

Communication and Public Health Policies in Cote D'ivoire: an Analysis of Practices

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Abstract

The purpose of this reflection, through the analysis of observational data, comprehensive interviews and documentary studies, is to define among health actors their communication in the fight against these major pathologies in health projects. public. The study comes in a context where the executive in its quest for popularity and political legitimacy has been displaying, since 2011, ambitious social projects in the field of health: Universal health insurance-AMU, low-cost care, childbirth free... The target populations of the projects in question, however, seem to appreciate other health realities in their daily lives which conclude that there is a mismatch between the government's political discourse, public health supply and demand in Côte d'Ivoire.

Keywords: Public policies; national health programs; health policy; communication; reception.

1. Introduction

The exercise of state power is manifested in public policies across several areas of intervention for which the government is responsible through its various ministerial departments. In Côte d'Ivoire, political power involves communication, particularly on health development issues, through the construction of health infrastructure and the implementation of national programs to combat AIDS, malaria, and tuberculosis. Although health issues have been a central topic in political discourse, the health situation in the country remains unsatisfactory despite promises made in public health projects. Many analyses have dealt with the mechanisms of communication in public policies. However, some authors have confused these mechanisms with the implementation of projects by Dubois [1]. Public communication is a fundamental link between the government and the people Pasquier and Mabillard [2]. This communication process is considered a public policy Griffon [3] because it raises humanitarian issues Defferrard [4].

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In the specific context of health, the World Health Organization (WHO) has established a collaboration framework with Non-Governmental Organizations (NGOs) to review policies regarding collaboration every three years.

From the government's perspective, this collaboration can contribute to understanding the logic of adapting public action that directly reinforces professional legitimacy by mobilizing "experts" in technical frameworks in the development of deconcentrated or decentralized public structures. Thus, rigid statutes are made more flexible to replace standardized solutions with adapted contingencies in the field of communication in public organizations Bessières, 2009; Gálvez and Casanova, 2019; Bonnet, Bonnet, and H elaine-Pinsard, [5].

Since the change of regime in 2011, the current government has promised to make C ote d'Ivoire an "emerging country by 2020". This has led to a form of social popularity as the leading entity Gerstl e and Piar, [6] and political legitimacy in the media Cotteret, [7] in the recovery and circulation of "that formula" Krieg-Planque, [8]. The question today is how the popular appropriation of this political discourse translates into communication practices in the implementation of public health policies in C ote d'Ivoire. What interpretation can be made of these public policies in the daily lives of Ivorians during the two five-year periods of state power exercised by the Rassemblement des Houphouetistes pour la D emocratie et la Paix (RHDP)? The study attempts to address these concerns through the apprehension and analysis of the health realities of the population in relation to communication for the implementation of public policies on this issue. In other words, it seeks to answer the question of the adequacy between the communication practices of actors in the health field and the reality of supply and demand in the field. The theoretical and methodological elements outlined below provide significant support for this reflection.

1.1. Theoretical and Methodological Framework for Reflection

After noting that political discourse suffers from both formal cumbersomeness and a deceptive nature, Le Bart [9] suggests that this type of discourse has a remarkable social effectiveness according to ordinary representations. For instance, it can skillfully penetrate the unconscious of receivers, short-circuiting their conscious minds. In the field of health, Zaller cited by Gerstl e, [10] argues that public opinion is dominated by elites whose influence leads citizens to support opinions they might not have accepted if they had better information and analysis. Gerstl e [10] emphasizes that informing others depends on the receiver's prior knowledge, information processing practices, and experience in the relevant field. In other words, the key factor for information effects to occur on populations is that they must have some experience of information.

This reflection's theoretical postulate draws on the sociology of communication in a perspective of the sociology of reception as defined by Mercier [11]. Public policy takes the form of an action program specific to one or more public or governmental authorities, and coherence between different government actions is crucial Atchoua and Coulibaly, [12]. Public policy analysis focuses on the activities of its different components and their interactions with actors formally outside the state sphere.

This study specifically focuses on the Discourse on Communication for Development (DCD) as a form of

political discourse in the exercise of state power Coulibaly, [13]; Diassé and Coulibaly, [14]; Coulibaly and Atchoua, [15]. The study investigates how target populations receive speeches by elected representatives of the executive branch regarding public health projects and policies in the Ivorian context.

Data collection involved qualitative and observational methods, such as comprehensive and flexible interviews with communication officers of the national malaria, AIDS, and tuberculosis control programs, as well as 35 administrative managers from eight hospitals and 112 of their patients. Face-to-face observations were also carried out to inquire about the facts of health in public health care facilities. The method of observation adopted made it possible to collect interesting information, which was analyzed to first define the methodological framework, then decipher the level of materialization of discourses and public policies on health problems in health centers, and finally analyze the reception of these discourses by target populations.

