20/06/2022

Exchange meeting with civil society actors on universal health coverage (UHC) and the introduction to UHC2030 and the civil society engagement mechanism (CSEM) in Senegal

Main results of the discussions

Room Paul Correa of the Division for the Fight against AIDS and STIs,

June 20, 2022

MAIN RESULTS OF THE CONSULTATION:

Date :	**06-20-2022**	**Lead organization:**	**NGO AWA**
Number of focus group participants:	There were 3 discussion groups with 10 participants in each.	Provide description of make-up for the focus group[1] :	The majority of participants were leaders of civil society organizations involved in advocacy for health, in the fight against HIV and stigmatization and/or discrimination of vulnerable populations (women, key populations, etc.), in universal health coverage and access to quality health services.
Facilitator(s): (Name, Organization)	• Main facilitator and that of group 1: **Dr. Thierno Diallo**(Regional Center for Research and Training of the CNHU of Fann) • Leader group 2: **Mr. Ameth Sougou** (National Alliance of Communities for Health) • Leader group 3: **Ibrahima Diop**(NGO 3D)	Note Taker(s): (Names, email addresses)	• For group 1: **Mr. Aliou Badara Fall** (alioune.badara.fall@resopopdev.org) • For group 2: **Mr. Mbagnick Diouf** (mbadiouf1@yahoo.fr) • For group 3**: Ms. Christine Awa Diouf** (laroussette96@hotmail.fr)
Number of breakout rooms:	03 meeting rooms	Composition of breakout rooms:	Each meeting room had 10 participants. Participants were distributed evenly among the three (03) meeting rooms. There was a breakdown of participants by gender. However, there were some specificities in each group. Indeed, there was the presence of a religious (imam) in group 1, a journalist in group 2 and an assistant to the mayor in group 3.

[1] Provide information that describes the focus group participants. Be as descriptive as possible without identifying individuals.

Required questions[2]	Summary points (~5 bullet points)	Notable Quotes	Other comments
1. Does your government have a coordination government agency/mechanism/department that engages across sectors for the specific purpose of improving health or advancing UHC? If so, how well is this mechanism or department functioning?	According to participants, there are several mechanisms and organizations in Senegal that promote UHC. It is : • Universal Health Coverage (UHC) which offers the most deprived people the possibility of benefiting from health risk coverage. This initiative allows people who often have low incomes (rural world and informal sector) to be affiliated to a health insurance scheme and to benefit from the same care as people affiliated to other social security schemes through budget allocations and the Health Insurance Institutes (IPM). UHC operates through community health mutuals and departmental health insurance units (UDAM). Mutuals are associations of voluntary, non-profit people who essentially, through the contributions of their members, carry out actions of provident, mutual aid and solidarity, towards themselves or their families in order to take charge of the health risks linked to the person and to repair their consequences. Joining a mutual health insurance is done individually or collectively. Each member is entitled to a card which will allow him to benefit from the services	"As a community actor, the parents have called me several times to tell me that they have been asked to pay for their child's medication in the health center, whereas I spend my time raising their awareness by telling them that care is free for children under 05 years old. ".	All the participants have a shared view on that the UHC mechanisms established by governmental authorities do not function correctly. Moreover, the populations are not aware of all the services offered. To this is added the administrative delays in the health structures for the procedures related to these UHC mechanisms.

[2]Please list the required questions below, including language changes.

	of the mutual. Mutuals enter into contracts with health facilities to ensure that their members benefit from health care through letters of guarantee that they give to their members. The services offered by UHC are curative primary consultations, preventive consultations, hospitalizations, deliveries, additional examinations, specialized care, evacuations, and medication. Nevertheless, some participants mentioned the fact that the majority of the population is not aware of the existence of community mutuals. In addition, the latter often face financial difficulties insofar as members do not often renew the membership fees. • Free care for children from 0 to 5 years old: Any Senegalese child who presents with a health record, birth certificate, vaccination record or any other civil status document that can certify the child's age is eligible. All public health structures in the country (health post, health center and hospital) are concerned by this free service. The services offered are: consultation tickets, generic drugs (Bamako Initiative) and vaccination tickets and hospitalization costs (the stay). However, the participants strongly insisted on the fact that the application of this policy is not effective in the health structures because the latter are not often reimbursed by the health authorities.		

