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RESEARCH ARTICLE

POOLING OF HEALTHCARE: CHALLENGES AND PERSPECTIVES OF MUGEF-CI WITHIN THE FRAMEWORK OF UNIVERSAL HEALTH COVERAGE IN CÔTE D'IVOIRE

***Kouame Mien-Olai Camille Adam**

Doctorant en Socio-Anthropologie de la Sante, Universite Alassane Ouattara (UAO)

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ABSTRACT

In Côte d'Ivoire, Universal Health Coverage (UHC) aims to ensure equitable access to healthcare for the entire population. The General Mutual of Civil Servants and State Agents (MUGEF-CI), the main mutual health organization for civil servants, plays a key role in integrating state employees into the UHC system. However, this integration comes with several governance challenges, particularly concerning the coordination of services, the management of human and financial resources, and the quality of care. This study explores governance practices in facilities affiliated with MUGEF-CI, identifies the challenges encountered, and proposes solutions to improve healthcare management within the UHC framework. The methodology is based on a mixed approach combining 30 semi-structured interviews with MUGEF-CI officials, hospital managers, and Ministry of Health representatives, along with a quantitative survey conducted among 100 users to assess their satisfaction. The analysis relies on systems theory to understand governance dynamics. The results reveal poor coordination between MUGEF-CI and hospitals, inadequate management of human and financial resources, and limited participation in decision-making processes, which affects the quality of care. About 45% of users express dissatisfaction with the waiting times for care. Modernization initiatives, such as the digitization of hospital services and the implementation of monitoring and evaluation mechanisms, are currently underway to improve the situation.

INTRODUCTION

The Universal Health Coverage in Côte d'Ivoire constitutes a central pillar of public health policy, aiming to guarantee access to essential healthcare for all citizens. This initiative, launched to strengthen equity and accessibility to care, is based on a comprehensive approach that includes hospital management, healthcare pooling, and cooperation among various actors in the health system (Sarr, 2018). In this context, MUGEF-CI, as the main actor in health insurance for civil servants, plays a key role in implementing UHC, particularly by ensuring healthcare coverage in affiliated hospital facilities. However, despite the importance of MUGEF-CI in this process, its integration into the national health system raises several governance challenges. The management of human and financial resources, the coordination between different healthcare stakeholders, and the quality of care remain major issues for ensuring the efficiency and equity of coverage. Indeed, previous studies have highlighted that weaknesses in hospital management and obstacles to healthcare pooling can undermine the quality of services offered and affect beneficiary satisfaction (Kouadio, 2019).

Corresponding author:** ***Kouame Mien-Olai Camille Adam,
Doctorant en Socio-Anthropologie de la Sante, Universite Alassane Ouattara (UAO).

One of the main challenges lies in MUGEF-CI's ability to effectively coordinate the actions of different hospital facilities while ensuring transparent resource management. This coordination is crucial for ensuring quality care, reducing access inequalities, and improving health outcomes. At the same time, the financing of UHC, still limited by economic constraints, further complicates this management (Bamba, 2020). The objective of this article is to explore hospital governance practices within MUGEF-CI-affiliated structures, identify the challenges encountered in implementing UHC, and propose improvements to optimize healthcare management. Through a combined analysis of qualitative and quantitative data, this study aims to clarify the key factors influencing the performance of the health system under UHC, with a particular focus on governance and healthcare pooling. The findings of this study will provide a better understanding of the underlying mechanisms of hospital governance in Côte d'Ivoire and identify the key levers necessary for sustainable improvement of the health system within the framework of UHC.

MATERIALS AND METHODS

This study explores the challenges and perspectives of MUGEF-CI within the framework of UHC in Côte d'Ivoire, focusing on hospital governance and healthcare pooling. It was

conducted in Bouaké using a mixed methodological approach combining qualitative and quantitative methods. The target population includes mutualists and healthcare professionals. The qualitative sampling was based on a purposive selection of key stakeholders, with semi-structured interviews conducted with MUGEF-CI officials, hospital managers, and Ministry of Health representatives. A total of 30 semi-directive interviews were conducted. The quantitative sampling was stratified by profession and involved 100 users surveyed through a structured questionnaire. Quantitative data were analyzed using descriptive statistics, while the interviews were subjected to content analysis. This study is based on systems theory, which views the healthcare system as a set of interdependent processes, enabling the analysis of management dynamics and their impact on both users and professionals within the UHC framework.

