

# **The complexity of governance of health services in cities**

***The example of Ouagadougou***

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## Ouagadougou in 1960

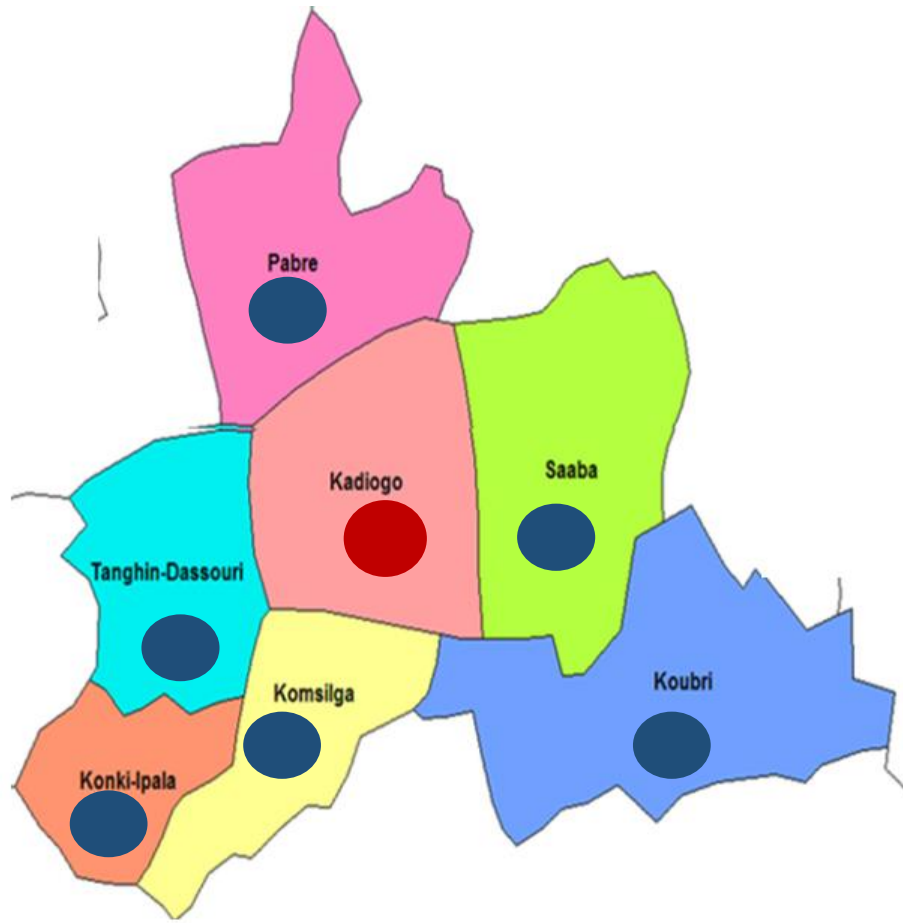


## Ouagadougou in 2016



Source : <https://fr.wikipedia.org/wiki/Ouagadougou>

# The city of Ouagadougou



● 1 urban municipality : Ouaga + 12 'arrondissements'

