

## **Ex-Ante Evaluation**

**Africa Division 4, Africa Department  
Japan International Cooperation Agency**

### **1. Name of the Program**

Country: Republic of Senegal

Program: Universal Health Coverage Support Program (Phase 2)

Loan Agreement: June 16, 2022

### **2. Background and Necessity of the Program**

#### **(1) Current State and Issues of Health Sector Development and the Positioning of this Program in Senegal**

The state of the health sector in the Republic of Senegal is relatively positive compared to the rest of the Sub-Saharan Africa and other low to middle income countries, as can be seen on the health indicators of maternal mortality rate of 236 (per 100,000 births), neonatal mortality rate of 28 (per 1,000 births), and child mortality rate (under 5 years) of 56 (per 1,000 births). However, further efforts need to be made in order to reach the SDG target goals (which are 70, 5 and 12 respectively), and regional and economic disparities still remain to be a significant issue to be overcome (“Senegal Demographic and Health Survey 2017”). Input level indicators such as the number of doctors, number of nurses and midwives, and the total number of beds (each per 1,000 people) have remained at 0.07 (2016), 0.3 (2016) and 0.3 (2008) (WHO Global Health Observatory), which are inferior to the average of Sub-Saharan Africa and other low to middle income countries.

To improve these health indicators, it is necessary to make efforts to expand and improve the quality of health care services while guaranteeing economic accessibility, particularly with consideration for the rural areas to benefit from such services. Given the current situation, the national development strategies of Senegal “Plan for an Emerging Senegal (PSE)” and the “National Plan for Sanitary and Social Development (PNDSS 2019-2028)”, have indicated the improvement of quality and quantity of health and social services, expanding health security for the most economically, regionally, and socially vulnerable population, and strengthening the governance and financing to support such systems as their top priorities. Under the strong leadership of President Macky Sall, efforts have been made to achieve Universal Health Coverage (hereinafter “UHC”) through the formation of the “Senegal Strategic Plan for Development of

Universal Health Protection Coverage (PSD-CMU 2013-2017)” and the subsequent “Universal Health Coverage Agency (ACMU) Strategic Plan 2017-2021).”

Against this backdrop, and with Senegal positioned as a target country of UHC promotion by Japan through the 6<sup>th</sup> Tokyo International Conference on African Development (TICAD VI) in 2016, JICA implemented the development policy loan “Universal Health Coverage (UHC) Support Program” (Loan agreement signed November 2016, Loan amount of 8.44 billion yen) (hereinafter “DPL Phase 1”). The program was carried out with the aim to utilize and enhance the effectivity of the achievements of former projects, so to further improve the quality and quantity of health care services in areas such as maternal and child health. Furthermore, the program combined with technical cooperation, backed the formulation of health financing strategies, related investment plans, and the execution of necessary policies to review the health insurance related manuals. Through such support, national strategies such as the “National Health Financing Strategy” and “National Maternal and Child Health Strategy” were formulated, resulting in significant improvement of the “percentage of health posts in remote areas with one nurse and one midwife” from 41% (2015) to 80% (2019), and the number of people with free access to medical care at public expense within the health insurance system for the indigent and vulnerable increasing from about 180,000 to about 1.34 million people.

Despite these efforts, many health facilities in the rural areas still face a deficiency of doctors, facilities, and equipment. Equipping safe birthing environments for mothers to deliver babies, which has been a target goal through technical cooperation, also remain to be inadequate and lacking. Moreover, while the number of the indigent and vulnerable population that enrolled in health insurance has increased significantly through Phase 1, it is yet to reach the government’s target enrollment goal of 2 million people, and further actions are required.

In addition, the spread of COVID-19 had a serious impact on the provision of health care services, placing further strain on the health personnel and infrastructure for maternal and child health care. The “Sector Investment Plan (PIS) for a sustainable health and social action system 2020-2024”, which was formulated in light of the COVID-19 crisis, identified the strengthening of primary health care that provides basic health services to the socially and geographically vulnerable, as well as the strengthening of examination and treatment system as

their most urgent challenges. In order to overcome these two challenges, it is estimated to cost 574.1 billion FCFA (about 106.9 billion yen) between 2020 and 2024. However, according to the “Multi-Year Expenditure Plan” (DPBEP 2022-2024) issued in June 2021, the national budget is expected to have a financial gap of about 100 billion yen between 2022 and 2024.

