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The Role of the Health Workforce in Addressing the Social Determinants of Health through Service Delivery – A Case Study: Côte d'Ivoire

Background

Introduction:

There is a global consensus that addressing the social determinants of health (SDoH), the circumstances in which people are born, grow, live, work, and age, is key to reducing health inequities. To deliver relevant, quality care effectively and equitably, the health workforce—including health professionals, planners, managers, and community health workers (CHWs)—must understand the complex factors that impact patients and communities, and they must possess competencies to mitigate the negative effects of these factors.

USAID's Local Health System Sustainability Project (LHSS) developed a case study series on integrating SDoH into health workforce education and training, quality assurance standards, and service delivery settings. In this case study on Côte d'Ivoire, LHSS documents how health workers engage with communities to mitigate the negative effects of SDoH in service delivery settings through USAID's Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) partnership. It examines how Côte d'Ivoire's DREAMS program incorporates SDoH elements into HIV service delivery, as well as the related processes and key lessons learned.

Objectives of this case study are:

1. Identify perceived enablers and barriers for health workforce approaches to integrate SDoH into service delivery.
2. Document tools or interventions that assist health workers to identify SDoH-related barriers and mitigate their effect on quality of care and health equity in medically underserved populations.
3. Examine key outcomes/impact on quality and/or equity of care through the use of these tools or interventions.

Methodology:

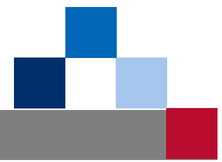
LHSS chose the Côte d'Ivoire DREAMS initiative based on project documentation and expert recommendations. After securing an international and local ethics approval, the team conducted a targeted desk review and eight semi-structured key informant interviews. The interviews focused on DREAMS' program officers, health care providers, and clients.

Background Country Data	
Total population (millions)	26.4
Life expectancy at birth (years, both sexes)	57.8
Infant mortality (per 1,000 births)	58.6
Maternal mortality (per 100,000 births)	617
HIV prevalence (percent of population)	2.1
Poverty headcount ratio at $1.25 a day (percent of population)	39.5
HRH distribution by cadres (per 1,000 people)	Physicians (0.23); Nurses and Midwives (0.6)
HRH distribution total (per 10,000 population)	8.57
Geographical distribution of HRH (urban: rural per 10,000 population)	12.4:1.5
Total number of CHWs	11,397
Health expenditure per capita (current international $)	175

Source: World Bank; USAID International Data & Economic Analysis (IDEA); and Annual Report on the Health Situation 2020. Note: HRH=human resources for health

Health System and Human Resources for Health Context:

Côte d'Ivoire has been undergoing rapid economic transitions post-conflict. Recent attempts have been made to couple this transition with health system reforms to address key challenges in maternal, neonatal, nutritional, and communicable diseases. The combined burden of these diseases reduced from 72 percent in 1990 to 63 percent in 2015.[1] However, when compared regionally, the country remains behind on key indicators, such as maternal mortality ratio (617 deaths per 100,000 live births), contraceptive prevalence rate (18 percent), and skilled birth attendance (59 percent). Furthermore, the health care sector is characterized by insufficient skilled human resources for health, high stockouts of essential drugs, and limited regulations and oversight across all three levels of service delivery. In 2018, Côte d'Ivoire ranked 187th of 195 countries on quality of care measured by mortality that effective care could have prevented.[2] These challenges are exacerbated in rural and underserved areas where there is an acute shortage of health providers. The National Health Development Plan emphasizes revitalizing primary health care, in part by strengthening its community health structure. The country is implementing a costed strategic plan for



community health that focuses on recruitment, training, and remuneration of CHWs to create linkages between health and social structures and to facilitate community engagement.[3]

DREAMS Context:

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), Côte d'Ivoire has the highest HIV prevalence in West Africa, and SDoH contribute to the inequitable distribution of the disease burden among the Ivorian population, with women and children and adolescents being the most vulnerable.[4] HIV is among the leading causes of morbidity and mortality among children and adolescents. Furthermore, it has resulted in over 340,000 orphans aged 0 to 17 in 2020.

The DREAMS partnership, funded through the President's Emergency Plan for AIDS Relief, aims to address this challenge by focusing HIV prevention activities among adolescent girls and young women 10–24 years of age (AGYW). DREAMS core interventions adapt a multi-sectoral approach and go beyond the health sector to address related structural and social factors that directly and indirectly affect AGYW's elevated risk for HIV infection. These include support for girls to stay in school, prevention of gender-based violence and early pregnancies, reduction of child marriage, and increased social and economic empowerment.

DREAMS launched in Côte d'Ivoire in 2017 and delivers these multi-sectoral interventions in four high-burden areas, with more than 26,000 AGYW covered by the initiative.[5] It primarily works through close collaboration with community-based nongovernmental organizations, health facilities, and key public sector stakeholders, such as the National AIDS Control Program and the National Program for the Care of Orphans and Other Children Made Vulnerable by HIV/AIDS.

