COVID-19 Summary Update on Burkina Faso

THE BURKINA FASO SP4PHC TEAM

DECEMBER 2020
Context: COVID-19 in Burkina Faso
CRITICAL COVID-19 RESPONSE INDICATORS OF 2 DECEMBER 2020

- 2,817 cases of COVID-19, 476 recoveries, and 68 related deaths had been confirmed by the Government of Burkina Faso as of 2 December 2020.

- All 13 regions of the country are affected by COVID-19, while Ouagadougou remains the hotspot.

- Burkina Faso has experienced one of the highest death rates in Sub-Saharan Africa.

- As the COVID-19 pandemic has spread across the country, health workers have been faced with growing caseloads. In light of this, payments to facilities to support COVID-19 have been haphazard.

- The Government of Burkina Faso has recognized a critical need to transfer funds directly to facilities and provide additional monetary support to front-line staff providing COVID-19 services.

Source: Ministry Of Health Burkina Faso
KEY EVENTS IN BURKINA FASO’S RESPONSE TO COVID-19 CRISIS

2 March 2020
First cases of COVID-19 reported
Only one central teaching hospital (CHR) has capacity to treat COVID-19 patients

10 March 2020
Government establishes first COVID-19 treatment center in Ouagadougou and first testing laboratory (RT-PCR) in Bodo Dioulasso (five hours apart)
Coordination of commodities and PPE for the nation is organized at the central level

20 March 2020
President Kabore closes airports and borders, implements a nationwide curfew to curb the pandemic

30 March 2020
COVID-19 responses funds from national partners and NGO are moved to a centralized account
Government decentralizes COVID-19 testing (rapid diagnostic tests) to district hospitals (CMA)
Cross-border testing

Mid-June 2020
Government decentralizes coordination of commodities and PPE to the regional level
Treatment of COVID-19 is decentralized to lower-level health facilities (CMs and CSPS), involving the entire health system

Early July 2020
International airports reopen, while land borders remain closed
Influx of COVID-19 testing hits health facilities

2 September 2020
All 13 regions of Burkina Faso are affected by COVID-19, Ouagadougou remains the hotspot of the outbreak

2 December 2020
There is a sudden spike in COVID-19 cases, with 189 new cases identified

2,817 cases of COVID-19, 2,588 recoveries, and 68 related deaths had been confirmed by the Government of Burkina Faso

2,588 cases of COVID-19 were confirmed by the Government of Burkina Faso
EVOLUTION OF CASES TESTED AND PROPORTION OF CONFIRMED COVID-19 CASES, 9 MARCH – 22 NOVEMBER 2020

Source: Ministry Of Health Burkina Faso
Inadequate monitoring capacity
- The current epidemiological surveillance system does not have sufficient capacity to detect COVID-19 cases and track contacts.
- Points of entry do not have isolation sites for suspected cases, medical equipment and disinfect supplies. Further, there is an absence of health checks at entry points and borders.
- Monitoring capacity is hindered by internal migration and security issues within the country.

Stretched capacity to test and diagnose COVID-19 samples
- RT-PCR testing system is only available at two testing sites in Bodo Dioulasso and Ouagadougou.
- Capacity of district and university hospitals to process serology testing is overburdened and delayed.

Motivation and morale of health workers to manage COVID-19 cases
- Motivation payment is only allowable for health workers involved in COVID-19 treatment.
- Community health workers are not integrated into COVID-19 purchasing arrangements.

Coordination management of COVID-19 is insufficient
- There is an absence of consultation frameworks between sectoral coordination bodies due to fragmented mobilization resources.
The Prime Minister’s Cabinet established a series of response committees and task forces as part of a multi-sectoral response.

The COVID-19 Ministerial Management Committee has developed an official COVID-19 response plan, which guides the activities of the thematic commissions.