RESULTS AND DISCUSSION

The results of this study highlight several structural and operational challenges emerging within the framework of hospital governance and healthcare pooling under UHC in Côte d'Ivoire. These challenges, although interdependent, manifest through several key areas: poor coordination between MUGEF-CI and hospital facilities, inadequate management of human and financial resources, and a lack of transparency and monitoring mechanisms. The verbatim responses collected from various health system stakeholders underscore the tensions and challenges faced by mutualists, hospital managers, and health authorities, thereby opening crucial perspectives for improving the healthcare system.

Results

Lack of coordination between MUGEF-CI and hospitals: One of the major obstacles to the efficiency of the healthcare system lies in the lack of coordination between MUGEF-CI and affiliated hospital facilities. This failure directly affects the smooth operation of the system and user satisfaction. First, this poor coordination manifests as administrative delays in the transmission of information between different healthcare system actors. In this regard, a hospital manager stated: «Coordination between MUGEF-CI and our hospitals is often slow and ineffective. We receive funding, but managing resources remains a constant challenge ». This statement highlights a dysfunction in interinstitutional communication mechanisms. The slowness and inefficiency in the coordination of funds and information hinder the agile management of resources and, consequently, the optimization of healthcare services. This administrative sluggishness results in delays in patient care, exacerbating tensions within hospital facilities. Second, this situation also stems from disorganization in decision-making processes. A representative from the Ministry of Health stated: «Decision-making is centralized and often disconnected from the realities on the ground. Local hospital managers do not always have the tools needed to quickly adjust services according to the actual needs of patients». This observation underscores the absence of a decentralized management and decision-making system, which creates uncertainty in the implementation of health policies. Although local managers are at the heart of operational processes, they are often powerless in the face of decisions that fail to consider local specificities. Finally, this poor coordination directly impacts the management of patient flow and resources. A mutualist expressed their frustration in the following terms: «When we are told that funding is available, but care is still delayed, it creates deep dissatisfaction. We feel like the money is there, but it's being poorly used ». This testimony reflects the perceived inefficiency of coordination processes, where the slowness of administrative decisions and the lack of responsiveness in resource allocation create a disconnect between political intentions and the real needs of users.

Challenges in the management of human and financial resources: In addition to coordination problems, the management of human and financial resources represents another major challenge within hospitals affiliated with MUGEF-CI, hindering not only the efficiency of care but also staff motivation and user satisfaction. To begin with, the lack of qualified staff and their unequal distribution are significant obstacles. A healthcare professional, highlighting the difficulty of providing adequate care, stated: «Human resources are poorly distributed and poorly trained, which affects the quality of service». This shortage of trained personnel in key specialties and their irregular geographic distribution hinder the proper functioning of healthcare services. Moreover, hospitals lack specialists in crucial fields such as surgery or specialized medicine, which disadvantages patients, particularly in rural and remote areas. Furthermore, the management of financial resources faces challenges in planning and investment prioritization. A MUGEF-CI official observed: «Budgets are often insufficient to cover healthcare needs. The allocation of funds does not always align with the priorities of hospitals and patients » This reflects a lack of a clear financial strategy and an unequal distribution of resources, resulting in overburdened hospitals in some areas and deficits in others. The absence of a systematic approach to financial resource allocation according to priority needs directly impacts the quality of care and staff management. Finally, the lack of continuous training and monitoring for healthcare professionals further exacerbates this situation. A healthcare worker explained: «Without ongoing training, it's difficult to keep up with evolving medical practices and new technologies. This directly affects the quality of care». This gap in continuous training results in a loss of clinical skills and a decline in staff motivation. Continuous training is therefore essential not only to improve the quality of care but also to strengthen the commitment of healthcare workers to their missions.

Lack of transparency and monitoring mechanisms: The absence of transparency and performance monitoring mechanisms within MUGEF-CI-affiliated hospitals is also a major barrier to effective healthcare system management, leading to poor governance and a lack of accountability in resource use. Firstly, poor management of information and data limits the system's efficiency. A MUGEF-CI official stated: «Decision-making processes are often opaque, and there is a lack of regular evaluation of the effectiveness of resource use ». The absence of transparent mechanisms to assess the use of funds and human resources prevents effective analysis of areas needing improvement. Without rigorous monitoring, dysfunctions remain invisible and cannot be corrected in time. Secondly, evaluation and audit mechanisms are insufficient and irregular, leading to poorly informed decisions. A mutual representative noted: «There are no regular audits, and the existing ones are not thorough enough to understand the system's real dysfunctions ». This lack of in-depth evaluation deprives decision-makers of a clear vision of

hospital performance, preventing an adequate response to urgent needs. Finally, this lack of transparency in resource management and decision-making processes generates a loss of trust among users and healthcare system stakeholders. A mutualist summed it up as follows: «We don't understand why certain decisions are made, and the lack of feedback leaves us uncertain. This reduces our trust in the system ». Trust in the healthcare system is crucial for the success of UHC. When users perceive inefficient and opaque management, their confidence and satisfaction significantly decline.

