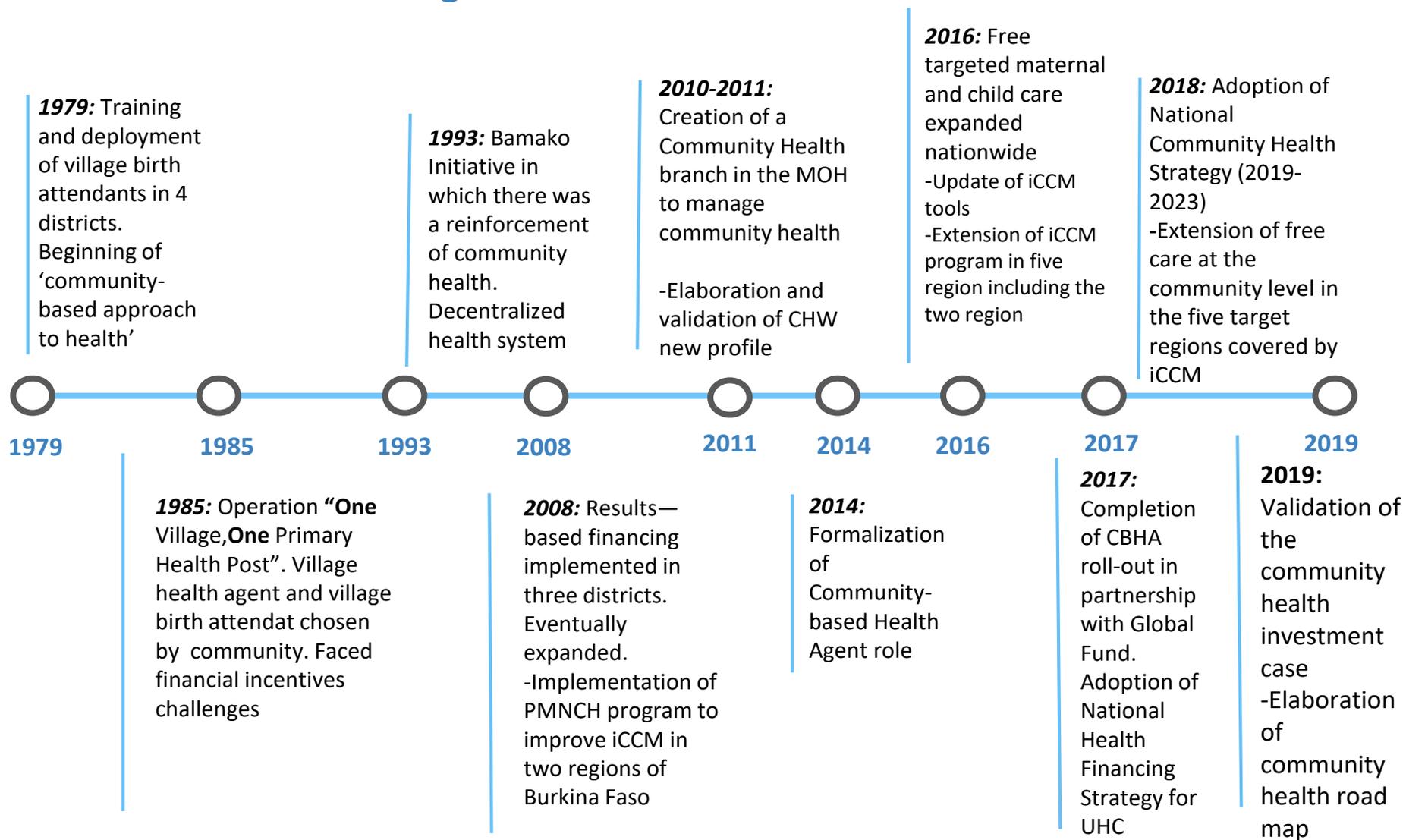


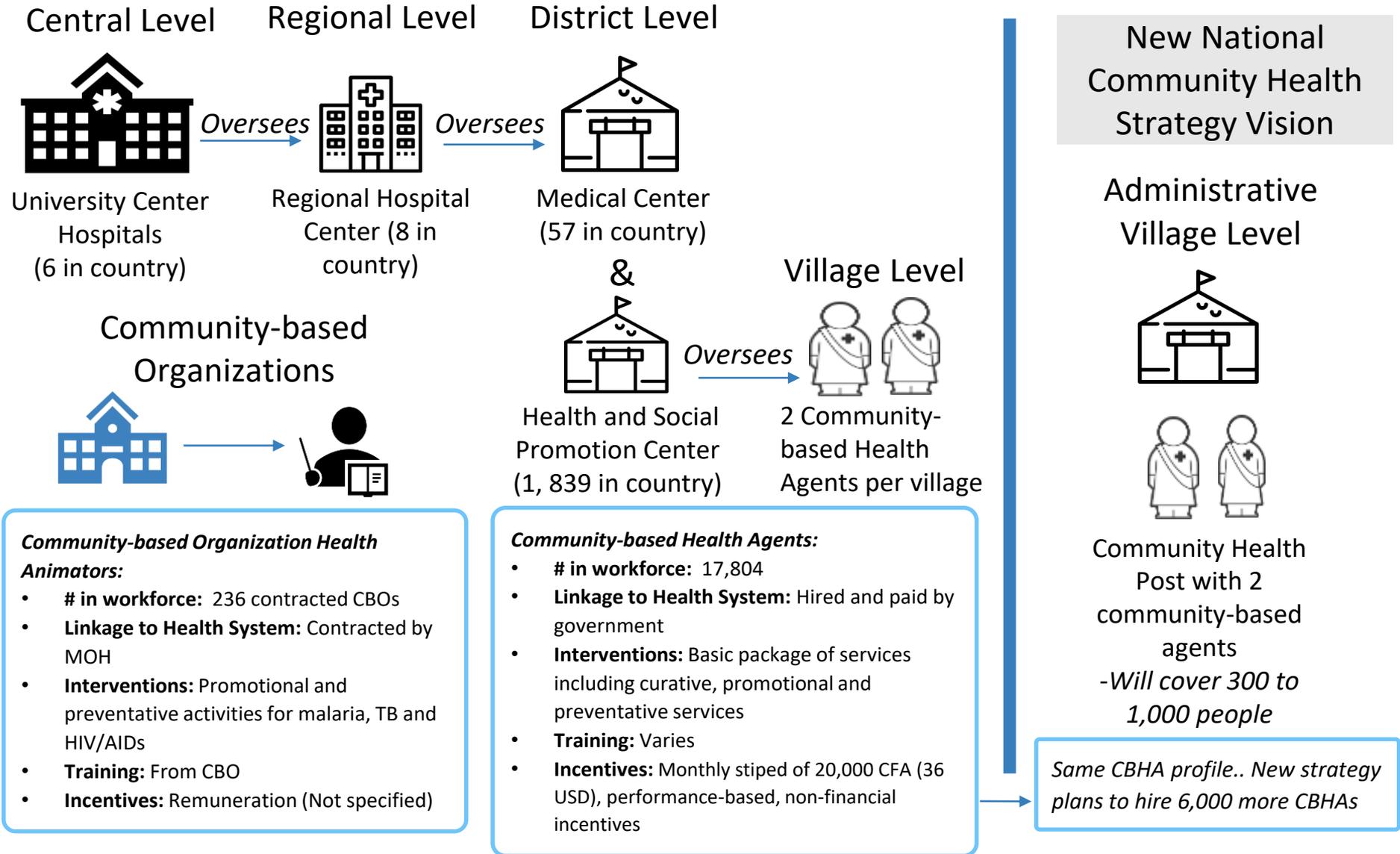
Financing Alliance for **Health**

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



Current Burkina Faso Health System and Proposed New Community Health Posts



Ministry of Health Budget (2017):