Since the initial outbreak, the Government has modified response directives to streamline support between June and July 2020:

- Centralized COVID-19 response funds from national and international partners into a single account by the Central Government to be disbursed to districts and facilities according to need
- Decentralized COVID-19 testing (rapid diagnostic tests) to district hospitals (CMA)
- Decentralized coordination of commodities and PPE to the regional level
- Decentralized treatment of COVID-19 to all health facilities in the health system

Source: Ministry Of Health Burkina Faso
CURRENT COVID-19 STRATEGY

- Strengthen surveillance capacities of stakeholders for entry points, case investigations, contact tracing, sample collection, and laboratory diagnosis
- COVID-19 case management
- Promotion of infection prevention and control measures in health facilities and communities
- Effective risk communication
- Research on COVID-19
- Epidemic preparedness and response coordination

Source: Ministry Of Health Burkina Faso
ThinkWell Support to the COVID-19 Response
COVID-19 STRATEGY OVERVIEW IN BURKINA FASO

ThinkWell is providing support to support COVID-19

• In response to requests from the MoH
• Based on our core technical capacities
• In line with our ongoing work to improve the strategic purchase of primary health care services

This includes:

• **Policy support:** working with consultants to develop mechanisms that enable MoH to channel more operational funds to COVID health facilities
  • Initial ThinkWell / RESADE Scope of Work agreed with MoH ST-CSU
  • Coordination mechanism established through weekly calls with BMGF partners
  • 3 consultants recruited and work under way
  • Scope expanded to include motivation and incentives for frontline workers
  • Further refinement of scope of work ongoing in parallel with initial activities

• **Learning:** documenting how COVID response impacts health financing arrangements in the country to inform post-COVID planning for epidemics
• ThinkWell and RESADE have been at the heart of discussions about how best to institutionalize financing for COVID-19.

• Together we have contributed to an increased alignment of these plans with existing systems, towards sustainable solutions.

• The following slides detail this story of evolving support and the development of different mechanisms.
At the request of the MOH, ThinkWell and RESADE worked to develop options to enable MOH to rapidly channel funds to newly formed “COVID+” treatment facilities and to monitor how resources are being utilized.

This support to the MOH was primarily through the gradual development of a series of tools. This work first identified a set of indicators, then a performance/quality assessment grid for the level of preparedness and prevention of COVID-19, and finally an algorithm for allocating funds to health facilities and concerned agents.

1. Mechanisms to direct funds
   - Description of the main fund flow channels
   - Identification of services by level of care
   - Determination of the components of needs by service
   - Identification of needs for each component
   - Construction of indicators based on identified needs

2. Options to incentivize health workers
   - Options to incentivize health workers
   - Rating of indicators by service
   - Calculation of the performance score by service
   - Calculation of the overall performance of the health structure

3. Resource allocation criteria
   - The level of training
   - Seniority in the function
   - Administrative responsibility
   - Responsibility in the management of COVID-19 cases
   - The absences
## 1) IDENTIFY MECHANISMS TO DIRECT ADDITIONAL FUNDS TO FACILITIES

<table>
<thead>
<tr>
<th>Options for Consideration</th>
<th>Discussion</th>
<th>Steps for achievement</th>
</tr>
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</table>
| • Line-items budgets to Districts and Facilities. | • Different pipelines may suit different sources.  
• What criteria matter in choosing mechanisms? For example:  
  • Ability to reach all / many facilities?  
  • Ability to pre-position?  
  • Approval levels required (and time involved?)  
• Should funds flow through districts or directly to facilities?  
• Will funds need to be accounted for and how? Will there be changes to public financial management (PFM) rules on facility autonomy, including for example procurement procedures, to facilitate use of funds?  
• Are we adding COVID-19 related services and/or other costs to the gratuité package? If so, do we need to add new forms, e-gratuité fields, and how do we inform users? | 1. List existing channels in use for the transfer of funds to facilities.  
  a) On-budget/PFM/public treasury channels for gratuité for example  
  b) On-budget using commercial bank accounts for PADS, PBF, etc.  
  c) Off-budget options used by donors  
2. Develop decision support framework to identify key dimensions of available mechanisms and compare them.  
3. Meet with stakeholders (i.e. Directeur Administratif et Financier, PADS coordinators, and others) to get qualitative feedback and to validate the decision support framework. Also to probe for the current status of different mechanisms in terms of funds available and funds deployed.  
4. Document findings and make recommendations to policy makers as to which mechanisms are most appropriate under which circumstances. |
In June 2020, ThinkWell and RESADE conducted an analysis of potential mechanisms to direct additional COVID-19 funds to facilities. This analysis includes:

1. Description of the main channels currently used to flow funds to health facilities
2. Identification of key considerations against which to judge the suitability of these channels for the COVID-19 response,
3. A scoring of the funding channels against these considerations

This work has been shared with the MoH to inform future decisions about directing COVID-19 funds to facilities.

Because the government decided to decentralize testing and care while at the same time centralizing COVID-19 funds, the need to figure out the best finance flow mechanism within the system has become greater.
2) DEVELOP FUND ALLOCATION OPTIONS TO INCENTIVIZE HEALTH STAFF

<table>
<thead>
<tr>
<th>Options for Consideration</th>
<th>Discussion</th>
<th>Steps for achievement</th>
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<tbody>
<tr>
<td>• Pay incentive individually: Tied to health workers’ payrolls.</td>
<td>• Can we develop these plans quickly, keep it simple and efficient? What preexisting mechanisms can we build from?</td>
<td>1. Identify and agree on the categories of health personnel to be incentivized.</td>
</tr>
<tr>
<td>• Pay to the health facility: Send money to health facilities and let them distribute.</td>
<td>• What time frame are we planning for? Is this a one-off payment, for a fixed period, or ongoing? If we increase staff payments (hardship allowances), when and how would we be able to reverse that?</td>
<td>2. If incentives will be performance based, define indicators for the performance measurement, and identify how these will be measured and validated, by whom, how often, and so on.</td>
</tr>
<tr>
<td>• Distribute incentives based on COVID-19 activity related to performance.</td>
<td>• Which staff will be covered? All staff, only front-line care providers, only those in COVID-19 affected districts, only those in facilities directly managing COVID-19 patients?</td>
<td>3. Develop algorithms for allocation based on the set of options chosen, including (potentially) criteria that would enable the appropriate division of funds between staff at facility levels.</td>
</tr>
<tr>
<td></td>
<td>• Assuming this is not just a one-off, how will performance be incorporated – if at all – in ongoing payments? Is there a ‘quality’ performance dimension, or is that impractical in the time available?</td>
<td>4. Cost a set of options and agree upon priorities based on levels of funding available.</td>
</tr>
<tr>
<td></td>
<td>• We need to decide on an allocation formula, but plans may need to be adjusted based on available funds.</td>
<td>5. Model alternate scenarios depending on the development of the epidemic.</td>
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</table>
OPTIONS TO INCENTIVIZE HEALTH WORKERS IN THE COVID-19 RESPONSE

- The MoH requested options for incentives as there were some ad hoc incentives to some workers treating COVID-19 cases.
- Ongoing confusion / disagreement about the purpose of these ‘incentives’: 1) Sending money for service readiness? 2) Motivating workers (i.e., hardship / risk pay?) or 3) Incentivizing performance?

In July 2020, ThinkWell and RESADE developed a series of options to incentivize health workers involved in the COVID-19 response.

- We have proposed a set of indicators and tools to evaluate the COVID-19 performance facilities. These performance indicators vary between facility level and are specialized for the CSPS, CM, CMA, CHR, and CHUs.
- An algorithm was also developed to allocate funds to facilities based on the performance of these indicators.

