



RESEARCH ARTICLE

STRUCTURES INVOLVED IN THE FIELD OF PUBLIC HEALTH IN CÔTE D'IVOIRE

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ABSTRACT

Introduction: Côte d'Ivoire has established several structures working in the field of public health since its independence in 1960, to deal with health problems. More than five decades later, a study has been conducted by the National Public Health Institute with the objective to realize a situation analysis of public health structures.

Methods : This study was a cross sectional study with descriptive purpose carried out in Abidjan in 2012, with 26 structures involved in the field of public health and from different ministries in Côte d'Ivoire. Data were collected using a structured questionnaire. The data analysis was done using Epi Info software.

Results : Of the 26 structures identified, 23 have participated in the study. Most public health activities were carried out by eight (08) Technical Ministries. 15 of the 23 structures depended of the Ministry in charge of health. A large proportion of the budget of these structures was allocated to public health statutory missions such as training (15/23) and research (12/23). Among the facilities visited, the most essential functions of public health were found research (11/23) and training (11/23). An average of 46.50% of the structures budget was allocated to health promotion. 737 agents on the strength of 3539 officers of all structures visited, had received training in public health.

Discussion: Several challenges remain by health authorities, including the balance between available resources and the needs of structures and better coordination of the structures involved in the field of public health in particular through the establishment of structures coordination, allow the country to have efficient public health institutions.

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INTRODUCTION

In 2012, Côte d'Ivoire was emerging from a severe crisis that affected its health system. In the context of this crisis, a situation analysis was required to detect areas that required urgent intervention. These interventions should be identified and operationalized with a public health approach to increase their impact on improving the population's health. WHO defined Public health by as "the art of applying science in the context of politics so as to reduce inequalities in health while ensuring the best health for the greatest number" (WHO, 1998). Facing the multidisciplinary nature of public health, a number of structures working in the field have been established since the independence of the Côte d'Ivoire in 1960 to deal with health problems. Several decades later, there is no formal framework for the exchange or platform of these

institutes. Indeed, the multidisciplinary nature of public health requires a good knowledge of the institutions involved, coordination and organization to accomplish Public health mission effectively and sustainably. Better knowledge of the structures involved in public health regardless of their affiliation, could bring coordinated answers to face public health problems in Côte d'Ivoire. In this context, the National Institute of Public Health conducted a study whose purpose is to improve the practice of public health in Côte d'Ivoire.

Objectives

General

Make a situational analysis of the national structures involved in the field of public health in Côte d'Ivoire.

Secondary

- Describe the public health structures in Côte d'Ivoire
- Identify areas of skills and activities of structures
- Identify challenges and proposals from these structures.

MATERIALS AND METHODS

Part of the study: The study was conducted in the city of Abidjan in Côte d'Ivoire. Côte d'Ivoire is a country in West Africa, which has an area of 322,462 square kilometers and has 24 million habitants. It borders with Burkina Faso and Mali to the north, Guinea and Liberia to the west, Ghana to the east, and the Atlantic Ocean to the south. Abidjan is the economic capital, home to almost all companies and financial institutions. The seats of national structures established there. Indeed all the ministries that make up the Government are represented in Abidjan. The main directions, national public institutions, structures and services of the different ministries also have their headquarters.

Type and duration of the study: This was a cross sectional study with descriptive aim, which took place from March to April 2012, during two months.

Study Population: The national structures operating in the field of public health constituted the study population. The study was to retain exhaustively identified structures and headquartered in Abidjan, the number of identified structures was 26.

Collection tools and Procedure for data collection

Two collection techniques have been used, it is a documentary review and interviews. The review identified exhaustively public health structures. The data collection tool was a questionnaire survey was conducted from 12 to 18 April 2012. The investigators presented themselves in the different structures with a cover letter from the Director General of Health. Once in each of the structures, the manager or representative was interviewed by an investigator.

Analysis and processing of data

Variables

The main variables were: Identity of the structure, essential functions, statutory missions, public health human resources mobilized, financial resources and challenge in the conduct of public health activities.

Data processing

After data collection, the EPI Info software was used for data processing. The processed data were subsequently presented in tables and figures, and analyzed.

RESULTS

1- Identification of structures

Table 1. Distribution of public health structures identified in terms of line ministries

15 structures on 23 visited depended of the Ministry of Health. Most public health activities were ensured by 8 Ministries. Structures had several line Ministries. Only 11 of the 23 structures had visited antennas across the country.

