



How can we improve the function of health systems to benefit populations?

The first debate of the year 2019, an initiative of WATHI, the Citizen Think Tank for West Africa, focused on improving health systems. This issue of Matakai is a very selective synthesis of contributions to the debate in the form of articles and comments published on the WATHI website. It also presents selected excerpts from reports and studies by experts, researchers, and various organizations on the theme of public health. This document proposes five courses to guide collective action by citizens and decision-makers to improve health systems in the region. As a reminder, WATHI focuses on the fifteen member countries of the Economic Community of West African States, plus Cameroon, Mauritania and Chad. WATHI's perspective is pan-African and many of the findings and courses of action in this Matakai are valid for the other regions of the continent.

Indicators regarding the health situation in Africa in general and in the countries of the WATHI zone specifically show unquestionable and regular progress over the last two decades. The evolutions differ from one country to another, of course, but the overall trend has been positive. Progress has been particularly hampered by contexts of armed conflict and/or exceptional health crises, the most striking and most recent in West Africa being the Ebola virus epidemic, which heavily affected Liberia, Sierra Leone, and Guinea.

Health status indicators have improved largely due to the scale of international financial contributions dedicated to combatting major pandemics, malaria, tuberculosis, and HIV/AIDS. Global funds have thus played a central role in the countries of the region and have made it possible to considerably reduce the health expenditure of states and populations. On the other hand, states continue to make insufficient efforts to invest in the health of their populations. The objectives that have been proclaimed many times have never been achieved, the best known being the commitment of states to devote 15 per cent of their national budgets to the health sector (Abuja Declaration).

The data clearly show the failure of states on this issue. Lack of funding means a sharp increase in health expenditure by the population in the context of low or very low-income countries and countries where spatial inequalities have remained enormous. These inequalities are striking both in terms of the geographical distribution of health facilities and the availability of essential human resources for health.

The selected findings presented in this document are by no means exhaustive. They do, however, point to the dysfunctions, shortages, and major problems of the region's health systems. Beyond the scarcity of resources available to finance the operation of health services and investment in system improvement, organizational and management issues are recurrent within health facilities. The courses of action presented aim to respond to some of the most urgent and important challenges in the field of public health, considering realistically the limited financial capacities of the states and populations of the region.

WATHI's courses of action

1 Put in place a preventive policy to combat diseases at the heart of the health system, and to this end:

- a) Include prevention, primary health care, and the basic principles of mental health in the training of all health professionals.
- b) Include the prevention of illness, domestic accidents, and traffic accidents in the school curriculum from nursery school to the end of secondary education and ensure that all teachers are trained in this field beforehand.
- c) Prepare brief explanatory documents in words and pictures for parents, who are the first educators, and distribute these documents in prevention and health centers.
- d) Provide for regular visits by preventive health workers to schools to provide practical support for health and prevention education courses.
- e) Create or strengthen national agencies dedicated to disease prevention and promotion of well-being, responsible for defining and updating national prevention policies and supervising decentralized centers dedicated to prevention and promotion of well-being throughout the national territory.
- f) Create a single national digital platform to disseminate via mobile phones, social networks, applications, and messages to the general public for the prevention of diseases and the maintenance of physical and mental health; promote and certify existing websites and mobile applications that provide reliable information on the prevention of specific diseases such as diabetes, cardiovascular diseases, cancers, etc.; promote and certify existing websites and mobile applications that provide reliable information on the prevention of specific diseases such as diabetes, cardiovascular diseases, cancers, etc.
- g) Create or consolidate a network of information centers on prevention and wellbeing located as far as possible in all municipalities and rural communities:
 - Provide the information centers with health and prevention advisers recruited on a competitive basis at the regional or departmental level from among young graduates of secondary and higher education and then specifically trained in public health schools to carry out their tasks on the basis of renewable fixed-term contracts that include user evaluation;
 - Use these centers as orientation points within the health system to improve the reception system of hospitals and health centers (taking into account local languages and level of education);

