Country Case Study: Burkina Faso
There is a long history of community-based health programming in Burkina Faso, however CHW motivation and incentives have been a consistent challenge.

1979: Training and deployment of village birth attendants in 4 districts. Beginning of ‘community-based approach to health’

1985: Operation “One Village, One Primary Health Post”. Village health agent and village birth attendat chosen by community. Faced financial incentives challenges

1993: Bamako Initiative in which there was a reinforcement of community health. Decentralized health system

2008: Results—based financing implemented in three districts. Eventually expanded. -Implementation of PMNCH program to improve iCCM in two regions of Burkina Faso

2010-2011: Creation of a Community Health branch in the MOH to manage community health -Elaboration and validation of CHW new profile

2014: Formalization of Community-based Health Agent role

2016: Free targeted maternal and child care expanded nationwide -Update of iCCM tools -Extension of iCCM program in five region including the two region

2017: Completion of CBHA roll-out in partnership with Global Fund. Adoption of National Health Financing Strategy for UHC

2018: Adoption of National Community Health Strategy (2019-2023) -Extension of free care at the community level in the five target regions covered by iCCM

2019: Validation of the community health investment case -Elaboration of community health road map

Source: Burkina Faso National Community Health Strategy 2019-2023
Current Burkina Faso Health System and Proposed New Community Health Posts

Central Level
- University Center Hospitals (6 in country)

Regional Level
- Regional Hospital Center (8 in country)

District Level
- Medical Center (57 in country)
  - &
  - Health and Social Promotion Center (1, 839 in country)

Village Level
- 2 Community-based Health Agents per village

Community-based Organizations

Community-based Organization Health Animators:
- # in workforce: 236 contracted CBOs
- Linkage to Health System: Contracted by MOH
- Interventions: Promotional and preventative activities for malaria, TB and HIV/AIDS
- Training: From CBO
- 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 stipend of 20,000 CFA (36 USD), performance-based, non-financial incentives

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

Burkina Faso is facing a changing health financing landscape

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:

<table>
<thead>
<tr>
<th>Source</th>
<th>% of Total Health Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Government Expenditure (2016)</td>
<td>38.3</td>
</tr>
<tr>
<td>Domestic Private Health Expenditure</td>
<td>Not estimated</td>
</tr>
<tr>
<td>External Health Expenditure (Donors) (2016)</td>
<td>22.7</td>
</tr>
<tr>
<td>Out-of-pocket Payments (2018)</td>
<td>31.6</td>
</tr>
</tbody>
</table>

The percent of the national budget allocated to the Ministry of Health has been decreasing since 2014—despite 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
  - 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

- Expansion of MCNH Free Care to include Family Planning

- Recruitment of at least 6,000 CBHAs/Community Health and Hygiene agents

- Creation of Community Health Mutuals for Primary Care services

- Compulsory Community Contributions to Primary Health Financing

- 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

CBHA Hiring Criteria:
- Reside in the community (village, sector)
- Accept to perform as a CBHA without constraint
- Speak the language of the job
- Have at least an primary education certificate
- 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
- Must be stable and available (cannot occupy another role of responsibility)
- Must have good relations with the community
- Have a good morale
- Must be able to actively and efficiently exercise the role of CBHA

Source: Burkina Faso National Community Health Strategy 2019-2023
<table>
<thead>
<tr>
<th>Principal</th>
<th>Challenge</th>
<th>Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proximity to Health Services</td>
<td>Insufficient Human Resources for equitable access to health services</td>
<td>Increase workforce and build infrastructure to ensure equitable access; emphasizing partnership with community-based organizations</td>
</tr>
<tr>
<td>Community Interventions for the Promotion and Prevention of Childhood Diseases</td>
<td>Confusion between 2 cadres of health workers about role and relationship</td>
<td>Clarify and emphasize package of services for both cadres, create specialized activities for CBHAs</td>
</tr>
<tr>
<td>Active and Inclusive Community Participation</td>
<td>Weak community engagement</td>
<td>Encourage the creation of health insurance groups and advise community management groups; Encourage multisectorial approaches</td>
</tr>
<tr>
<td>Capacity of Local Authorities</td>
<td>Local actor conflict and weak management of CBHA funds</td>
<td>Engage authorities through trainings and deploy a strategy of real time monitoring and innovation</td>
</tr>
</tbody>
</table>

Source: Burkina Faso National Community Health Strategy 2019-2023
## The National Community Health Strategy 2019-2023: Key Lessons

<table>
<thead>
<tr>
<th>Principal</th>
<th>Old Strategy</th>
<th>Challenges</th>
<th>New Strategy</th>
</tr>
</thead>
</table>
| 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.

<table>
<thead>
<tr>
<th>Principal</th>
<th>Old Strategy</th>
<th>Challenges</th>
<th>New Strategy</th>
</tr>
</thead>
</table>
| 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 |