Burkina Faso:

Strategic purchasing strategies and emerging results

BURKINA FASO TEAM

MAY 2021

SP/PHC
Strategic Purchasing for Primary Health Care

BIENVENUE AU BURKINA FASO

- Burkina Faso is a low-income land-locked country in the Sahel region of West Africa.
- The country's position in the region makes it susceptible to trans-national security issues. Terrorism and insecurity has escalated since 2018, leading to more than one million internally displaced people.
- The country faces a major burden of premature deaths and communicable diseases and is prone to natural disasters.
- Population growth is high (3%). Most of the population (70%) lives in rural areas and a large portion (>40%) of the Burkinabé live below the poverty line.

Indicator	Value
Total population (million)	20.3
Population growth (annual %)	2.8
Urban/Rural divide (% of pop.)	30/70
Population ages 0-14 (% of total)	44.7
Population ages 15-64 (% of total)	52.9
Population ages 65 and above (% of total)	2.4
Life expectancy at birth	61.2 (2018)
GDP growth (annual %)	5.7
GDP per capita, PPP (current international $)	2,274.72
Poverty headcount ratio at $1.90 USD/day (% of population)	43.8 (2016)
Human Development Index Rank (2020)	182 (out of 190)

Source: World Bank 2021; United Nations Development Programme 2019

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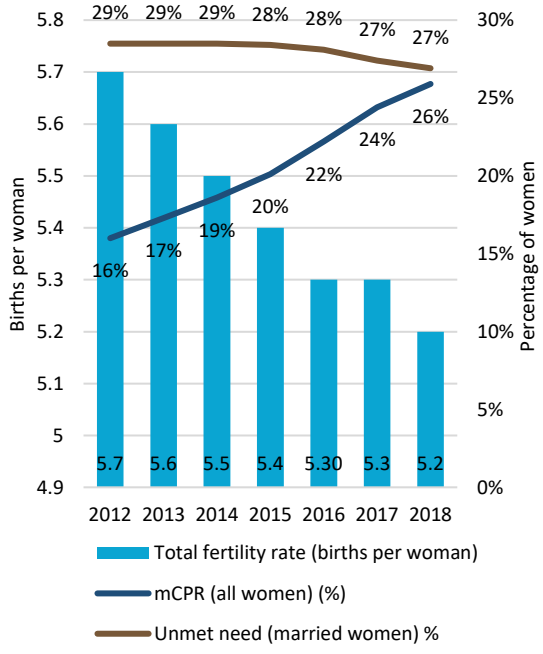
BURKINA FASO: FAMILY PLANNING (FP) SNAPSHOT

Fertility remains high, despite improvements in FP access

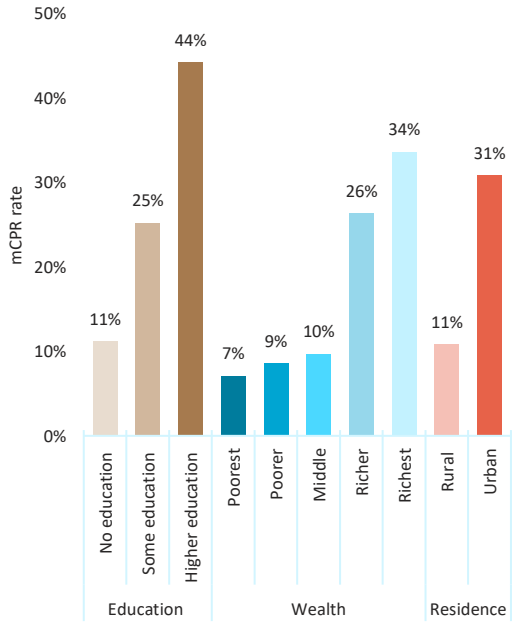
Total fertility rate is 5.2, population growth rate is nearly 3%, and almost half of the population of Burkina Faso (45%) is younger than 15 years. FP uptake has increased steadily but is still low (modern contraceptive prevalence [mCPR] at 26%) and limited by demand.



Sources: Burkina Faso DHS 2010; Track20 2019

FP uptake remains deeply inequitable

Although mCPR has increased significantly since the 2010 Demographic and Health Survey (DHS), the low uptake of FP among poor, rural, uneducated women is still a major concern.

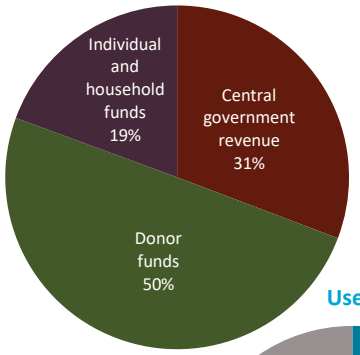


Source: Burkina Faso DHS 2010

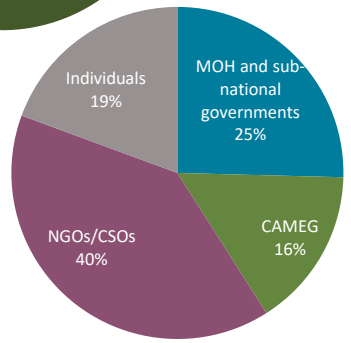
FP funding – donors play a key role

An analysis of FP fund flows highlights the dominant role of donor funding. Much of this money is channeled through non-governmental organizations (NGOs), but it also supports commodities delivered through the central medical store, CAMEG.