Integrating SDoH into Service Delivery:

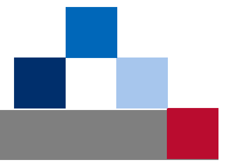
Within the context described above, DREAMS Côte d'Ivoire aims to deliver preventive HIV services and comprehensive social support in a layered way that accounts for the structural variables that influence health outcomes and keep vulnerable AGYW safe from HIV. In interviews, DREAMS staff and health care providers echoed this objective by linking SDoH-related barriers to health services to social status, literacy, and economic status, and purchasing power. The DREAMS package is delivered at three leverage points. The first targets all identified AGYW and includes sensitization and training modules on sex and reproductive health education, violence prevention, seeking health and social services, financial education, and an HIV risk assessment. The second level identifies specific needs of each enrolled AGYW and provides tailored services and resources, such as HIV testing, Pre-Exposure Prophylaxis (PreP) medication, school support/education subsidy, and training and apprenticeship to enhance youth employability and income-generating skills. The third level targets the broader community and integrates community engagement and sensitization with local and religious leaders. It also specifically focuses on the young clients' parents to promote good communication though a parental program called *Ahoundjè* ('to live in harmony').

Health care workers in the public sector—including physicians, nurses, and CHWs—play a role at each of these points. They are an integral part of DREAMS' intervention package and engage with the initiative through working sessions and meetings to discuss the interventions and available social support activities, implementation framework, and related challenges. At these meetings, held once or twice a month, participants discuss and coordinate on service delivery-related issues, such as availability of commodities and adequate care. In addition to the initiative referring AGYW to targeted health facilities for HIV testing, family planning, and other preventive services, these facilities are also key entry points into DREAMS; health workers play a crucial role of referring potentially at-risk AGYW clients to the initiative, thereby reducing missed opportunities to address SDoH barriers.

In addition to clinical health care providers, DREAMS mentors play an important role in identifying at-risk AGYW and facilitating service delivery. Mentors are 20–24-year-old women recruited from within the catchment communities, and they are assigned a certain number of DREAMS clients.

Mentors receive training on comprehensive sex education and financial literacy (including entrepreneurship and village savings and credit opportunities), and active listening skills.

DREAMS Côte d'Ivoire: Roles of various participants	
AGYW (10–24 years of age)	As clients/primarily participants, access the health and social services/intervention packages.
Health workers	Provide HIV prevention and counseling services to DREAMS clients referred to facilities by mentors; and initiate referrals to DREAMS services based on SDoH factors observed during service delivery.
Parents	Participate in program that promotes good communication and positive relationship with their children. There are also opportunities for parents to participate in income-generating activities to strengthen the family economically.
Community members, including community and religious leaders and associations	Participate in community mobilization efforts targeting harmful social norms and practices that increase HIV risk for AGYW to facilitate broader behavior change.
Mentors	Screen vulnerable AGYW for DREAMS participation; facilitate tailored and needs-based HIV prevention and social services; and build relationships with the AGYW to share information as well as offer assistance and emotional support to build their social asset.



Mentors are responsible for screening AGYW at certain targeted locations, such as markets, hair salons, bars, and bus stops, using a standardized recruitment tool to determine their HIV risk and enroll the eligible AGYW into the program. Once enrolled, mentors work to form a close relationship with their assigned clients, meet with them regularly, conduct home visits, and identify specific needs for tailored DREAMS interventions, such as skills trainings, school support, violence prevention, and PreP. Mentors accompany DREAMS clients to health facilities and coordinate with health care providers on service uptake and follow-ups. The type of provider(s) DREAMS mentors' interface with depends on the service being sought and/or the available staffing at facilities, with HIV testing and PreP primarily being administered by either physicians or nurses. While DREAMS exclusively focuses on HIV prevention, the initiative is linked to the REVE project[1] that focuses on orphans and vulnerable children and operates through grants to local nongovernmental organizations. It leverages this network to refer AGYW who tested positive for treatment.

An additional SDoH-related tool that mentors use is an Early Warning System to identify girls and young women at risk of dropping out of school. As part of their initial screening and/or follow-up engagement with the AGYW, mentors look for girls dealing with challenges related to academics and school attendance. Those facing specific academic challenges are then provided with subject-related support. For those who have already dropped out (majority of DREAMS clients), the initiative either works with the Directorate of Literacy and Non-Formal Education to integrate them back into the formal education system or enroll them into skills and trade trainings, depending on their specific needs.

Lessons Learned on Integrating SDoH into Service Delivery

Key elements of the process of developing and implementing SDoH interventions as part of service delivery:

- *Holistic, multi-sectoral, and multi-level collaboration is key in the development and delivery of SDoH interventions* to ensure the multi-layered and complex nature of SDoH are fully captured. DREAMS Côte d'Ivoire identified and engaged with all key actors, including AGYW and their families, peer groups, community members, health workers, community-based organizations, as well as health sector leaders and policy makers, to strengthen social nets and the incorporation SDoH in service delivery in a manner that aims to align with the unique needs of AGYW.
- *Cultural norms and taboos are important aspects of SDoH and they take time to change.* It is important to define the value of changed health behaviors or social practices using community voices to be able to effectively sway them. DREAMS Côte d'Ivoire's community mobilization framework leverages community leaders to shape and amplify key messages related to social norms and practices related to, for example, reducing HIV stigma, preventing gender-based violence, and increasing school enrollment among young girls. In particular, respondents reported that the stigma associated with HIV discourages testing and follow-up care but that the involvement of community leaders and mentors is successfully influencing how awareness and behavior change messaging has been tailored and delivered.