Example of COVID-19 performance indicators for centre de santé et de promotion sociale (primary health care centers) (CSPS) and centre médical (medical centers) (CM)

<table>
<thead>
<tr>
<th>A</th>
<th>Indicateur</th>
<th>Points max.</th>
<th>Points donnés</th>
<th>% Indicateur</th>
<th>% contribuant à la composante</th>
<th>Score pondéré obtenu (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Infrastructures, équipements et consommables: Disponibilité: d’un dispositif complet et fonctionnel de lavage des mains (1); d’un flacon de solution hydro-alcoolique (1); d’un ou de plusieurs paravents (1); d’un thermomètre à infrarouge fonctionnel (1)</td>
<td>4</td>
<td>3</td>
<td>75%</td>
<td>30%</td>
<td>23%</td>
</tr>
<tr>
<td>2</td>
<td>Sécurité des prestataires: Disponibilité de gants en vrac (1). Port par tous les agents de: masques N95 ou équivalents (1); de visières de protection (1); de charlottes (1); de sur-chaussures (1); de sur-blouses (1); de lunettes de protection (1)</td>
<td>7</td>
<td>7</td>
<td>100%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>3</td>
<td>Gestion des déchets biomédicaux et désinfection: Disponibilité: d’une poubelle jaune (1); d’une poubelle noire (1); d’une poubelle rouge (1); d’un sac poubelle jaune (1); d’un sac poubelle noir (1); d’un sac poubelle rouge (1)</td>
<td>6</td>
<td>5</td>
<td>83%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>4</td>
<td>Information, sensibilisation et communication sur la COVID-19: Existence: d'une affiche de sensibilisation sur les signes de la COVID-19 (1); d'une affiche de sensibilisation sur les consignes de gestion des déchets (1)</td>
<td>2</td>
<td>2</td>
<td>100%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

PERFORMANCE DU SERVICE

19 17 100% 88%
OPTIONS TO INCENTIVIZE HEALTH WORKERS IN THE COVID-19 RESPONSE

Funding source questions:
• How much money is available to pay for motivating health workers in COVID-19?
• Who are the donors? Would the World Bank provide financing as part of the Health Service Strengthening program?
• In the event of insufficient funding, would priority be given to certain health facilities?
• How would the funds be transferred to health facilities?
• What coordination should be put in place between the different actors?

Example of COVID-19 incentive allocation algorithm for CSPS and CM

<table>
<thead>
<tr>
<th>Nom du CSPS:</th>
<th>Montant total max. pour la prime de motivation alloué au CSPS</th>
<th>Performance du CSPS dans la gestion des cas de COVID-19</th>
<th>Montant alloué au CSPS comme prime de motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>District:</td>
<td>100 000</td>
<td>70%</td>
<td>70 000</td>
</tr>
<tr>
<td>Région:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example of COVID-19 incentive allocation algorithm for CSPS and CM

<table>
<thead>
<tr>
<th>Nom</th>
<th>Prénom(s)</th>
<th>Emploi</th>
<th>Niveau de formation</th>
<th>Ancienneté</th>
<th>Responsabilité administrative</th>
<th>Responsabilité lié dans la PEC des cas de COVID</th>
<th>Valeur jours absents</th>
<th>Nombre de jours absents</th>
<th>Total points perdus du fait des absences</th>
<th>Sous-total</th>
<th>Indice de calcul des primes</th>
<th>Prime de performance individuelle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YM</td>
<td>Personnel infirmier (IDE)</td>
<td>100</td>
<td>5</td>
<td>100</td>
<td>100</td>
<td>-7.00</td>
<td>10.00</td>
<td>-70</td>
<td>235</td>
<td>0.27</td>
<td>18 567</td>
</tr>
<tr>
<td>2</td>
<td>T</td>
<td>Personnel infirmier (BO)</td>
<td>80</td>
<td>10</td>
<td>0</td>
<td>100</td>
<td>-5.00</td>
<td>2.00</td>
<td>-10</td>
<td>180</td>
<td>0.20</td>
<td>14 221</td>
</tr>
<tr>
<td>3</td>
<td>S</td>
<td>Personnel sage femme (SFEME)</td>
<td>100</td>
<td>10</td>
<td>60</td>
<td>40</td>
<td>-6.00</td>
<td>7.00</td>
<td>-42</td>
<td>168</td>
<td>0.19</td>
<td>13 273</td>
</tr>
<tr>
<td>4</td>
<td>I</td>
<td>Agent infirmier de santé (AIS)</td>
<td>70</td>
<td>15</td>
<td>00</td>
<td>80</td>
<td>-3.00</td>
<td>1.00</td>
<td>-3</td>
<td>222</td>
<td>0.23</td>
<td>17 540</td>
</tr>
<tr>
<td>5</td>
<td>A</td>
<td>Gérant du dépôt MEG</td>
<td>80</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>-2.00</td>
<td>2.00</td>
<td>-4</td>
<td>81</td>
<td>0.09</td>
<td>6 400</td>
</tr>
</tbody>
</table>