Source of FP funds



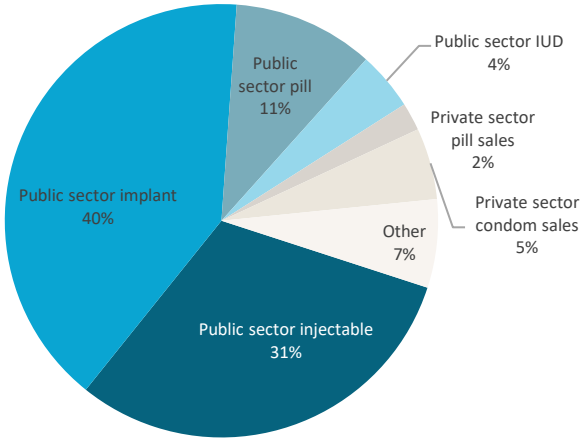
Use of FP funds



Source: ThinkWell analysis of NIDI and UNFPA 2017 data

Hormonal methods in the public sector dominate

NGOs often support services in public facilities, and the vast majority of women seek FP services there. Implants have overtaken injectables as the most commonly used method.

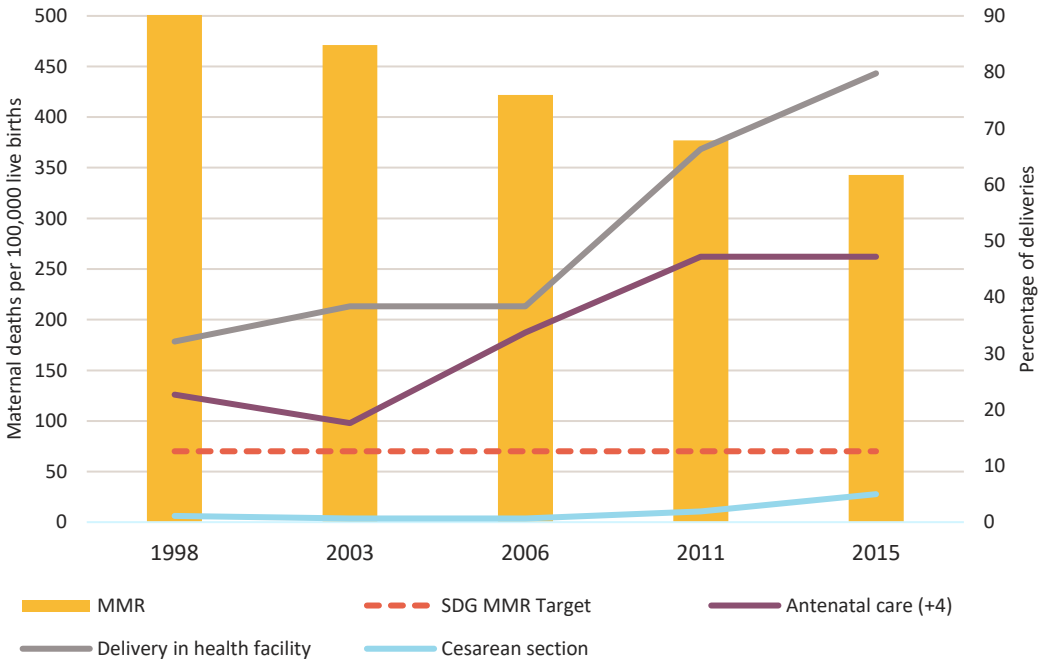


Source: Analysis of Track20 2021 and Burkina Faso DHS 2010 data

MATERNAL HEALTH IN BURKINA FASO

Maternal mortality remains high

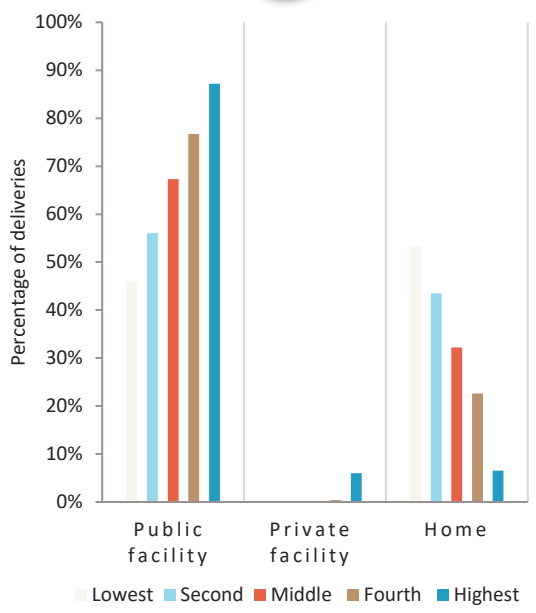
Access to services has improved significantly over the last 20 years. Most pregnant women receive some antenatal care from a skilled provider, but the percentage of women receiving at least 4 visits is low (47%). Delivery in a health facility is steadily increasing. The maternal mortality rate (MMR) is on a downward trend but remains very high despite improvements in access. Recent insecurity, with one million internally displaced people, may undermine progress.



Source: World Health Organization 2019; World Bank 2019

Many poor women deliver at home

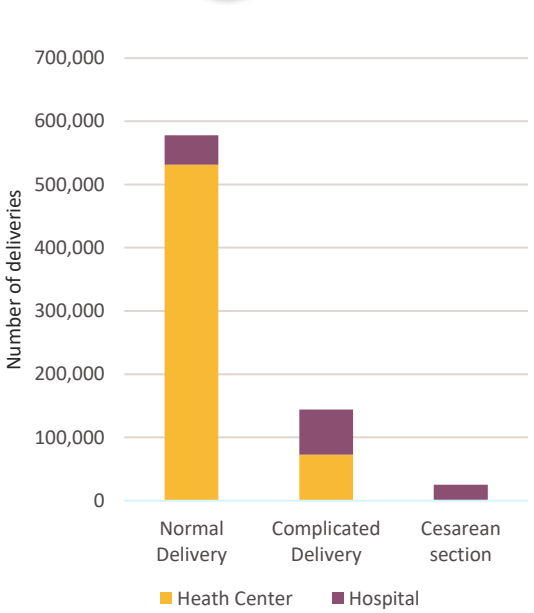
Facility delivery is highly inequitable; the majority of the poorest still deliver at home. The private sector plays only a peripheral role in maternity services.



