





<u>Session 4</u> Leveraging SSTC for Universal Health Coverage

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Background & Rationale

UHC requires a combination of different health financing and governance mechanisms to improve the availability of services, reduce out-of-pocket payments and extend health risk coverage to a wider population, taking particular account of vulnerable populations, for reasons of equity..

Senegal's efforts to mobilize national budget (domestic ressources)

To better mobilize resources for health and reach the Abuja 15% target, the Ministry of Health and Social Action has drawn up a national health financing strategy to move towards universal health coverage (NHFS/UHC : National Healthcare Financing Strategy/Universal Health Coverage) in 2017, and set up a health economics unit to follow up the decisions of the NHFS/UHC steering committee.

Senegal's efforts to mobilize national budget (domestic ressources)

Four strategic directions have been selected :

- **<u>SD 1</u>** : Improved availability of quality healthcare services
- **SD 2** : Extended protection against illness-related financial risk
- $\underline{\textbf{SD 3}}$: Strengthening multi-sectoral interventions with a high impact on health

<u>SD 4</u> : Increased mobilization of financial resources to achieve universal health coverage.

The NHFS development process culminated in November 2017 with the organization of a national forum to mobilize resources for Universal Health Coverage chaired by His Excellency, the Head of State.

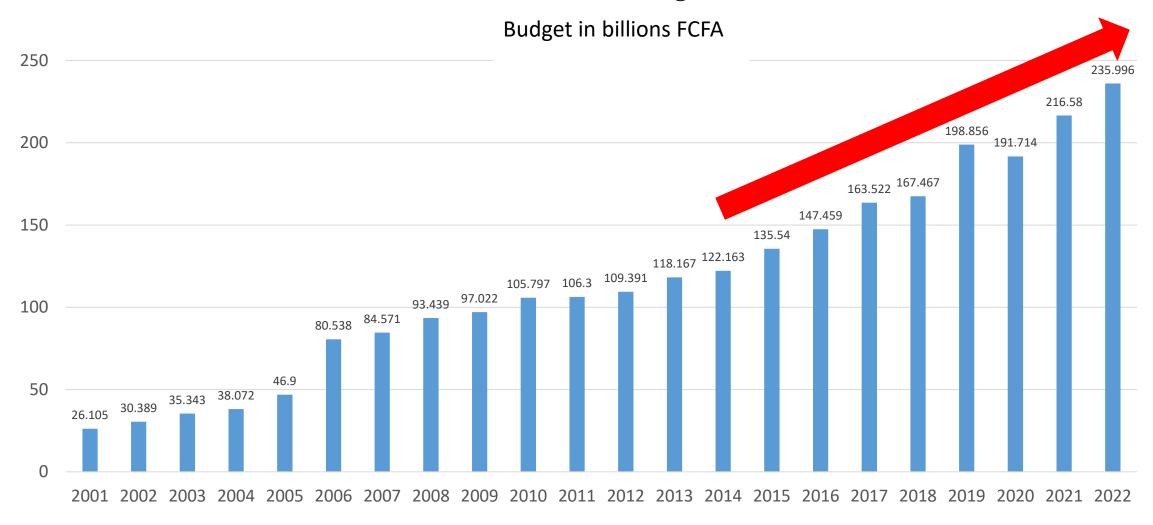
This forum resulted in important decisions by the Head of State and a commitment by stakeholders to contribute substantially to health financing.

Decisions by the Head of State

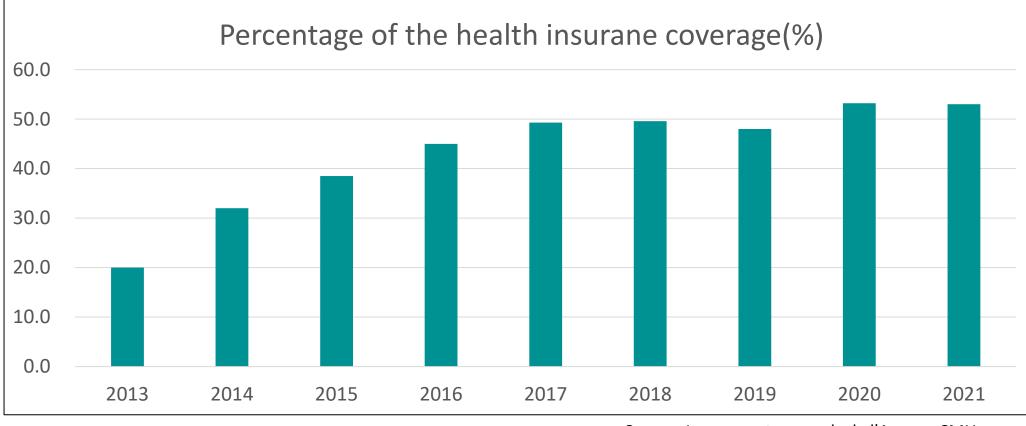
- ➢ Progressive budget increase => 15%.
- Reinforce health services
- Commitments by local elected officials
- Expansion of coverage of the health insurances, especially of Health Mutual
- Private sector commitments
- Fechnical and Financial Partners