In response to these issues, the “Universal Health Coverage Support Program (Phase 2)” (hereinafter referred to as the “program”) aims to formulate policies related to health insurance systems and health financing plans, establish and strengthen the health insurance system service for the indigent and the most vulnerable, and to support the strengthening of the healthcare provision system that aligns with the achievements of former technical cooperation projects, by combining technical cooperation with financial budget support through a development policy loan.

## (2) Japan’s and JICA’s Cooperation Policy for the Health Sector and the Positioning of this Program

Japan has announced its commitment to strengthen its cooperation towards the achievement of UHC through “Basic Design for Peace and Health” (2015). The achievement of UHC, which includes access to high quality primary health care services, is included as Goal 3 of the SDGs as a result of active discussions led by the Japanese government.

Furthermore, in TICAD 6 of August 2016, Japan advocated for the promotion of cooperation towards UHC in Africa, and named Senegal, alongside Kenya and Ghana, as the main target countries for UHC promotion. Efforts to further promote UHC was reconfirmed at TICAD 7 in August 2019, and ahead of the upcoming TICAD 8 scheduled to be held next year, the promotion of strengthening the healthcare system to achieve a strong and resilient UHC is listed as one of main pillars of JICA’s cooperation policies. In addition, Prime Minister Suga indicated that Japan would take a leading role in cooperating with countries to achieve UHC, in his speech at the United Nations General Assembly in September 2020.

In the JICA Country Analysis Paper (October 2020), “correcting disparities and enhancing resilience” was analyzed as a priority area, and from 2016 the “UHC Support Program” was selected as an enhancement program. In addition, the National Development Cooperation Policy for the Republic of Senegal (April 2014) lists the “improvement of basic social services” as a priority area, and establishes “support for the achievement of UHC” as a development issue.

Moreover, in the aims of achieving UHC, “strengthening of the health security system” and “improving the quality of continuous care for mother and children” are listed as clusters in the Global Agenda Paper of the healthcare sector, and “strengthening the prevention of infectious diseases, and mainstreaming of the health crisis response” is intended as one of the main pillars of “JICA Initiative for Global Health and Medicine”. This program is in line with these international commitments and the policies and analysis of Japan and JICA.

### (3) Response of other Development Partners

Many development partners are cooperating closely to tackle the challenges of the Senegalese health sector. The World Bank has provided support in the field of maternal and child health using result-oriented payment systems, and held capacity-building trainings for health security related institutions through the “Health and Nutrition Finance Support Program (2014-2019)”. “Maternal, Child, and Adolescent Health Investment Project” (\$150 million), which includes GFF funding of \$10 million, is also scheduled to be implemented by the World Bank for five years starting from January 2020. The United States Agency for International Development (USAID) also supports the strengthening of the health system through areas such as maternal and child health, medical supply chains, health information, and governance, under its “Health Program 2016-2021” (\$180 million). Moreover, Senegal is a target country for GFF funding from countries such as Canada, Norway, and Japan, with increasing investments in the field of maternal and child health and there is a trend on development partners strengthening their collaboration.

## **3. Outline of the Program**

### (1) Program Objective

The objective of the Program is to contribute to the attainment of Universal Health Coverage (UHC) and the recovery from the COVID-19 pandemic through promoting policy implementations regarding (i) strengthening governance and financing, (ii) improving the coverage of health care services for the most economically and socially vulnerable population and (iii) structural reinforcement of the basic health care and social services, thereby contributing to promoting the economic stabilization and development efforts of the Republic of Senegal.

### (2) Program Site/Target Area

The whole country of Senegal

(3) Program Beneficiaries (Target Group)

People of Senegal (16.74 million people)

(4) Program Components

The establishment of multiple policy actions with a final deadline of 2023, not only to contribute against the COVID-19 crisis, but also to achieve UHC. Funding will be provided in the form of general budgetary support based on the evaluation of the achievements of the policy actions. See the attached policy matrix for the respective policy actions.

(5) Estimated Program Cost (Loan Amount) : 10 billion yen

(6) Schedule

The budgetary support of this program will commence at the signing of the loan agreement. The deadlines for achieving the policy actions will be November 2020, December 2021, December 2022 and December 2023 respectively, and loans will be disbursed upon the confirmation of the achievement of each policy action. The end of the program will be marked by the completion of the loan disbursements (February 2024).

