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# Côte d'Ivoire Private Health Sector Assessment



**BRIEF**

**SHOPS**

Strengthening Health Outcomes  
*through the Private Sector*

**Summary:** This brief is a summary of the Côte d'Ivoire private health sector assessment, conducted by the SHOPS project. Thierry Uwamahoro prepared this brief, which presents the assessment methods, findings, and the following key recommendations for improving public-private health sector collaboration and engaging the private sector for its greater involvement in the national HIV response:

1. Create a forum for public-private dialogue
2. Create a social franchise or provider network for HIV and AIDS services
3. Expand health insurance pools to increase health coverage
4. Produce ARVs locally

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**Keywords:** Côte d'Ivoire, HIV and AIDS, insurance, NGO sustainability, policy, private sector assessment, private sector health, provider networks

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**Cover photo:** Private medical lab in Yamoussoukro, James White

**Project Description:** The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in the private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

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# Côte d'Ivoire Private Health Sector Assessment

New guidelines from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) place increased emphasis on improving the sustainability of the HIV response by strengthening health systems, building local capacity, and leveraging the private sector. It is with these objectives in mind that the United States Agency for International Development (USAID) mission in Côte d'Ivoire asked the Strengthening Health Outcomes through the Private Sector (SHOPS) project to conduct an assessment<sup>1</sup> of the private health sector to identify new strategies for engaging this sector. This brief summarizes the assessment's methods, findings, and key recommendations to help the government of Côte d'Ivoire and PEPFAR develop strategies and investments in health systems strengthening, with a particular emphasis on leveraging private health sector resources for a long-term, sustainable national HIV response.

## Background

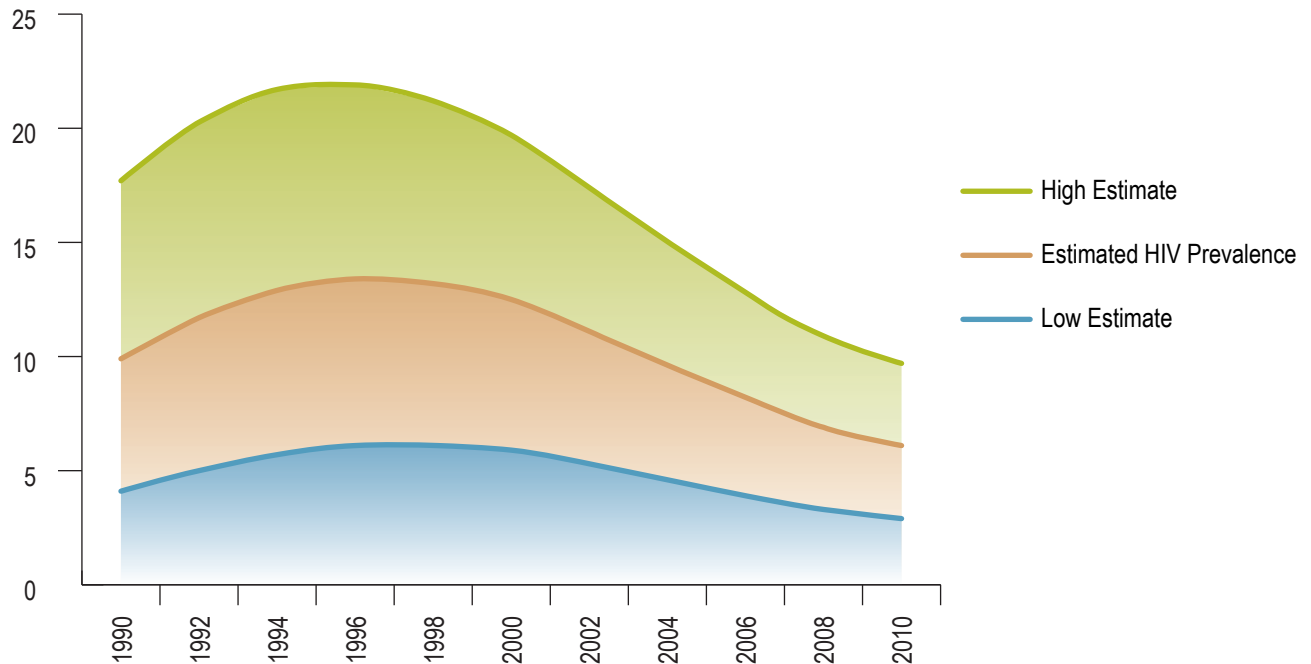
Nearly 30 years have passed since the first cases of AIDS appeared in Côte d'Ivoire. Since then, the number of cases has grown steadily, and, by the late 1990s, estimated prevalence exceeded 10 percent in the general population.<sup>2</sup> Among commercial sex workers, prevalence reached 87 percent in urban areas in 1992, but more recently has been estimated to be around 30 percent. Since 2005 when seroprevalence data have been collected using population-based surveys, the estimate of infection in the general population has declined from 4.7 percent in 2005 (*Institut National de la Statistique* and ORC Macro, 2006, hereafter referred to as the AIDS Indicator Survey 2005) to 3.7 percent in 2012 (*Institut National de la Statistique* and ICF International, 2013). Figure 1 presents the estimated rate of HIV prevalence among adults.

