The GFF process in Côte d'Ivoire

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MOTIVATIONS


2. Côte d'Ivoire has one of the highest ratios of maternal mortality (RMM).

3. One in 10 children does not reach the age of 5 (96 deaths per 1000 live births).

4. Fragmentation that leads to inefficiency in health expenditure.
INVESTMENT CASE DEVELOPMENT PROCESS

4 STAKEHOLDERS

- Government
- Private sector
- Partners
- Civil society

7 Sub committees focusing on each of the key areas of reform

1. Community Health
2. Quality of Primary health care
3. Supply Chain
4. Human Ressources
5. Health Information
6. Integration of private sector
7. Health financing reforms
TIMELINE

Nov. 2017: CIV becomes a member of the GFF

Feb. 2018: 7 national priorities are defined

Feb. - Dec. 2018: Subcommittee work

Dec. 2018: Prioritization of IC interventions

April 2019: National Dialogue on Health Financing

May - June 2019: Integration of the IC in the Budget

July 2019: 1st meeting of the Platform

Nov. 2019: 2nd meeting of the Platform
CÔTE D'IVOIRE INVESTMENT CASE IS STRUCTURED AROUND 3 MAIN COMPONENTS:

**STRATEGIC BOTTLENECK ANALYSIS**

to provide arguments in support of greater investment in primary health care

**EVIDENCE-BASED INTERVENTIONS**

with the main goal to address priority problems in the health care system

**THE AMOUNT OF INVESTMENT NEEDED**

to finance the "best options" and propose scenarios to bridge financing gaps
VISION AND GUIDING PRINCIPLES

Vision = Vision National Health Programme (PNDS)

"An efficient, integrated, responsible and effective health care system, guaranteeing all the people living in Côte d'Ivoire, particularly the most vulnerable people, an optimum state of health to enhance the growth and sustainable development of the country"

Guiding principles

- Applies a global systemic approach
- Uses maternal, child and newborn health as an entry point
- Focus on equity
- Focus on efficient use of resources
- Mobilize additional resources for health
INTerventions

1. Community awareness to increase the demand for health care and change behaviors
2. Improving the provision of quality health care services
3. Strengthening the system to increase the availability of strategic services and inputs
4. Resource mobilization to improve access and demand for health care
INTERVENTIONS

1. Community awareness to increase the demand for health care and change behaviours

Establishment and development of a network of community health workers
Improving the distribution of skilled health care workers to deliver obstetric and neonatal care

Leverage the private health sector

Strengthening the quality of care
INTERVENTIONS

3 STRENGTHENING THE SYSTEM TO INCREASE THE AVAILABILITY OF STRATEGIC SERVICES AND INPUTS

- Strengthening the supply chain
- Strengthening the National Health Information System (SNIS)
INTERVENTIONS

4 RESOURCE MOBILIZATION TO IMPROVE ACCESS AND DEMAND FOR HEALTH CARE

Implement reforms
- Social Programme of the Government: Universal Health Coverage, targeted gratuity and vaccination,
- Scaling up of Strategic Purchasing
- Presidential Program for Hospitals
- Decentralization of hospital management
- Regulation of the pharmaceutical sector
- Operationalization of the community health plan
- Private Sector Strategy
FINANCING

IC costs
1658 billion FCFA over 5 years

Government must increase its financing by 15% annually

Partners finance about 200 billion a year
Impact in terms of reducing mortality and number of lives saved

**REDUCTION OF THE RATIO/MORTALITY RATE UNTIL 2024**

- **MATERNAL MORTALITY RATIO**
  - 24% Reduction
  - 614 to reach 417 deaths/100,000 live births

- **NEONATAL MORTALITY RATIO**
  - 27% Reduction
  - 34 to reach 21/1000 live births

- **CHILD MORTALITY RATIO**
  - 25% Reduction
  - 92 to reach 59/1000 live births

**NUMBER OF LIVES SAVED PER SCENARIO**

- **SCÉNARIO 3** (11 REGIONS, 100% of the POPULATION)
  - 51,000 children<br>  - 2538 mothers (<5 years old)
MOBILIZATION OF PUBLIC RESOURCES

- **05 - 07 November 2018**: A delegation led by His Excellency the Prime Minister participated in the GFF Replenishment Event in Oslo. The Prime Minister has affirmed the commitment of the government to increase by at least **15% each year**, domestic resources for health.

- **15 - 18 April 2019**: Commitment reaffirmed by the Vice-President at the First National Dialogue on Health Financing in Abidjan.

- **9 - 10 October 2019**: The commitment was confirmed by the Prime Minister at the Global Fund Replenishment Conference in Lyon.
WAY FORWARD

• The IC provides a framework for sharpening the focus of the health care system on primary health care

• The National Platform (PNCFS) offers opportunities for:
  ➤ bringing together the various stakeholders: Office of the Prime Minister, Ministry of Health, CNAM, private sector, Civil Society, technical and financial partners,
  ➤ better aligning partners’ technical assistance
  ➤ keeping the focus on the implementation and monitoring and evaluation framework of the IC
CHALLENGES

➢ Monitoring the commitments made by stakeholders

➢ Institutionalize resource mapping and a resource tracking system

➢ Effective alignment of the Technical and Financial Partners

➢ Efficient implementation of reforms
Thank you for your attention