(7) Program Implementation Structure

1) Borrower: The Government of the Republic of Senegal

2) Executing Agency:

Ministry of Community Development, and Social and Territorial Equity, National Agency of Universal Financial Protection, Ministry of Health and Social Action, Ministry of Finances and Budget, and Ministry of Economy, Planning and Cooperation

(8) Collaboration and Sharing of Roles with Other Development Partners

1) Japan's Activity

Individual expert "Technical Advisor" (multiple experts have been dispatched since 2003, and the current expert is to serve between 2021-2023), is dispatched to the Ministry of Health and Social Action in the aims of providing policy recommendations, policy implementation support, and to promote a more effective and efficient implementation of JICA health cooperation. In regards to service provision, technical cooperation "Project for Reinforcement of Health System Management Phase 2 (PARSS)" (2016-2021) and "Project for Reinforcement of Maternal and Newborn Healthcare in Senegal Phase 3 (PRESSMN 3)" (2019-2024) are implemented to strengthen health administration governance and management of health facilities, as well as to improve the quality of health medical services. In terms of the service user side,

technical cooperation “Project for Strengthening Capacity of Community Health Insurance System (Doleel CMU Phase 2)” (2022-2026) aims to strengthen the organizational capacity and improve the systems of health insurance system for the most indigent and vulnerable. All the aforementioned projects are to promote and enhance policy implementation through the budget support provided by this program, expanding the achievements of each cooperation project.

## 2) Activities by Other Development Partners

As described in “2. (3) Response of Other Development Partners”, development partners work in close collaboration to contribute to the promotion of UHC as intended by the Senegalese government, with its main focus on the improvement of service provision systems for maternal and child health and the strengthening of the health security. The policy matrix for this program was drawn up by JICA based on close communication with the other donors, and the multiple discussions held with the Senegalese government. Moreover, the policy action includes the nationwide expansion of the Integrated Health Information Management System for UHC (SIGICMU), which was mainly developed by the AFD and the World Bank, and these policy actions are to be realized in cooperation with various donors.

## (9) Environmental and Social Considerations/Cross-Sectoral Issues/Gender Category

### 1) Environmental and Social Considerations

#### ① Category: C

② Reason for Categorization: This program is deemed to have minimal undesirable impacts on the environment in accordance with the “JICA Guidelines for Environmental and Social Considerations” (promulgated in April 2010).

### 2) Cross-Sectoral Issues

This program will particularly support the development of a health security system and improved access to health care services particularly for the indigent and vulnerable.

### 3) Gender Category: [Gender Case] ■GI (S) (Gender activity integration project)

<Reason for Categorization> This program incorporates policy actions to improve the quality of services for emergency obstetrics and newborn care, and sets the organization of equipment for care as an indicator.

(10) Other Important Issues

N/A

#### 4. Targeted Outcomes

(1) Quantitative Effects

Outcomes (Operation and Effect Indicators)

Indicator	Baseline (Year)	Target (2026) [Two years after program completion]
Number of indigent (BSF households) and equal opportunity card (CEC) holders (disabled persons) enrolled in the community health insurance system	1,324,516 people (2019)	2,401,092 people (BSF Households: 2,349,610 people, CEC Holders: 51,482 people)
Percentage of medical facilities and MS (health mutual aid associations)/MS department unions using SITFAC (medical invoicing component) and GESTAM (health insurance management component)	Medical facilities: 29% MS/MS department unions: 37% (2020)	Medical facilities: 90% MS/MS department unions: 90%
Number of employees at CMU offices (health insurance offices) and MS department unions	0 people (2020)	150 people
Percentage of health centers equipped with emergency obstetrics and newborn care (EmONC) equipment	26% (2020)	50%
Percentage of activities planned in the “Non-Communicable Diseases (NCDs) Measures Promotion Plan 2022-2023” that are implemented	0% (2020)	50%
Percentage of health districts that have been trained in “MSAS Planning Tools User's Guide”	14% (2020)	70%
Percentage of health districts that submitted Annual Work Plans (PTA) for the next year in line with the template of the Multi-Year Economic and Budget Programming Paper (DPPD) Program 2 for “primary health care”	34% (2020)	80%
Percentage of target health facilities that have been trained in the “Health Resources and Information Management Tools (OGRIS)”	0% (2020)	65%

(2) Qualitative Effects

Improvement of cross-ministerial coordination functions for the promotion of UHC, promotion of the reliability of the health security system for the indigent and vulnerable, improvement of the quality of primary health care services, and the promotion of economic stability and social development.

