

Country Case Study: Burkina Faso

There is a long history of community-based health programming **Financing Alliance** in Burkina Faso, however CHW motivation and incentives have been a consistent challenge

targeted maternal 2018: Adoption of 2010-2011: and child care 1979: Training National Creation of a expanded and deployment 1993: Bamako **Community Health Community Health** nationwide of village birth Initiative in branch in the MOH Strategy (2019--Update of iCCM attendants in 4 which there was 2023) to manage tools districts. a reinforcement -Extension of free community health -Extension of iCCM Beginning of of community care at the program in five 'communityhealth. region including the community level in -Elaboration and based approach Decentralized two region the five target validation of CHW to health' health system new profile regions covered by iCCM 2011 2017 2019 2014 2016 1979 1985 1993 2008 2019: 2017: 2014: Validation of 1985: Operation "One Completion 2008: Results-Formalization Village, One Primary based financing of CBHA the Health Post". Village of implemented in roll-out in community health agent and village Communitythree districts. partnership health birth attendat chosen based Health Eventually with Global investment by community. Faced Agent role expanded. Fund. case financial incentives -Implementation of Adoption of -Elaboration challenges PMNCH program to National of improve iCCM in Health community two regions of Financing **Burkina Faso** health road Strategy for UHC map

2016: Free

for Health

Current Burkina Faso Health System and Proposed New Community Health Posts

District Level

Regional Level

Regional Hospital

Center (8 in

country)

Oversees

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New National Community Health Strategy Vision

Administrative Village Level





Community Health Post with 2 community-based agents -Will cover 300 to 1,000 people

Same CBHA profile.. New strategy plans to hire 6,000 more CBHAs

Community-based Organization Health Animators:

- # in workforce: 236 contracted CBOs
- Linkage to Health System: Contracted by MOH

Community-based

Organizations

- Interventions: Promotional and preventative activities for malaria, TB and HIV/AIDs
- Training: From CBO

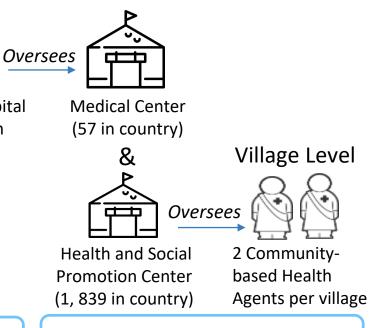
Central Level

University Center

Hospitals

(6 in country)

• Incentives: Remuneration (Not specified)



Community-based Health Agents:

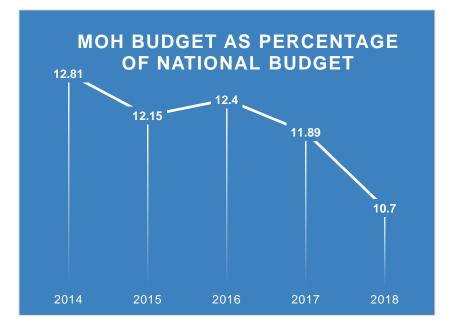
- # in workforce: 17,804
- Linkage to Health System: Hired and paid by government
- Interventions: Basic package of services including curative, promotional and preventative services
- Training: Varies
- Incentives: Monthly stiped of 20,000 CFA (36 USD), performance-based, non-financial incentives

Source: Burkina Faso National Community Health Strategy 2019-2023, Burkina Faso National Health Financing Strategy 2018-2030

Burkina Faso is facing a changing health financing landscape

Financing Alliance for Health

Ministry of Health Budget (2017): USD 412 million Allocated to three types of activities: Access to health services: USD 216 million Health service benefits: USD 16 million Pilot and support of services from MOH: USD 40 million



Burkina Faso's Health System is funded through four channels:

Source	% of Total Health Expenditure
Domestic Government Expenditure (2016)	38.3
Domestic Private Health Expenditure	Not estimated
External Health Expenditure (Donors) (2016)	22.7
Out-of-pocket Payments (2018)	31.6

The percent of the national budget allocated to the Ministry of Health has been decreasing since 2014despite the adoption of a UHC strategy in 2017 – As terrorism threats rise, a larger portion of the state budget is re-allocated to security