	• The SESAM plan, whose mission is to provide Senegalese aged 60 and over with eligible health care coverage at the level of public health structures. This coverage, which is 100% for Persons At Their Expenses (PAF), only concerns the share allocated to the patient for those benefiting from other coverage (IPRES, FNR). The participants mentioned that despite the efforts made by the health authorities, there are still things to improve, particularly in the effectiveness of the application of this policy. • Free Caesarean intervention: Any Senegalese pregnant woman whose state of health or that of the fetus requires the use of a Caesarean intervention is eligible. These are mainly cases of compulsory caesareans, necessary caesareans, and precautionary caesareans. All public health structures in the country that are able to perform caesareans are concerned by this free service, namely hospitals, health centers, SONU (Emergency Obstetric and Neonatal Care), health centers with operating theaters and health facilities that provide emergency neonatal obstetric care. The participants magnified the effective application of this policy, which was deemed to be one of the UHC mechanisms whose application is the most respected. • The social orientation law n° 2010-15 of July 6, 2010, which allows people with disabilities to		

	access quality health services through the equal opportunities card. The "equal opportunities card" allows its holder to benefit from rights and advantages in terms of access to health care, rehabilitation, technical and financial assistance, education, training, employment, transportation, as well as any other advantage likely to contribute to the promotion and protection of the latter. It is an identity card for the disabled person.		
2. Question : a. Which groups of people in your country struggle to gain access to health services? What are their main barriers to accessing health services? b. Are there specific health areas or diseases that are often under-prioritized?	• Groups of people who find it difficult to access health services are adolescents, young people, vulnerable people (men who have sex with men, sex workers, drug users, prisoners, and truck drivers) and populations in rural areas. Nevertheless, the participants mentioned the fact that there are programs that are implemented by different actors with the aim of facilitating access to basic health services for these targets. • As for under-prioritized areas and diseases, participants mentioned chronic diseases (diabetes, high blood pressure, etc.).		
3. Do you know of any UHC accountability or monitoring mechanisms in your country? If yes, please explain your answer.	• Participants reported that they are not aware of the existence of UHC accountability and/or monitoring bodies and mechanisms outside of the national health insurance agency, which is responsible for implementing the policy of free health care.		

	• However, participants stated that there are fora that allow civil society actors to participate in the planning and monitoring of UHC through local authorities. However, this participation is not fully effective. It is the UHC agency that coordinates all stages of UHC implementation.		
4. Question a. Do you think that health services in your country are of good quality? Can you elaborate and give examples? b. What health services and what communities/population groups experience the gaps in quality?	According to the participants, health services in Senegal are not of high quality. For them, a quality health service must combine a high-quality operation room, qualified and sufficient staff and a geographically and financially accessible service offer. The participants reported a poor quality of reception in health structures, to this is added the lack of high-level infrastructure, the long wait lines before accessing a doctor and the cost of treatment. Moreover, they think that Senegal does not have enough health people because it does not meet WHO standards on the number of personnel which is 1 doctor for 5 to 100 thousand inhabitants. As for community actors, their integration into the health system is not effective. Moreover, they have a precarious status, With regard to UHC, the participants reported administrative delays at the level of the healthcare structures. Often free policy applicants are bogged down in procedures that do not allow them to follow their file.	"There are even state-certified nurses who have been recruited by town halls as community health workers and they are paid 30,000 FCFA per month. Really the community workers work in difficult conditions".	
5. Where do you think your government should be spending	• All participants agree that government needs to increase spending towards achieving UHC. According to them, the sectors that need to be	The rapporteur of one of the groups asserts that:	