(3) Internal Rate of Return

Will not be calculated for this program, as this is a program loan.

## **5. External Factors and Risk Control**

(1) Preconditions

N/A

(2) External Factors:

For the counter COVID-19 measures to be maintained to prevent the spread of COVID-19, and for a sudden deterioration of the situation of the pandemic to be avoided throughout the world.

## **6. Lessons Learned from Past Projects**

From the ex-post evaluation of the “Financial Enhancement Support Loan” (evaluated in 2017) for the Democratic Republic of Laos, it became clear that in order to successfully implement general budget support, it is essential that the program is combined with other support projects such as dispatching policy advisors and other technical cooperation projects.

This program is an extension of pre-existing cooperation projects and objectives in the Senegal health sector, and aims to support the improvement of the effectiveness of the technical cooperation projects through policy formulation and implementation. The formulation and implementation of those policies will be supported through the counsel provided by individual experts in combination with capacity building support through technical cooperation projects.

## **7. Evaluation Results**

This program is in line with Senegal’s developmental challenges and policies as well as Japan and JICA’s cooperation policy and analysis. Furthermore, this program contributes to the strengthening of health financing and the capacity building of healthcare service provision through supporting the implementation of the most pressing policies in order to achieve UHC. The program will contribute to the achievement of Goal 3 (Good health and well-being) and Goal 10



(Reduced Inequalities) of the SDGs, and therefore the need for this program to be implemented is high.

#### **8. Plan for Future Evaluation**

(1) Indicators to be Used

As indicated in Section 4.

(2) Future Evaluation Schedule

Ex-post Evaluation: Two years after the program completion

END

Attachment: Policy Matrix of the “Universal Health Coverage Support Program”  
(Phase 2)

Attachment: Policy Matrix of the “Universal Health Coverage Support Program” (Phase 2)

Policy Areas		1st Tranche (by December 2020)	2nd Tranche (by December 2021)	3rd Tranche (by December 2022)	4th Tranche (by December 2023)
1. Strengthening coordination, governance and financing between various ministries to promote universal health coverage (UHC)					
1-1	Developing and updating the medium and long-term policy for the development of the health insurance system	Interim report of the health insurance system evaluation is available	Setting up a steering committee and a technical committee for respectively developing the new strategic plan for health insurance system (CMU) development and the identification of program financing opportunities based on recommendations from CMU program evaluation	The policy/ strategy in the medium or long term for the development of the health insurance system (roadmap) has been developed	A draft law on specific actions (for example introduction of some target tax) set in the "Health financing Plan" is drawn up.
1-2	Strengthening health and social protection financing	Financing models for the health insurance system are available		<ul style="list-style-type: none"><li>• Advocacy plan to MPs and Civil Society for the adoption of sustainable financing measures for the health insurance system (CMU program) is implemented.</li><li>• A "Health Financing Plan" will be developed to mobilize the required estimated costs for UHC promotion</li></ul>	
2. Establish a health insurance system for the indigent and vulnerable groups					
2-1	Extending health insurance coverage to vulnerable groups (Budget allocation / Promotion of membership)	Develop a draft budget for FY 2021, including the subsidy of insurance premiums for mutual health organizations (MS) for indigent household (BSF) beneficiaries and CEC holders, and the reimbursement of free care initiatives.	<ul style="list-style-type: none"><li>• Develop a plan for the overall clearance of the CMU's debt (subsidies to the mutual health organizations' contributions (the government's counterpart) and the outstanding reimbursement of benefits as part of the free care initiatives).</li><li>• The next year's budget for the coverage of indigent and vulnerable groups as well as free care initiatives is developed. The budget document will state that in addition to the annual budget, the CMU Agency may request to the Ministry of Finance an additional allocation of at least FCFA 4.125 billion* as part of the DPL2 budget support, including 3.405 billion* for the coverage of vulnerable people.</li></ul>	The next year's budget for the coverage of indigent and vulnerable groups as well as free care initiatives is developed. The budget document will state that in addition to the annual budget, the CMU Agency may request to the Ministry of Finance an additional allocation of at least FCFA 3.75 billion* as part of the DPL2 budget support, including 2.67 billion* for the coverage of vulnerable people. *Corresponding to the subsidy of 286,666 PNBSF beneficiaries and 10,000 CEC holders.	The next year's budget for the coverage of indigent and vulnerable groups as well as free care initiatives is developed. The budget document will state that in addition to the annual budget, the CMU Agency may request to the Ministry of Finance an additional allocation of at least FCFA 4.5 billion* as part of the DPL2 budget support, including 3.42 billion* for the coverage of vulnerable people. *Corresponding to the subsidy of 370,000 PNBSF beneficiaries and 10,000 CEC holders."