Health care financing in Senegal

Evolution of the Health Budget since 2001



Source: Ministry of Health and Social Action of Senegal



Source: Les rapports annuels de l'Agence CMU

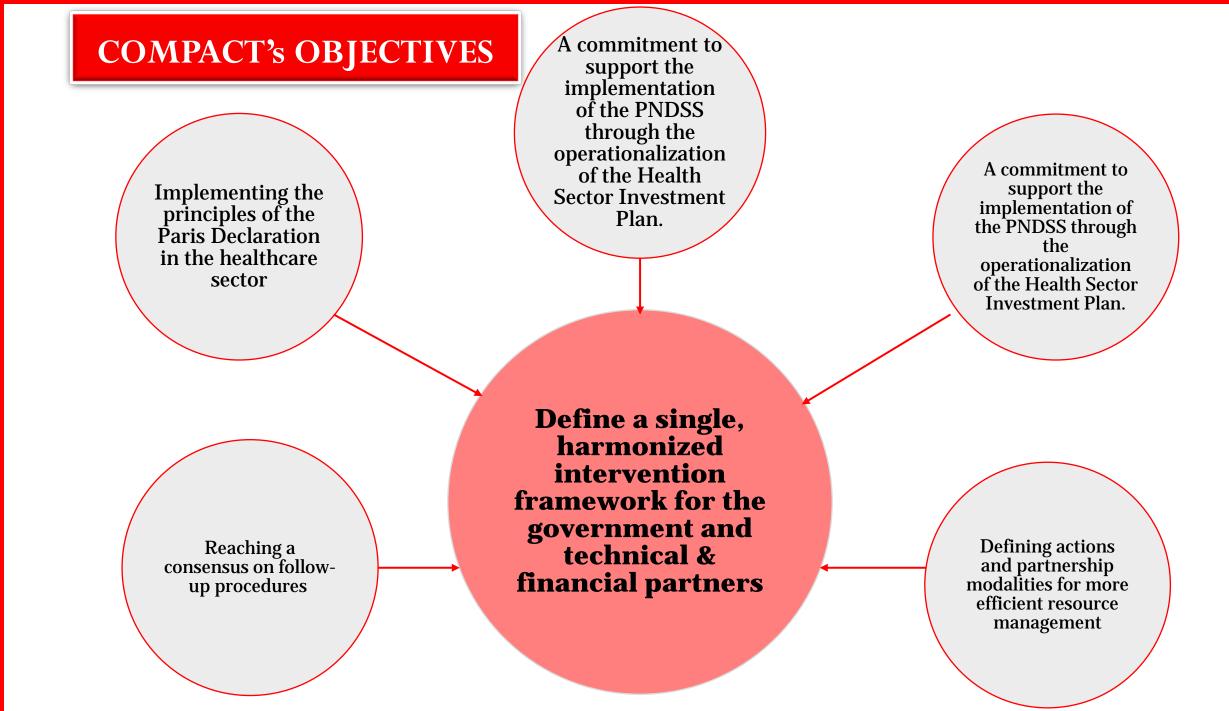
To increase the coverage of Mutual Health Insurance, which covers the informal sector, the UHC program has been evaluated and a new UHC strategic plan is being developed.

Senegal's approaches to align donor funding with the national programme and budget

In 2010, the Senegalese government and its development partners drew up a pact known as the Compact, which was signed in 2013.

The Compact is a partnership framework with co-responsibility based on taking into account the objectives and capacities of the beneficiary country and its partners.

The general aim of the Compact is to define a single, harmonized framework for interventions by the Government and its Technical and Financial Partners, with a view to improving aid effectiveness in the health sector.



More specifically, Compact signatories are expected to :

- a commitment to support the implementation of the PNDSS (National development Plan for health and social action) through the operationalization of the Health Sector Investment Plan 2020-2024, the Pluriannual Expenditure Programming Document and the Plan to boost the local pharmaceutical industry ;
- a commitment to ensure that partners' actions are consistent with the implementation of the PNDSS ;
- a search for consensus on aid monitoring procedures ;
- alignment of development partners with national priorities and procedures;
- harmonizing the actions of development partners for greater collective effectiveness ;
- resource management and decision-making to achieve results ;
- strengthening mutual accountability.

+ Importance of Annual Work plans

- A real tool to assure the alignment of PTF's contribution to the national healh sector development plan.
- perception on alignment and coordination.
- Commitments of PTFs on the MTEF (Mid-term expenditure framework) or strategic plans never assures real commitments of PTFs.
- In addion, a ministry of health can not manage duplication or maldistribution of PTF's finance in the health sector on such policy level document. Thus, real coordination of the resource could be done only in the operational level.

Therefore, there is a need for Integration of PTF's AWPs into the AWPs of relevant directions or divisions is a critical action.

This action could facilitate country ownership, coordination of domestic resources and external resources, transperancy and mutual acccountability.

Partnership with JICA as an example

- JICA is supporting the MoHSA through a JICA Universal Health Coverage Support Program, which aims to *achieve sustainable universal health coverage in Senegal* by *facilitating priority initiatives* focusing mainly on universal health coverage and primary healthcare provision.
- Under this programme, a general budget support of 18,000,000,000 Yen (DPL: Development Policy Loan Phase 1 and 2) has been provided, which is expected to be used for :
 - strengthening coordination, governance and financing between various ministries to promote universal health coverage (UHC),
 - strengthening health financial protection system for the most vulnerable groups, and
 - strengthening the system of basic health and social services

Partnership with JICA as an example

- A technical cooperation project of JICA supported to develop a user's guide for annual work plan and conduct training sessions, and
- All technial assistant health projects of JICA are sharing their annual work plans with relevant entities of Ministry of Health and Social Action to assure alignment of their plans to the plans of the ministry and to enable coordination at the operational level.



Conclusion





THANK YOU FOR YOUR KIND ATTENTION

