a self-assessment diagnostic tool that is empowering institutions to improve governance and accountability. Health system actors now have a process and a tool to help them analyze their own governance performance and identify solutions.

The MHPH actively participated in the creation of the tool, which measures performance on 31 indicators covering the building blocks of the health system. HFG collaborated with the MHPH to conduct a pilot test of the self-assessment at the

central level and in seven health regions. The results, published in 2014 and disseminated in all 20 health regions, revealed numerous health system problems including conflicts of interest; informal (under-the-table) payments; and a lack of transparency, community participation, and accountability.

MHPH has taken important steps to address these challenges. For example, the Inspector General introduced an audit of management risks for all health facilities and services to ensure that staff can identify and address risks such as informal payments. Addressing such problems, which drive people away from seeking health services, is critical for improving the quality of care and increasing Ivoirians' confidence in the health system.

*“We now have evidence on the level of governance of our health system. Through the wide sharing of the survey results with our health regions we have created a culture of accountability in some regions. We have seen this accountability and attention to governance at the Ministry in the preparation of the response to Ebola with a focus on tools to strengthen budget transparency and accountability. Beyond the response to Ebola, these tools will serve to strengthen the overall system.”*

*~ Dr. Niangue Joseph, former Assistant Cabinet Director, Ministry of Health and Public Hygiene*





## RESULT AREA 4

### A stronger health system to respond to public health emergencies

#### ***The first ever national health security plan***

Equipped with a first of its kind national health security plan, Cote d'Ivoire will be more prepared to prevent and respond to public health threats. The plan introduces long-term coordination mechanisms across government ministries and sectors – enabling an integrated national response to emerging epidemics.

HFG collaborated with a wide range of partners to develop the plan with activities costed, in response to the Ebola crisis of 2014. The epidemic,

which had spread along the country's borders, highlighted an urgent need to be ready for future health emergencies. A lack of coordination between ministerial departments and ad hoc approaches to epidemics had long held back Cote d'Ivoire's progress in implementing international guidelines for preventing and controlling global health threats.

As a government partner in transforming health systems, HFG was well positioned to take a leading role in developing the new plan. HFG helped establish an inter-ministerial platform, facilitate technical working groups, and co-sponsor

*“...These tools follow the remarkable work supported three years ago with regard to the evaluation of governance and our health system and shall undoubtedly contribute to strengthen transparency, tracking, and accountability.”*

*~ Dr. Bledi, Health Inspector General*



*“HFG has given us the opportunity for this audit training, which is an essential pillar of our Inspector General mission. The audit field missions allowed us to identify numerous deficiencies in our system and to work with the health facility administrators in a constructive way to find solutions!”*

*~ Dr. Ablé, Assistant to the Chief of Staff, Ministry of Health and Public Hygiene*

workshops to draft the plan and budget. The collaborative effort brought together more than 45 national stakeholders from a range of sectors and organizations. The National Secretariat of the Global Health Security Agenda and engaged development partners have continued regular communication channels to strengthen collaboration and ensure coordination of interventions.

The plan, to be validated later in 2018, sets the stage for Cote d'Ivoire to strengthen national health security while also joining other countries in combatting the spread of disease and protecting international travel and trade.

### ***Launch of financial audits to improve accountability and transparency***

HFG also supported the MHPH in establishing a financial audit system to ensure that critical funds for emergencies go where they are most needed. The financial audits have revealed numerous deficiencies in the health system and improved accountability and transparency.

HFG worked with the Health Inspector General to develop and pilot the internal audit system, with the goal of strengthening Cote d'Ivoire's

response to Ebola and other public health emergencies. HFG's support included conducting training sessions for 20 national-level inspectors, revising regulations to allow inspectors to conduct internal audits, and developing an audit manual and training tools.

Trained inspectors conducted field missions to pilot test the internal audit process in 16 health facilities and eight district offices on the periphery of the Ebola outbreak, near the borders of Guinea and Liberia.