2 Resources allocated according to statutory missions

2.1 Financial Resources

Table II: Distribution of financial resources according to statutory missions

Statutory tasks	Research	Education / training	Health Promotion
Share (%) of the budget	33,50	20	46,50

An average of 46,5% of the structural budget was allocated to health promotion.

2.2 Human Resources

Table III. Human Resource Allocation in public health structures

Human Resources of Public Health structures	Researchers	Human resources trained in public health		Total Number of staff
		Training Qualifying	Training with diplomas	
Number	237	520	217	3539
Percentage	7%	15%	6%	100%

737 agents on the workforce of 3539 workers structures had received training in public health.

3. Statutory Missions

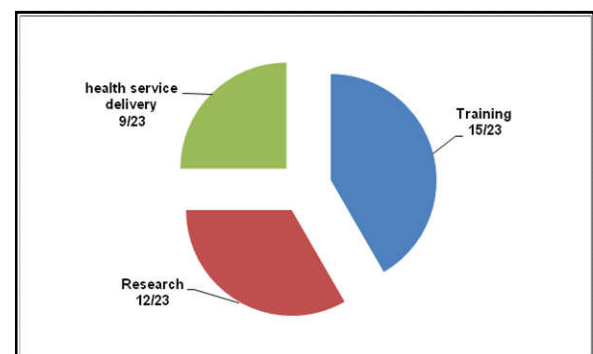


Figure 1. Distribution of the structures of the statutory roles

Among the statutory missions, training (15/23) and research (12/23) were the most practiced by public health structures.

4 Essential Public Health Functions of structures

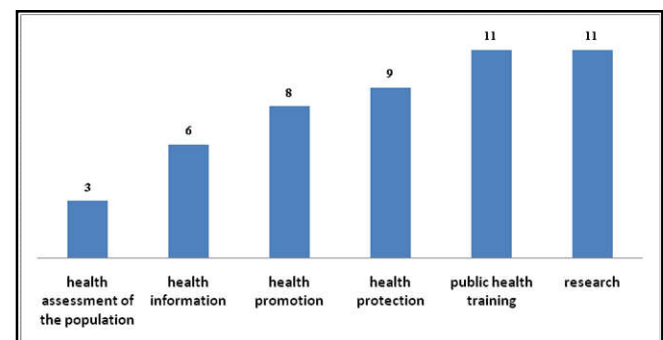


Figure 2. Distribution of the structures of the essential public

Health functions (n= 23)

The essential functions found most were public health research (11/23) and public health training (11/23).

5. Key Challenges structures

Table IV: Summary of the main challenges for public health structures

Challenge for structures MSLS	Frequencies
Insufficient resources (material, human, financial)	12
Lack of resources (equipment, logistics, financial)	6
Absence or inadequacy of regulations (superposition of the missions, responsibilities by clearly defined)	4
Lack of institutional framework for collaboration with health facilities	2

Insufficient resources and Lack of resources were the main challenges for the public health structures.

DISCUSSION

This study noted a high turnout (23/26) Public health structures, witnessed the will of the structures to work together to put together an effective public health in Côte d'Ivoire.

Description of public health structures

The study has highlighted the participation of structures from different departments in public health activities. The fact that health issues are not addressed by the same departments or ministries, could pose problems of collaboration, vision and allocation of resources. Regarding human resources working in the field of public health, noted an inadequate human resources trained in public health, including health research skills in public health facilities visited in Côte d'Ivoire. This could be explained by the lack of attention to health research in Côte d'Ivoire. Publications have raised the same findings on the lack of interest in research. Furthermore the study identified a low allocation of financial resources for the implementation of public health facilities visited missions. This finding had been confirmed by some studies which found broad that Ministries of Health and stakeholders are poorly engaged in developing public health research (McCarthy, 2013).

Areas of expertise and activities of structures

The areas of competence structures have been appreciated through the activities within the statutory missions and essential public health functions. Pekka (Pekka, 2006) describe the role of NPHIs in "the prevention of chronic non-communicable diseases include disease and risk factor surveillance, and also research and various public health functions, such as health promotion and education". In terms of statutory missions, our study had noted that training (15/23) and research (12/23) were the most practiced by public health structures in Côte d'Ivoire. Health benefits were led by 9 of the 23 structures, all from the Department of Health. Yach (YACH, 2006) have described essential public health functions. Indeed for him, "the public health functions represent public goods, and in this respect governments would

need to ensure the provision of these essential functions, but would not necessarily have to implement and finance them. They prevent and manage the major contributors to the burden of disease by using effective technical, legislative, administrative, and behavior-modifying interventions or deterrents, and thereby provide an approach for intersectoral action for health". The essential public health functions for our study, were inspired by the same describe by Pommier and al (Pommier, 2007) and WHO (WHO, 2003). The essential functions most practiced by structures of public health in Côte d'Ivoire were public health research (11/23) and public health training (11/23). Secondly the health protection (9/23) and health promotion (8/23) were practiced. The least practiced functions were the health assessment of the population (3/23) and health information (6/23).