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<sup>1</sup> Barnes, Jeffrey, Desiré Boko, Mamadou Koné, Alphonse Kouakou, Thierry Uwamahoro, and James White. August 2013. *Côte d'Ivoire Private Health Sector Assessment*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

<sup>2</sup> Based on public and private health facilities that reported data

Figure 1. Estimated Adult HIV Prevalence Rate, 1990–2010 (%)



Source: Joint United Nations Program on HIV/AIDS (2011)

Possible reasons for the reduction in HIV prevalence include more accurate measurement, adoption of safer sex behaviors, more readily available testing sources, and the potential impact of better and more widespread treatment, which reduces viral loads and, consequently, rates of transmission by people living with HIV (PLHIV).

In 2008, the Joint United Nations Program on HIV/AIDS and the World Health Organization (WHO) estimated the number of PLHIV in Côte d'Ivoire to be 440,000, including 250,000 women. The annual number of new infections is approximately 19,000. It is unclear how many PLHIV are aware of their status. In 2005, only 4 percent of adult women and 3 percent of men had an HIV test and received their results (AIDS Indicator Survey 2005). The 2011–2012 Demographic and Health Survey shows significant improvement in these figures with 35 percent of women and 10 percent of men having taken an HIV test and received their results in the last 12 months. This improvement can be attributed in part to the growth in the number of testing sites from 378 in 2008 to 703 in 2010 (*Direction de l'Information, de la Planification et de l'Evaluation*; or Directorate of Information, Planning and Evaluation; 2011a). The number of people who were tested and received their results increased from 185,582 in 2008 to 645,333 in 2010. However, because some clients get tested several times a year, the actual increase may be lower than this estimate.

According to *Programme National de Prise en Charge médicale des personnes vivant avec le VIH* (PNPEC), or the National Program of Medical Care for PLHIV, there is no wait list for treatment of patients determined to be eligible for antiretroviral therapy (ART). However, some patients begin treatment and subsequently drop out. Data from PEPFAR partners show the 12-month ART retention rate to be 65 percent, well below the 80 percent recommended by WHO and other international standards. This indicates that Côte d'Ivoire faces a generalized retention challenge. However, Côte d'Ivoire has no national patient tracking system, so some of the dropouts may have simply moved and taken up treatment in new locations. Still, many undoubtedly have stopped treatment and make up part of the estimated unmet need.