As a result of the audits, inspectors were able to identify weaknesses in the health system and propose solutions. They concluded that the health facilities lacked formalized management, such as standard financial management procedures. The inspectors proposed strengthening the capacity of the managers at health facilities and district offices in addition to introducing a standardized financial management manual.

The Health Inspector General has been using the tools to conduct internal audits that are strengthening transparency, tracking, and accountability across the health system.

# LOOKING FORWARD



## SUSTAINABILITY

The transformations described in this report will make a lasting impact on health systems and continue to improve health outcomes in Cote d'Ivoire. The MHPH and other partners became stewards of these changes through their collaboration with HFG, and they will continue to develop strategies and sustain activities.

Notably, the government will build on HFG supported strategies and tools to strengthen human resources for health. The government's next steps include implementing community health worker mapping and developing a plan and budget for improving community health coverage.

New training tools will help the country continue to build health worker capacity over the coming years. With updated training curricula now in place at nursing schools across the country, nurses and midwives will graduate each year with the skills needed to provide HIV services and respond to public health emergencies.

HFG has also helped establish lasting mechanisms that will improve coordination between different

government ministries and sectors. For example, an inter-ministerial committee that HFG helped create will continue collaborating to implement the National Health Security Plan. Similarly, a technical working group focused on domestic resource mobilization will continue working across ministries to advocate for increased resources for health.

In addition, stakeholders will sustain the use of several key tools developed by HFG. For example, the Health Inspector General will continue to use new financial audit tools to strengthen transparency and accountability across the health system.

Finally, HFG's global experience and expertise have helped strengthen the capacity of local partners in addition to the project's own local staff. Over the past five years, the government has increasingly recognized HFG's team members as thought leaders in health finance and governance. With their strong knowledge and expertise, the staff is positioned to continue leading health finance and governance initiatives that will improve the health and well-being of Ivorians.



## LESSONS LEARNED

**Leveraging the power of broad coalitions is key to policy change.** Advocacy efforts, including engagement with numerous stakeholders from the government, professional associations, and unions, were key to changing national policies and introducing nurse-initiated ART. HFG and the MHPH helped these groups reach consensus on the national HRH plan, which included a call for task sharing. Prior to HFG's support, previous efforts to enact a task-sharing policy without a larger stakeholder planning process had failed.

**A strong partnership with the Ministry of Health can accelerate progress.** Drawing on the long-term Abt Associates presence in Cote d'Ivoire and strong relationships with the MHPH, HFG staff and partners were able to make rapid progress on crucial activities such as expanding the number of health workers to provide HIV services and increasing domestic financing.

In addition, HFG leaders have been nationally recognized as thought leaders in health system strengthening. With a focus on strengthening collaboration and coordination among a wide range of partners, HFG was well positioned to support the MHPH in successfully implementing activities, applying lessons learned from past experiences, and preventing duplication of efforts.

**Aligning national policies and reforms with international initiatives and goals can help maximize impact.** It is critical to align strategies with international guidelines and objectives from the start. To maximize impact, HFG's activities supported Cote d'Ivoire's broader efforts to tie policies and reforms to the PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017–2020); the Global Financing Facility; the UN Sustainable Development Goals; and other international guidance and targets.



## REFERENCES

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2017. *UNAIDS Data 2017*.

Kouassi Kan V, Coly A, Nguessan J, Dobé S, Agbo S, Zimin T, Dosso Y, Ackah A, Traoré V. 2014. Facteurs influençant la sortie des patients vivant avec le VIH du circuit de traitement en Côte d'Ivoire. Rapport de Recherche et Evaluation. Publié par le Projet d'Amélioration des Soins de Santé, Bethesda, MD : University Research Co, LLC (URC).

President's Emergency Plan for AIDS Relief (PEPFAR). 2017. *Côte d'Ivoire Country Operational Plan (COP) 2017*.

Tchetche, Mathieu, Mamadou Samba, Mamadou, Noël Nahounou. 2017. Analyse du processus de planification et budgétisation opérationnelle du secteur de la santé en Afrique de l'Ouest : l'exemple de la Côte d'Ivoire. *Cahiers Realisme*.





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