

【HIAS Health 第 27 回定例研究会】

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会場 西キャンパス 第 2 研究館 5 階 HIAS セミナー室(517 号室)

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タイトル 「Monitoring governance, management and operational capacity of mutual health organizations in three regions of Senegal: Findings from the 2017 Survey」

言語 英語

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Abstract

Background

Scaling up the role and capacity of the health insurance system is one of the key strategies of the government of Senegal to secure access to quality health care without imposing an excess financial burden on all Senegalese, namely to achieve universal health coverage. In 2017, the government of Senegal and the Japan International Cooperation Agency (JICA) agreed to implement the project for strengthening capacity for community health insurance system and free health care initiatives. The project is to support Universal Health Coverage Agency (*l'Agence de la Couverture Maladie Universelle: ACMU*), the mutual health organization (*Mutuelle de Santé: MS*), and health facilities, to bolster their operational and management capacity. There are two types of health insurance programme of MS: Standard programme, which is voluntary enrollment insurance system, and Family Security Grant (*Bourses de Sécurité Familial: BSF*), which is conditional cash transfer programme targeting the poor households. As part of the project, ACMU, JICA and Hitotsubashi University conducted a survey of MS to monitor and identify the key challenges of the governance, management and operational capacity of MS.

Data

The survey targeted all 206 MS in three regions: Thiès, Diourbel and Tambacounda. The data were collected through interviews with key staff members who make important decisions at the MS level via a structured questionnaire in November and December 2017.

Highlights

Here are the highlights of the findings.

- The results show significant degrees of between- and within-region heterogeneity in almost all aspects of operation of MS. Overall MS in Thiès and Diourbel appeared to demonstrate better performance than that in Tambacounda.
- The enrollment rates of Standard members were lower number than other countries, though this

rate does not count the enrollment of formal health insurance scheme, thus it was made smaller than the reality.

- As Standard programme is not compulsory, the programme may be subject to adverse selection.
- BSF at least partially contribute to provide health access for the poorest population in the three regions.
- Despite the support of Japanese government's Development Policy Lending, the delivery of the BSF subsidy was found to be severely delayed (the amount of overdue accounted for 10.6 million CFA francs on average, with the figure being particularly high in Diourbel and Tambacounda).