TOTAL | 880 | 1.00 | 70 000 |
### 3) DEVELOP FUND ALLOCATION PLANS TO SUPPORT DISTRICTS AND FACILITIES WITH MATERIAL, INFRASTRUCTURE AND CONSUMABLES

<table>
<thead>
<tr>
<th>Options for Consideration</th>
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<th>Steps for achievement</th>
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| • Transfer money for facilities to purchase needed materials or consumables and make needed infrastructure transformation. | Do we agree on the purpose of allocating additional funds to health facilities? What are we trying to achieve?  
• Can we develop these plans quickly, keep it simple and efficient? What preexisting mechanisms can we build from?  
  • IntraHealth will define standards – what are the basic needs of facilities according to guidelines.  
  • ThinkWell will translate these into costs and will consider and incorporate incentives.  
• To translate standards into needs and into costs, we need to know about the current situation in facilities. How specific do we need to be, and to what extent can we rely on ‘typical’ situations or groupings of ‘similar’ facilities?  
• We need to define the questions and agree who is responsible for finding the answers. For example, what funds do facilities have available? What consumables do facilities have available (i.e., PPE)? What data will be needed on stocks, finances, etc. to adjust subsequent tranches?  
• What time frame are we planning for? Is this a one-off payment, or for a fixed period, or ongoing?  
• We need to decide on an allocation formula, but plans may need to be adjusted based on available funds. | 1. In coordination with IntraHealth, use literature review based on WHO standards and the guide developed for Burkina to define the standard equipment, infrastructure and consumables needed for COVID-19 management for different facilities.  
2. Assess the current status in health facilities to determine the gaps. Alternatively determine a practical alternative to facility assessments.  
3. Facility assessments may cover:  
  a) Infrastructures, equipment and consumables  
  b) Provider security  
  c) Biomedical waste management and disinfection  
  d) Information, awareness and communication on COVID-19  
  e) Data collection and reporting  
  f) Capacity building  
4. Develop a modulable Excel spreadsheet for the costing of those gaps (i.e., material, infrastructure and consumable).  
5. Develop a system for adjusting and prioritizing needs based on available funds.  
6. Model alternate scenarios depending on the development of the epidemic. |
## Coordinated Response Summary Across BMGF Partners in Burkina Faso