● 6 rural municipalities

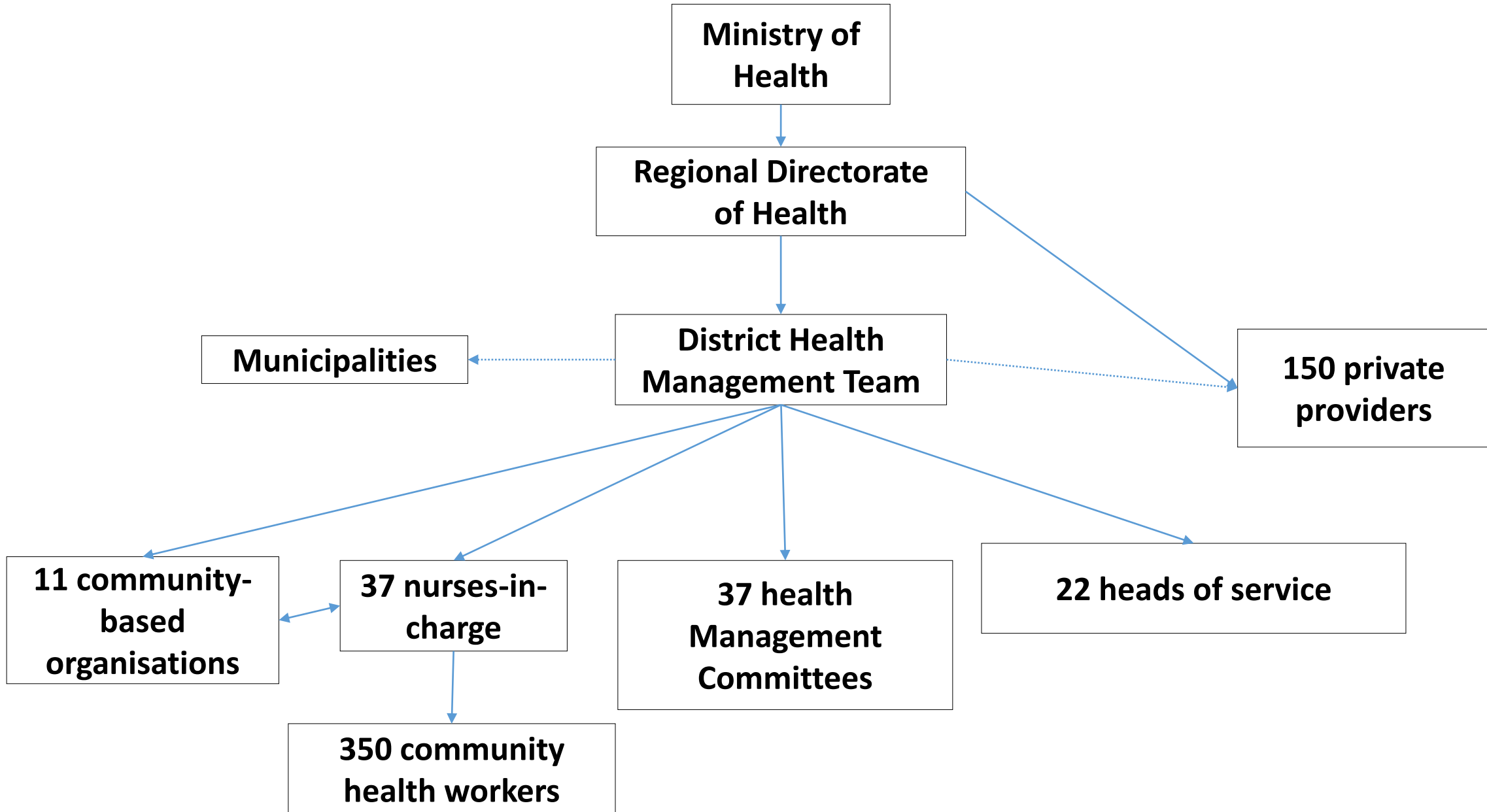
- An expanding city
  - 1960 : 59.000 inhabitants
  - 2018 : + 2.000.000 inhabitants
  - 2050 : +43% growth
- **Urban population has doubled in 30 years**
- Geographically flat area, housing spread out
  - "Each his own plot"
- Emergence of new neighborhoods (all languages)
- Re-zoning of city in sectors
- **But health sector = not co-evolving**

