The complexity of governance of health services in cities

The example of Ouagadougou

Noël Nacoulma
Ouagadougou in 1960  Ouagadougou in 2016

The city of Ouagadougou

- An expanding city
  - 1960 : 59,000 inhabitants
  - 2018 : + 2,000,000 inhabitants
  - 2050 : +43% growth
- Urban population has doubled in 30 years
- Geographically flat area, housing spread out
  - "Each his own plot"
- Emergence of new neighborhoods (all languages)
- Re-zoning of city in sectors
- But health sector = not co-evolving

1 urban municipality: Ouaga + 12 ‘arrondissements’
6 rural municipalities
Organisation of the health system in Ouagadougou

District Health System

• Five districts:
  • 3 rural districts with a ‘centre médicale avec antenne chirurgical’
  • 2 urban districts centered on university hospitals
  • 1994 - 2004: little change

• District health management team’s responsibilities
  • District is the operational unit of the health system
  • Implementation of Ministry of Health policies and programmes
  • Planning:
    • standardised top down approach
    • targeted interventions by donor-funded programmes
  • Governance of public sector actors
    • private sector?, traditional sector?
Governance of health sector

Ministry of Health

Regional Directorate of Health

District Health Management Team

Municipalities

11 community-based organisations

37 nurses-in-charge

350 community health workers

37 health Management Committees

150 private providers

22 heads of service
The district of Boulmiougou

District sanitaire de boulmiougou

Population : + 1.000.000
Public health facilities: 38
Private health facilities : + 150

Urban zone
2016: 811 hbts/km²
2018: 951 hbts/km²
- 13 'secteurs'
- +10 non-planned zones

Rural zone
3 municipalities
Population: X 2
Creation of new villages (administrative et political units)
Organisation of the health system in Boumiougou

Rural zone
- 25 public health centres
  - Community healthcare package
- No district-level hospital
  - Referral to district-level hospital in urban zone and university hospitals

Urban zone
- 11 health centres
  - CSPS Sandogo: 56,000 inhabitants
  - CM Nagrin: 135,000 inhabitants
  - CSPS Secteur 28: 150,000 inhabitants
- Large number of staff in these HC
- One district-level hospital
- Easy connections to university hospitals
Organisation of the health system in Boulmiougou

• **Private sector**
  • Private for profit and non for profit
  • Hospitals, clinics, dispensaries, maternities, pharmacies (150)
  • Branching out from main road arteries to peripheral areas

• **Municipality of Ouagadougou**
  • Hygiene and sanitation service
  • Fire brigade
  • International airport of Ouagadougou

• **Private ambulance services**

• **Informal health sector**

• **Traditional health sector**
  • Mainly in rural and peri-urban zones
Governance structure in Boulioungou district

District Health Management Team
• 9 members
• = administrative entity
• Weak competences, weak financial capacity
  • Weak planification

Rural zone
• Health facilities run by Nurse-in-charge and Community Health Committees
• Municipalities have decentralised authority, but weak budgets
The challenges

Emerging health problems
  • Cardiovascular diseases, cancer, chronic kidney disease, drug abuse
  • Homosexuality (MSM), mental health (stress)

Taking care of the poor: social action

Adolescent / youth health
  • School health, reproductive health (incl. FP)

  • Challenge of taking care for ignored/excluded groups
  • How to ensure that their health problems are taken care of (social connections)
    • Teenage pregnancy, FP, Abortion, care for MSM, HIV
The challenges

Health service organisation
- Health workforce: typical urban concentration of staff
  - 51 health workers at CM Nagrin
  - Referral chain not respected (CSPS-CMA-CHU)

Policy implementation gaps
- Example: fee exemption policy
  - Poorly adapted to urban realities
The challenges

Lack of **collaboration with other actors**
- Region and province: conflicts of interest
- Exemple : organisation of emergency response (ex. ebola)

**Governance**
- Multiple actors: Ministries, municipalities, politicians, CBO, NGOs, etc
- Divergent adminstrative/political and operational district boundaries
The challenges

Demands from health professionals
  • Professional associations and unions of all cadres

Rising expectations of the population
  • Insurrection in 2014
  • Corruption
  • Media: the role of popular talk show on the radio
  • Civil society organisations: Advocacy/mobilisation by NGOs and women/youth/other groups
  • Health became a political issue
The challenges

Climate change
- Floods
  - Affecting the University Hospital Yalgado in 2009
- Heatwaves due to deforestation

Pollution

Security
- Terrorism

Consequences
- Weakening of the health system
- Seeking care abroad (cost/inequity)
- Tensions between health service users and providers
Priorities

Improve health service / system management
• Redefine tasks and task distribution to improve skill mix
• Improve salaries of health workers
• Improve care and supply systems (incl. essential drug supply) through digitalisation

Reorganisation of the health system
• Re-organisation of the districts
  • Rural and urban zones
  • Referral chains
  • Re-organisation of emergency response
Improve governance

• Deal with the private sector

• Review task distribution between district/region/municipalities
Way forward

Dealing with climate change

• Need for city-wide integrated governance systems
• Find common themes for sectors to collaborate
• Need for stewardship function