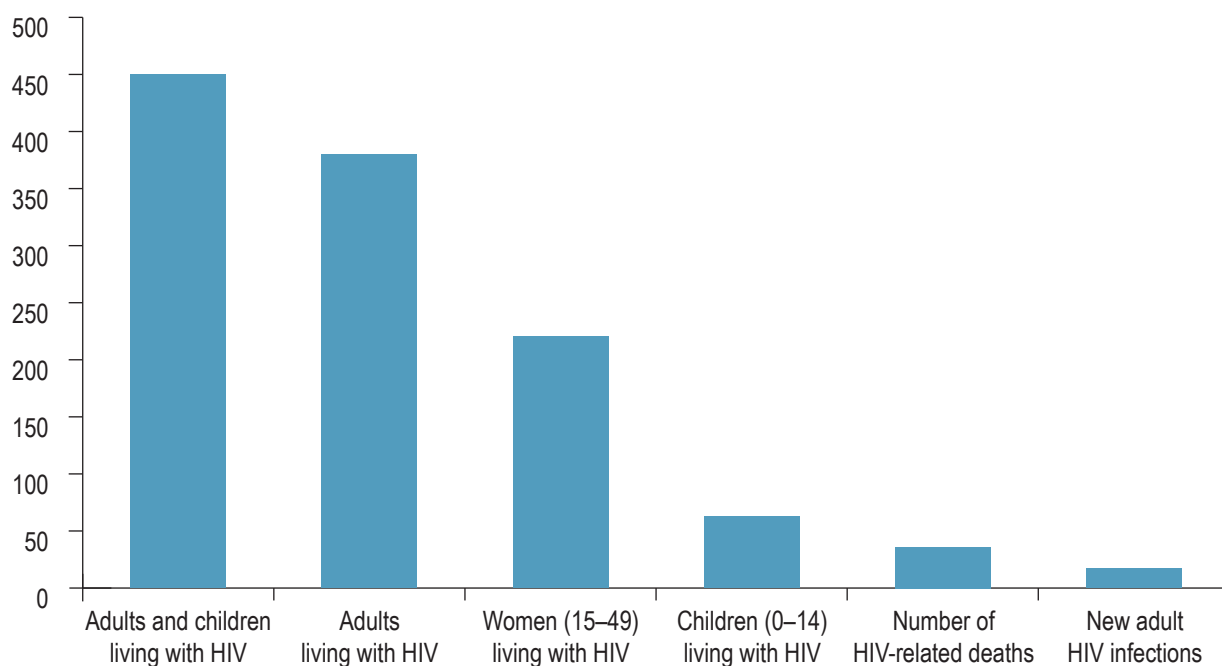
It is likely the vast majority of the estimated 140,000 people<sup>3</sup> (*Conseil National de Lutte Contre le Sida*, or National Council for the Fight against AIDS; 2012) with an unmet need for ART are living with HIV but unaware of their status. In spite of the publicity about AIDS and the significant investment of PNPEC and its partners in scaling up the supply of testing and treatment centers, demand for testing remains low (Jean, et al., 2012). Even in the government-sponsored sites, HIV tests average fewer than three a day per site. People are aware of HIV and AIDS and that free ART is widely available at public and NGO sites; however, many adults at risk still do not get tested regularly or at all. The stigma associated with HIV-positive status and concerns over service quality and patient confidentiality may be significant barriers to testing for sexually active adults.

With support from PEPFAR and the Global Fund, the scale-up of ART service delivery has been rapid, increasing from 2,473 people on ART in 2003 to 51,820 in 2008, and 89,410 in September 2011 (*Ministère de la Santé et de l'Hygiène Publique*, or Ministry of Health and Public Hygiene; 2008, and *Ministère de la Santé et de la Lutte contre le SIDA*, 2012). In spite of these efforts, as of 2009, there were 450,000 PLHIV and 36,000 HIV-related deaths (see Figure 2).

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<sup>3</sup> The United Nations General Assembly Special Session on Drugs (2011) estimates that 230,000 PLHIV have a CD4 count greater than 350; of these, only 89,410 were undergoing ART in 2011. This has been rounded to 90,000 to allow for additional patients on ART and to convey the fact that these are broad estimates, leaving a total of 140,000 people with unmet need.

**Figure 2. Cumulative Cases of HIV and AIDS in Côte d'Ivoire, 2009 (In Thousands)**



Source: Conseil National de Lutte contre le Sida (2011)

Throughout the country's HIV control efforts, nearly all interventions focused on working through the government and building its capacity to respond. In the late 1990s, and especially under PEPFAR, efforts were made to enlist civil society and nonprofit organizations. Private commercial entities were virtually absent from all initiatives, despite the fact that in the earliest days of the epidemic, the private commercial sector was the only sector treating PLHIV. Prior to the expansion of the government's treatment program under PNPEC, issues arose around the scope, volume, and consistency of HIV treatment delivered via the private sector. As a result, and out of concern for costs and the risks of resistance, the government decided to keep the monopoly on treatment and selectively accredit providers and facilities that would be able to offer ART.

## Scope of the Assessment

The Côte d'Ivoire private health sector assessment sought to identify ways to improve efficiency and sustainability in the HIV response through greater leveraging of private health sector expertise, infrastructure, and resources.