Source: Burkina Faso DHS 2010

Deliveries are mostly at primary care facilities

77% of all facility deliveries take place in health centers. Complicated deliveries are split between hospitals and health centers, while cesarean sections take place almost exclusively in hospitals.



Source: ThinkWell analysis of e-Gratuité claims 2021

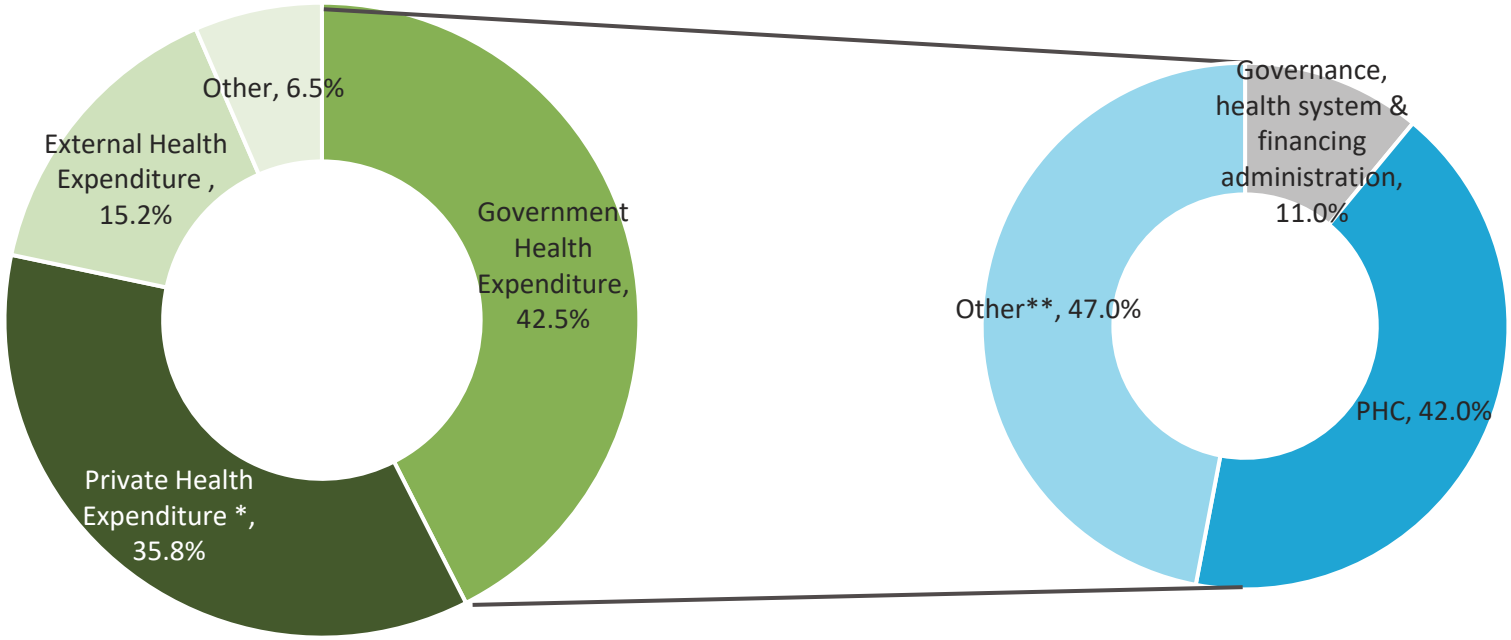
HEALTH FINANCING IN BURKINA FASO

Mix of current health expenditure (CHE)

Donor support is significant, but not the dominant force that might be expected in such a poor country. Burkina Faso dedicates a relatively high portion of government budget to health (9% in 2019).

Government health expenditure by function

A significant proportion of government health expenditure is directed to primary health care (PHC) (42%).



*Private health expenditure is primarily comprised of out-of-pocket payments. Private health insurance makes up a very small percentage of Burkina Faso's current health expenditure.

**Other includes expenditure areas by the government for NCDs, curative care, medical goods, rehabilitative care, long term care, and ancillary services.

Source: Global Health Expenditure Database 2020; Primary Health Care Performance Initiative 2019.

PURCHASING LANDSCAPE IN BURKINA FASO: FRAGMENTED SCHEMES

- The central government remains the **largest public purchaser** of PHC services in Burkina Faso; they receive funds from the central level and allocate these to facilities through input-based budgets.
- A variety of other purchasing schemes co-exist, but these are not well aligned with one another, leading to inefficiency.
- The national health insurance fund – Caisse Nationale d'Assurance Maladie Universelle (CNAMU) – is slowly emerging as a new player in the health financing landscape and may be placed in charge of the Gratuité.

Line-Item Budgets

- The Ministry of Health (MoH) – Directeur Administratif et Financier (DAF) – pays salaries for public sector health staff.
- The MoH subsidizes commodities through CAMEG, but remaining costs (including distribution) are reimbursed to CAMEG from facilities.
- Facility operating costs are transferred from MoH/DAF to districts, and then on to PHC facilities.
- The MoH also transfers funds to districts for supervision, monitoring and evaluation.