2. Public Health Policy Provision and Stakeholder Communication in Côte d'Ivoire: an Overview

For several decades, funding health system in Côte d'Ivoire has been solely the responsibility of the government. Since the country's independence in the 1960s, the government has committed to providing free care for specific diseases to a particular population segment. Even today, more than half a century later, the government still announces several free (sometimes targeted) healthcare "projects" in public health services. It is, therefore, necessary to question the care provided by healthcare providers in various hospitals and health centers. According to the National Health Development Plan (PNDS) in 2016, the Ivorian health system is dominated by a promising public and private sector, alongside traditional medicine. Public health structures are organized into three levels, with the primary or peripheral level represented by 1967 Primary Health Care Facilities (ESPC). The secondary level is made up of healthcare facilities for first referral, consisting of 87 hospitals (general, regional, and specialized), while the tertiary level includes healthcare facilities for second referral, consisting of 4 University Hospital Centers and 5 National Specialized Institutes. In addition to the care offered by other ministries, there are also four other National Public Support Establishments.

The private health sector has also developed in recent years, with 2036 private health facilities in the country in 2011. Private faith-based sectors, associations, and community-based organizations (CBAs/CBOs) participate in providing healthcare, especially at the primary level, with 49 health facilities. In 2014, the private pharmaceutical sector accounted for between 80 and 90% of the supply of medicines. This sector essentially includes four wholesaler-distributors who import more than 90% of their products; one thousand one hundred private pharmacy dispensaries; eight drug production units, four of which are operational, producing 6% of the national pharmaceutical market PNDS, [16]. Traditional medicine is also a priority for Ivorian health authorities, as an alternative to improving health coverage and reducing disparities and inequalities in access to quality care for low-income populations, following WHO recommendations. The Ivorian government has included traditional medicine in its priorities through Law No. 2015-536 of 20 July 2015 and Decree No. 2016-24 of 27 January 2016 on the Code of Ethics and Professional Conduct for practitioners of traditional medicine and pharmacopoeia.

Despite the well-developed health system in terms of structures and infrastructure, a study conducted by the

European Commission and the French Development Agency [17] indicates that Côte d'Ivoire still records high infant and maternal mortality rates, despite free healthcare for children and mothers. This observation is shared by organizations such as WHO [18], who consider the health system to include all activities that aim to promote, restore, or maintain health. The healthcare projects announced in Côte d'Ivoire to achieve such an objective are far from the mark. According to a health official, the pillars of the Ivorian health system seem fragile:

KMP. "When it comes to health, there are many inspiring speeches, but the laws and directives issued by the minister must be effectively implemented. For instance, let's take the issue of midwives. We hear a lot about their inadequate training, but it's the government's responsibility to ensure that they receive the appropriate training. However, if you visit some health facilities, you'll find women giving birth on dirty and unkempt beds in dingy rooms that don't inspire confidence. This is not an ideal environment for any woman to deliver her baby."

This statement highlights the deplorable conditions in which women give birth in public hospitals, due to the poor practices of the staff, which creates fear and reluctance among the population to visit these health centers. Despite this, politicians' speeches convey a promising message through media announcements, giving hope for an improvement in health care provision. In fact, after the post-electoral crisis of 2011, the new Ivorian government launched an ambitious program of free targeted care for a specific segment of the population, including the Presidential Emergency Program (PPU), and investment in priority areas such as education, health, and poverty reduction Atchoua, [19]. These initiatives and the communication surrounding them contribute to improving the image of Côte d'Ivoire and highlight the positive social policies advocated by the government through symbolic acts that reinforce its legitimacy Zémor, [20]. However, while political authorities make media appearances to announce major investments in the health sector, this hospital center's administrative manager exposes a failing system:

DI. "(...) What is shocking to me is the absence of an emergency room in the public sector. In any country with an Emergency Medical Service, there should also be a proper emergency service. If a person has a spike or something stuck in their stomach, for instance, they should be operated on immediately. However, there are countless people who die needlessly because there is no real emergency service or technical platform in place. The problem is not that their promises are empty, but that they have no actual impact. We are constantly being promised one thing or another, yet we hardly see any real change."

One of the officials in our survey expressed his disappointment about the lack of emergency care equipment in public hospitals. He also noted that the government's discourse on the issue has not been followed by any concrete action. According to our investigation, the United Nations Development Program (UNDP) study from 2011 showed that the poor governance of the Ivorian health system, characterized by corrupt practices such as absenteeism, theft of medical supplies, informal payments, fraud, weak regulatory procedures, opaque and poorly designed procurement procedures, diversion of supplies for personal use, and misappropriation of funds, poses significant obstacles to fulfilling the state's promises of providing free healthcare to the population. As a result, the population does not view the government's claims that "the state works for you" or the signing of cooperation or technical support agreements, or even the celebration of equipment purchases offered by

development partners, as life-saving opportunities.

In summary, politicians use the issue of public health not as a genuine promise, but as a way to maintain a positive image among the population through controlled media. The importance of discourse in creating political legitimacy is emphasized by Iyengar quoted by Gerstlé, [10], who suggests that the dissemination of information on a large scale can prevent the development of contrary perceptions. However, local media cannot sustain health promises for long in the face of administrative challenges and patients who continue to wait for their needs to be met.

Another issue affecting the implementation of public health policies in Côte d'Ivoire is the mismatch between the supply and demand for healthcare. This mismatch is evident in health centers and institutes across the country. Despite the country's commitment to improving the quality of healthcare and services for all its citizens, as outlined in its national policy, there is still a significant gap between the need for healthcare and the availability of resources to meet that need.