The assessment was structured—in terms of question design and selection of key informants—to collect information on all six of the WHO health systems building blocks: governance, human resources for health, medicines and technologies, health financing, service delivery, and health information systems. Analysis was limited to health systems issues that would impact the private sector or the participation of the private sector in the response to the HIV and AIDS epidemic. The assessment documented and evaluated several key components of health services provision in the private health sector, including:

1. Private health sector stakeholders and their roles
2. HIV- and AIDS-related details on the flow of patients and clients, service costs, health care providers, and commodities and data between the private and public sectors
3. The location and density of private sector facilities and the services they offer, especially those related to HIV and AIDS, as well as the supply and demand for private sector provision of HIV- and AIDS-related health products and services
4. The level of policy dialogue between the public and private health sectors
5. Existing and potential opportunities for public-private partnerships (PPPs) in health that could increase efficiency and sustainability to the response to control the HIV epidemic in Côte d'Ivoire
6. Recommendations on how best to implement a select number of PPPs, focusing on partnerships between the U.S. government and PEPFAR as well as mobile phone operators in Côte d'Ivoire.

## METHODS

The SHOPS assessment team scanned available published and gray literature prior to conducting a thorough literature review that informed the team about the private sector's current and potential contribution to the provision of health services, particularly HIV and AIDS services, through a health systems strengthening framework. The assessment team reviewed data from the Demographic and Health Survey, the AIDS Indicator Survey, national health accounts studies, the health care system, and health insurance plans to understand the political, economic, and social landscape of Côte d'Ivoire.

The team conducted two phases of key informant interviews to identify existing constraints and challenges as well as potential solutions. In October and November 2012, and again from March 10 to 25, 2013, the assessment team met with government officials, USAID and PEPFAR staff, and other donors, implementing partners, financiers, private health providers, private provider associations, workplace program managers, NGO—including faith-based organization—representatives, mobile phone operators, industry representatives, and others to probe and later confirm salient and prevailing attitudes held by public and private sector stakeholders in Abengourou, Abidjan, Aboisso, Bouake, and Yamoussoukro. The team interviewed a total of 99 individuals.



## FINDINGS

The private health sector in Côte d'Ivoire is divided into commercial entities, nonprofit entities (faith-based and association-based), social protection entities (workplace-based clinics, *mutuelles*—community-based health insurance pools, and larger insurance companies), and traditional medicine entities. The sector has grown rapidly over the past decade. Much of that growth has been unregulated due to internal political conflict and financial crises. There is a great concentration of private facilities in urban areas, especially in Abidjan.

The Ministry of Health's Department of Information, Planning and Evaluation conducted a survey of all health facilities in 2010 (see Table 1), which indicates that private facilities represent nearly 52 percent of all health facilities in Côte d'Ivoire; 49 percent of facilities are commercial and 2 percent are nonprofit and faith-based.

**Table 1. Summary of Public and Private Health Facilities, 2010**

Type of Facility	Number	Percent
Public sector health facilities (2009/2010)	1,887	45.6
Semi-public facilities and institutions	11	0.3
Public health sector administrative services (2009/2010)	102	2.5
Authorized commercial health facilities (2009)	554	13.4
Unauthorized commercial health facilities	1,482	35.8
Private faith- and community-based health facilities	99	2.4
<b>Total</b>	<b>4,135</b>	<b>100</b>

Source: Direction de l'Information, de la Planification et de l'Evaluation (2011b)

To deliver its services, the private health sector relies significantly on the public sector's human resources through "dual practice"—meaning that providers work in both the public and private sectors. Managers at nearly all private health facilities that the assessment team visited acknowledged that they hire doctors and other health professionals who also work in the public sector. Key informants estimated that up to 70 percent of physicians and 50 percent of other health workers employed at private facilities work in the public sector during either their normal work hours or their off-hours and vacations.

The private pharmaceutical sector performs at a high level in terms of ensuring the quality of the medicines it supplies, delivering to pharmacies and district pharmacy stores in a relatively timely manner, and practicing good stock management. Côte d'Ivoire has a growing pharmaceutical manufacturing sector that meets WHO Good Manufacturing Practices standards and supplies a share of drugs for national consumption. In the next four to five years, drug manufacturers hope to increase their share of supply to national drug consumption from 4 to 30 percent. Currently, *Côte d'Ivoire Pharmacie* (CIPHARM), or Côte d'Ivoire Pharmacy, and other manufacturers produce cotrimoxazole for PNPEC, and they are interested in producing drugs for HIV and AIDS, including antiretroviral drugs (ARVs).

Key informants highlighted the fact that the private health sector has in many ways been able to maximize efficiencies in stock procurement and distribution, albeit for lower volumes and largely for urban distribution.



James White

*Centre Médico-Social Wale, a private medical lab in Yamoussoukro*

## HIV and AIDS Stakeholders

Many organizations, varying in size and scope, play a role in the HIV and AIDS epidemic in Côte d'Ivoire. The following paragraphs provide an overview of the key HIV and AIDS stakeholders, organized by the health systems building blocks.