User fee removals: Gratuité

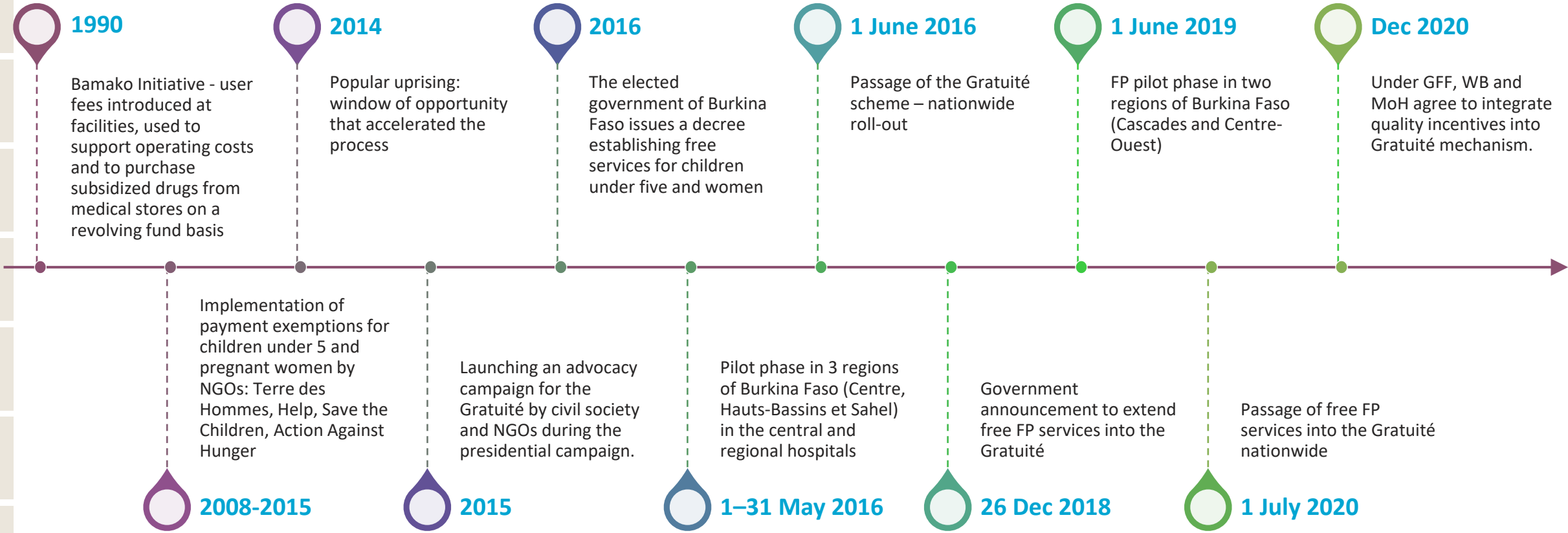
- Until recently, users have been asked to pay OOP payments for public sector health services.
- The Gratuité for MNCH is operational nationwide since 2016, FP added in July 2020.
- All pregnant women and children under 5 are eligible to receive free services at public facilities.
- Funds are transferred from MoH to facilities quarterly in advance. Payment are based on the OOP they replace, and subsequent payments are adjusted based on reports from facilities.

Performance-Based Financing (PBF)

- A large PBF scheme for maternal, newborn, and child health (MNCH) services was managed by the National Government and funded by World Bank through 2017.
- Under the Global Financing Facility (GFF), starting in 2018 the scheme was to expand from 17 to 40 districts, and to base payments on quality scores alone.
- Implementation challenges, including a lack of agreed quality metrics, delayed this new scheme.
- The World Bank and MoH are currently negotiating a redesign, through which GFF funds will support quality through integration with Gratuité.

PURCHASING LANDSCAPE IN BURKINA FASO: HISTORY OF THE GRATUITÉ

- Through the Gratuité scheme, public facilities provide a defined package of MNCH services free-of-charge and are reimbursed by the government based on subsidized rates that would previously have been paid OOP by clients.
- This scheme provides output-based payments to all public (and a small number of private) health facilities.



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SP4PHC Strategies in Burkina Faso

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KEY CONSIDERATIONS THAT HAVE INFORMED THE EVOLUTION OF OUR STRATEGIES

#1

The Gratuité scheme is an effective and pragmatic approach to more strategic purchasing of key MNCH and FP services in Burkina Faso.

#2

Management of the Gratuité is dynamic, and partnership with the MoH can rapidly influence its design to improve efficiency and effectiveness.

#3

The inclusion of FP in the Gratuité package will remove financial barriers, but effective signals to providers will be needed to grow demand for FP.

#4

Gratuité has increased access to services but is not designed to improve quality. GFF presents an opportunity to link payment to quality, but practical challenges remain.

#5

Integrating quality incentives into the Gratuité offers an opportunity to improve coherence and efficiency across primary care in Burkina Faso.

SP4PHC IN BURKINA FASO: KEY STRATEGIES

Learning agenda

Strategy 1

Support development of the Gratuité scheme, and prepare for transfer to CNAMU

- Conducted a **comprehensive review** of the Gratuité, explaining how it works, analysing performance, and identifying specific challenges and opportunities to work on with MoH and partners.
- Completed a rapid analysis of Gratuité's **subcontracted control and validation mechanisms.** Presentation of recommendations to the Minister of Health is planned, and a comprehensive review is ongoing.
- Supporting the transition of Gratuité management to CNAMU through building capacity and ensuring clarity of operation, including systems, roles and responsibilities.

Strategy 2

Support MOH's efforts to expand Gratuité to include free FP

- Completed a rapid analysis of FP data to assess the initial **impact of free FP in pilot districts**. The results of the survey are informing the evolution and scale-up of FP Gratuité.
- Conducting **routine monitoring of FP claims** to provide quarterly briefings to the responsible Technical Secretary (ST-ATD) and partners, highlighting emerging challenges and opportunities.
- Collaborating with Population Council and the Institut Superieur des Sciences de la Population to conduct a study on **FP counselling quality** in urban public facilities.

Strategy 3

Support incorporation of incentives for quality into Gratuité under GFF strategic purchasing

- ThinkWell is working with the MOH, SPARC, and the World Bank to design the **integration of quality incentives** into the Gratuité scheme.
- Conducting a quality measurement system review to **map quality metrics** available to integrate into Gratuité.
- Working with control and validation mechanisms under Strategy 1 opens the opportunity to **incorporate quality measures into validation** (including on client satisfaction) into this system.