To ensure equitable access to healthcare, as enshrined in Article 7 of the Constitution, it is the duty of the government to take concrete steps to improve the healthcare system. However, the current mismatch between supply and demand means that many people are still unable to access the healthcare they need, despite it being a fundamental right. To address this issue, there is a need for increased investment in the healthcare system, as well as better management of existing resources to ensure that they are utilized effectively and efficiently.

The quality of healthcare and services is a crucial factor in ensuring that the right to healthcare is enjoyed by all citizens. Unfortunately, in Ivorian hospitals, health practices do not always align with this fundamental right. Many respondents report that while healthcare services are provided free of charge, health workers compensate for this loss of earnings by selling equipment and medicines that are meant to be free.

In addition to these mercantilist conditions, corrupt practices, lack of professionalism, and absence of ethics also plague the provision of healthcare. This is exemplified by the testimony of a respondent who shares her experience of malaria care. Her healthcare facility intervened in the field for a net donation operation, but the quality of care was severely lacking.

Given these challenges, there is a need for urgent action to address the issue of healthcare quality in Côte d'Ivoire. This will require a concerted effort on the part of healthcare providers, policymakers, and the public to promote professionalism, ethical practices, and transparency in the healthcare system:

IMP. "There appears to be a disconnect between political decisions and the actual situation on the ground. While the state is making efforts through its partners to provide impregnated mosquito nets for malaria prevention, many feel that this is not enough and that the nets are not distributed to the entire Ivorian population. Some recall the distribution of products from airplanes in the past, which had a greater impact. It is important to note that good decisions alone are not sufficient if they are not well-implemented on the ground. It is crucial to ensure that policies and initiatives are effectively executed to benefit the people they are intended to serve."

It is clear from this statement that the government and development partners also must make efforts to redistribute the benefits to the beneficiary populations. The interviewee's statement highlights the need for effective redistribution of the benefits of health development projects to the intended beneficiaries. This includes not only the provision of sufficient mosquito nets but also their proper distribution based on the population's needs.

This observation contradicts the charitable discourse of actors involved in health development projects, particularly in the fight against malaria in Côte d'Ivoire. It also raises questions about the actual provision of free healthcare to the population, as opposed to the rhetoric used in political speeches.

Given the realities of political discourse and policy implementation in public health, it is essential to examine the communication practices of actors in national programs for the control of AIDS, malaria, and tuberculosis. This will help to understand how communication can play a role in bridging the gap between policy decisions and their effective implementation on the ground.

2.1. Non-Professional Management of Communication Services in National Health Programs

The public health programs in Côte d'Ivoire operate in a way that requires examination. The objective of this paper is to describe the communication practices of these public administrations to enable appropriate communication. The study focuses on the National Malaria Control Program, National Tuberculosis Control Program, and National AIDS Control Program as public actors in health development in Côte d'Ivoire. As such, they play a central role as the state reference for the functioning of the national health system. Despite commitments made in Abuja in 2001, most signatory countries have not honored their international health commitments, including Côte d'Ivoire.

This situation has inevitable consequences on the health of the population, whose demographic dynamism creates significant needs. Failure to allocate the planned 15% of the national budget to the health sector, as well as inadequate investments in prevention and health promotion, constitute major obstacles. It is important to note that some services, such as those for tuberculosis and malaria, are not provided adequately. There are several reasons for this health situation, three of which will be discussed in this study.

The first reason is about the way health authorities view the health condition of their populations. In developing countries, communication responsibilities are often partially assigned to donors and development partners, who may have their own specific modes of operation that do not always consider the contextual realities of their interventions.

While practices have changed, the choices made may still not align with those of the beneficiary countries or populations. It is important to note that there is a delegation of responsibility between developing countries and their development partners, resulting in a superposition of international and national public policies. This can present obstacles in the implementation of health development programs and projects. As a result, Hours [21] stated that:

“The absence of the government on the ground reinforces its imaginary presence, depicting it as a punitive entity that neglects its responsibility to heal, despite having all the necessary means to do so. This is why the state's trial is metaphorically likened to that of a sorcerer state. The state should not be seen as casting spells on individual patients, but rather on the care institution itself, which has become a place where fear of death and the desire to escape prevail. The failure to assist those in danger within places of care and assistance is perceived as a violation of institutional values and norms, both indigenous and colonial.”

The author's description reflects the situation experienced by developing countries and their populations regarding health issues. In Côte d'Ivoire, health authorities prioritize the treatment of the sick by providing appropriate medication. In other words, the curative aspect takes priority over the preventive aspect for infectious diseases, even though the latter is the best approach to dealing with health problems in countries with high poverty rates. Additionally, it's important to note that these populations may not necessarily be literate, which underscores the need to develop communication strategies in local languages to educate and ensure that they understand good practices for preventing certain diseases.