			*Corresponding to the subsidy of 368,333 PNBSF beneficiaries and 10,000 CEC holders.		
2-2	Strengthening mutual health organization (MS) and MS union management systems	<ul style="list-style-type: none"><li>• Launch of the medical invoicing component (SITFAC)</li><li>• Launch of the Health Insurance Management component (GESTAM)</li><li>• Starting the mission of implementing an inter-scheme data warehouse for health insurance</li></ul>	Developing the draft decree on the implementation of the Data Warehouse	Making the Data Warehouse Operational	Making SITFAC and GESTAM modules operational throughout the 14 regions (availability of necessary equipment, system management and training users)
		Developing guidelines for MS administration (strengthening audits etc.)	<ul style="list-style-type: none"><li>• Revising the manual of MS administrative procedures</li><li>• Support for the recruitment of personnel to strengthen the professionalization of CMU offices and MS unions</li></ul>	Support for the recruitment of personnel to strengthen the professionalization of CMU offices and MS unions	Support for the recruitment of personnel to strengthen the professionalization of CMU offices and MS unions
3. Strengthening the system of basic health and social services					
3-1	Strengthening post / per COVID-19 measures (mainly basic health care and social action services)	Finalization of the "2020-2024 Investment Plan for a Resilient and Sustainable Health and Social Action System (PIS)" (including the budget plan)	"Developing the "National Plan for Health and Social Human Resources Development (PNDRHSS) 2020-2028"	Strengthen the quality of services provided by emergency obstetrics and newborn care (EmONC) teams in health centers	Strengthen the quality of services provided by emergency obstetrics and newborn care (EmONC) teams in health centers
		Creating a technical committee to evaluate the "Strategic Plan for NCD control 2017-2020" and formulate a new strategy.	Evaluation of the "Strategic Plan for NCD control 2017-2020	Developing the "Acceleration Plan for NCD control 2022-2023"	Evaluation of the " Acceleration Plan for NCD control 2022-2023
3-2	Strengthening health facilities' administrative and management	Planning the training on the "MSAS Planning Tools User's Guide"	Implementing training on the "MSAS Planning Tools User's Guide" in 6 regions and 12 health districts in the RM of Fatick and Kaolack	Implementing the training on the "MSAS Planning Tools User's Guide" in some health districts	Implementing the training on the "MSAS Planning Tools User's Guide" in some health districts

	governance capacities (mainly in terms of basic health care and social services)		Summary of the next year's Annual Work Plans (PTA) for the multi-year expenditure plan (DPPD) "primary health care" program 2 responsibility centers (health districts)	Summary of the next year's Annual Work Plans (PTA) for the multi-year expenditure plan (DPPD) "primary health care" program 2 responsibility centers (health districts)	Summary of the next year's Annual Work Plans (PTA) for the multi-year expenditure plan (DPPD) "primary health care" program 2 responsibility centers (health districts)
		Planning the training on the "Health Resources and Information Management Tools (OGRIS)"	Implementing the training of trainers on the "Health Resources and Information Management Tools (OGRIS)" in 8 regions: Dakar, Thiès, Tambacounda, Kédougou, Fatick, Kaolack, Saint-Louis, Ziguinchor, and training providers on OGRIS in 8 regions and 15 health districts for 300 health posts/ 15 health centers	Implementing the training of trainers on "Health Resources and Information Management Tools (OGRIS) in some districts in the 14 regions	Implementing the training of trainers on "Health Resources and Information Management Tools (OGRIS) in some districts in the 14 regions