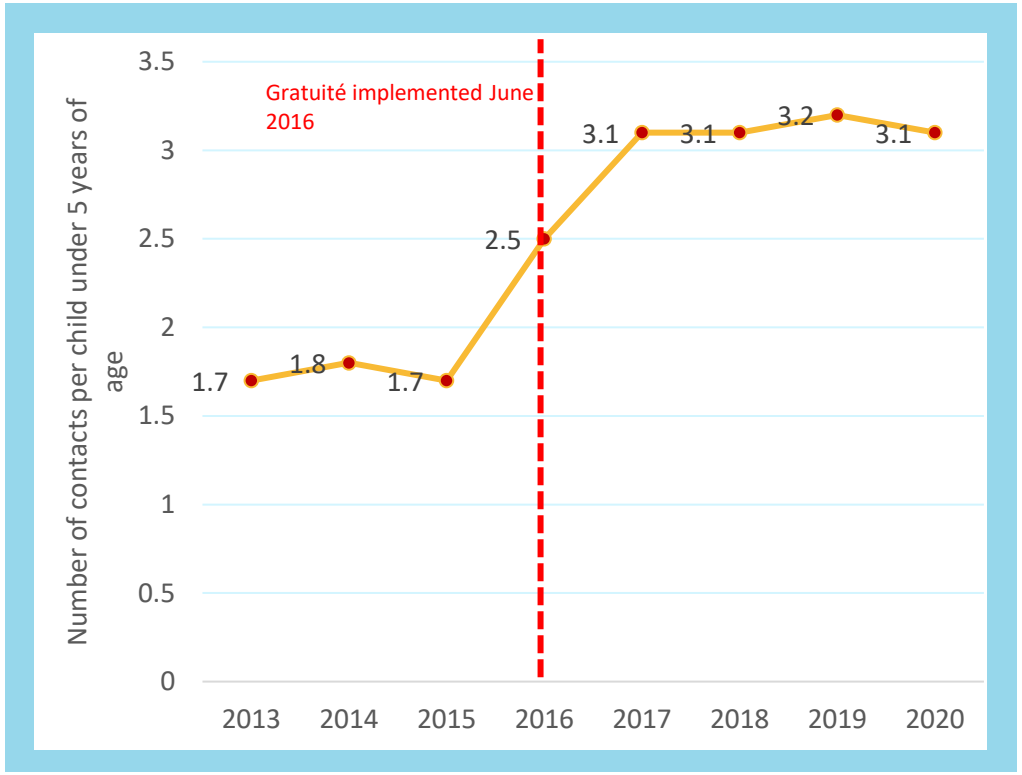
INCREASED UPTAKE OF MNCH HEALTH SERVICES

RESULTS FROM THINKWELL'S COMPREHENSIVE REVIEW OF GRATUITÉ

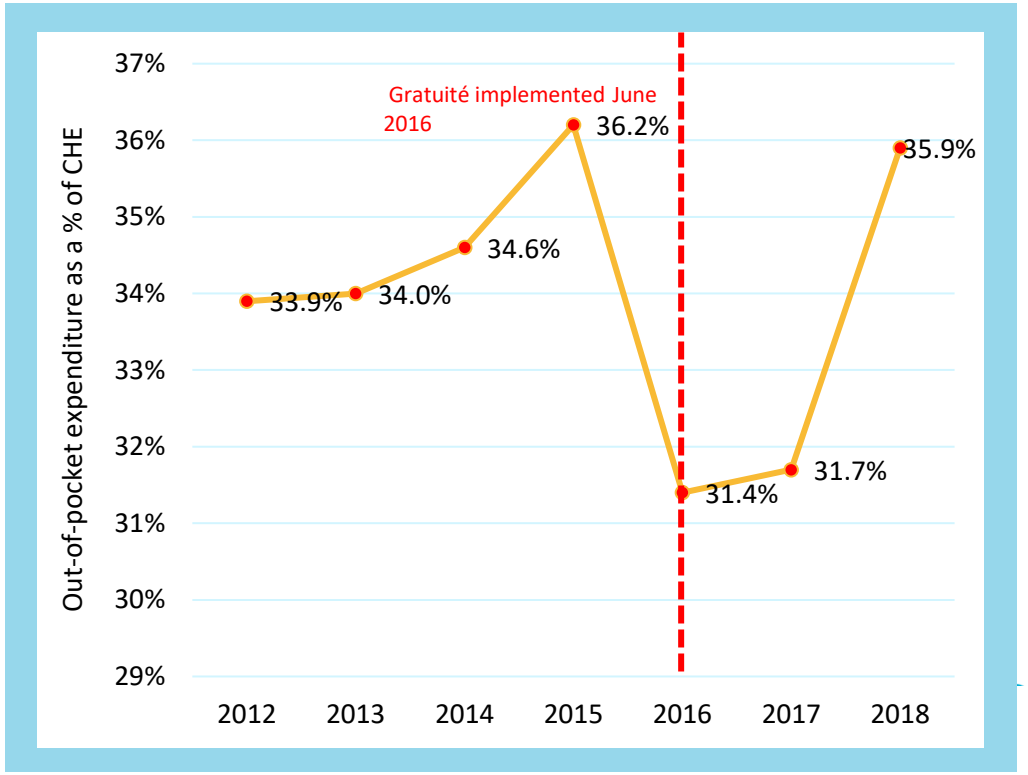
Strategy 1

- **Gratuité appears to have achieved its primary goals of improved access to services and reduced OOP expenditure on health.**
- **Utilization data suggests that Gratuite has increased access to MNCH services**. The average number of contacts between children under-5 and formal health services increased from 1.7 per annum in 2015 to more than 3 after 2017.
- **The introduction of Gratuité in 2016 initially reduced OOP expenditure as a proportion of CHE.** OOP household health expenditures, while still a major cost, declined from 36.2% of CHE in 2015 to 31.7% in 2017. OOP expenditures shot back up in 2018 when gratuite payments were held back by government.