The second reason is related to the lack of communication from public health programs. Some of these programs do not have dedicated communication departments, and the resources allocated for communication are often inadequate. Consequently, the communication activities of these programs are heavily reliant on international NGOs, even though their mandates for implementing public health policies may differ. This reveals that the preventive aspect of public health policy through communication is not prioritized in Côte d'Ivoire. This choice has various consequences, including the re-emergence of diseases due to the population's total or partial lack of knowledge of these diseases.

The third reason is related to the fact that communication efforts are currently managed by health professionals and not communication specialists. This suggests that professional communication is often taken for granted in a context where the professionalization of communication is a significant issue. In the programs we surveyed, doctors were responsible for managing the communication departments. The National Tuberculosis Control Program explicitly expressed the need for a dedicated communicator, as they believed that effective communication was crucial to combat tuberculosis. However, a doctor may not be equipped to develop and implement a successful communication strategy for tuberculosis as a “product” that needs to be sold to the population for behavioral change. It's important to understand how these national health programs collaborate with NGOs working in the health sector.

2.2. Collaboration between National Health Programs and NGOs

As mentioned earlier, national health programs play a crucial role in the fight against diseases, such as the National Tuberculosis Control Program (PNLT), National Malaria Control Program (PNLP), and National AIDS Control Program (PNLS), which are responsible for tuberculosis, malaria, and AIDS, respectively. These are public institutions that work with various development partners, including United Nations agencies like UNDP, UNICEF, UNAIDS, WHO, among others, as well as international NGOs like Save the Children and Alliance Côte d'Ivoire. Save the Children manages the malaria segment, while Alliance Côte d'Ivoire deals with

both AIDS and tuberculosis. To ensure efficient and collaborative functioning, a communication officer from Alliance Côte d'Ivoire stated that collaboration is done in a consensual manner, *it is the development partners who propose and evaluate what strategies are beneficial, while it is up to us to develop and submit the strategy.* So, they claim to work in perfect harmony with the Ivorian government. *We submit our proposals and examine theirs in a collaborative manner, while keeping in mind our shared goal of working for the benefit of Côte d'Ivoire.*

We are not an NGO that operates in isolation. Instead, we work closely with government authorities and other development partners to ensure the success of our programs, which are developed for the benefit of Côte d'Ivoire and its people. The same applies to the grant from the Global Fund that we manage, as it is intended for the State of Côte d'Ivoire. Our organization strictly adheres to established procedures when intervening in Côte d'Ivoire. Our interlocutor explained that funding from the Global Fund follows a chain of actors, each with a specific role to play.

To address funding needs related to the three diseases, each affected country establishes a Global Fund Coordination Mechanism (CCM). This governmental structure was established by the global institution and its primary function is to oversee the funds available to countries. In other words, the NGO responsible for distributing these funds to the population is subject to oversight by the state. Our source emphasizes the close relationship between their organization and the state through the CCM. They strictly adhere to a procedure that is agreed upon with the government and in accordance with Global Fund standards. As an NGO, they can only propose initiatives to the state, which may or may not be accepted depending on their relevance. Additionally, the government ensures that the NGO's activities align with its policies. If they do not, the collaboration can be terminated.

It is worth noting that the health system's operation relies heavily on external resources, which are managed by an NGO. This arrangement inevitably affects the financial autonomy of public programs, especially with respect to communication. However, the Global Fund Coordination Mechanism, which functions as a state structure, allows for oversight of the NGOs that receive these funds, as required by the international system's operation. It should be noted that the rationale for this mechanism of foreign fund management is a form of constraint through which prescriptions are implemented in developing countries. This approach was initiated by the global financial system's institutions, following the "Washington Consensus" Sogge, [22], which delegitimized the public sector. Nonetheless, the state continues to play an essential role in developing strategies through public programs in collaboration with NGOs, which are responsible for implementation on the ground. This implementation is carried out through a communication mechanism described to us by our international NGO source:

KS: (...) We work with decentralized NGOs, which we refer to as sub-recipients, to make contact with even more local NGOs, which we call sub-sub-recipients. This creates a three-level system: the central level, which is the Alliance; the intermediate level, which is the sub-recipients; and the peripheral level, made up of the sub-sub-recipients. Our aim is to assist the National Malaria Control Program (NMCP) in reducing the chain of transmission, increasing the rate of notification, and improving the rate of treatment success.

This mechanism is primarily based on a community and social mobilization approach that emphasizes proximity communication. It involves three levels of intervention for practical communication on the ground. The goal is to get as close as possible to the populations, with specific objectives assigned to each level of intervention, and the responsible actors working to achieve them. It is a chain of intervention established to meet the information needs of the population. International NGOs work with other national NGOs on decentralized local communication throughout the country, as explained by our source.

CA: (...) The communication is ongoing and constant, carried out by NGOs that have been specially trained for this purpose. For tuberculosis alone, we have six NGOs at the second level and 17 at the third level. For HIV, we have even more NGOs: six at the second level and at least 60 at the lower level. They are capable of effectively covering the necessary communication, so there is no problem in terms of capacity...