- Focus on distributing information to the population on habits, behaviors, and practices recognized to promote good physical and mental health, including the importance of hygiene, daily physical activities, a healthy and balanced diet (adapted to the purchasing power and local availability of food), and on pertinent health and domestic risk factors;
- Acquire counsellors specifically trained to receive and inform young boys and girls about sexual and reproductive health issues;
- Consult with local populations on the ideal location of these centers, which should be easily accessible to all, and should not be assimilated to health centers or hospitals but to free public service spaces dedicated to individual and community well-being;
- Adapt the counselling provided by the centers to community realities by valuing traditional medicine and including all the different actors in the provision of health care and preventive health education: traditional birth attendants, local health professionals, religious groups, traditional chiefs, educational institutions, and non-governmental organizations active at the local level;
- Hold quarterly meetings dedicated to disease prevention and well-being, open to all and allowing all social actors influential in the health education of populations to exchange ideas, including local health professionals, community leaders, teachers, associations, and local economic actors;
- In rural areas, give priority to the recruitment of people with an appetite for prevention or the health sector (traditional practitioners, retired teachers, young people who have dropped out of school due to lack of resources), in order to more easily create relationships of trust with the population;
- Allow mobility of preventive health workers so that they can also reach out to populations in the most isolated areas, as is done in malaria awareness programs in many countries.

2 Ensure the training of sufficient human resources for health, including mental health, the equitable distribution of human resources throughout the national territories, and their effective supervision

a) Invest in the training of health professionals on the basis of planning determined by the precise identification of the most important needs and shortages of specialist doctors, nurses, and other specialist health workers.

b) Invest in the training of health workers responsible for the ongoing maintenance of medical equipment used in public hospitals and health centers and of technicians specializing in the maintenance and repair of medical equipment.

c) Consider training non-medical health personnel, in particular nurses and midwives from specialized schools selected by competitive examination, to carry out certain relatively simple and routine medical procedures generally reserved for doctors alone, in order to make up for shortages pragmatically and to care for patients in the short and medium term.

d) Introduce or reinforce all initial and continuing training courses for health personnel, from doctors to maintenance staff in hospitals, sessions on professional ethics, on the concept of quality service owed to users, on the relationship of help and listening, particularly for patients suffering from mental illness, on the fair treatment of users and on individual responsibility in the event of errors leading to tragedies in health structures, based on the local realities observed.

e) Improve the working conditions and career development prospects of medical staff to avoid recurrent strikes, maintain quality human resources in the public sector and maintain a satisfactory level of motivation and commitment.

f) Decentralize as far as possible the training structures for health personnel in the regions to curb the often permanent exodus to the capitals of young people wishing to pursue a career in the medical field, to be able to recruit locally trained personnel and to make up for the general lack of qualified human resources in rural areas and even in secondary towns.

g) Rethink scholarship programs so as to encourage training in the medical and paramedical fields among young people from the most disadvantaged regions in each country according to national health statistics and monitor the human resources thus trained, with the obligation to practice professionally in one of the disadvantaged regions of the country for a specified number of years to be agreed contractually.

h) Put in place, after undertaking and analyzing the results of a serious survey of medical students to gather their views, incentives to attract young general practitioners and specialists to the most difficult and isolated localities and to reduce inequalities in access to health services.

i) Drawing on the example of Thailand; create, consolidate or reform a temporary compulsory rural service for all young medical graduates who will serve a rural community for a fixed and limited period of time in order to familiarize them with local/rural practice and thus facilitate their integration at the end of their training in these areas.

j) Create a platform managed by a dedicated department within the Ministries of Health, to promote, organize, and rationalize ad hoc missions of diaspora medical specialists in their countries of origin, particularly to carry out complex interventions and help in the continuous transmission of knowledge and know-how to young doctors.

k) Update and make public on a website the statistical data on medical personnel available in all regions/departments/provinces of the countries and thus promote the monitoring of government efforts to reduce inequalities in access to health services and the involvement of civil society organizations and citizens in the mobilization for better health for all.