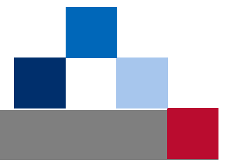
Key enablers to integrating SDoH in service delivery:

- *Increased awareness and comprehensive understanding of existing social services and support systems by health care providers.* This is established and maintained by the regular engagement of mentors with health workers and the monthly meetings between DREAMS and health facilities that occur 1–2 times a month. This provides health workers information that enables them to make appropriate referrals and advocate for their clients.
- *Close involvement and leadership by government counterparts.* DREAMS Côte d'Ivoire is implemented by two core partners: Save the Children and International Rescue Committee. They both work with a network of local community-based organizations to deliver these interventions to at-risk AGYW, and all involved organizations are part of a coordinating platform managed by the National Program for the Care of Orphans and Other Children Made Vulnerable by HIV/AIDS. The working group has an established terms of reference detailing role in implementing, monitoring, and planning for HIV services. It enables linkages to and effective collaboration with government agencies both within and outside the health sector.

Key barriers to integrating SDoH in service delivery:

- *One of the main cited barriers to integrating SDoH at service delivery points was the cost of those services*, with the most vulnerable AGYW unable to access essential services, such as modern methods of contraception, at times because of an inability to pay for the services. Currently, only HIV testing and condoms are freely available and other services, such as PreP, family planning, and other clinical exams and consultations, have fees. While economic status

[1] Ressources pour l'Elimination de la Vulnérabilité des Enfants (REVE) : USAID Project implemented in Côte d'Ivoire by Save the Children. DREAMS is one of the main components of REVE.



is one criterion for identifying at-risk AGYW, it also needs to be accounted for throughout the full spectrum of health service provision to ensure the desired outcomes. DREAMS is attempting to address this issue primarily by facilitating income-generating activities and is also collaborating with health facilities to minimize costs of key services, such as PreP, through, for example, increasing access to subsidized commodities.

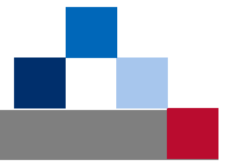
- *Another key barrier was a mismatch between existing health facility capacity* (available HIV test kits, PreP drugs, skilled workforce, etc.) and generated demand for certain services because of the SDoH-related interventions. For example, when DREAMS mentors first started referring clients for PreP, there were not enough PreP drugs at health facilities to meet the increased demand. This highlights the need to integrate a systems lens into the design and implementation of such interventions at service delivery to avoid exacerbating strains on the supply side of health care.
- *A potential barrier to sustainably engaging health workforce in SDoH-related services is the lack of formal integration of relevant tasks*, such as coordination with and referrals to DREAMS or service provision to at-risk AGYW, into health workforce management and performance evaluation systems at health facilities. Institutionalizing these tasks will contribute to standardized trainings, practices, support, and supervision that account for SDoH in delivering HIV services in the long term. Relatedly, it would also be important to establish clear incentive(s) for providers to continue with these additional SDoH intervention engagements and tasks to ensure sustainability.

Approaches adopted in Côte d'Ivoire to improve quality and equity of care:

- DREAMS Côte d'Ivoire facilitated stronger community-facility linkages and information sharing, enabling it to better leverage service delivery points to address SDoH.
- Peer influencers were also reported to be useful in identifying at-risk AGYW and improving delivery of SDoH-related interventions and services. DREAMS identifies model clients and designates them as ambassadors. These ambassadors are trained and supported to promote the DREAMS interventions and approach within their peer group. Ambassadors are elected by their peers and serve as internal and external spokespersons for the project at the zonal, district, and national levels.
- Strong community engagement cultivates trust and relationship building at the community level, providing insight into health care needs, social norms, and cultural and household barriers that, in turn, inform programmatic decisions on tailored interventions to increase access to HIV services. Mentors primarily drive household and community engagement efforts and coordinate with health workers, resulting in youth-friendly reproductive and HIV care provision and interpersonal counseling.

Outcomes and impact of integrating SDoH into practice and programs:

- Reported increased access to HIV testing, as well as other social and financial services. Interviewees cited increased financial autonomy of clients through businesses and other income-generating activities supported by the initiative. The initiative has also created a significant increase in demand for PreP, condoms, and other preventive services.
- Reported delay among young girls' first sexual experience and/or increased adoption of safe sex practices because of early social sensitization.
- Illustrative outcome indicators for measuring success in integrating SDoH into HIV prevention services include:
  - Increased access to finance and financial assets among AGYW
  - Increased educational attainment among AGYW
  - Increased access to PreP
  - Reduction in new HIV diagnosis among AGYW in the catchment areas



Sources

Document review and key informant interviews with DREAMS project staff, health care providers, and clients.

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