According to our source, this system effectively covers the entire national territory for both tuberculosis and HIV. There are 24 NGOs involved in the communication mechanism for tuberculosis and 67 for HIV. This should ensure that communication and mediation needs for both diseases are met across the country. The head of the tuberculosis program for Alliance Côte d'Ivoire explains that the NGOs are selected based on their recognition by the Ministry of Health, and their experience at both the intermediate and peripheral levels is considered. It is important to note that the knowledge acquired through experience is deployed to communities that are not "cultural idiots," as Garfinkel quoted by Coulon, [23] puts it.

As an example, we can provide a schematic of the non-media communication strategy for tuberculosis and HIV. Both diseases are managed through proximity communication by the same international NGO.

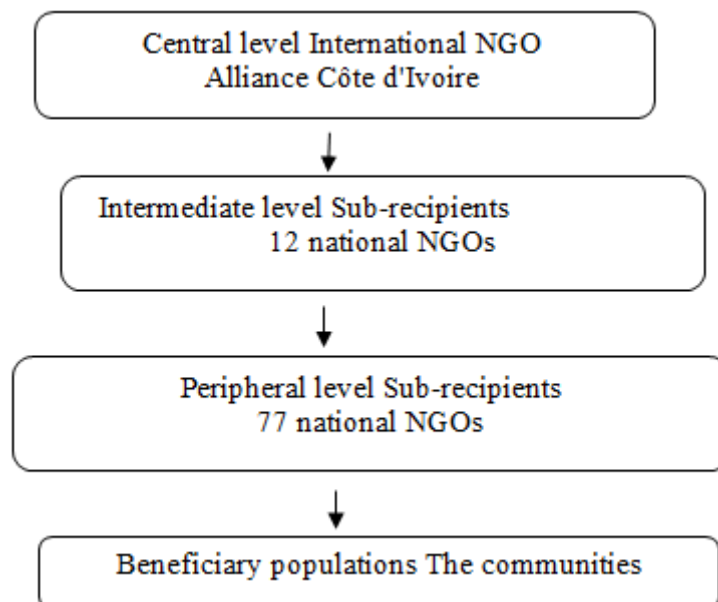


Figure 1: Circulation and awareness-raising process outside the media (Alliance Côte d'Ivoire).

Source: the authors of the study

The figure illustrates the stakeholders involved in proximity communication. This type of communication is implemented by an international NGO with the support of a group of national NGOs chosen for their experience and operational capacity in the field. This is the model used by NGO Alliance Côte d'Ivoire. The Save the Children model can be illustrated in the following diagram.

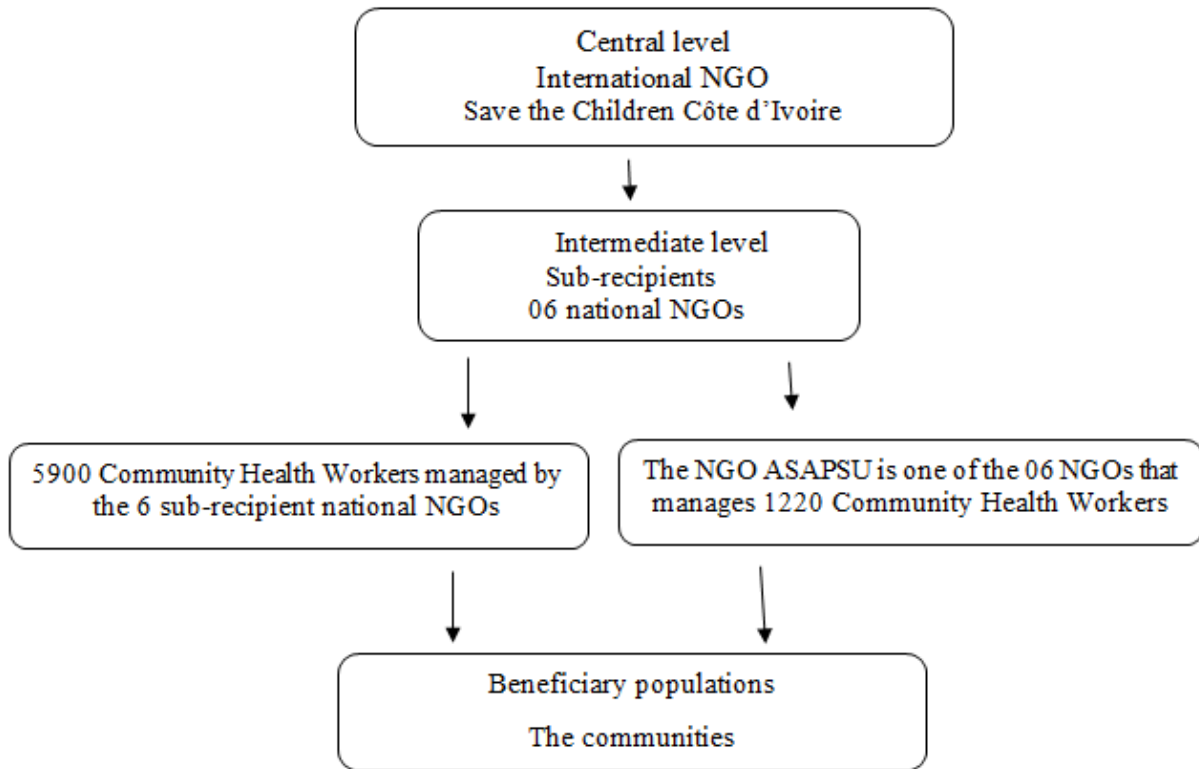


Figure 2: Non-media circulation and awareness-raising process (Save the Children).