more in terms of achieving UHC?	strengthened in terms of funding are primary health care, the operation rooms, and the training of health professionals. • If some participants are convinced that this lack of financing is due to a lack of political will, others consider that the government of Senegal is making a lot of effort in terms of health financing, even if the 15% objective not is not reached.	"Despite the efforts made by the government, the budget allocated to health has still not reached the objectives of 15% of the country's annual budget".	
6. Question a. At the national level: are there opportunities for people, civil society organizations, and the private sector in your country to be engaged in planning, budgeting, monitoring, and evaluating the health sector? b. At the community level: Are communities engaged in local level health planning, budgeting, and accountability processes?	Discussions reveal that there are opportunities for individuals, civil society organizations and the private sector in your country to engage in health sector planning, budgeting, monitoring, and evaluation. • At the national level, community members are involved in all health programs through the Community Health Division of the Ministry of Health and Social Action. • At the regional and local level, the community is involved in the development, monitoring and evaluation of public health policies and programs through networks of community actors. Bodies such as the CDS (Health Development Committee), local authority health commissions and community consultations allow young people, women, vulnerable populations, and people with lived experience to participate in health decisions. • In addition, established civil society forums/groups for health exist across the country. However, participants report that the		

	involvement of civil society in the health system is more pronounced in urban areas.		
7. Question 1. Can you identify some of the major challenges for women, girls, and/or individuals who are non-binary in their access to health services? 2. Are you aware of any stigma and discrimination towards clients' gender, sex, age, ethnicity, social economic status, disability, religion, behavior, immigration or migrant or incarceration status by health care service providers?	The participants reported some challenges faced by certain segments of the Senegalese population. • The social environment prevent young people (girls and boys) from having access to reproductive health services for fear of being stigmatized. • Some participants argued that key populations (men who have sex with men, sex workers and injecting drug users) are the ones affected by stigma in the health system. • One of the participants recalled that the study on the stigmatization of people living with HIV conducted in 2017 in Senegal showed that 45.8% of key populations are stigmatized by healthcare providers. • Furthermore, women do not have access to basic health services in some rural areas due to geographical isolation and cultural values. • The discussions also revealed that people with disabilities have enormous difficulties in accessing quality care services despite the "equal opportunities card" policy.	"In some remote areas, it is the men who decide whether the woman needs to see a doctor or a midwife. These are cultures that still exist, so it will be necessary to pass through the husbands to reach the wives".	
8. As countries are shifting from the COVID-19 response, what challenges do you see in access to health services?	• Discussions showed that the Covid-19 pandemic has disrupted Senegal's health system and is having a major impact on primary health care. Indeed, participants reported that the fight against Covid has led to the neglect of other diseases and health programs. The restrictive measures and the psychosis linked to fear of the	"During Covid period everyone was afraid, and this had an impact on the vaccination of children because mothers no longer vaccinate their	

	disease have led to a drop in the attendance of health structures by the population. The participants insisted on the fact that all means, and attentions were directed towards Covid and that the authorities left behind other diseases. • As the response to Covid is gradually being neglected, participants believe that one of the greatest current challenges for access to health services is renewing the population's trust in health authorities. Indeed, according to many participants, the health authorities lost credibility during Covid-19 due to rumors and info conveyed in particular on vaccines. They believe that involving civil societies in care and increasing public investment in primary health care is one of the best ways to ensure equity, availability, accessibility, quality, and effectiveness of health services.	children. This led to an epidemic of polio even though it is a disease that we have eradicated for a long time. ".	
9. Other items covered in the discussion	The other themes that were widely discussed by the participants are respect for human rights and the socio-professional inclusion of people with disabilities. The discussions revealed that the administrative services, programs, and infrastructures of several sectors of activity do not consider people with disabilities. Thus, the participants recommend that government authorities ensure better application of socio-professional inclusion policies for people with disabilities and/or vulnerable people (children, women, indigents, etc.).		

Additional Questions[3]	Summary points (~5)	Notable Quotes	other comments
1			
2			
3			
4			
5			

Required Questions as Asked (Please provide questions per chat room)

For room 1, the discussion focused on questions from categories 1 and 2 with category 9. Those questions are as follows:

1. Does your government have a coordinating government agency/mechanism/department that engages across sectors with the specific aim of improving health or advancing UHC? If so, how well does this mechanism or service work?
2. If you primarily conduct health advocacy, have you collaborated with other government ministries or departments beyond health in your advocacy efforts? How ?
3. During the COVID-19 pandemic, has your government made UHC a high priority?
4. How have new health policies and programs during the pandemic changed the path to UHC?
5. Which groups of people in your country have difficulty accessing health services? What are their main barriers to accessing health services?
6. Are there specific health areas or diseases that are often under-prioritized?
7. Are there laws and frameworks in place to help vulnerable groups access the essential health services they need? How well do they work in practice?
8. Are there health care policies and plans in your country that enable people to access health services without experiencing financial hardship? Are they free at the point of use?
9. Who is most affected or which health services are most negatively affected by direct payments?
10. Is there any other element of UHC and the distribution of health services in your country that has not been covered in today's discussion?
11. What is the main request that you address to your Head of State concerning the state of health care (access, quality, and cost) in your country?