# 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



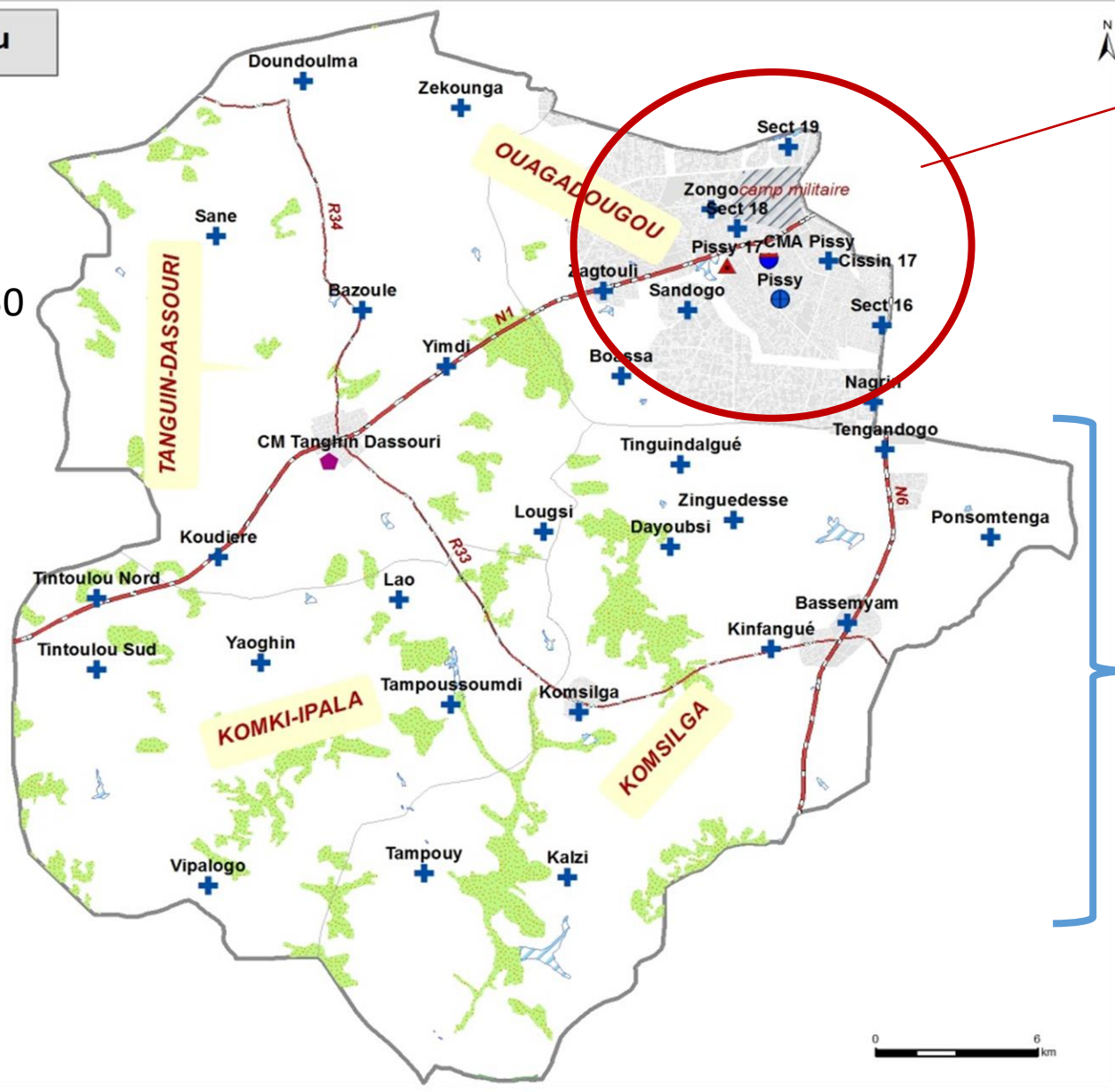
# The district of Boulmiougou

## District sanitaire de Boulmiougou

Population : + 1.000.000

Public health facilities: 38

Private health facilities : + 150



## Urban zone

2016: 811 hbts/km<sup>2</sup>

2018: 951 hbts/km<sup>2</sup>

- 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 Boulmiougou

## 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 Boulmiougou 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)
- 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

Taking care of **the poor**: social action

## Adolescent / youth health

- School health, reproductive health (incl. FP)

# 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 administrative/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

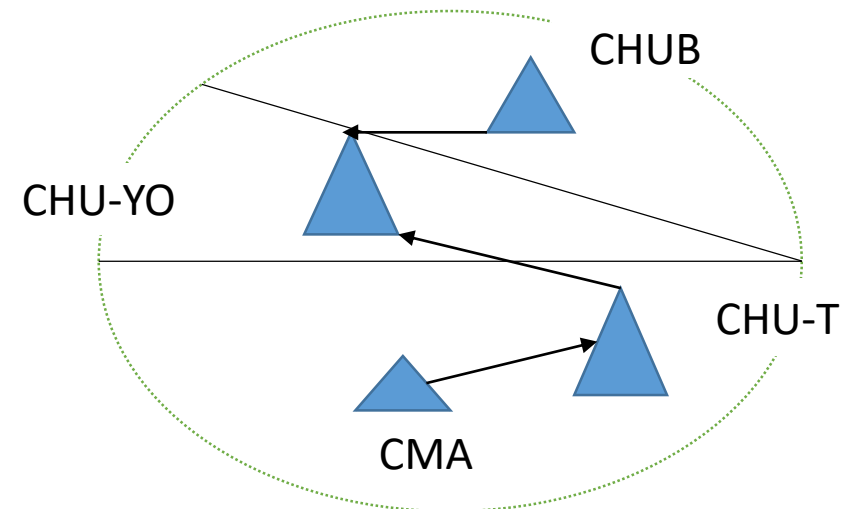
# Priorities

## 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



# Priorities

## **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