Source: The authors of the study

In any case, it is essential for this group of actors to cover the entire national territory and effectively communicate with communities about tuberculosis and AIDS (as shown in Figure 3) and malaria (as shown in Figure 4). These communities develop their own health practices to meet their needs, as public infrastructures are often absent or unable to provide adequate care. A better understanding of these practices can help in implementing effective mass and outreach communications. It is important to note that the institutionalization of knowledge and practices depends on their vitality, which is reflected in the quality and extent of knowledge production, as well as the ability to share knowledge among the scientific, professional, and social actor communities Marteleto, [24]. When it comes to public health in developing countries, effective communication from social actors in the field requires subtlety and vigilance. The deployment of such communication through these organizations, as presented by an interlocutor from an international NGO is crucial.

KS: (...) *It seems that there are intermediate and peripheral actors who are responsible for developing the strategy, while we provide them with financial and logistical resources to implement it in the community through awareness-raising activities. These activities begin with the patient to encourage behavioral changes.*

In an awareness-raising situation, the informant highlights that the sick person is the vector of transmission for tuberculosis. It is important for the sick person to recognize their role in breaking the chain of contamination. The first level of communication with the patient is crucial in creating this awareness. The patient's immediate circle also needs to understand the disease to help break the chain of transmission. By ensuring that the patient and their circle understand the disease, the chain of transmission can be broken, and the resulting stigma can also be overcome. At the community level, people can learn about the signs of tuberculosis and direct those who show these signs to hospitals for screening.

The outreach communication strategy outlined in this excerpt provides insight into how communication is implemented in the field. Using a systematic approach, intermediaries inform populations that are likely to contract the disease by explaining the mode of transmission and, most importantly, how to break the chain of transmission between individuals. When individuals are sufficiently informed about their ability to transmit the disease, they are more likely to take steps to stop the chain of transmission, ultimately saving their family and community members.

Furthermore, the interviewer raises the issue of stigmatization of patients in the above excerpt. This stigma can result in patients being excluded and potentially delaying timely screening. If screening is not done early, the entire community is at risk of exposure, making an epidemic highly likely. In a participatory and community-based approach, peripheral actors involve community leaders in the deployment of outreach communication. These leaders become messengers of the information, as the same interviewee explains.

BR: (...) There is a hierarchical structure in place, consisting of a certain level and the surrounding community. This community is comprised of our fellow human beings, including religious leaders, traditional medicine practitioners, chiefs, neighborhood leaders, and heads of households. To reach them, we use a door-to-door approach during home visits to communicate our messages effectively. (break for phone call) As I was saying, this is our system for communicating with both the sick and the general population.

The system operates under the close supervision of the leading NGO responsible for communication policy in the field. This supervision includes corrective measures and adjustments to ensure that communication within the community is effective. The interviewee highlighted this point: *"We conduct field supervision to ensure that the communication approach is being implemented effectively. If any issues arise, we make necessary adjustments and reframing to improve the communication strategy"*. These two extracts illustrate a comprehensive effort to reach even the most remote populations. By involving community leaders and other influential individuals, the system aims to account for all segments of the population. However, the effectiveness of the system is not always as high as intended by its creators. Additionally, it's worth noting that this mechanism is not unique to the National Tuberculosis Control Program; all programs funded by the Global Fund apply a similar approach, though its efficacy may vary. One of our interviewees (SD) shared their thoughts on this matter:

SD: We are currently revising our strategy because we recognized that our approach has limitations. While acting, our main objective is to empower organizations to become self-sufficient. Therefore, we are reviewing

our strategy with this goal in mind. For instance, we have already reassessed our tuberculosis strategy.

The insights shared by the informant shed light on the fact that NGOs receiving funding from donors are not always effective in the field. Deficiencies in project and program execution are often related to inadequate strategies. In response, these organizations may choose to develop new approaches for more relevant action on the ground. As a result, performance evaluations and concrete contributions to communities will be the basis for the allocation of funding. Previously, state authorities provided grants without adequate monitoring, but going forward, all grants will be awarded based on performance. In Côte d'Ivoire, the collaboration between public development programs and health NGOs is far from ideal. While it's not a chaotic situation, there seems to be a sense of every man for himself. Based on interviews with various actors, it appears that the implementation of community communication in the fight against malaria is hindered by certain realities that prevent the disease from being viewed as a true public health issue.

Although programs define the intervention strategy, it's the responsibility of international NGOs to ensure implementation on the ground. Unfortunately, this context makes it difficult for programs to intervene in the communication dimension. One interviewee states:

BR: (...) Regarding the fight against malaria, we hold coordination and supervision meetings with Save the Children, an international NGO, even though they are not our funding source. As our interviewee explained, when we submit a project to the Global Fund, it consists of two components. The public component covers everything that is addressed through formal channels, and the community component focuses on community-based communication. However, this community component has always been given to an international NGO.

