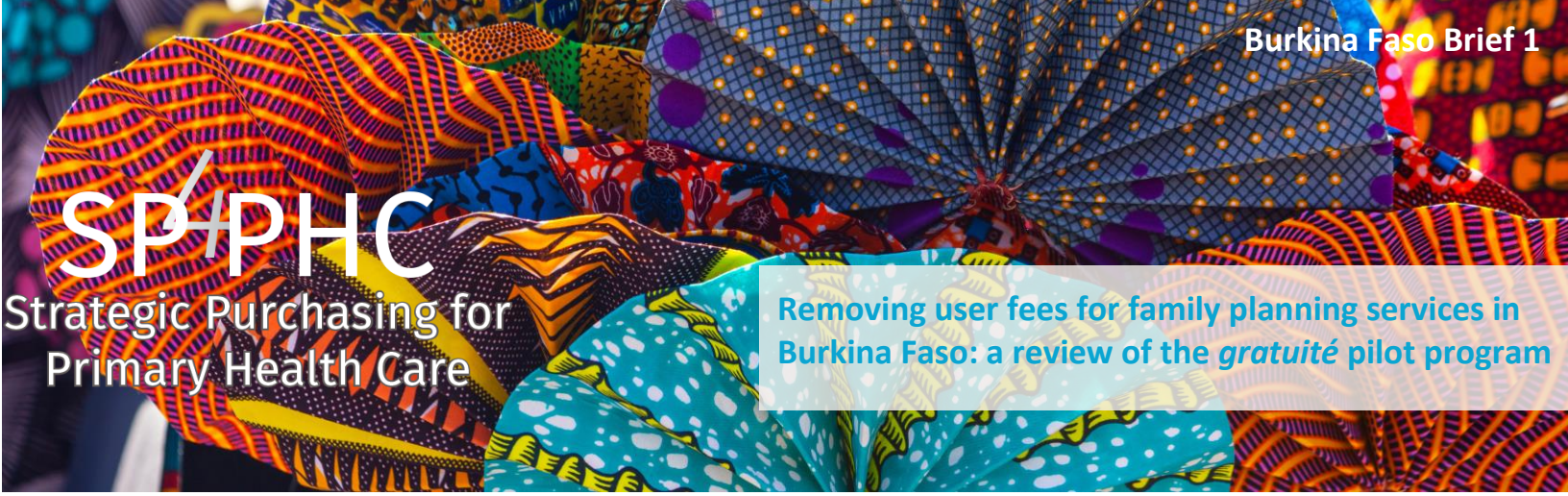

SP4PHC
Strategic Purchasing for Primary Health Care

Removing user fees for family planning services in Burkina Faso: a review of the *gratuité* pilot program

THINKWELL

The Strategic Purchasing for Primary Health Care (SP4PHC) project aims to improve how governments purchase primary health care (PHC) services, with a focus on family planning (FP) and maternal, newborn, and child health (MNCH). The project is supported by a grant from the Bill & Melinda Gates Foundation and implemented by ThinkWell in collaboration with country governments and local research partners. SP4PHC is focused on purchasing reforms in five countries: Burkina Faso, Indonesia, Kenya, the Philippines, and Uganda.

In Burkina Faso, SP4PHC is working with the Ministry of Health (MOH) to support health financing reforms, which are taking place in a challenging environment as the country struggles with trans-national security and labor unrest. SP4PHC is assisting MOH to undertake pragmatic steps to enhance strategic purchasing of FP and MNCH services. A key focus of health financing reforms and our support is the *gratuité* scheme, which uses government funds to replace out-of-pocket payments and allows public health facilities to provide a defined package of MNCH services free of charge. Our goal is to facilitate the eventual harmonization of this and other schemes under the Caisse Nationale d'Assurance Maladie Universelle (CNAMU), a national health insurance fund, and to drive efficiency and effectiveness.

The MOH, through the technical secretariat for the acceleration of the demographic dividend (ST/ATD), is piloting the inclusion of FP into the gratuité scheme. SP4PHC is supporting ST/ATD to assess this pilot, which includes a rapid evaluation of progress in the pilot districts. This evidence and our ongoing support to the ST/ATD team will inform the evolution and scale-up of free FP.

