Burkina Faso:
Strategic purchasing strategies and emerging results
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.

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

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.

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.

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.
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.

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.

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: World Health Organization 2019; World Bank 2019

Source: Burkina Faso DHS 2010

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.

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<th>Line-Item Budgets</th>
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<td>- The Ministry of Health (MoH) – Directeur Administratif et Financier (DAF) – pays salaries for public sector health staff.</td>
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<td>- The MoH subsidizes commodities through CAMEG, but remaining costs (including distribution) are reimbursed to CAMEG from facilities.</td>
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<td>- Facility operating costs are transferred from MoH/DAF to districts, and then on to PHC facilities.</td>
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<td>- The MoH also transfers funds to districts for supervision, monitoring and evaluation.</td>
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<th>User fee removals: Gratuité</th>
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<td>- Until recently, users have been asked to pay OOP payments for public sector health services.</td>
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<td>- The Gratuité for MNCH is operational nationwide since 2016, FP added in July 2020.</td>
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<td>- All pregnant women and children under 5 are eligible to receive free services at public facilities.</td>
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<td>- 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.</td>
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<th>Performance-Based Financing (PBF)</th>
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<td>- 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.</td>
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<td>- 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.</td>
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<td>- Implementation challenges, including a lack of agreed quality metrics, delayed this new scheme.</td>
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<td>- The World Bank and MoH are currently negotiating a redesign, through which GFF funds will support quality through integration with Gratuité.</td>
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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.

- **1990**: Bamako Initiative - user fees introduced at facilities, used to support operating costs and to purchase subsidized drugs from medical stores on a revolving fund basis.
- **2008-2015**: Implementation of payment exemptions for children under 5 and pregnant women by NGOs: Terre des Hommes, Help, Save the Children, Action Against Hunger.
- **2014**: Popular uprising: window of opportunity that accelerated the process.
- **2015**: Launching an advocacy campaign for the Gratuité by civil society and NGOs during the presidential campaign.
- **2016**: The elected government of Burkina Faso issues a decree establishing free services for children under five and women.
- **2016**: Pilot phase in 3 regions of Burkina Faso (Centre, Hauts-Bassins et Sahel) in the central and regional hospitals.
- **1 June 2016**: Passage of the Gratuité scheme – nationwide roll-out.
- **1 June 2019**: FP pilot phase in two regions of Burkina Faso (Cascades and Centre-Ouest).
- **2019**: Passage of free FP services into the Gratuité nationwide.
- **Dec 2020**: Under GFF, WB and MoH agree to integrate quality incentives into Gratuité mechanism.
SP4PHC Strategies in Burkina Faso
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.
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.

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.

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

- Gratuité appears to have achieved its primary goals of improved access to services and reduced OOP expenditure on health.
- Utilization data suggests that Gratuité 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

- 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**

**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.

In July 2020, the MoH removed all user fees for FP through the Gratuité mechanism. Roll-out has been steady; FP gratuité 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.

**National Roll-out**

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**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.

**Proportion of CYPs by method calculated from e-Gratuité claims**

Source: ST/CSU data from e-Gratuité and reports 2021; ENDOS 2021
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**.
RAPID ANALYSIS OF THE GRATUITÉ’S CONTROL AND VALIDATION MECHANISMS

• 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.
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.
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.
Thank you

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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.