Progression of service use for children under 5 in public sector health facilities (2012-2020)



Out-of-pocket household health expenditure (2012-2018)



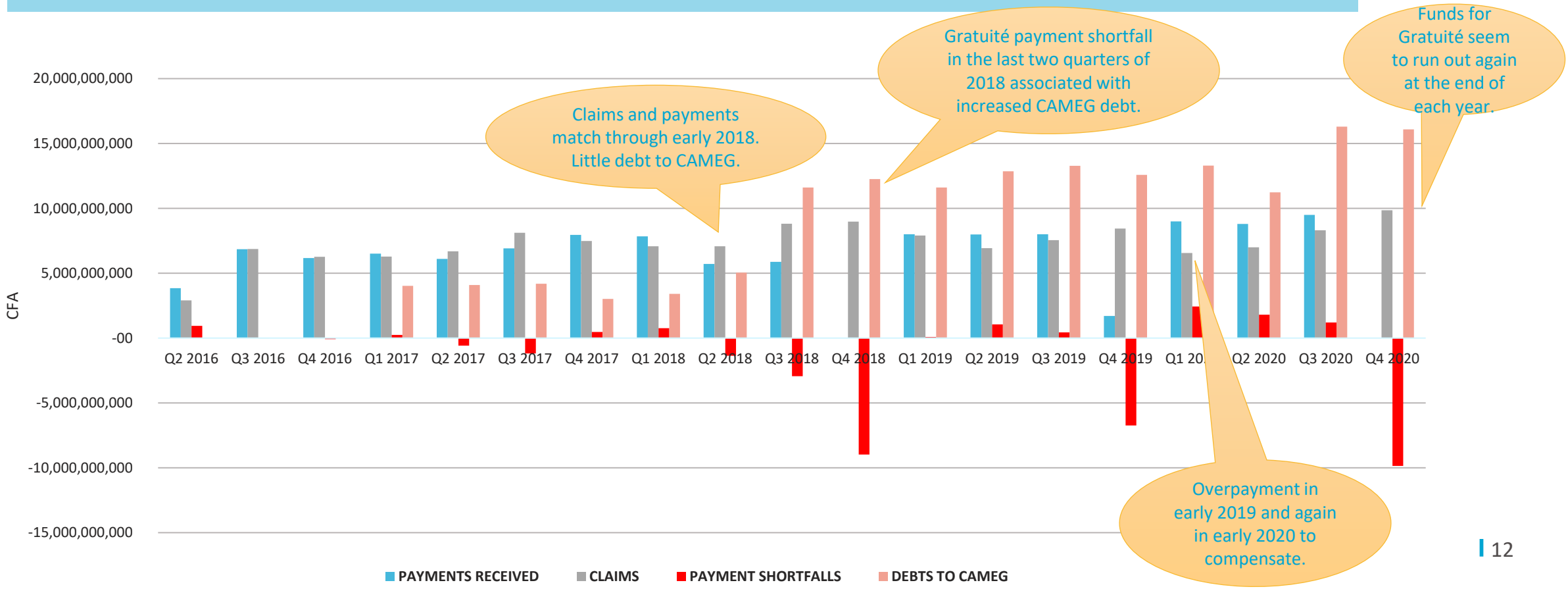
Source: Institut national de la statistique et de la démographie 2021; Boxshall et al. 2020

DISTRICT DEBTS TO CAMEG VS GRATUITÉ PAYMENTS

RESULTS FROM THINKWELL'S COMPREHENSIVE REVIEW OF GRATUITÉ

Strategy 1

- A quantitative analysis of district payment data presented here appears to suggest that **growing CAMEG debts are related to under-payment of Gratuité invoices**, driven by **budget shortfall** towards the end of each financial year.
- Clarity about the **root causes** of CAMEG debt can help develop and support appropriate responses, including **modifications to Gratuité,** such as a shift to **case-based payments,** that will help managed expenditure.
- ThinkWell is working with MoH to **analyze and standardize Gratuité payment rates**.



Source: ST/CSU data from e-Gratuité and reports 2021; ENDOS 2021

FREE FP IN THE GRATUITÉ

Strategy 2

Evaluation of pilot

ThinkWell conducted a rapid evaluation of the two-region pilot of free FP. Qualitative research generated key recommendations informing national scale-up, including the need for more attention to confidentiality and improved communications.

National Roll-out

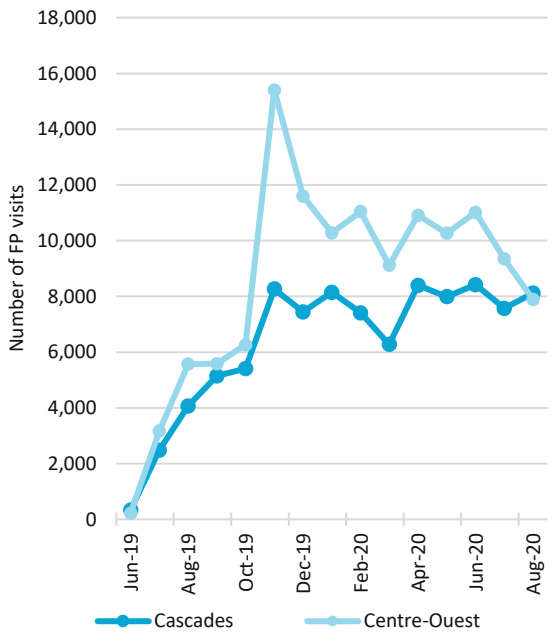
In July 2020, the MoH removed all user fees for FP through the Gratuité mechanism. Roll-out has been steady; FP gratuite claims in December 2020 accounted for almost 150,000 couple years of protection (CYPs), or roughly half of the total CYPs recorded in routine data. It is unclear whether removing user fees has increased total uptake of FP at this stage, especially in the context of COVID-19.