**Governance:** The Ministry of Health and its divisions play the most important role in governance, in terms of leadership and regulatory functions. Of the Ministry's regulatory bodies, the Department of Professions and Health Care Facilities is the main regulatory body for the private health sector. The Directorate of Pharmacy and Medicines regulates the pharmaceutical sector, which includes distributors, importers, manufacturers, and pharmacies. PNPEC is the lead organization that supervises all HIV and AIDS treatment facilities. The National Advisory Board for the Fight against AIDS leads the general HIV and AIDS control efforts. The Inter-Ministerial Committee for the Fight against AIDS ensures coordination with all ministries on HIV- and AIDS-related issues, and the Forum of Partners is a consultative body that provides leadership among financial and technical partners to the government.

Among nonprofits, the Council of Organizations for the Fight against AIDS in Côte d'Ivoire ensures standards among its member NGOs. The Ivorian Network of People Living with HIV and AIDS (RIP+) plays a similar role as an umbrella organization for NGOs created to cater to PLHIV.

Among commercial entities, there are several private associations that do not have regulatory authority over their members, but play a leadership role and strive to ensure best practices within their sector. The National Order of Côte d'Ivoire Doctors represents and regulates doctors as individuals, but not the facilities they work in. The order helps to ensure good moral behavior as well as technical competence. The Order of Pharmacists plays a similar role for pharmacists.

**Human Resources for Health:** The Ministry of Health's Directorate of Human Resources has a leadership, planning, and regulatory role for providers in the public sector, but also takes into account the private sector in planning national human resources. PNPEC plays a role in developing human resources through the training and supervision it offers to providers in treatment centers. The Council of Organizations for the Fight against AIDS in Côte d'Ivoire and RIP+ organize training programs for staff of their member organizations and the private associations do the same for providers in their member organizations. The Integrated Center for Bioclinical Research of Abidjan also offers training in HIV and AIDS treatment for private providers.

**Medicines and Technologies:** The Public Health Pharmacy is a parastatal entity that has the responsibility for procuring and distributing medicines and pharmaceutical products to the public sector. It does not directly regulate or control private sector manufacturing or its supply chain, but because it plays an important role in supplying medicines in Côte d'Ivoire, it influences the market significantly. Donors deliver all HIV medicines through the public sector supply chain. The national public health laboratory tests the quality of medicines in the country.

**Health Financing:** In Côte d'Ivoire, external financing represents nearly 90 percent of financial resources for the AIDS control effort (See Figure 3). The sources of this funding include a wide range of partners, including the African Development Bank; the Belgian, Swiss, and Swedish cooperations; the European Union; the Global Fund; PEPFAR; UNITAID, and the World Bank. However, the HIV and AIDS landscape continues to be dominated by PEPFAR, which funds a broad range of prevention and treatment activities. The Global Fund has also emerged as an important player.

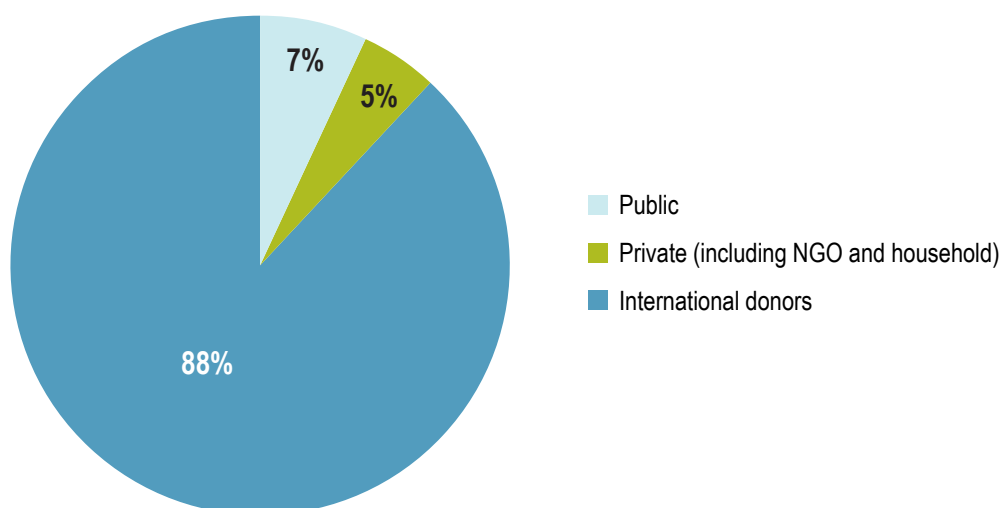
Although the Global Fund's country coordinating mechanism includes some private sector members, the involvement of the private health sector in implementing HIV and AIDS activities or in providing input to HIV and AIDS strategies has been minimal. The exception are workplace programs that the commercial sector largely funds without government support. Commercial entities have not been engaged by donor programs, which have focused on building the capacity of and implementing programs primarily through the government and nonprofit entities.