<table>
<thead>
<tr>
<th>Topic</th>
<th>Who</th>
<th>Questions</th>
<th>Options for Consideration</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Sources</td>
<td>CHAI</td>
<td>How much money is available to support services in the COVID context?</td>
<td>• Government&lt;br&gt;• Donor on-budget (i.e. World Bank)&lt;br&gt;• Donor off-budget (i.e. USAID)&lt;br&gt;• In-kind (i.e. personal protective equipment [PPE])</td>
<td>• Is it possible/meaningful to look at govt funds? Or should mapping focus only on donor funds?&lt;br&gt;• How fungible are these funds, and what are the pros and cons of redeploying to COVID? Are CHAI involved in the politics of re-purposing funds?&lt;br&gt;• Are specific funds/goods (i.e. from donors) earmarked for specific districts?</td>
</tr>
<tr>
<td>Funding Allocation</td>
<td>IntraHealth / ThinkWell</td>
<td>How to decide how much (additional) money goes where?</td>
<td>See SoW slides</td>
<td>See SoW slides</td>
</tr>
<tr>
<td>Fund Flows</td>
<td>ThinkWell</td>
<td>How should (additional) funds flow to facilities?</td>
<td>See SoW slides</td>
<td>See SoW slides</td>
</tr>
<tr>
<td>Data</td>
<td>Terre des Hommes (TdH)</td>
<td>How will we know what is happening?</td>
<td>• Routine reporting / DHIS2&lt;br&gt;• TdH IMCI HMIS&lt;br&gt;• e-gratuité&lt;br&gt;• Other existing systems&lt;br&gt;• New systems?</td>
<td>• Frequency of data will be critical – things can change fast.&lt;br&gt;• Can COVID-19 specific data be captured?&lt;br&gt;• What happens to routine services?&lt;br&gt;• What data can inform allocation of funds?</td>
</tr>
</tbody>
</table>
PILOTTING TOOLS TO REGULARIZE FACILITY PRE-PAYMENTS

• Following the development of these tools developed by ThinkWell and RESADE, the Ministry of Health will pilot the approach that seeks to regularize pre-payments to facilities in order to strengthen COVID-19 response.

• The approach includes the tool to measure facility-level preparedness in the COVID-19 response and the algorithm for the allocation of COVID-19 funds.

• The approach be piloted in the Centre and Hauts-Bassins regions in public health facilities (CSPS, CM, CMA, CHR, CHU) and a select number of private health facilities contracted with the MOH.

November-December

Development of tools, training guide and implementation guide

Establishment of a steering committee to oversee implementation experience and resolve key decisions

Launch of the pilot in health public health facilities and private health facilities contracted with the MOH

First payment allocation to health facilities for COVID-19 management

Training and sensitization of the health providers in cascade

Additional pre-payment allocations based on preparedness score

Supervision and monitoring via the steering committee

Evaluation of the pilot experience

January-February

March

Supervision and monitoring via the steering committee

Supervision and monitoring via the steering committee
OUTSTANDING CONSIDERATIONS AND QUESTIONS AROUND THE PILOT APPROACH

Development of these tools identified the following findings concerns and outstanding questions for consideration as we proceed with the pilot:

- Rewarding facilities too early based on their preparedness might reinforce inequity – the facilities most in need would get the least resources in this case.

- Implementing this approach as a parallel system would undermine ongoing efforts to align health financing mechanisms.

- Pre-payments should be implemented using an existing pre-payment system, such as the Gratuité.

- If we are to implement pre-payments using an existing system – such as the Gratuité – how do we build into this?

- This could opportunity to gradually incorporate performance incentives into the Gratuité.

- Support from partners on the principle of building from an existing system (i.e. Gratuité) is critical for success.
COVID-19 KNOWLEDGE PRODUCTS (SO FAR) AND EMERGING NEEDS

The COVID-19 pandemic continues to shape the health sector and from this experience, various lessons have emerged that need to be documented and analyzed to inform and strengthen future responses in the country.

ThinkWell Team members are working with local and global stakeholders to document key lessons and learnings from the COVID-19 response in Burkina Faso. Thus far, the team has produced:

• A blog post on the opportunity presented by COVID-19 to align fragmented health financing arrangements in Burkina Faso.
• A report on analysis of different mechanisms to direct additional COVID-19 funds to facilities.

Emerging needs:
• Assessing the impact to healthcare services, with a focus on primary health care
• Budget impact of the COVID-19 pandemic to the Gratuite
• Analysis of decentralization of COVID-19 testing
• Analysis of centralization of COVID-19 funding
Strategic Purchasing for Primary Health Care (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.