3 Better financing of health systems to promote access to care and medicines

a) Truly consider investment in a public, universal, and free health system as the first priority of governments, together with education; affirm the choice of priority financing of the national health system through general tax revenues and specific taxes on certain products/services, and finally effectively achieve the objective of a 15% share of the national budget devoted to the health sector, a target set by the Abuja Declaration in April 2001.

b) Allocate specific budgetary resources to the health sector and, to this end, allocate to the health sector the resources derived from taxes on products harmful to health, such as tobacco or alcohol, taxes on luxury goods and financial transactions, and possibly a special tax on the profits of large companies.

c) Negotiate, with the support of the World Health Organization (WHO), a formula to ensure financial compensation for health human resources trained in African countries and recruited by high-income countries, providing resources to be used exclusively for the training of health personnel in the countries of origin.

d) Draw inspiration from the Rwandan, Thai, and other national systems of low or middle income countries that have been successful in providing health coverage to the informal sector as well, and consider the creation of public health insurance programs for public sector employees, private sector employees, and the rest of the population.

4 Improve the day-to-day functioning of all health service delivery institutions

a) Provide health facilities with cleaning services with appropriate training, treating the maintenance service as a key aspect of the operation of hospitals and health centers in order to ensure hygiene and sanitation in the facilities and to prevent the further spread of disease.

b) Establish a single, centralized national number for emergency medical services linked to a decentralized system for the management of functional ambulances and call on innovative African companies to propose technologies adapted to the context, particularly considering the need to minimize costs.

c) Fight corruption in day-to-day health structures through measures such as:

- Post in the health structures the tariffs for the various services and those that are officially free of charge;
- Establish external and internal audits to ensure that budgets are allocated and spent appropriately;

- Develop strict standards for controlling access to certain facilities to promote transparency and accountability;
- Conduct regular external evaluations, including unannounced visits to health facilities and evaluation of services by users;
- Provide a dedicated anti-corruption telephone line for health service users and staff that is linked to an adequate monitoring system, feedback, and protection of informants;
- Generalize policies for the management of health human resources and integrate incentives for performance and professional ethics.

d) Promote the use of modern information and communication technologies in health institutions to increase the speed of processing and follow-up of patient records, to establish transparent payment systems, and to develop remote prevention and telemedicine for the benefit of the populations in rural areas with the lowest levels of medical personnel.

e) Use modern information technology to plan and carry out the acquisition of medical equipment, to manage the allocation of new equipment to the various health structures spread over the national territory, and to locate public medical equipment on a permanent basis in order to put an end to the diversion of medical equipment to private structures and to all forms of mismanagement of public medical equipment.

5 Strengthen national health systems through the development of research, the pooling of resources at the regional level, and the institutionalization of public debate on national health policies

a) At the national level:

- Organize periodic meetings between all institutions, departments, agencies, movements, foundations, institutes, and trainers related to the field of health in order to ensure coordination between the different actors involved in decision-making in the field of health, as well as to ensure the transparency, accountability, and effectiveness of the national health network;
- Ensure the presence of all development actors (economists, medical epidemiologists, urban planners, trainers, architects, pharmacists, etc.) in public decision-making spaces in the health field;
- Create an institution in charge of health system research with the purpose of designing and constantly reviewing the health system, identifying opportunities, challenges, failures, and proposing to political authorities and the national community regular improvements in the functioning of the health system. In Thailand, for example, the creation of the Health Systems Research Institute in 1992 has fostered the development of coherent and sustainable public systems and policies thus far.

b) At the regional level, strengthen the West African Health Organization (WAHO) as the main regional focal point in the following areas:

- Coordination of national health policies, including mental health;
- Coordination of international research partnerships;
- Mobilization of international financing;
- Reform and harmonization of countries' legal frameworks to promote national and regional drug production and reduce dependence on foreign multinationals and drug shortages;
- Development and continuous improvement of regionally harmonized health indicators and statistical data collection methods;
- Regional reflection on health systems;
- Health crisis management;
- Harmonization of training paths for health professionals.

You can send your comments, reactions, recommendations to refine the proposals and the means to implement them to the following address: infowathi@wathi.org

WATHI

WATHI, the West Africa citizen think tank, is a participative and multidisciplinary think tank which aims to contribute to the sharing of knowledge and the production of ideas on the crucial political, economic, social and cultural issues for the present and the future of the countries of West Africa.

The geographical area of WATHI includes 15 countries of the Economic Community of West African States (ECOWAS) as well as Cameroon, Chad and Mauritania. Freely inspired by «waati», which means «time» in Bamanankan language of Mali, WATHI expresses both the urgency of a collective mobilization and the need for long-term commitment.



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