[3]Please list additional questions below.

12. What message would you share with world leaders at the United Nations if you were the head of state presenting the state of health care in your country?

For room 2, the discussion focused on questions in categories 3, 4 and 5 with category 9. These questions are as follows:

1. Do you think the UHC laws/policies/strategies that exist in your country are properly implemented?
2. Do you know of any UHC accountability or monitoring mechanisms in your country? If yes, please explain your answer.
3. Are there laws and policies in place to ensure that people can engage in planning, budgeting, and monitoring of health plans and budgets?
4. Do you think the health services in your country are of good quality? Can you elaborate and give examples?
5. Which health services and communities/population groups experience quality gaps?
6. Does your country have adequate health workers, especially at primary health care level? Are community health workers included in the list of health personnel and are they properly remunerated?
7. Where do you think your government should spend more to achieve UHC?
8. Is the government spending enough on health services and is it increasing?
9. If the government is not increasing its spending on health services, what is stopping your government from investing more in health services?
10. What is the main request that you address to your Head of State concerning the state of health care (access, quality, and cost) in your country?
11. What message would you share with world leaders at the United Nations if you were the head of state presenting the state of health care in your country?

For room 3, questions from categories 6, 7 and 8 with category 9. These questions are:

1. At the national level: are there opportunities for individuals, civil society organizations, and the private sector in your country to engage in health sector planning, budgeting, monitoring, and evaluation ?
    a. If so, what are these opportunities and are they effective and efficient for the engagement of civil society, in particular the most vulnerable and marginalized populations and communities?
2. At the community level: Are communities engaged in local health planning, budgeting, and accountability processes?
    b. If so, how are they engaged?
3. Are there feedback mechanisms for communities to assess the quality of services provided by local authorities?
4. Can you identify some of the main challenges that women, girls and/or non-binary people face in accessing health services?
5. Are you aware of any stigma and discrimination based on gender, sex, age, ethnicity, socio-economic status, disability, religion, behavior, immigration or migrant or incarceration status of clients by health service providers?
6. As countries shift from responding to COVID-19, what challenges do you see in accessing health services?
    a. How has the primary health care system been affected by the current COVID-19 pandemic?

b. How do you think primary health care can be improved/evolved to be better prepared for future pandemics and other health emergencies?

Additional questions as asked (please provide questions per chat room)

There were no additional questions beyond those listed in the discussion guide.

Any other comments/notes

During the plenary session, the participants debated at length on the issue of the quality of health services in Senegal. Discussions were tense to such an extent that the main moderator had to calm people down and remind them that the consultation must be done with respect for each other's opinions. Indeed, some participants argued fervently that the state of Senegal does not have the political will to improve the health system and they cited recent scandals in the health sector as examples. Others on the other hand defended the idea according to which the governmental authorities make a lot of efforts with regards to financing health.

The question of the involvement of community actors in the health system was also the subject of a long discussion in the plenary session. The participants explained that these community actors work in very precarious conditions, that they are in great pain, that their status is not recognized, that they are doing "dirty work" and that they are not recognized for their value and their contribution to the health system.

In addition, the participants identified many challenges that remain to be taken up for better consideration of people with disabilities. Among these is the inaccessibility of sanitary facilities for people with disabilities. Indeed, according to the participants, some people with a disability such as the deaf cannot communicate with health professionals, hence the need to integrate Braille and sign language into the training curricula for health professionals and health agents, open up other specializations in relation to disability such as: psychomotricity, speech therapy, dermatology in albinism. Otherwise, some participants mentioned the fact that the government has distributed a lot of equality opportunity cards while the administrative services are not all sufficiently prepared to take charge of the services offered by these cards. Finally, three participants think that these cards can induce a certain form of stigmatization towards people with disabilities insofar as it is a tool that differentiates them from others. However, this idea is not shared by all the participants.