James White

*Clinique Emmanuel uses an outdoor message board to advertise its services.*

**Figure 3. Source of Funding for HIV and AIDS Expenses, 2008**



Source: Ministère de la Santé et de l'Hygiène Publique (2010)

**Service Delivery:** Prior to the creation of PEPFAR and PNPEC, many PLHIV were treated in the private commercial sector. There was no standardization of protocols and a range of treatment regimes were used, increasing the risk of drug resistance. As of 2010, the majority of sites that were providing HIV and AIDS services were managed by the public sector (see Table 2). These services include HIV counseling and testing (HCT), the prevention of mother-to-child transmission, ART, and care and support for PLHIV and for orphans and vulnerable children. Many NGOs and faith-based organizations that were created to fight AIDS through prevention and psychosocial support have more recently evolved into service delivery organizations and now provide testing, treatment, and support for PLHIV. Some of the nonprofit facilities offer a full range of HIV and AIDS services, including HCT, prevention of mother-to-child transmission, and ART. Many of these service providers have received significant support and training through partnerships with ACONDA, Alliance, Ariel Glaser Pediatric AIDS Foundation, Elizabeth Glaser Pediatric AIDS Foundation, FHI 360, and others using PEPFAR or Global Fund financing.

In the commercial sector, only four private clinics provide ART (other than workplace clinics that provide HIV and AIDS services, including ART and prevention programs). According to PNPEC officials, the most recent estimate of private facilities offering HCT is reported to be 126. However, this is likely an underestimate because many private facilities procure rapid HIV tests and offer HCT services to their patients without regularly or systematically reporting test results to the relevant public sector authorities or PNPEC. Private facility referral of HIV and AIDS patients (typically late-stage presentation) to public facilities are rarely captured or reported as part of national data and disease surveillance.

**Table 2. Number of Facilities That Provide HIV and AIDS Services, 2010**

Type of Facility	HCT	PMTCT	ART	Lab with CD4
Public	641	559	387	106
NGO	15	6	5	10
Community-based	63	31	33	8
Commercial	4	2	4	2
Faith-based	25	20	27	7
Workplace	19	11	12	5
<b>Total</b>	<b>767</b>	<b>629</b>	<b>468</b>	<b>138</b>

*PMTCT = prevention of mother-to-child transmission*

*Source: PNPEC, informal communication*

**Health Information Systems:** A limited number of stakeholders are involved in information systems, which is a reflection of the low level of investment made in collecting, analyzing, and disseminating information on the private health sector's role in HIV and AIDS services. Within the Ministry of Health, the Department of Information, Planning and Evaluation assumes this function. PNPEC collects routine service data from public and private treatment centers. Outside the government, the Council of Organizations for the Fight against AIDS in Côte d'Ivoire collects some data on the activities of its members, which is sent to PNPEC and donors. Other general information on HIV and AIDS is collected through periodic surveys like the Demographic and Health Survey and research studies by implementers of donor projects, such as FHI 360 and Abt Associates.

## Challenges and Opportunities

Despite Côte d'Ivoire's significant progress in mobilizing HIV and AIDS interventions, the level of unmet need for treatment is high and appears to be related to the large number of people who do not know their HIV status and are unable or unwilling to access public services. The government has opened many sites where testing is free, yet people avoid getting tested, likely because of the stigma still associated with the disease and concerns about lack of confidentiality in public sector facilities. By offering high quality HCT; ensuring patient confidentiality; and identifying, retaining, and treating HIV-positive clients already in private care, commercial health providers can become important sources of HIV and AIDS services. Efforts to ensure private providers are enabled to provide HCT services as an entry point to care will be a first step toward expanded provision of ART among commercial entities.