When asked if this mode of operation is suitable for the National Malaria Control Program's communication policy implementation, the answer was clear: it does not suit the actors of the national health system. According to our respondents, public programs lack sufficient funds to carry out their work effectively. For instance, a communication officer at the National AIDS Control Program revealed that the program only devotes 1 to 3% of its total budget to the public communication component, which should oversee the program. Communication is a fundamental aspect of disease prevention and health project implementation, but it is not considered a central pillar of the fight against diseases. The health system in Côte d'Ivoire functions differently from those in other countries, and this specificity has advantages and disadvantages, according to one respondent.

BR: I can't say whether this approach suits us or not. If international NGOs are partnering with local NGOs to work on the ground, it seems to be a viable option. Moreover, many countries have established National Malaria Control Programs to manage this aspect, so it could be considered a well-established practice rather than a novel approach...

In Côte d'Ivoire, NGOs play a crucial role in the health sector as they receive direct funding from donors. While this allows them to report directly to the donor, it also means that health programs are often underfunded. As a result, communication, which is crucial for the success of these programs, is often not adequately financed, and developing countries struggle to meet the funding targets outlined in the Abuja Declaration for health systems. It

is worth noting that in Côte d'Ivoire, the responsibility for communication regarding health programs falls largely on a network of NGOs, rather than being the direct responsibility of the state through public health programs. Coordination and supervision meetings are held between these major actors, but the collaboration between international NGOs and their local partners in implementing health initiatives can be questioned.

3. Discussion of the results: public policies and two models of professional communication practices in Côte d'Ivoire

Public service and public action are subject to several constraints, including public communication which is managed with great care. However, communication in public organizations is often bogged down by bureaucratic procedures and can be slow-moving Bessières [25]. This can make it difficult to take advantage of communication opportunities in order to support public action and efficiency.

Public administrations are often characterized by practices that do not prioritize institutional or community communication, meaning that communication actors and interventions do not adhere to professional standards. These standards apply to care organizations, such as hospitals, clinics, and health centers, as well as health promotion, prevention, and management organizations (which some might associate with health governance), whether they are private or public, international, national or local, for-profit or non-profit Cherba and Vásquez [26].

These health organizations operate in various ways, sometimes as professional bureaucracies, but sometimes as pluralistic organizations or organized anarchies. In the context of public health policies, public health organizations and health NGOs operating in Côte d'Ivoire present two different models of professional communication practices.

Some fieldwork was carried out in Africa, which involved interviewing communication experts, trainers, and NGOs. The findings reveal that many actors tend to use communication tools, such as interviews, press releases, and social media platforms, without a well-defined communication plan to effectively engage their target audience Gálvez and Casanova [6]. The high costs associated with implementing media communication in the execution of public policies are not matched by sufficient budget allocation. Consequently, public or private entities responsible for communication lack the resources to ensure that their actions are visible and credible to the public.

Furthermore, it is worth noting that the recognition of communication functions has different sources of legitimacy, although their role in the functioning of public organizations is increasingly questioned due to the emphasis on performance Bessières [27]. This study highlights how personal interests often take precedence over the general interest in executing communication plans. In other words, the challenges and inadequacies observed in communication practices are both a structural and ethical issue. Different approaches to communication practices indicate that communication managers in national health programs are often health professionals. However, in NGOs, professional communication managers face difficulties in dealing with this systemic reality.

In Côte d'Ivoire, national health programs do not appear to prioritize the communication function and service due to the lack of professionals in the field. It is crucial to note that this situation is based on three difficulties commonly shared with national and international NGOs. The first challenge concerns the complexity of understanding functional and symbolic interactions, whether cooperative or not, in addition to accounting for cultural and social factors within the organization. Moreover, the organization's capacity to facilitate innovation and effectiveness with the public is also crucial. The second challenge revolves around comprehending the actors' representations in internal and external communication.

Finally, the third difficulty is the collective construction and assimilation of meanings related to the targeted jobs, services, and results, as well as the approaches and procedures adopted by all actors Bonnet, Bonnet and H elaine-Pinsard [7]. Consequently, communication does not seem to be a strategic tool for public action, at least based on the communication practices of public or private actors involved in public policies.

4. Conclusion

The pillars of the health system in Côte d'Ivoire suffer from a lack of funding due to budgetary issues, transparency problems, conflicts of competence, and inadequate community participation. These problems largely depend on development aid, and despite this, Ivorian political authorities often reassure themselves with speeches that do not align with the realities faced by the population in public health centers and institutes.

This work delves into the public health problems in Côte d'Ivoire, particularly those inherent in political discourse, public policies, and the tangible facts of their implementation on the ground. Since coming to power in 2011, Ivorian authorities have made numerous promises of social and health well-being for the population. These speeches, often accompanied by glittering promises, are difficult not to welcome even in a political opposition posture, as evidenced by the media. However, using investigative tools presented in this work, observation of the facts on the ground suggests that these speeches are unrealistic and do not align with the population's experiences.

