Improving the access to quality and equitable healthcare in Mauritania

Kirsten Accoe’s account of her mission to Mauritania

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Public health advisor Kirsten Accoe from ITM’s Unit of Health Financing travelled to Mauritania in March to kick off ITM’s brand new AI-PASS project wherein two “learning districts” will be guided to improve the access and provision of healthcare.

“Mauritania is a country in the Maghreb region of Northwestern Africa with around 4.3 million inhabitants, two thirds of whom live dispersed in rural areas. The country is suffering from deficient healthcare provision and poor financial and geographic accessibility, and very high maternal mortality and infant mortality rates. Various donors are present, but due to difficulties in governance and differences in political agenda, there is little coordination. Only a small percentage of the population is covered by a national insurance scheme, focusing mainly on formal employees and officials; only a few by ‘sickness funds’. Vulnerable population are the most affected by the high cost of healthcare, leading to a catastrophic health expenditure and increased impoverishment.

I recently joined ITM’s new AI-PASS (Appui Institutionnel au Programme d’Appui au Secteur de la Santé) project, which is carried out in collaboration with Enabel (former BTC) and is funded by the European Commission, aims to improve the access to quality and equitable healthcare, through the support of local government actors. It has two branches: while three technical experts provide support at central level in terms of governance, provision of care, drugs and consumables, management of human resources and financial & social protection, ITM provides support to the “local health system team” at district level. Through action research, two “learning districts” (Dar Naim and Bababé) will be guided to improve the access and provision of healthcare.

Dar Naim is one of the poorest urban districts in the capital, covering a population of around 150,000 people. Bababé is a rural district, along the border with Senegal, covering a population of around 40,000. In general, the local health system has a lot of challenges to overcome: poor distribution of skilled human resources, lack of medication, poor quality of care and financial barriers are a couple of them. Rural areas, like Bababé, are suffering the most from...
lack of resources, and very few staff are willing to live in these circumstances. Insufficient rainfall this year makes the community anxious about the coming months as most of them are living from agriculture and risk an economic setback.

The team of APSDN

The main purpose of my visit was to meet the key actors and to have a first impression of the health system and its challenges. Key stakeholders are the government officials at central, regional and district level, responsible for the national reforms and implantation of the strategies to move towards an improved health care system and universal health coverage. As well as the health staff in the various structures: they are the ones closest to the population and responsible to provide quality health care. Another important actor is a local association, called APSDN, supported by the NGOs Memisa and Caritas. For more than 20 years, it aims to improve the quality in a couple of health centres. Additionally, it supports two community health insurance funds and provides financial and social protection to the indigenous population of Dar Naim through an equity fund.

Kirsten Accoe

During my stay, we recruited two national assistants: one for each district. They will work in close collaboration with the health district officer and its team. The first step will be a thorough analysis of the local health system, which will lead to a first action plan according to the defined priorities. The process is cyclical, so the team learns by doing, evaluating and adapting accordingly.

In summary: a beautiful but challenging country! My next visit is coming up in June, and tropical temperatures are predicted, so I better be prepared.”