Other key challenges identified by the assessment team are:

- In addition to using an outdated legal and regulatory framework, regulatory agencies that govern the private sector lack the resources to fulfill their role and apply existing laws.
- For general health care, Ivorian consumers bear the greatest financial burden in the health system through out-of-pocket payments, mostly for medicines. For HIV and AIDS care, international donors provide nearly 90 percent of all financing.
- Dual practice of public sector providers working in the private sector is common. Although this practice affords the health system certain advantages, it is insufficiently regulated and open to abuse, which can negatively impact patient outcomes.
- While PNPEC has established a number of treatment centers at nonprofit sites, it has been reluctant to establish centers in commercial clinics. To date, only four commercial sites offer ART.

The assessment team identified a wide variety of PPP opportunities that, with government leadership, could increase the contribution of the private health sector to achieving national health financing and service delivery goals, including goals for combating HIV and AIDS. Possible partnerships that relate to the health system building blocks include the following:

- In the area of governance, there are professional organizations capable of and interested in engaging the Ministry of Health at a national level to create a permanent forum for discussing policies that affect the private sector and to work together to solve common problems. Organizations such as the Council of Organizations for the Fight against AIDS in Côte d'Ivoire and RIP+ have significant reach and credibility in representing nonprofit entities that offer HIV and AIDS services. They can work closely with the government to raise the standards of NGOs in their activities. As evidenced by the vision of the Yamoussoukro departmental health director who initiated a forum for public-private dialogue to fully engage the

private sector (see box on the next page), PPPs in governance can also be organized at the district level.

- To mitigate the high level of out-of-pocket spending by patients and the government's overdependence on external funding of HIV and AIDS services, Ivorians can rely on private insurers to finance health services. One promising model is the wide use of commercial insurers as third-party payers. This practice could be promoted through the expansion of *mutuelles* and potentially in the rollout of the national universal coverage plan that is being designed.
- The public sector could leverage private facilities through a social franchise or private provider network to provide a range of services at a reduced price that adhere to defined standards. This uses investments that commercial providers have already made in clinics, including medical supplies and trained staff. The model has been popular as an extension to social marketing programs, particularly for the provision of family planning services. While less common, HIV and AIDS services have also been socially franchised through organizations like Population Services International and FHI 360 for the provision of HCT and ART.
- Given the gap in the demand for counseling and testing and the need to reduce the unmet need for ART by making more people aware of their HIV status, more private providers of HIV services can promote counseling and testing to their patients. A number of informants suggested that patients in upper- and middle-income



James White

Clinique Emmanuel in Yamoussoukro



groups would rather not get tested than go to a public sector site. By making counseling and testing more available among commercial entities, more patients can be brought into the health system and more HIV-positive people can be identified.

- A severely underperforming public sector supply chain is currently working alongside a high-performing private sector supply chain that has unused transport capacity. When the public sector supply chain fails—resulting in drug stockouts in public facilities—there is no mechanism for restocking through the private sector supply chain, and thereby allowing public sector consumers to benefit from the private sector capacity. One way to leverage the private sector capacity is to contract out the supply and delivery of key medicines. This strategy has been proven cost-effective in Zimbabwe (Sarley et al., 2010).
- Formalizing dual practice through a PPP that would permit private employment of public sector employees would have numerous advantages. For the public sector, it would alleviate the burden of too many clients, increase the population's access to services by allowing more private facilities to operate, allow public sector employees to gain more experience and, in many cases, allow them to work under better conditions and to higher standards of care. A formal partnership would allow the private sector to access qualified staff in a flexible manner and reduce labor costs, to take in more clients, and to benefit from professional training provided by the public sector at no cost to the private facility.
- Developing a health information system to track people who receive ART is a high priority. In the current system, each treatment site has its own database for tracking ART and prevention of mother-to-child transmission patients, but these databases do not communicate. Patients assumed to be treatment drop-outs may in fact be transfers that mistakenly are recorded as drop-outs at one site and new patients at another site. The national treatment program could benefit from expertise in information technology that would allow sites to buy into a common database system.

### Yamoussoukro: Public-Private Dialogue and Partnership at the District Level

To increase coordination among private providers and decrease the number of illegal private facilities, the health leadership in the district of Yamoussoukro engaged private providers using a collaborative approach. Two private health sector representatives within the district health office conducted a census of private providers, schedule regular meetings for the private providers, hold training sessions, and serve as points of contact for private providers. The results from these efforts have been encouraging. A public-private forum has been institutionalized; private providers created an umbrella association to advocate to the government with a unified voice; and successful partnerships have been formed in HIV care and treatment, malaria prevention, medical waste disposal, and vaccination campaigns. Additionally, the private health sector is better organized and most of the clinics, which were previously operating illegally, sought and obtained authorization and accreditation. Ten now regularly report their statistics to the district and national government.