Notable Strategies of the New National Community Health Strategy 2019- 2023

Construction of 7,000 Community Health Posts	Each post will: -Cover 300 to 1,000 habitants -Be built in all administrative villages -Managed by frontline health workers
Creation of a Health Tax on Tobacco and Alcohol	CBHA Hiring Criteria: • Reside in the community (village, sector)
Expansion of MCNH Free Care to include Family Planning	 Accept to perform as a CBHA without constraint Speak the language of the job Have at least an primary education certificate
Recruitment of at least 6,000 CBHAs/Community Health and Hygiene agents	 Know how to read and write in French (to be literate in the local language is an asset) Must be between 20 to 50 years old at the time of selection
Creation of Community Health Mutuals for Primary Care services	 Must be stable and available (cannot occupy another role of responsibility) Must have good relations with the community
Compulsory Community Contributions to Primary Health Financing	 Have a good morale Must be able to actively and efficiently exercise the role of CBHA
Development and implementation of community development cells	Cells of 10 to 15 community members per CBHA (or volunteer). Monthly animation sessions lead by the CBHA To be piloted in 5 regions

Key Lessons Emerging from the National Community Health Strategy

Principal	Challenge	Adaptation
Proximity to Health Services	Insufficient Human Resources for equitable access to health services	Increase workforce and build infrastructure to ensure equitable access; emphasizing partnership with community- based organizations
Community Interventions for the Promotion and Prevention of Childhood Diseases	Confusion between 2 cadres of health workers about role and relationship	Clarify and emphasize package of services for both cadres, create specialized activities for CBHAs
Active and Inclusive Community Participation	Weak community engagement	Encourage the creation of health insurance groups and advise community management groups ; Encourage multisectorial approaches
Capacity of Local Authorities	Local actor conflict and weak management of CBHA funds	Engage authorities through trainings and deploy a strategy of real time monitoring and innovation
ce: Burkina Faso National Community Health Strategy 20	olowscapacity of health	Increase financial and non-

workers in delivering services

Canacity of the Community

financial incentives monitoring

The National Community Health Strategy 2019-2023: Key Lessons

National Community Health Strategy was adopted in December 2018

The table compares the old strategy, challenges faced and how the new strategy addresses these challenges

Principal	Old Strategy	Challenges	New Strategy
Proximity to Health Services	 2 Community-based Health Agents per village, work from CSPS Free maternal and child health services 236 community-based organizations contracted 	Insufficient human resources to fill all CBHA roles	 Build Health Posts in all Administrative Villages (7,000 total) Employ frontline community workers at each (6,000 new CBHAs in total) Extend free health service to include contraception Increase CBO contracts to 280 and 1400 animators
Community Interventions for the Promotion and Prevention of Childhood Diseases	 Defined package of promotional, preventative, curative and supportive services for CBHAs Defined package of prevention and support activities for malaria, HIV and TB for community-based organizations 	Insufficient descriptions of work for and between CBOs and CBHAs	 Reinforcement of CBO role Revise the CBHA profile Creation of community development cells for the prioritization of communication for social and behavioral change led by CBHAs

Key Lessons- cont.

Financing Alliance for Health

Principal	Old Strategy	Challenges	New Strategy
Active and Inclusive Community Participation	 Creation of village development counsels for mobilizing human resources and finances Creation of community management committees to manage implementation of health interventions and finances 	Weak mobilization of community funds for health services	 Encourage the creation of Health Mutuals (prepayment for health services) at the village level Help the operations of the village development counsels
Capacity of Local Authorities	 Creation of a community health branch in MOH at national level Creation of community health strategy documents 	Insufficient financial management at the CBHA level and local authority engagement	 Encourage health expenditure to be accounted for in Communal Development Budgets Engagement of local authorities Train, every two years, 10 officers in monitoring and evaluation of health projects
Capacity of the Community-based Health Agents	 Formal job description and hiring criteria 20,000 CFA (36 USD) monthly stipend 	Low capacity of CBHAs and CBO animators to carry out services, poor/low motivation	 Train, mentor and monitor CBHAs and CBOs Provide non-financial, performance-based motivation Provide financial motivation for CBHAs and CBOs Equal hiring of women and men

Source: Burkina Faso National Community Health Strategy 2019-2023, Burkina Faso National Health Financing Strategy 2018-2030