Impact on the quality of care and user satisfaction: The challenges mentioned above have direct consequences on the quality of care and user satisfaction. One of the most significant impacts of poor hospital governance under UHC is the slowness of healthcare services, which is a key factor in user satisfaction. In fact, a survey conducted among 100 users revealed that 45% of them reported dissatisfaction with waiting times for care. Of these, 20% believe that poor coordination between MUGEF-CI and hospitals is responsible for administrative and financial delays in processing cases. This dissatisfaction is even more striking in a context where users expect fast and efficient service, an essential aspect of their perception of the healthcare system. Additionally, 15% of mutualists surveyed identified issues in human and financial resource management, such as understaffing and an insufficient supply of medications, as the primary causes of prolonged waiting times. One mutualist stated: «The waiting times are long, and the resources are not sufficient to treat us quickly ». This comment underscores the mismatch between healthcare needs and the capacity of hospital facilities to meet them promptly. Moreover, these delays can be perceived as a form of negligence, fueling feelings of abandonment among users and contributing to a decline in trust in the healthcare system. Finally, 10% of respondents believe that the lack of transparency in decision-making processes and the absence of monitoring mechanisms are responsible for their frustration, as these factors delay the implementation of necessary improvements and maintain an atmosphere of uncertainty within the healthcare system.

Inequality in access to quality car: Another major problem that emerges from the study is the inequality in access to quality care, largely determined by the location of hospitals and the availability of resources. Users face significant disparities in the quality of care depending on the hospital they visit. One user testified: «There are major differences in the quality of care depending on which hospital you go to ».

This observation reflects a systemic inequality in the distribution of medical resources across the country. Large urban hospital facilities, often better equipped and staffed, provide superior care quality compared to those in rural or less equipped areas. This disparity increases the sense of injustice among users, particularly those from the most disadvantaged regions. This situation is particularly concerning within the framework of a universal coverage system, which should guarantee every citizen equal access to quality care regardless of their geographic location. The geographic inequality in the healthcare system in Côte d'Ivoire reflects a common reality in developing countries, where resources are often concentrated in urban centers at the expense of rural areas.

Initiatives to improve care quality: digitalization and monitorin: Faced with these challenges, several initiatives have been implemented to improve the quality of care, particularly the digitalization of hospital services and the strengthening of monitoring mechanisms. Digitalization, in particular, is seen as a strategic lever to modernize the healthcare system. A MUGEF-CI official explained: «Digitalization is an essential lever for modernizing our healthcare system and improving access to care».

This process includes the implementation of electronic medical records, computerized appointment scheduling, and the optimization of medication and medical equipment supply chains. These initiatives aim not only to improve system efficiency but also to offer better management of human and material resources, thereby reducing waiting times and increasing transparency within the healthcare system. Additionally, monitoring mechanisms such as user satisfaction surveys and regular internal audits are designed to quickly identify dysfunctions and improve hospital management. However, while digitalization offers undeniable benefits, it requires adequate infrastructure and sufficient technical expertise among hospital staff. Therefore, training and support are essential to ensure the success of these initiatives. Although progress has been made, sustained efforts are required to overcome the identified challenges particularly the slowness of services, inequalities in access, and lack of transparency to achieve the goals of universal health coverage in Côte d'Ivoire.

DISCUSSION

The analysis of the results highlights several major challenges faced by the Ivorian healthcare system, particularly **MUGEF-CI** and its affiliated hospital facilities. These challenges include the lack of coordination among healthcare system actors, difficulties in managing human and financial resources, and the absence of transparency in performance management. These findings align with issues widely discussed in the literature on hospital governance in Africa. However, this study enriches the debate by addressing specific aspects of the situation in Côte d'Ivoire, particularly geographical inequalities and digitalization initiatives to improve the quality of care. The following analysis will compare these results with other studies to identify similarities, differences, and the added value of this study.

Lack of coordination between MUGEF-CI and hospitals: One of the main obstacles identified in this study is the lack of coordination between MUGEF-CI and its affiliated hospital facilities. This failure in inter-institutional communication, combined with administrative delays, generates dysfunctions in the management of resources and healthcare delivery. This finding aligns with the work of several authors, notably Kouadio et al. (2018) and Akinci and Sokhanvar (2015)**,** who discuss coordination challenges in African healthcare systems, particularly in centralized management contexts. These authors emphasize that decentralization is essential for improving the efficiency of healthcare services in Africa, which corroborates the results of this study particularly regarding the slowness of decision-making processes and their disconnection from local realities. However, what distinguishes this study is its focus on the direct impact of poor coordination on patient flow management and user satisfaction. The analysis shows that administrative inefficiency generates frustration, fueling mistrust toward the healthcare system. This focus on user experience and dissatisfaction related to resource management,

although implicit in the literature, is not always explicitly detailed.

