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Burkina Faso, one of the poorest countries in the world, continues to face a high rate of maternal and child mortality. While coverage of key maternal, newborn and child health (MNCH) interventions has improved, financial barriers to access continue to keep many from seeking the services they need, when they need them, limiting further progress in reducing these high mortality rates.

In 2016 the Government of Burkina Faso introduced *gratuité*, a user fee replacement policy, to increase access and utilization of healthcare services for women and children under 5 years of age. Through this policy, government pre-positions funds for facilities to replace out-of-pocket payments, allowing public health facilities to provide a defined package of MNCH services free of charge.

In collaboration with the Ministry of Health (MoH) and working through a team of local consultants at RESADE[i], ThinkWell conducted a detailed review of the gratuité policy. This review is part of ThinkWell's Strategic Purchasing for Primary Healthcare (SP4PHC) project to improve primary health care, implemented in five countries with support from a grant from the Bill & Melinda Gates Foundation.

The team reviewed the gratuité policy in order to better understand how it works in the field, what are the challenges it faces, and which lessons can be drawn for the way forward. The assessment was conducted using literature review, data analysis, and key informant interviews. This briefing note summarizes the team's findings, which are detailed in a full report on the SP4PHC website **https://thinkwell.global/projects/sp4phc/**.

OVERVIEW OF GRATUITÉ

Burkina Faso's gratuité policy has a long history. Burkina Faso's healthcare system provided services free of charge until the 1980s. Increased budget deficits resulted in a decline in the quality of publicly subsidized health services, ultimately leading to the introduction of user fees through the Bamako Initiative in 1990 (McPake, Hanson, and Mills 1993). The first pilot projects for user fee exemption started in Burkina Faso in the late 2000s (Ridde 2015) followed by others between 2008 and 2015, often in partnership with international non-governmental organizations (NGOs).

The gratuité policy, designed to remove financial barriers to MNCH services, was adopted by the Council of Ministers of Burkina Faso on March 2, 2016. Gratuité is implemented in all public health facilities and a small number of private facilities. Public facilities provide a defined package of MNCH services free of charge, fully funded by the government budget. Instead of charging out-of-pocket payments, equivalent fee-for-service payments are made to facilities by the central government. Funds are pre-positioned for the facilities on a quarterly basis, and subsequent payments are adjusted based on service reports. 60%-80% of these funds are earmarked for drugs, and facilities can use the remainder for consumables and operating costs. The scheme is managed by the MoH Secrétariat Technique – Couverture Maladie Universelle, and verification and data validation are contracted out to third parties.

Gratuité 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. The benefits package includes services for children as defined in Integrated Management of Childhood Illness protocols. For pregnant women, gratuité covers antenatal and postnatal care, deliveries, emergency obstetric care and cesarean sections, as well as screening for pre-cancerous cervical lesions and breast cancer.

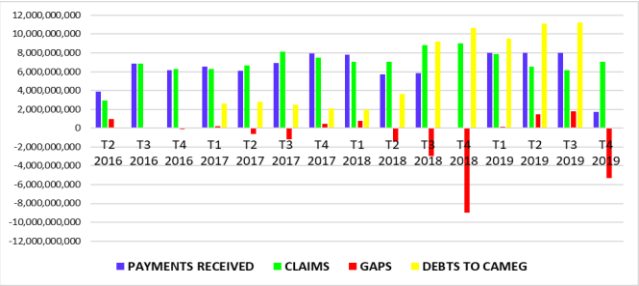
KEY FINDINGS

Gratuité has achieved its primary goal of improved access to services and has reduced out-of-pocket expenditure on health. For example, 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 per annum in 2017, following the introduction of gratuité (Ministère de la santé du Burkina Faso and Institut national de la statistique et de la démographie 2019). Out-of-pocket payments, whilst still significant, declined from 36% of current health expenditure to 31% in the same period (Ministère de la santé du Burkina Faso 2018).

Gratuité is not designed specifically to improve service quality, and we find no evidence that it has done so. Gratuité has been implemented in the context of increasing security challenges and significant labor unrest – both factors that undermine improvements in quality and so in health outcomes. Nevertheless, service quality is a significant underlying challenge to health in Burkina Faso, and the fact that gratuité is not explicitly linked to quality may be a missed opportunity.

Gratuité was not adequately funded in 2018 and 2019, and this likely led to increased debts to central medical stores (CAMEG). Our analysis shows significant gaps between gratuité claims submitted to government and payments received, most notably towards the end of financial years 2018 and 2019. Debts to CAMEG follow a similar pattern, growing rapidly when gratuité payments fall short.

Evolution of invoices, payments, and debts to CAMEG from 2016 to 2019



Source: RESADE analysis of e-gratuité data and reports, February 2020

Gratuité's 'fee-for-service' payment mechanism prioritizes fairness and maintaining service quality over cost-control and administrative efficiency. 'Fee for service' payments risk driving increases in health expenditure. We see some evidence of increased average cost per claim[ii], but inflation of the cost of gratuité does not appear to be a major factor driving the funding shortfall.

Perceptions of late or inadequate payment drive dissatisfaction with gratuité amongst service providers. Qualitative interviews revealed little understanding of the gratuité mechanism in the field, but a consistent sense that payment had become less reliable over time, and that this had reduced facilities' autonomy, flexibility and ultimately their ability to deliver quality services. All facilities reported payment shortfalls, and interviewees had not been told why full payment was not remitted.

Gratuité control and validation systems are fit for purpose, so long as contracts with implementers are maintained. Contracts with third parties to validate gratuité claims provide important controls, and results are generally positive; roughly 90% of claims are valid. However, these contracts lapsed through much of 2018, reducing control and increasing risk.

RECOMMENDATIONS

Ensure adequate budget allocation for gratuité. Free essential MNCH services are an important step on Burkina Faso's journey towards universal health coverage. The gratuité scheme is a pragmatic approach and has demonstrated effectiveness. Many of the challenges we found are the result of uncertain and inadequate funding, rather than design. Changing the scheme design, particularly if more complexity is introduced, may exacerbate rather than solve this problem. Further strengthening the scheme will not be possible without sufficient funding.

Link gratuité to quality, rewarding facilities that achieve higher quality standards. Improving the quality of health services is a fundamental challenge for Burkina Faso. Gratuité has improved access, but front-line staff tell us that they feel that they are expected to manage more clients with uncertain facility income, and so quality is certainly at risk. More effective links between gratuité and schemes designed specifically to improve quality, like Performance Based Financing, will improve efficiency and reinforce both schemes.

Consider simplifying payment mechanisms. Implementing case-based payments for gratuité could simplify systems, reduce admin burden, and control claims inflation. Whilst this is unlikely to reduce total costs in the short term it should be carefully considered. However, case-based payments risk undermining

service quality, and so should not be implemented unless effective links of payment to quality are in place.

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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[i] A local NGO, Recherche pour la Santé et le Développement (RESADE).

[ii] Average cost of claims has increased by 9.6% over between 2016 and 2018, whereas 24% of total claims in 2018 and 2019 went unpaid.

[iii] RESADE

[iv] ThinkWell