FAMILY PLANNING IN BURKINA FASO

While Burkina Faso's performance for FP is relatively good by regional standards, there is still much room for improvement. The modern contraceptive prevalence (mCPR) among all women was 26.9% in 2019, which is 10 percentage points higher than the regional average (Track20 2019). Nearly 26.7% of married women have an unmet need for contraception (Track20 2019). Approximately half (53.3%) of married women have demand for contraception satisfied with a modern method (Track20 2019).

Government health facilities represent the major source of modern contraception methods, providing contraception to 74% of users in Burkina Faso (Institut National de la Statistique et de la Démographie and ICF International 2012). Use of long-acting and permanent methods is high by global standards and only slightly less common (48.9%) than the use of short-acting contraceptive methods (51.1%) (Track20 2019). Hormonal contraceptive methods are most common in Burkina Faso, specifically implants (39.9% of users), injectables (34.5%), and the pill (13.4%) (Track20 2019).

HISTORY OF THE GRATUITÉ SCHEME IN BURKINA FASO

In March 2016, the Government of Burkina Faso adopted a user fee exemption scheme – known as the gratuité scheme – for maternal and child health services. The development of this user fee exemption scheme was guided by collaboration between international and state actors to provide a more equitable framework for health financing in Burkina Faso. The gratuité scheme built on Burkina Faso's experience with user fee exemption pilots in four health districts (Dori, Sebba, Tougan, Séguénéga) implemented with support from international non-governmental organizations between 2008 and 2015. The gratuité

scheme was first piloted in the Centre, Hauts-Bassins, and Sahel regions in May 2016, and then scaled nationwide in June 2016.

The gratuité scheme uses government funds to replace out-of-pocket payments for consultation fees and commodities, allowing contracted facilities to provide a defined package of MNCH services free of charge. Gratuité is implemented in all public health facilities and a small number of private facilities. Before gratuité, out-of-pocket payment was the norm at government health facilities. Under the scheme, contracted facilities no longer charge users for a defined package of MNCH services. Instead, equivalent fee-for-service payments are made to facilities by the central government on a quarterly basis. Funds are prepositioned at the facilities, and subsequent payments are adjusted based on service reports. Facilities can use these funds for drugs, consumables, and operations costs. The scheme benefits all children under 5 years of age, as well as pregnant and postpartum women, and does not require prior registration on the part of the client.

EXPANSION OF THE GRATUITÉ TO INCLUDE FAMILY PLANNING SERVICES

In December 2018, the Government of Burkina Faso announced its intention to extend the gratuité scheme to cover FP services. This extension to cover FP services was informed by the improvement of MNCH results through the gratuité scheme, as well as the success of national free FP weeks *(semaines nationales de la planification familiale)* held annually. Intended for anyone who is sexually active, the package includes long- and short-acting contraceptive methods, outpatient curative care for management of adverse side effects, and inpatient curative care in the event of complications. A pilot of the FP gratuité scheme was launched in June 2019 in the Cascades and Centre-Ouest regions. Selection criteria for the FP gratuite pilot regions included low mCPR and availability of contraceptives.

The FP gratuité scheme is the culmination of a long policy development process involving multiple national and international actors. A national FP gratuité strategy was established in February 2019 to describe the modalities to implement free FP services (Ministère de la Santé du Burkina Faso 2019a). The Government of Burkina Faso also developed a national family planning communication plan in May 2019 to guide communication efforts for healthcare workers (Ministère de la Santé du Burkina Faso 2019b).

OVERVIEW OF RAPID ASSESSMENT FINDINGS OF FP GRATUITÉ

ThinkWell completed a rapid assessment of the free FP pilot in the Cascades and Centre-Ouest regions to identify trends in FP uptake, document perceptions and experiences of health workers, and verify that FP user fees had been removed. The assessment team surveyed primary level health facilities and health care workers in urban and rural areas of the pilot regions (see Table 1). Regional health authorities assisted with the selection of a range of high- and low-performing health facilities. All the selected facilities provided the five main forms of contraceptives defined by the FP gratuité strategy.[1] The rapid assessment employed multiple data collection methods (see Table 2).

Table 1. Assessment sampling characteristics

Characteristics	N
Number of health facilities surveyed	10
Number of facilities by facility type	
Medical centers	2
Primary health care centers	8
Urban/rural divide between surveyed health facilities	
Urban	4
Rural	6
Number of health care workers interviewed	10
Nurse	1
Midwife	6
Birth attendant (Patented or auxiliary)	2
Travelling health worker	1
Number of users interviewed	30

[1] The gratuité scheme stipulates that contracted facilities should provide five standard contraceptive methods: condoms, injectables, implants, oral contraceptives, and intra-uterine devices (IUDs).

Table 2. Data Collection Methods

Collection of Facility Data	Interviews with Health Workers	Exit Interviews with Users
• Number of FP consultations by method (June 2018-November 2019) • Quantity of FP products sold by method (June 2018-November 2019) • Information on inventory management and quantities of contraceptive products (June 2018-November 2019)	• Experiences • Perceptions • Difficulties in implementing the pilot	• Expenses directly related to FP consultations

The team encountered unanticipated challenges in collecting data due to escalating insecurity in parts of the country and a health workers' strike starting in June 2019. These challenges delayed access to health facility data, and reduced willingness of health workers to participate in interviews. Whilst the ThinkWell team was ultimately able to collect data from selected facilities, the small sample size of the rapid assessment was not designed to provide statistically significant results.

IMPACT ON FAMILY PLANNING INDICATORS

The introduction of the FP gratuité has resulted in modest improvement in the number of FP visits in the pilot regions.

Figure 1, below, illustrates the monthly number of FP consultations recorded in the surveyed facilities. Trends in numbers of consultations in the Cascades and Centre-Ouest regions are relatively similar. A large increase in total consultations is seen as a result of the national free FP week in November, which involved considerable social behavior change communication (SBCC) activities, including radio and television promotion. The free FP week appears to have a lasting effect, and the number of monthly FP visits after the event is higher than before it (averaging 624 consultations per month in the four months after November 2018, compared to 360 in the four months prior). The same investments in SBCC initiatives were not replicated for the FP gratuité, which explains the little immediate impact on consultation numbers. Following implementation of the FP gratuité, consultation numbers increased steadily between July and October in the Cascades region. In contrast, the number of consultations in Centre-Ouest declined slightly during the same months. Overall, the total number of consultations increased from 670 consultations per month to 765 from July through October 2019. The impact of the free FP week in November 2019 is still significant, but the effect is less dramatic than in 2018. This may be related to the fact that services were already free, but also to the ongoing health workers strike, which limited the use of SBCC initiatives to promote the 2019 event.

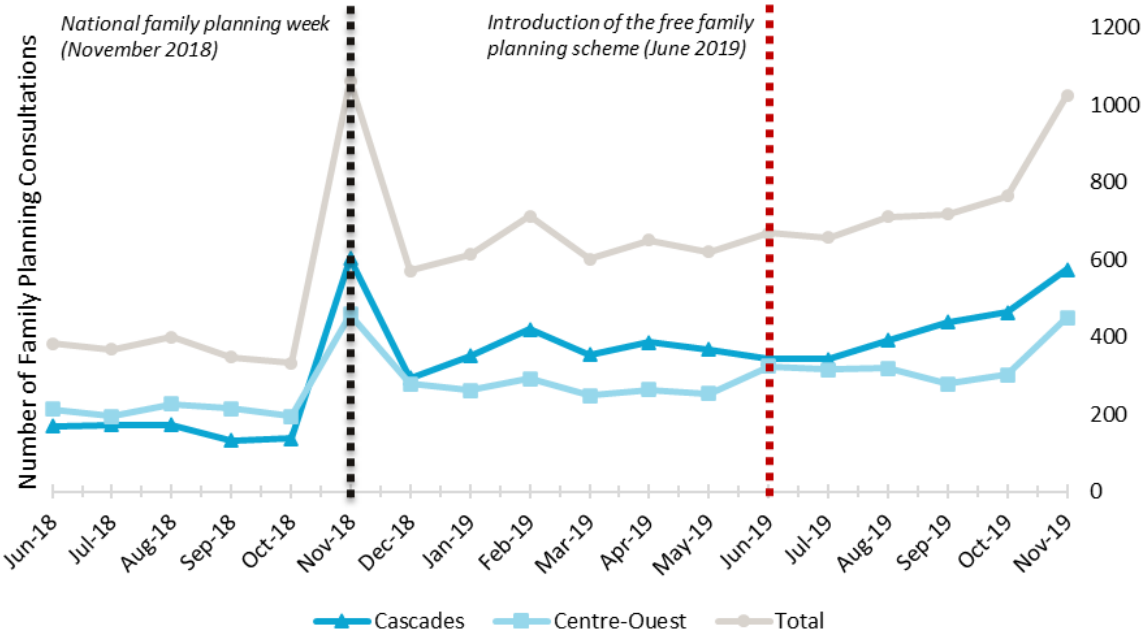

Figure 1. Evolution of FP consultations in the pilot regions, July 2018-November 2019

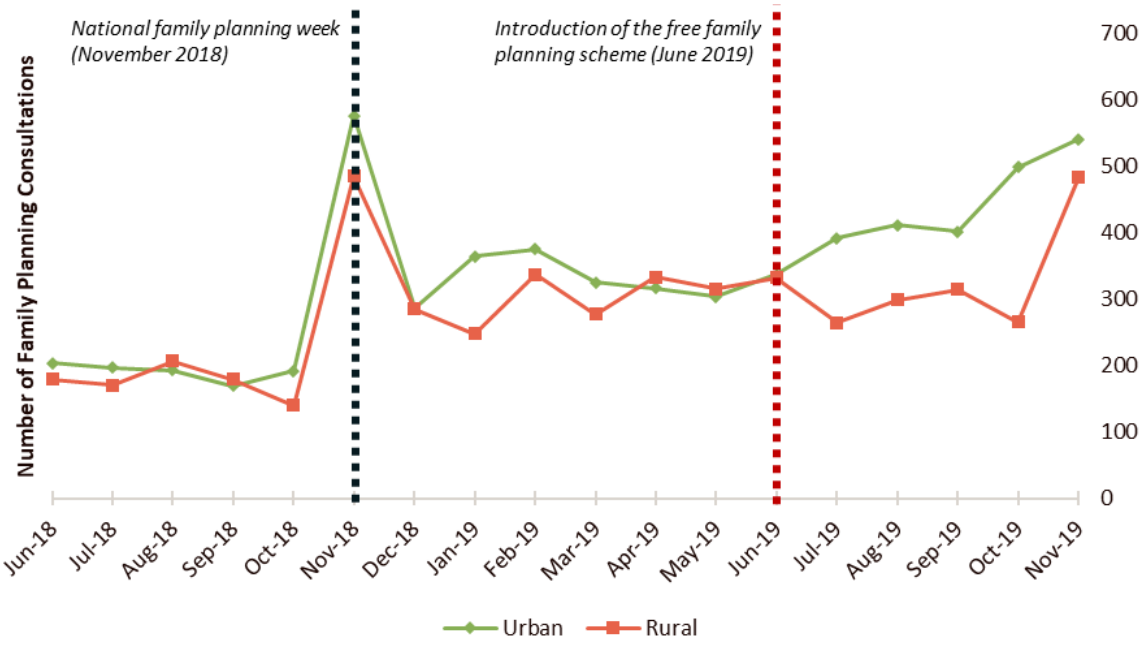

Figure2. Evolution of FP visits between urban and rural areas in the Cascades and Centre-Ouest regions

FP gratuité seems to have marginally increased family planning consultation numbers in urban facilities. Figure 2 above presents the same data on family planning consultations but disaggregated between rural and urban facilities. Rural and urban consultation numbers are very similar until the June 2019 introduction of FP gratuité. From July 2019, however, the number of urban consultations begin to increase steadily, whilst the number of rural consultations remains stable and declines slightly between September and October 2019.

The impact of the November 2019 free FP week is significant in rural facilities (82% more visits in November than in October), but is much less so in urban settings (8% increase in visits.) There is some evidence to suggest that FP consultations increased in urban settings amongst specific population groups, particularly

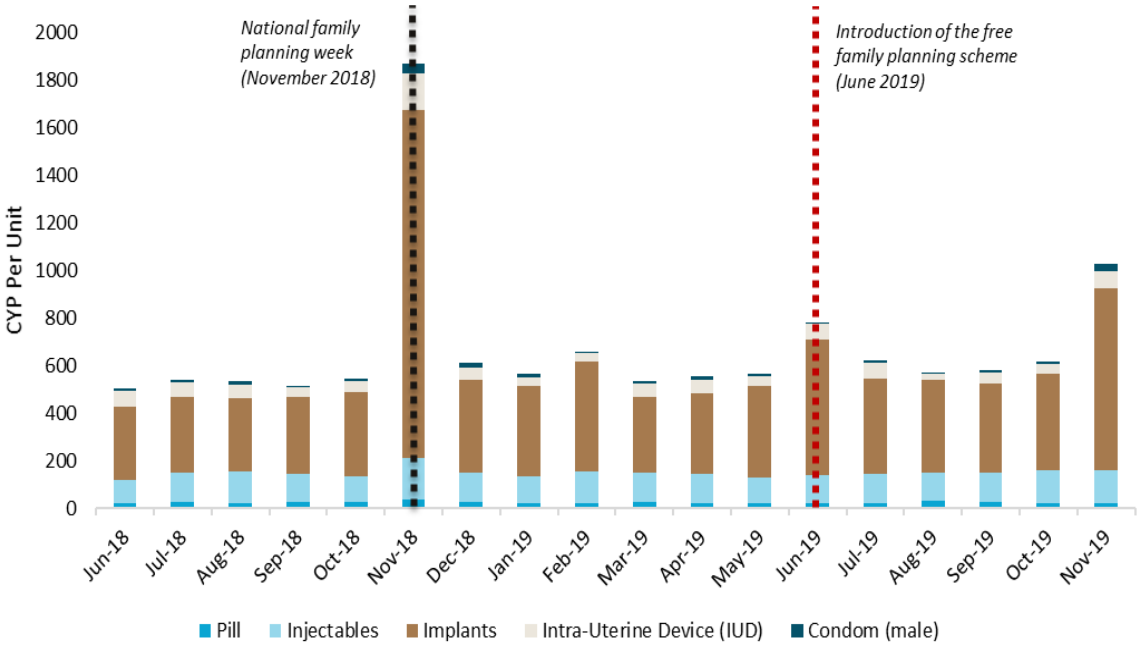

Figure 3. CYP by family planning methods trends in the Cascades and Centre-Ouest regions, January-November 2019

young women, where word-of-mouth spread information about user fee removal.

Long-acting, reversible contraceptive (LARC) uptake has not increased in the pilot regions since implementation of the FP gratuité in June 2019. Trends in couple-years protection (CYP) demonstrate little improvement apart from peaks in June 2019 and November 2018 and 2019, as a result of the introduction of the gratuité scheme and the national FP weeks, respectively (see Figure 3 above). Health workers cite high cost of implants as a significant barrier to their use prior to November 2018, and it is notable that increases in CYPs associated with the free FP weeks and the introduction of FP gratuité seem to be driven by increased uptake of this method. The lack of consistent change in CYP trends reflects a lack of progress in uptake of LARCs.

PERCEPTIONS, EXPERIENCES, AND CHALLENGES FOR IMPLEMENTATION OF THE FP GRATUITÉ

In this section we turn to the experiences of health providers, communities, and women participating in the scheme. They point to challenges – such as absence of training and a lack of community sensitization – that have blunted the impact of the scheme on FP utilization.

Operational Challenges of the FP Gratuité

Lack of training for providers on the use of new consultation forms and health information systems for the scheme poses a critical challenge. Prior to the introduction of FP gratuité, health workers used one standardized consultation form for all contraceptive methods. FP gratuité introduced new and different consultation forms for each contraceptive method in an effort to better monitor FP utilization trends at the facility-level. Many surveyed health workers noted a lack of understanding and frustration about the utility of multiple, method-specific consultation forms. The FP gratuité scheme also requires district health officers to enter data from the new FP consultation forms into the e-gratuité, a scheme-specific health information system. Several health workers stated gaps in their knowledge of the e-gratuité and navigation of the database due to an absence of training. Regional health departments intended to include district-level training on the new consultations tools and e-gratuite as part of the pilot, but these trainings did not take place as a result of the health workers' strike. Surveyed health workers noted that some training of the FP gratuité took place in the Cascades, which might have contributed to the slight increase in consultations recorded in the region.

Women must now obtain all contraceptive methods directly from the pharmacy, which poses a new risk to their medical confidentiality. Previously, women seeking FP services were able to obtain contraceptives directly during the FP consultation. Due to the new reporting requirements around gratuité, women must obtain the prescribed contraceptive method from the pharmacy stockroom and return to the consultation room for administration of the method. The pharmacy administrator is often a member of the community and, unlike the health worker, the pharmacist is not bound by medical confidentiality.

A Lack of Community Sensitization and Underlying Demand for FP Services

Health workers stated that the underlying demand for FP is low in the pilot regions, which limits the potential impact of the FP gratuité. Surveyed health workers referenced social factors that influence the demand for FP services. These factors have been unaddressed thus far in implementation of the FP gratuité, and hence contribute to a lack of demand for FP services in the pilot regions. Health workers reported an increased tendency of women to discontinue or switch contraceptive method without apparent objectives or reasons following the introduction of the FP gratuité, which they believe also reflects fundamental misunderstanding of FP. Surveyed health workers in the Centre-Ouest region noted that the persistence of socio-cultural misgivings about FP were especially influential in the limited uptake of the FP gratuité. Health workers believe that community sensitization on FP is essential for the success of any FP intervention.

Little community sensitization on FP gratuité was carried out. Health workers stated that planned health facility and community-level communication initiatives for the FP gratuité were not executed due to a lack of resources for such activities. The situation was exacerbated by delays in payments to health workers, resulting from the health workers' strike. Awareness building activities on the FP gratuite (and FP practices broadly) must effectively target communities and beneficiaries.

According to health workers, young women – particularly students – constitute the group whose use of FP services has increased the most as a result of the FP gratuite. There is a perception among health workers that young women received more information about free service availability by word-of-mouth in schools and within social circles. This, in addition to underlying demand, may help explain increased urban uptake. Health workers hypothesize that other target beneficiaries were slower to receive information about the availability of free FP services.

REMOVAL OF USER FEES FOR BENEFICIARIES

The FP gratuité has succeeded in removing direct user fees for women seeking family planning consultations in the pilot regions. All 30 women surveyed confirmed that they were not asked for payment for their family planning consultations. Although the scheme has successfully eliminated direct costs, women seeking FP services still face financial barriers in the form of indirect costs (such as transportation costs), and opportunity costs. The majority of health workers surveyed also noted that in the event of stock-outs of medical consumables, it is common practice for the user to have to buy these supplies at their own cost, which may create an additional financial deterrent to seeking FP services.

CONCLUSION

FP gratuité is part of an ongoing effort by the Government of Burkina Faso to improve access to health services and to move towards universal health coverage. Findings from ThinkWell's rapid assessment suggest the following recommendations:

1. **Conduct SBCC initiatives to change the hearts and minds of women.** Operational constraints, and specifically the ongoing health workers' strike, prevented the promotion of free FP and other communications activities that might have resulted in increased uptake of services.
2. **Provide training to health workers on information tools and systems**. Provider training and support on gratuité administrative processes will facilitate implementation.
3. **Address consumable supply challenges.** While removal of user fees for consultations has been achieved, payment for other costs – such as medical consumables – is still common.
4. **Revise patient flow to maintain confidentiality.** Operational processes for women to obtain FP methods must defend their confidentiality.

We believe that this rapid assessment and feedback to policy makers can play an important part in shaping FP gratuité, helping to maximize value and impact as the program grows. ThinkWell will provide ongoing support to the MOH to continuously monitor the evolution and scale-up of free FP in Burkina Faso.

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.globa**l.

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