ThinkWell provides quarterly analysis of claims to the MoH and has highlighted the need to set aside additional budget for FP, as claims now valued at more than USD $250,000 per month.

Method mix

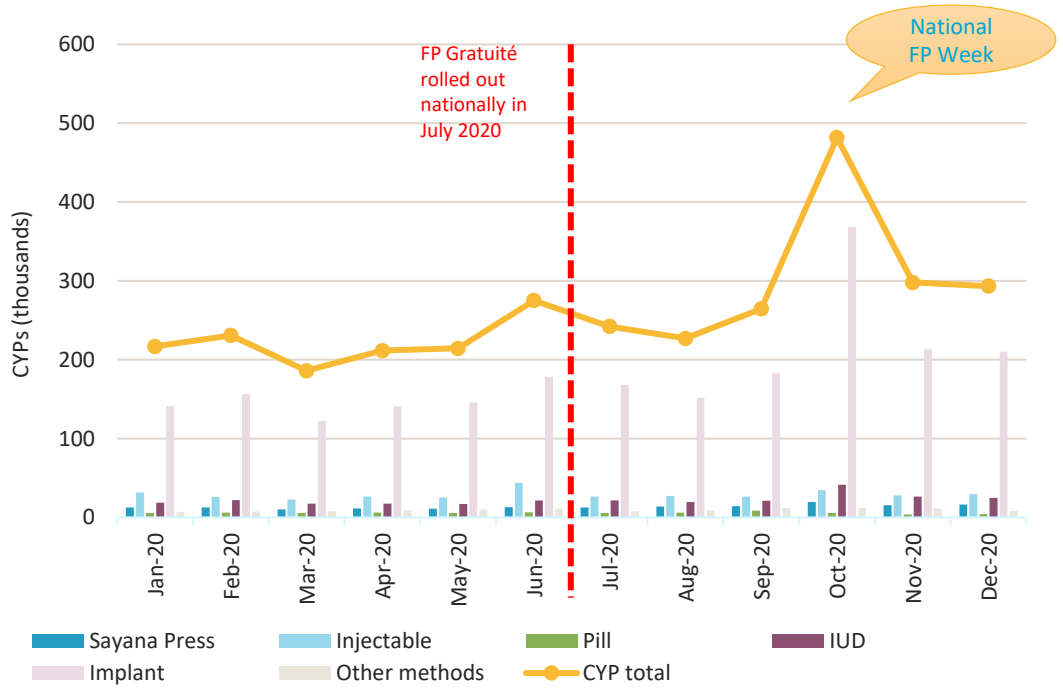
While it is hard to evaluate the impact of user fee removal in terms of increased access at this stage, it is noticeable that implants dominate CYPs claimed through free FP.

Pilot Region FP Gratuite claims



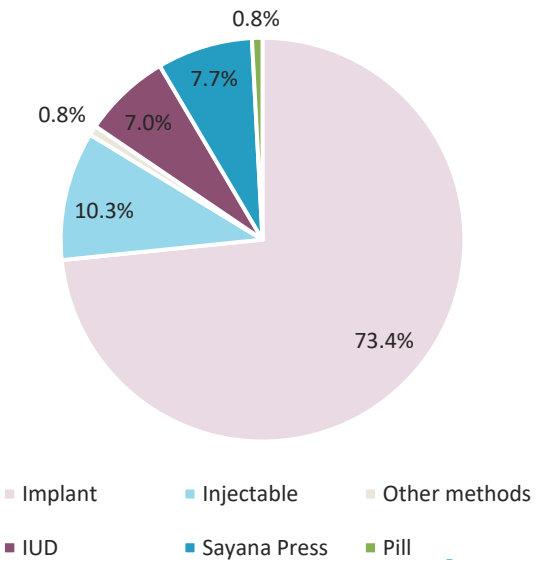
Source: ST/CSU data from e-Gratuité and reports 2021; ENDOS 2021

CYPs calculated from national service date



Source: ThinkWell analysis of ENDOS data 2021

Proportion of CYPs by method calculated from e-Gratuite claims



Source: ST/CSU data from e-Gratuité and reports 2021

NO PAYMENT LINKS TO QUALITY

RESULTS FROM THINKWELL'S COMPREHENSIVE REVIEW OF GRATUITÉ

Strategy 3

- Gratuité is designed to improve access but **could also be leveraged to improve quality.**
- The MOH has endorsed (but not implemented) a proposal to move Gratuité payments from fee-for-service to case-based payments, and to **modify these payments based on a one-, two-, or three-star quality score** for each facility.
- Harmonizing these approaches through the GFF and in partnership with the World Bank offers **potential efficiency gains as well as improved clarity of signals for quality**.
- Identifying existing metrics for quality, and potentially linking these to the control and validation functions subcontracted to NGOs, offers the most pragmatic way forward. Our research partner, **RESADE, is surveying existing metrics for links to quality.**

Prestations	☆ Passable	☆☆ Bon	☆☆☆ Excellent
	score qualité ≤ 60%	60%< score qualité ≤ 85% (25% de bonus qualité)	Score qualité >85% (60% de bonus qualité)
Accouchement eutocique	4000	5 000	6 400
Accouchement dystocique	9000	11 250	14 400
Soins curatifs du post partum	1000	1 250	1 600
Soins obstétricaux d'urgence	9000	11 250	14 400
Soins d'urgence aux nouveau-nés	2000	2 500	3 200
Soins curatifs en hospitalisation enfants	15000	18 750	24 000

HQSS

The Lancet Global Health Commission on **High Quality Health Systems** in the **SDG Era**

The Lancet Global Health Commission

High-quality health systems in the Sustainable Development Goals era: time for a revolution