USD 412 million

Allocated to three types of activities:

Access to health services: USD 216 million

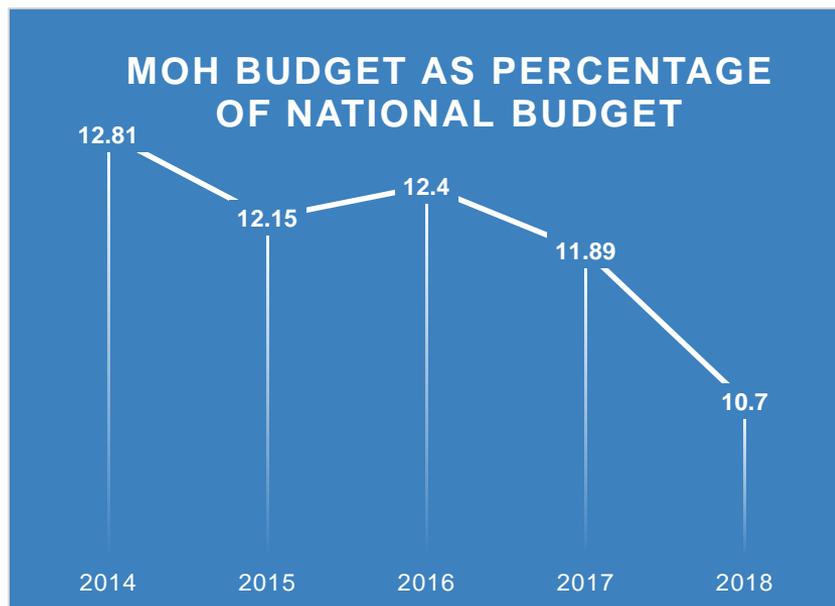
Health service benefits: USD 16 million

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 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

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

Expansion of MCNH Free Care to include Family Planning

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

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

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

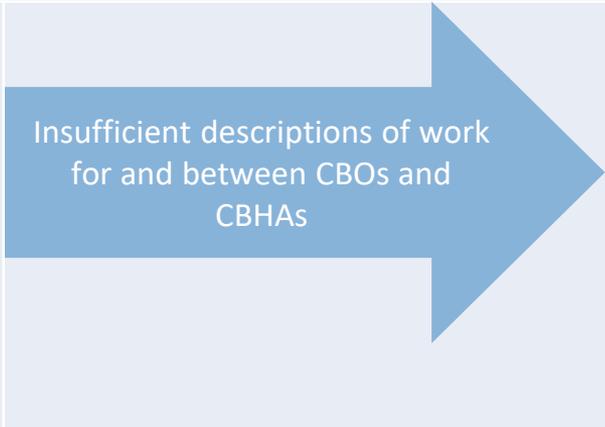
Key Lessons Emerging from the National Community Health Strategy

| 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 |
| Capacity of the Community- | Low capacity of health workers in delivering services | Increase financial and non-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

| <i>Principal</i> | <i>Old Strategy</i> | <i>Challenges</i> | <i>New Strategy</i> |
|--|--|---|---|
| Proximity to Health Services | <ul style="list-style-type: none"> • 2 Community-based Health Agents per village, work from CSPS • Free maternal and child health services • 236 community-based organizations contracted |  <p>Insufficient human resources to fill all CBHA roles</p> | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |  <p>Insufficient descriptions of work for and between CBOs and CBHAs</p> | <ul style="list-style-type: none"> • 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.

| <i>Principal</i> | <i>Old Strategy</i> | <i>Challenges</i> | <i>New Strategy</i> |
|---|---|--|--|
| Active and Inclusive Community Participation | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Encourage the creation of Health Mutuels (prepayment for health services) at the village level • Help the operations of the village development counsels |
| Capacity of Local Authorities | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |