

SP4PHC
Strategic Purchasing for Primary Health Care

# REVIEW OF CONTROL MECHANISMS FOR THE USER FEE EXEMPTION POLICY *GRATUITÉ* IN BURKINA FASO

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 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, the project works closely with the government on its user fee exemption scheme, known as the Gratuité policy, which provides a defined package of FP and MNCH services free of charge to pregnant women and children under 5 years old. ThinkWell activities in Burkina Faso include providing technical support to the Technical Secretariat for Universal Health Coverage (ST-CSU) to increase the efficiency and effectiveness of control and verification procedures for Gratuité.

**The control mechanism of the Gratuité program, instituted to ensure that high-quality services are delivered free of charge, is run by the Ministry of Health (MOH) ST-CSU. A review of the Gratuité program's control mechanism was conducted by the ST-CSU and ThinkWell. The purpose of this brief is to document the Gratuité control mechanism and capture lessons for its improvement.**

## ABOUT THE GRATUITÉ PROGRAM

**A series of measures to waive user fees were introduced in the 2000s in Burkina Faso.** These include free management of severe malaria cases in 2005, free deliveries, and emergency obstetric and neonatal care provided from 2006 to 2016 countrywide. The Government of Burkina Faso piloted a total user fee exemption scheme for maternity and child health services, known as Gratuité, in three regions of the country in early 2016.

**On June 1, 2016, the Government of Burkina Faso scaled up the Gratuité scheme nationally to cover the care costs of maternity and health services for children under 5 years of age**. The scheme uses government funds to replace out-of-pocket payments and requires all public health facilities and selected private facilities to provide a defined package of FP and MNCH services free of charge. The Gratuité policy aligns with Burkina Faso's goal to reduce preventable maternal and child deaths (Boxshall, Kiendrébéogo, Kafando et al. 2020).

## GRATUITÉ CONTROL MECHANISMS

**At the inception of the Gratuité program, the MOH of Burkina Faso set up a control mechanism, designed to ensure that health facilities and community health workers provide free services to beneficiaries, as defined in the program's implementation manual** (Burkina Faso Ministry of Health 2019). The MOH's control mechanism combines health facility record review as well as a client satisfaction surveys (CSSs). The purpose of the control mechanism is to measure the extent to which the Gratuité scheme is being implemented according to MOH guidelines and to correct for errors.

**This document provides an overview of the Gratuité control mechanism.** Based on a request from ST-CSU, ThinkWell conducted a rapid

assessment of Gratuité control data in 2020, covering the period from 2016 to 2019. The assessment highlighted the low quality and incomplete nature of these data, which made monitoring of implementation fidelity difficult. Findings were presented to the ST-CSU and the agencies responsible for implementing the control mechanism. A more comprehensive review of the control mechanism was advised to support further reforms. This more comprehensive review used data obtained from the MOH e-Gratuité platform as well as activity reports prepared by control agencies between 2016 and 2021. In addition, informant interviews were held with key actors from ST-CSU and seven nongovernmental organizations (NGOs). The main conclusions of the review are summarized below.

## Ecosystem

**The control of Gratuité is exclusively financed by public funds.** Since the program's inception, around US$1.4 million has been budgeted per annum for Gratuité control. However, actual disbursement is reported to be low, resulting in recurrent interruptions of the control cycle.

**Control function is contracted out to NGOs.** Considering the principle of separation of functions, the MOH contracts out the control function to NGOs. Control agents (also known as 'investigators') are hired by NGOs to review *Centre de Santé et de Promotion et Social* and hospital records, as well as conduct CSSs with beneficiaries.

During the first three years of the program (2016-2018), control was contracted out to four international NGOs—Action Contre la Faim, Hilfe Zur Selbsthilfe, Save the Children, and Terre des Hommes—building on their experience in implementing user fee exemption programs from 2008 to 2015. In 2019, four local NGOs—Association Songui Manegre/Aide au Développement Endogène, Association Vision Nouvelle, Réseau Accès aux Médicaments Essentiels, and SOS Sahel—were also contracted as additional Gratuité control agencies.

**NGO contracts cover at least six months, but renewals have always been delayed.** These delays in renewal have ranged from three to 18 months (**Figure 1**). Key informants interviewed suggested that this was due to budget constraints and MOH procedures.

***Figure 1. Phases and duration of NGOs' contract***


*Source: Based on MOH records*

**Burkina's ongoing security challenges and the COVID-19 pandemic have altered the implementation of Gratuité control.** Burkina Faso has been experiencing security challenges since 2014 that have affected all sectors, including the health sector ( Burkina Faso Ministry of Economy, Finance, and Development and the United Nations Development Programme 2021). The Burkina Faso Health Emergency Operations and Response Center estimated that, in February 2021, 17 health districts out of 70 were facing security challenges. NGOs operating in the affected districts reshaped the Gratuité control procedures described below to reduce control agents' and households' exposure to security threats. Several control NGOs opted to reduce control activities or move health facility registers to safer sites for review. CSSs are sometimes cancelled or conducted over the phone. As part of the MOH responsiveness plan to the COVID-19 pandemic, CSSs were temporarily suspended in 2020 and replaced by COVID-19 input audits by NGO staff.

## Scope of Gratuité control

**Gratuité control entails verification of beneficiaries' satisfaction, effectiveness of fee exemption, efficient drug prescription, and concordance of the data transmitted. These four areas of verification are explained below:**

- The client satisfaction survey (CSS) reports on beneficiaries' opinions on waiting time, hygiene in the health facilities, treatment received, confidentiality, and communication. Information is gathered through exit interviews (in the health facilities) and a community survey.
- The effectiveness of fee exemption measures the proportion of patients who received completely free access to the goods and services. This is verified through exit interviews and community surveys for all services and goods that patients should receive free of charge. The proportion of patients who have been wrongly asked to pay,

and the average amount incorrectly paid for outpatients and inpatients, are calculated.

- Efficient drug prescription is measured through a composite indicator calculated from of the average number of drugs per prescription, the proportion of antibiotics in a prescription, and the proportion of injectables in a prescription.
- The concordance of reported data compares service utilization and cost data transmitted by the health facilities to the ST-CSU through the e-Gratuité system with data appearing in the facilities' primary tools: care registers, patient prescriptions, and management forms.

**Checks by Gratuité control agents extend beyond the Gratuité program to cover other subsidized health care.** During the health facility visits, the investigators also check the use of inputs—the quantities received compared to quantities used—made available to health facilities in the fight against malaria, HIV, tuberculosis, and malnutrition, as well as in the Expanded Programme on Immunization.

**Gratuité control agents do not check for eligibility of beneficiaries or the efficient use of free services by households**. While evaluating the implementation fidelity of this targeted fee exemption scheme, the MOH control mechanism focuses on health provider misbehaviors and practices. It does not, however, explore the proper inclusion of beneficiaries, nor is the efficient use of health services by eligible patients included in the scope of Gratuité control.

### Procedures and processes

**Per design, the verification is meant to be carried out monthly, using standardized methods that include reviews of health facility records and CSSs**. NGO contracts with the MOH provide for a monthly audit of all tertiary and secondary health facilities. On the other hand, NGOs sample 40% of the existing PHCs in the region for verification; the sampling process is described in **Box 1**.

*Box 1: PHC sampling*

**PHC sampling for Gratuité control**

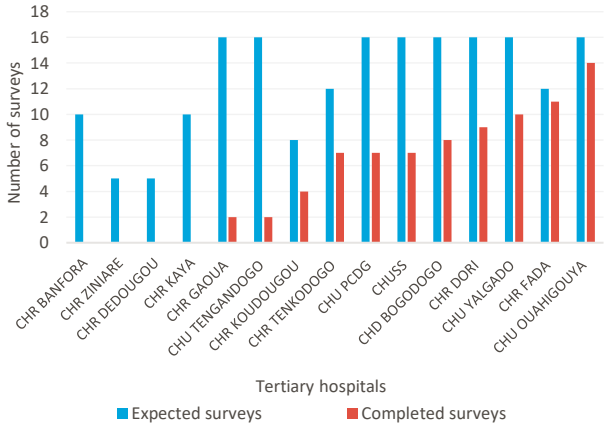
PHC facility sampling is at the discretion of the NGOs and mainly based on the potential fiduciary risk posed. When a PHC is perceived to be "overbilling" the MOH, it is automatically placed on the list of facilities to be audited. "Overbilling" is based on average service costs from previous audits and/or district average. A PHC may also be classified as "at risk" based on whistleblowers' allegations of wrongful charging. In addition, some PHCs that are not at risk will also be sampled by the audit.

**NGOs are supposed to prepare an audit report, signed by both the investigator and the health facility representative**. A list of predefined indicators should be automatically submitted to the ST-CSU, and debriefing sessions should be held between NGO staff and health facility staff, then between NGO staff and the District Health Management Team, as well as the Regional Health Management Team.

The MOH should conduct a counter-verification. Article 12 of the NGO contract provides for unannounced checks of the results of the verification by NGOs.

**The systematic monthly monitoring of all tertiary and secondary health facilities, as stipulated in the contracts, is not being achieved.** As presented in **Figure 2** below, from September 2019 to February 2021, none of Burkina Faso's 15 tertiary hospitals had received the required number of comprehensive monthly verification and control visits. However, NGOs always "caught up" with document reviews for the missed months after control agents visited health facilities. Missed CSSs, on the other hand, cannot be remedied.

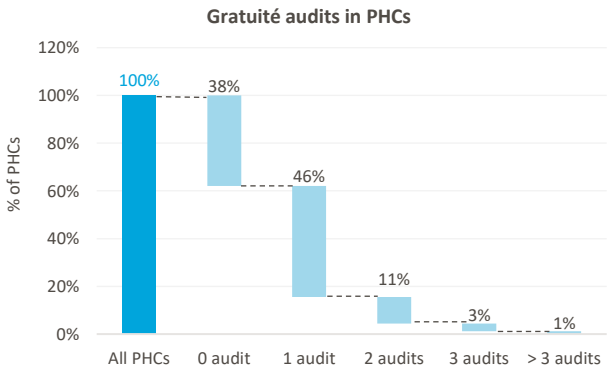
*Figure 2. CSSs in tertiary hospitals*




*Source: Based on e-Gratuité data*

**The lack of clarity in sampling methodology leaves half of PHCs that implement Gratuité unaudited.** The Gratuité control implementation manual refers only to the proportion of PHCs to be sampled per contractual period. The sampling approach is at the NGO's discretion (see **Box 1**). The lack of clarity on how PHC sampling should be managed from one contractual period to another leaves the majority of PHCs unaudited for at least a year. Over a 16-month period, combining consecutive contracts (September 2019 to June 2020 contracts and September 2020 to February 2021 contracts), 38% of PHCs implementing the Gratuité program were not audited, while 3% of them were audited thrice (**Figure 3**).

*Figure 3. Number of audits conducted in PHCs, September 2019-February 2021*




*Source: Based on e-Gratuité data*

**NGOs digitized data collection tools in 2019, but they vary from one organization to another.** As a result, the data received by ST-CSU is heterogeneous, with variability in data types and formats. This makes data consolidation and analysis challenging.

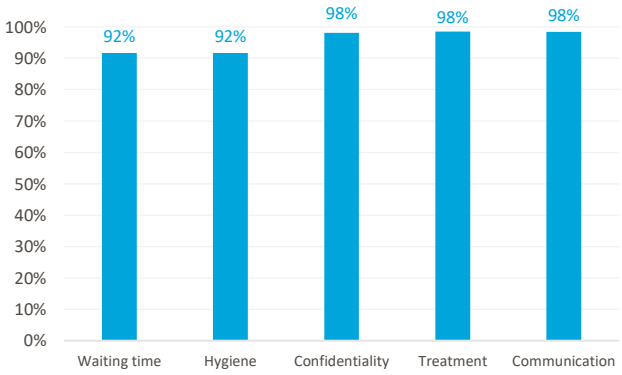
**Control findings are generally shared with the health facilities and the ST-CSU.** The audit presents poor practices by health providers, which ranges from denying fee exemption to patients, to illegal sales of drugs and commodities, to diversion of drugs. Over- and under-billing of the Gratuité program classifies as misconduct.

The results of the audit are immediately shared with health facilities staff and the ST-CSU. District and Regional Health Management Teams are generally not briefed on outcomes from the control process. According to NGO staff, subnational health management teams are generally not available for debriefing sessions.

## Findings from control data

**Client satisfaction with Gratuité is consistently high** (**Figure 4**). CSSs conducted in seven regions between January and September 2021 suggest a satisfaction rate per component exceeding 90% (Burkina Faso Ministry of Health 2021).

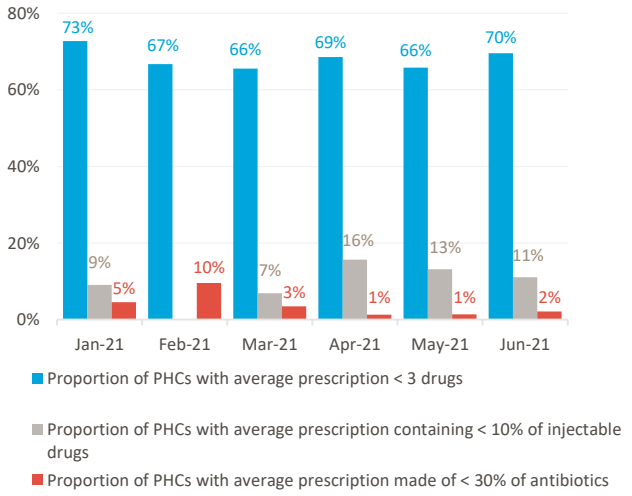
*Figure 4. Client satisfaction, January-September 2021*




*Source: Gratuité bulletin, November 2021*

**There is a mixed picture of efficient drug prescription.** **Figure 5** suggests that while around 70% of PHCs meet the World Health Organization guidelines regarding average number of drugs in a prescription, PHC performance on other indicators measuring efficient drug prescription remains sub-par.

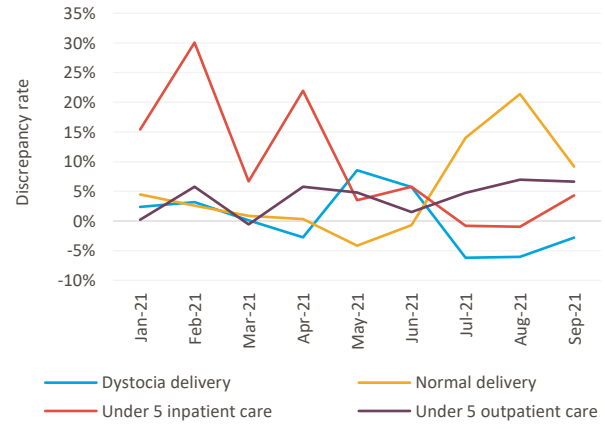
### *Figure 5. Efficient drug prescription in PHCs Q1-Q2*




*Source: Authors based on e-Gratuité data*

**There are issues in the concordance of reported data.** Figure 6 shows the difference between services reported through e-Gratuité and those verified in facility records. Positive numbers reflect higher numbers in e-Gratuité than in facility records, and this analysis suggests recurrent data concordance issues.

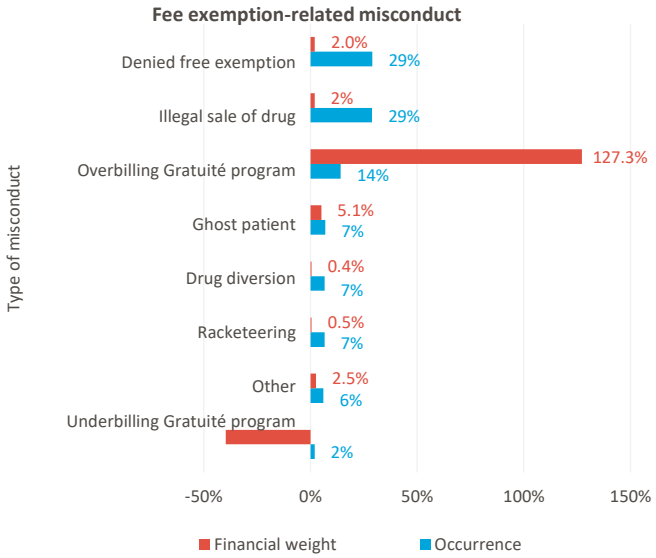
### *Figure 6. Data discrepancy on service utilization, January-September 2021*




*Source: Gratuité bulletin, November 2021*

**Financial irregularities are rarely reported, but they still happen.** Control reports reveal that 4% of interviewed patients did not receive the benefits they are entitled to. The most common irregularities are related to patients being denied a fee exemption or having to pay for drugs (Figure 7). It should be noted that if drugs are out of stock, patients are expected to pay out-of-pocket for drugs at local pharmacies, and this is not considered an irregularity. Financially most significant is the overbilling of Gratuité, as measured by discrepancies between e-Gratuité claims and facility records.

### *Figure 7. Misconduct found during Gratuité control*




*Source: Authors based on e-Gratuité data*

## Use of control results

**Overcharged amounts result in deductions from quarterly payments to health facilities.** A predefined amount is paid quarterly to health facilities to cater for expenses incurred in delivering free services under the Gratuité policy. These subsidies are transferred to health facilities as advance payments also known as "pré-positionnement." In case overbilling is spotted during control visits, the amount is communicated to the ST-CSU by the NGOs through the e-Gratuité platform, then deducted from the next quarter's fund transfer.

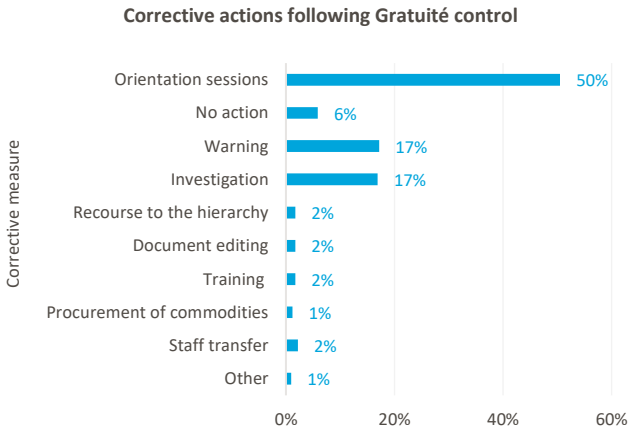
**The audit results are also used to implement corrective actions.** In addition to the immediate clarifications and orientations provided by the investigators on the practices of the health care providers, corrective actions are also taken by the hierarchical structures responsible for the health facilities, which include both facility managers and District Health Management Teams. As illustrated in Figure 8, orientation sessions are the main corrective measure taken. These are meetings to

address MOH policies and procedures for the Gratuité program. Warnings and transfers of staff to other facilities can also happen.

### Effect of Gratuité control

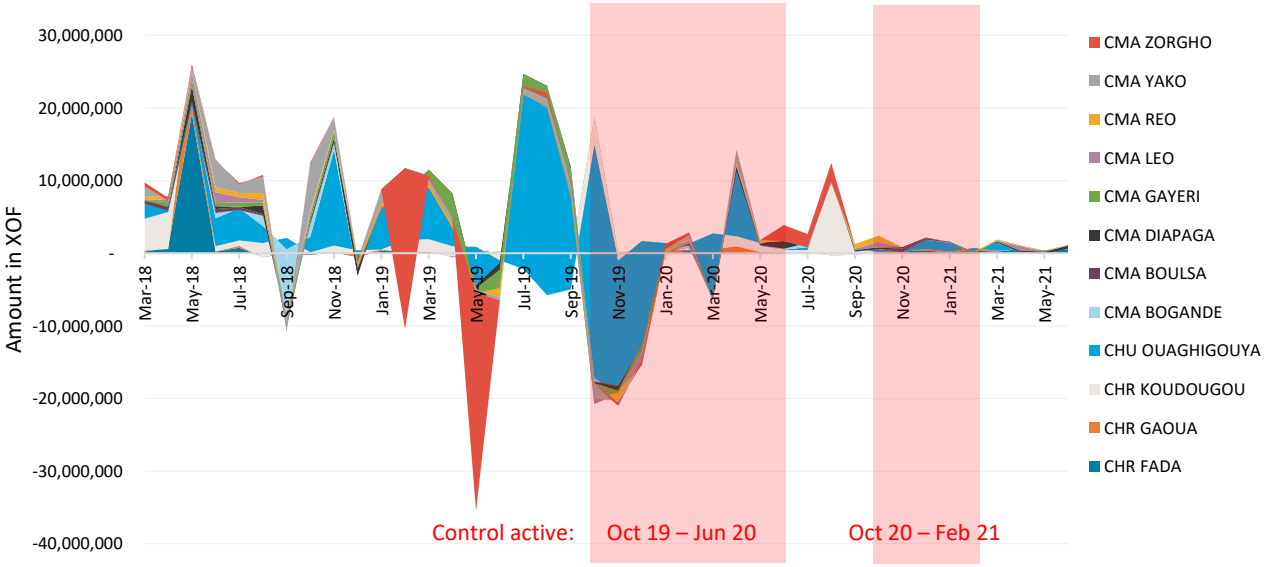
**The Gratuité control process, which is carried out in a spirit of capacity building, reduces irregularities in the implementation of the program.** As Figure 9 shows, overbilling in secondary and tertiary hospitals recorded a considerable drop as soon as the control visits resumed after an 18-month break. The main reasons for overbilling mentioned in NGO reports are related to calculation errors, missing information on prescriptions, poor archiving system, and staff misbehavior. Regular visits by NGOs are opportunities to strengthen the capacity of health personnel on billing procedures and warn them about criminal conduct, which seems to help reduce irregularities in visited health facilities.

*Figure 8. Corrective measures to address anomalies found during Gratuité control*




*Source: Based on e-Gratuité data*

*Figure 9. Discrepancy in cost of Gratuité services from March 2018-May 2021*




*Source: Based on e-Gratuité data*

## DISCUSSION

**Strengths of the Gratuité control mechanism include the government's financial commitment, inclusion of client satisfaction and experience, and the audit of other free services.** The incidence of irregularities in Gratuité implementation is remarkably low, and the control mechanism may contribute to this. The financing of the Gratuité control mechanism by the Burkinabe government supports its continuity. The mechanism offers a way to measure beneficiary satisfaction and continue to refine the program. The integration of other free services allows for better monitoring of the various cost exemption mechanisms implemented in the health sector, thus contributing to the efficiency of health financing in Burkina Faso.

**PHC sampling, non-verification of beneficiaries' eligibility and service utilization, and weak feedback loops are among the shortfalls of the Gratuité control mechanism.** The current sampling of PHCs limits exhaustive monitoring of primary

health facility practices. The failure to check the eligibility of beneficiaries and the efficient use of services can undermine the efficiency of the free health care policy. Absence of debriefing meetings between NGOs and the subnational health management teams hinder the ability of the latter to address anomalies identified by control agents. Moreover, the absence of feedback at the community level hinders the use of social accountability as a lever for improving the quality of care offered by the health facilities.

**The control mechanism developed by the MOH could be strengthened by enhancing its scope and procedures, with several recommendations listed below. Tools and an enabling environment should be provided to optimize the use of control results and ensure efficient use of public funds allocated to the scheme**.

- Devise a performance review system to evaluate the extent to which control NGOs comply with verification and control procedures. ThinkWell will support the ST-CSU in developing a performance review matrix, as well as conducting quarterly reviews with debriefing sessions with the control agencies.
- Revise PHC sampling and ensure its incorporation in the Gratuité control manual. ThinkWell will support the ST-CSU in developing a sampling approach to conduct an audit in all PHCs that have never been visited since inception, and subsequently provide for all PHCs to be audited once a year.
- Develop a standard Gratuité control tool. ThinkWell will support the MOH in developing an electronic Gratuité control tool to be used by all control agencies. A user manual will be provided to standardize practices.
- Institutionalize Gratuité control feedback meetings at all levels. ThinkWell will support MOH central and subnational offices, as well as local government communes, to hold quarterly meetings on Gratuité control results.
- Explore opportunities to improve the efficiency and effectiveness of Gratuité reporting and control by leveraging existing health management information systems.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