Margaret E Kruk, Anna D Gage, Catherine Arsenault, Keely Jordan, Hannah H Leslie, Sanam Roder-DeWan, Olusoji Adeyi, Pierre Barker, Bernadette Daelmans, Svetlana V Doubova, Mike English, Ezequiel García Elorrio, Frederico Guanais, Oye Gureje, Lisa R Hirschhorn, Lixin Jiang, Edward Kelley, Ephrem Tekle Lemango, Jerker Liljestrand, Address Malata, Tanya Marchant, Malebona Precious Matsoso, John G Meara, Manoj Mohanan, Youssoupha Ndiaye, Ole F Norheim, K Srinath Reddy, Alexander K Rowe, Joshua A Salomon, Gagan Thapa,

53. **Specifically, the subcomponent will finance:** (i) the "quality subsidies" to be paid to service providers based on the quarterly evaluations measuring their levels of quality of care; (ii) the "quantity subsidies" for services not covered by the free care scheme, as well as payments for services provided at the community level (Community PBF); and (iii) subsidies to regional and district health teams for results achieved related to coaching and supervision activities.

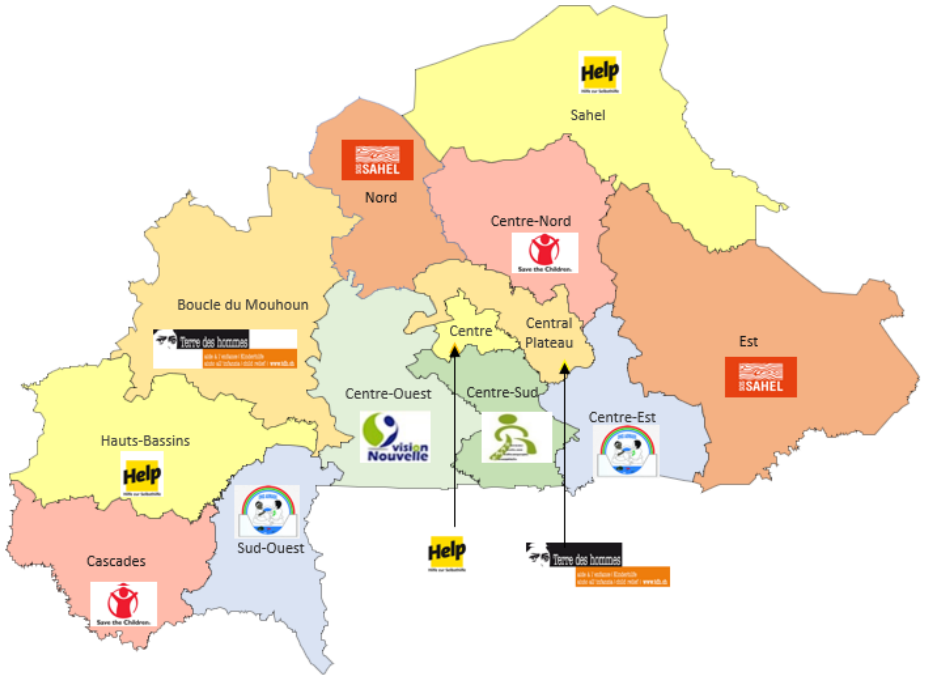
Source: Boxshall et al. 2020

RAPID ANALYSIS OF THE GRATUITÉ'S CONTROL AND VALIDATION MECHANISMS

Strategy 3

- In the fall of 2020, ThinkWell conducted a rapid analysis of the effectiveness of Gratuité's control and validation mechanisms, which are subcontracted to NGOs.
- An analysis of quantitative control data from the e-Gratuité database showed **that few irregularities were reported.** A total of 1,055 irregularities were reported from around 118,000 interviews and 3,000 facility visits. Payment being claimed for services that were meant to be free of charge was the most common irregularity (37.2% of issues flagged).
- However, ThinkWell's initial survey of control data found **significant heterogeneity** of methods between contracted NGOs, and it is not possible to convert the total numbers above into more informative analysis.
- Upcoming contract negotiations present an opportunities to strengthen and strengthen systems and **extend NGO control work to incorporate quality metrics**, including client feedback.

NGOs subcontracted for Gratuite control by region (2020-2021)



Overview of preliminary findings, March 2021

Each NGO has been responsible for their own interpretation of issues to be controlled, for example in the definition or interpretation of claims 'irregularities'.

NGOs are responsible for choosing facilities to visit. There are no standard approaches to sampling facilities, or to sampling clients from within a facility.

There are no standard tools for collecting or reporting data. Reports are submitted to MoH in various formats, making analysis and comparison across regions challenging.

Challenges remain in using the NGO control mechanisms to incentivize improved performance, or to implement sanctions against poorly performing facilities.

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Conclusion

FINAL REFLECTIONS: SP4PHC'S CONTRIBUTION TO BURKINA FASO

Strengthen the Gratuité scheme, building on early success to improve efficiency and sustainability, to incorporate FP, to deliver effective signals for quality, and eventually to transition management to an independent agency outside the MoH.

Ensure that removing user fees for FP results in increased choice for women, not reduced provider motivation to offer free services.

Influence national dialogue around greater coherence in the purchasing eco-system, especially as it relates to improving the delivery of FP and MNCH services.

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Pivoting to the Pandemic

As the COVID-19 pandemic rapidly spread around the world in 2020, the SP4PHC project pivoted to incorporate activities to respond to the crisis even as it continued to work towards its original mission. In all five project countries, ThinkWell staff responded to government requests for support and more information on our COVID-related activities and learnings can be found here.

To stay updated on all the latest insights and events from the SP4PHC team, visit our Latest News page.

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SP4PHC is a project that ThinkWell is implementing in partnership with government agencies and local research institutions in five countries, with support from a grant from the Bill & Melinda Gates Foundation. For more information, please visit our website at **https://thinkwell.global/projects/sp4phc/.** For questions, please write to us at **sp4phc@thinkwell.global.**