Despite the propaganda surrounding health investments, the data analyzed in this study demonstrate that political discourse promising the well-being of the population remains political propaganda in Côte d'Ivoire, even after more than half a century of independence and an emergence announced for 2020.

References

- [1] Dubois Martine, *The communication function within a project*, Universit e du Qu ebec   Montr al, 2016.
- [2] Pasquier Martial et Mabillard Vincent, *Communication in public organizations*, 2017.
- [3] Griffon Mathieu, "Public communication as public policy". *Science politique*. Paris, 2012.
- [4] Defferrard Jessica, *The challenges of communication in the humanitarian sector. Communication audit of a foundation working to collect and redistribute funds during disasters and conflicts. Chain of*

Happiness, Switzerland in Solidarity. Haute école de gestion, 2015.

- [5] Bessières Dominique, "The definition of public communication: from disciplinary issues to organizational paradigm shifts", 2009. *Communication et organisation*, URL : <http://journals.openedition.org/communicationorganisation/686> ; DOI : <https://doi.org/10.4000/communicationorganisation.686>
- [6] Gálvez Rafael Obregon et Casanova Jair Vega, Voices with a purpose. Conceptual Module: Training Manual for Communication Strategies for Development and Social Change. FRIEDRICH-EBERT-STIFTUNG (FES) *fesmedia* Africa Windhoek, Namibia, 2019.
- [7] Bonnet Jacques Bonnet Rosette et Héraline-Pinsard Sabrina, "Public organizations: communicating institutions?", 2009. *Communication et organisation*. URL : <http://journals.openedition.org/>
- [8] Gerstlé Jacques et Piar Christophe, Political communication. Paris, Armand Colin, 2016.
- [9] Cotteret Jean-Marie, To govern is to appear, Paris, University Press of France, 2001.
- [10] Krieg-Planque Alice, The notion of "Formula" in Discourse Analysis. Theoretical and methodological framework. Besançon, Presses Universitaires de franche Comté, 2009.
- [11] Le Bart Christian, Political discourse, Paris, University Press of France, 1998.
- [12] Gerstlé Jacques, "Information effects. Emergence and scope", Information effects in politics, Paris, L'Harmattan, p.11-28, 2001.
- [13] Mercier, Arnaud, "The contribution of a sociology of incommunication to the understanding of public policy dysfunctions". In *Les effets d'information en politique*. Paris : L'Harmattan, 2001.
- [14] Atchoua N'guessan Julien et Coulibaly Nanga Désiré, "Government communication and public health in Côte d'Ivoire: what political discourse means...". In *Revue de Littérature & d'Esthétique Négro-Africaines*, vol 3, N°18, 53-63, 2018.
- [15] Coulibaly Nanga Désiré, "Deontics and prescriptions in the institutional discourse of development communication: a processual analysis", Mémoire de Master, S/d Atchoua N. J. Abidjan, Université Félix Houphouët-Boigny, 2016.
- [16] Diassé Alain et Coulibaly Nanga Désiré, "Processes of discourse construction in development communication", Lomé, Revue scientifique de littérature et sciences humaines, Multifontaines, p.347-363, 2017.
- [17] Coulibaly Nanga Désiré, *Discourses of communication on health development in Africa: how are prescriptions received in Côte d'Ivoire??* Doctoral thesis, Department of Information and

Communication Sciences, Université Félix Houphouët-Boigny Abidjan-Côte d'Ivoire, 2020.

- [18] Programme des Nations Unies pour le Développement, *Fighting corruption in the healthcare sector: Methods, tools and best practices*, Abidjan, Côte d'Ivoire, 2011.
- [19] European Commission and the French Development Agency
- [20] WHO, *policy for the control of transmission of tuberculosis in health facilities, community settings and households*. Library Library, 2010.
- [21] Atchoua N'guessan Julien, "Post-election crisis and the repositioning of Côte d'Ivoire: Nation Branding as a model", Abidjan, *Revue de Littérature et d'Esthétique Négro-Africaine*, p. 141-158, 2014.
- [22]. Zémor Pierre *Public communication*, Paris, University Press of France, 1995.
- [23] Hours domination, dependencies, globalisation. *Tracés d'anthropologie politique*. Paris: L'Harmattan, 2002.
- [24] Sogge, Daniel. *The mirages of international aid. When calculation wins over solidarity*. Paris, Éditions Enjeux Planète. 2003.
- [25] Marteleto, Regina, Maria. "Publication models in the field of public health in Brazil: between interdisciplinarity and internationalisation". *Communication & langages*, n° 168, p. 5-15. DOI 10.4074/S0336150011012014, 2012.
- [26] Bessières Dominique, "The evaluation of public communication, between managerial norms and legitimacies, issues that are difficult to reconcile?", 2010. *Communication et organisation* [En ligne], 38 | mis en ligne le 01 décembre 2013, consulté le 02 janvier 2014. URL : <http://communicationorganisation.revues.org/1407>
- [27] Cherba Maria et Vásquez Consuelo, "Studying organizational and health communication from healthcare organizations to health organizing", 2014. *Communication et organisation* [En ligne], 45 |, mis en ligne le 01 juin 2017, consulté le 30 avril 2019. URL : <http://journals.openedition.org/>