Difficulties in managing human and financial resources: This study reveals that difficulties in managing human and financial resources directly affect the quality of care. This finding is not isolated and echoes the work of Diallo (2016) and Ndong (2017), who highlight poor human resource management in African hospitals, particularly the lack of qualified staff and their unequal distribution. Similarly, **Bates** and Anderson (2019) identified similar problems related to unequal funding distribution and inefficient budget management in African healthcare systems. However, this study provides a new perspective by emphasizing the impact of poor management on staff motivation and local dysfunctions aspects often overlooked in previous research. It highlights the frustration of healthcare workers and users, enriching the understanding of the human effects of organizational and financial shortcomings.

Lack of transparency and monitoring mechanisms: The lack of transparency and monitoring mechanisms is also a key point of our analysis. This criticism reflects that of Tapsoba et al. (2019), who highlighted governance and control problems in African healthcare systems. Poor information management, the absence of regular audits, and ineffective evaluations prevent continuous improvement of the healthcare system. This study goes further by illustrating the direct consequences of this opacity on user trust an essential factor for the success of any universal health coverage policy. The study shows that the absence of feedback and poor resource management create a breakdown of trust a point less frequently addressed in the literature, which tends to focus more on institutional aspects.

Impact on the quality of care and user satisfaction: The results of this study, particularly user satisfaction with waiting times for care, highlight the direct impact of organizational dysfunctions on the quality of care. This phenomenon is also highlighted in the research of Akinci and Sokhanvar (2015), who report that slow hospital services in African healthcare systems are a major barrier to patient satisfaction. However, this study provides additional insight by emphasizing inequalities in access to care**a** recurring problem in developing countries but rarely detailed in the literature, especially regarding differences between urban and rural hospitals. Inequality in access to quality care depending on the geographic location of hospitals is well documented in Sow's work (2018), but this study highlights a systemic disparity in the distribution of resources and hospital capacity, which constitutes a distinctive point. The study offers a critical analysis of this geography of inequality, stressing that it undermines universal health coverage in Côte d'Ivoire not only in terms of equal access but also in terms of care quality.

Initiatives to improve the quality of care: This study identifies the digitalization of hospital services as a key initiative to improve the quality of care and emphasizes the importance of monitoring mechanisms to evaluate system performance. This analysis aligns with recent research on the use of technology in African healthcare systems, notably the work of Coulibaly and Tiemoko (2020), which explored the role of transparency and digital management in improving hospital performance. However, our analysis underscores the need for continuous training for medical staff to ensure the success of these digital initiatives. Technology alone is not enough without adequate training and human support. This link between technology, management, and training is often underestimated in research on digitalization.

Comparative contribution and added value: The findings of our study align with the work of numerous authors on healthcare system governance in Africa, particularly concerning coordination problems, human and financial resource management, and lack of transparency. However, this study stands out for its ability to link these problems to the concrete experiences of users, highlight geographical inequalities, and propose practical solutions based on digitalization and performance monitoring. This last aspect is an original contribution to the literature, which typically focuses more on systemic dysfunctions than on practical, locally adapted solutions. The added value of this study lies in its sociological grounding, as it considers not only structural dysfunctions but also the human repercussions of these shortcomings on user satisfaction and staff motivation. This study does not merely describe organizational or financial problems—it connects them to the everyday realities of healthcare system actors, including patients, medical staff, and hospital managers.

Our analysis highlights the frustrations, tensions, and inequalities that affect individuals at different levels of the system, stressing the direct impact of these factors on the quality of care and trust in the healthcare system. In this sense, this work offers a dynamic and local perspective that enriches discussions on healthcare system governance in Africa and the specific challenges facing Côte d'Ivoire. This focus on geographical inequalities, performance monitoring, and the importance of continuous training for medical staff positions this study within a pragmatic and socially engaged framework aligned with the real needs of the field.

CONCLUSION

This study highlights the challenges related to hospital governance within the framework of UHC in Côte d'Ivoire, particularly within MUGEF-CI. The findings suggest that reforms in resource management and coordination among the different stakeholders are essential to improve access to and the quality of healthcare. By building on initiatives such as digitalization and transparency in decision-making processes, it is possible to strengthen the efficiency of the Ivorian healthcare system. However, it is crucial that these reforms be implemented in a context-specific manner, taking into account local specificities and user needs.

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