Challenges of the structures

It is clear that the challenges are manifold and fit for most in areas such as training, research, program monitoring and health policy. Action should be taken on the leadership, coordination structures between them, the existence of a national policy document on public health such as the Public Health Code, and better management of allocated resources. In terms of collaboration between public health structures, it also emerged from our study collaboration between structures in the normal course of their activities, although there is no formal meeting under all structures. As regards some proposals were made by the structures for stronger public health in Côte d'Ivoire: Take a political action and administrative or public health (public health policy guidance document) such as code of public health in Côte d'Ivoire; Create a platform for exchanges and information between structures, include the establishment of an institution providing leadership and coordination of public health structures at national level; and Create a school of public health in Côte d'Ivoire. For Gonzalez-Block (Gonzalez-Block, 2004), the example of Mexico's INSP could be taken to improve public health in developing countries. Indeed, for him: "NPHIs in developing countries must participate in and lead regional and global networking mechanisms. Institutional development should reflect the relative advantages of partners to lead research, training, surveillance, and health system development efforts. These advantages might be assessed by technical capacity as well as closeness to problems of national and global significance.

This supposes a well-balanced and reciprocal collaboration among institutes in the North and South, notably a capacity to network across neighboring developing world countries and regions. A process of institutional development that Mexico created during the past two decades may hold interesting lessons for other countries."

Conclusion

A better understanding of Côte d'Ivoire public health structures was needed to better target interventions to lead to improved public health. Beyond the results obtained, it could retain the will of the structures to work together because aware that public health is not the only case of the Ministry in charge of health.

REFERENCES

- DC Cole, LJ Nyirenda, N Fazal, I Bates. 2016. Implementing a national health research for development platform in a low-income country – a review of Malawi's Health Research Capacity Strengthening Initiative. *Health Research Policy and Systems*, 14:24. DOI 10.1186/s12961-016- 0094-3 DOI : 10.3917/spub.070.0009.
- Frenk J, Gonzalez-Block M A. 2008. Institutional Development for Public Health: Learning the Lessons, Renewing the Commitment. *Journal of Public Health Policy*, 29, 449–458. doi:10.1057/jphp.2008.35
- Gonzalez-Block M A. 2004. Health policy and systems research agendas in developing countries. *Health Research Policy and Systems*, 2:6 doi:10.1186/1478-4505-2-6. <http://www.health-policy-systems.com/content/2/1/6>
- Jousilahti P. 2006. Improving the world's health – the role of national public health institutes. *Cent Eur J Publ Health*, 14 (1): 3–5
- McCarthy M, Zeegers Paget D, Barnhoorn F. 2013. National action for European public health research. *Eur J Public Health*, Nov;23 Suppl 2:43-6. doi: 10.1093/eurpub/ckt155.
- McGregorS, HendersonK J, and KaldorJ M. 2014. How Are Health Research Priorities Set in Low and Middle Income Countries? A Systematic Review of Published Reports. *PLoS One*. 9(10): e108787. Published online 2014 Oct 2. doi: 10.1371/journal.pone.0108787.PMCID:PMC 4183511
- Pekka J. 2006. Improving the world's health – the role of national public health institutes. *Cent Eur J Publ Health*, 14 (1): 3–5.
- Pommier J, Grimaud O. 2007. « Les fonctions essentielles de santé publique : histoire, définition et applications possibles. », *Santé Publique*, (Vol. 19), p. 9-14 URL : www.cairn.info/revue-sante-publique-2007-hs-page-9.htm.
- WHO in the Western Pacific Region. Manila, WHO Regional Office for the Western Pacific, 2002. *The World Health Report 1998: Life in the 21st century, a vision for all*. Geneva, World Health Organization, 1998.
- World Health Organization (WHO) 2003. Regional Office for the Western Pacific. *Essential public health functions: a three-country study in the Western Pacific Region*.
- Yach D. 1996. Redefining the scope of public health beyond the year2000. *Current Issues in Public Health*, 2:247-252.