## RECOMMENDATIONS

The assessment team recommends new strategies to engage the private health sector, with a focus on HIV and AIDS services. Using the WHO health systems framework, the assessment team identifies the following key recommendations:

### Governance

- The Ministry of Health would benefit from a forum for public-private dialogue to better collaborate with the private health sector. This would involve developing a task force or steering committee of key public and private sector stakeholders, conducting a legal and regulatory review, developing a PPP action plan, and creating a unit in charge of engaging the private health sector and coordinating government activities that impact the private health sector.
- The Department of Professions and Health Care Facilities needs adequate resources to effectively supervise the private health sector. Its process for authorizing new private sector facilities would benefit from a review to improve transparency and efficiency.

### Health Financing

- The government should consider including private health sector service delivery and some coverage for medicines in the design of its universal health coverage plan. For financing HIV and AIDS care, targeting free care to patients without health coverage and encouraging provider-based *mutuelles* among selected nonprofit providers would leverage scarce resources. For Côte d'Ivoire to avoid problems experienced by other West African countries in the creation of *mutuelles*, the government should hire qualified actuaries to design and cost a more generous package of benefits and enlist private commercial insurers to manage and review claims for a reasonable fee.
- The government could consider increasing its share of general health financing, particularly for HIV and AIDS care.

### Human Resources

- A review of dual practice and developing measures to permit and regulate the practice will help prevent the substandard care that it sometimes delivers.
- The government can make greater use of the private health sector through contracting out or contracting in arrangements.
- Facilitating access to government- or donor-sponsored training for private providers will help improve the quality of care in the private sector.

## **Service Delivery**

- PNPEC should consider expanding the number of private providers who are accredited to provide HCT, prevention of mother-to-child transmission, and ART, and allow these providers to access government-procured commodities through a social franchise or provider network.
- The government and donors may want to institute co-funding requirements for local NGOs that receive donor funding in which funding recipients must raise a certain percentage of their operating costs from local, nongovernmental sources.

## **Medicines and Technologies**

- The government's HIV and AIDS program would benefit from exploring ways to leverage the strength of the private pharmaceutical sector by contracting parts of the supply chain function (such as distribution from district stores to facilities), and by encouraging local manufacturing of HIV and AIDS commodities.
- The government may consider long-term investments to encourage local production of some ARVs, since Côte d'Ivoire has a growing pharmaceutical manufacturing sector, part of it with Good Manufacturing Practices status. Donors such as the World Bank, the International Finance Corporation, and WHO could provide technical assistance, commercial loans to the manufacturer, and support for the government to regulate manufacturers and test the quality of production.

## **Information Systems**

- The Department of Information, Planning and Evaluation would benefit from private sector engagement initiatives that link access to government supplies—such as vaccines—and training to reporting data. Use of mobile technologies can facilitate the reporting process.
- A system of unique identifiers for ART patients could permit tracking patients who move between public and private facilities.

The assessment highlighted four recommendations that the government, its financial partners, and commercial entities should prioritize to encourage growth in the private sector and enable it to expand its contribution to public health in general and to the national HIV response in particular:

1. Create a forum for public-private dialogue
2. Create a social franchise or provider network for HIV and AIDS services
3. Expand health insurance pools to increase health coverage
4. Produce ARVs locally



EC/ECHO/Anouk Delafortrite

*A pharmacy in Côte d'Ivoire*

## CONCLUSION

As Côte d'Ivoire emerges from a decade of internal conflict and lays the foundation for growth, the country has a unique opportunity to develop a private health sector that is a major contributor to public health in general and to the national HIV response in particular. As incomes grow, spending on health will grow, but for increased spending to produce better health outcomes, the public and private health sectors need to work together in one well-designed health system.

The SHOPS assessment summarized in this brief reviewed the status of Côte d'Ivoire's health system building blocks. While there are good intentions and some promising possibilities, the overall level of integration of the private sector into planning, information systems, quality assurance, and supplies of medicines is very limited. This lack of integration leads to dysfunction, inefficiencies, and poor health outcomes.

The assessment team hopes that these findings will result in stakeholders from both sectors coming together to debate the issues, identify solutions, and forge new levels of cooperation to create a high-performing health system that is worthy of a new and stronger Côte d'Ivoire.

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