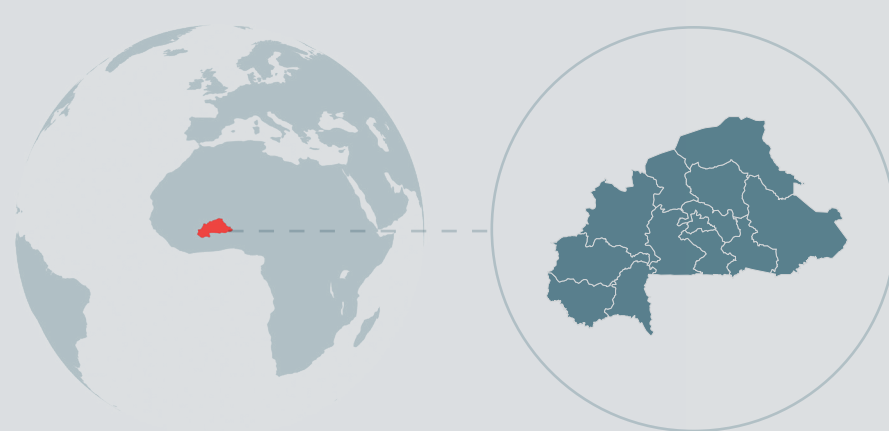




EVOLUTION OF UHC IN

BURKINA FASO

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Official language
Recognised language
Religion

Ouagadougou 12°20'N 1°40'W
French
Mooré
47.9% Mossi
10.3% Fula
6.9% Lobi
6.9% Bobo
6.7% Mandé
5.3% Senufo
5.0% Gurunsi
4.8% Gurma
3.1% Tuareg

GENERAL INFORMATION

Burkina Faso has an estimated population of 20,2 million and consists of 13 regions and 45 provinces. The vast majority of the population lives in rural areas and is affected by illiteracy (70.1%). The crude birth rate is 46 per 1000 inhabitants, with an annual growth rate of 3.1%. The analysis of monetary poverty indicators show, that in 2014, 40.1% of the population lived below

the poverty line. This rate is accompanied by a life expectancy of 56,7 years. Burkina Faso is one of the least developed countries with an estimated gross domestic product (GDP) per capita of 354,236 CFA (USD 601.1) in 2015 remains low. As a result, health expenses are still largely covered by direct household payments (31.4% in 2016).But Burkina Faso indicators are good when comparing to most western African countries and improving (out of pocket payment, % budget dedicated to health...).



NATIONAL UHC
DYNAMICS CARD
www.p4h.world

towards
SDG 3.8.2

2000 - 2005

Burkina Faso was committed to achieving the MDGs by 2015. This led to the implementation of:

1. Free preventive and promotional care (vaccination, ANC, consultation of healthy infants, etc.)
2. Free tuberculosis care
3. Family Planning Subsidy
4. Promotion and implementation of mutual health insurance

2006 & 2007

2006

Implementation of the Emergency Obstetric and Neonatal Care (EmONC) subsidy. Provision of kits for free treatment of malaria emergencies for children under the age of five.

2007

Implementation of free care for children under the age of five by different NGOs (HELP, Terre des hommes, Action Contre la Faim, Save the Children International, Médecins du Monde). Burkina Faso was eligible for ECHO funds because of high levels of some malnutrition indicators.

2008 - 2014

FORMAL ENGAGEMENTS TOWARDS UNIVERSAL HEALTH COVERAGE FOR ALL BURKINABE

2008-2009

Creation of the Permanent Secretariat of the Steering Committee on Health Insurance (SP-CPAM).

Presentation of the first findings on free care at the national conference of district medical officers and regional health directors by several NGOs.

2010-2011

Implementation of free Antiretrovirals (ARVs).

2012

Setup of a study on the feasibility of free healthcare at the national level by the Ministry of Health. The main objective of this study was to estimate the costs of eliminating user fees at the national scale and to identify the conditions for success.

2014

Creation of the Technical Secretariat of the Universal Health Insurance Scheme (STAMU) which replaces the SP-CPAM (located at the Ministry of Civil Service and Social Protection).

HEALTH FINANCING



Dissemination of the study on the situation of the health financing system in Burkina Faso is carried out by the Ministry of Health with the support of the World Health Organization (WHO).



“In Burkina UHC is truly a public policy reference that brings the government, civil society and partners all together towards the common objective of reducing inequity in access to healthcare. And this is how we are going to make it real by 2030.”

Dr. Yves Kinda
Director NSHI

2014 - 2019

AMU UNIVERSAL HEALTH INSURANCE LAW

2014

The law project on the Universal health insurance plan (RAMU) was adopted by the government and introduced to the National Assembly. It establishes a legal framework for the operationalization of health insurance in Burkina Faso.

2015

Burkina Faso has committed itself to achieving the SDGs by 2030.

Adoption of the Universal Health Insurance law (AMU) on the compulsory health insurance scheme which aims to generalize access to health care through solidarity and mutualized financing of the solvent population and by the State subsidy for the benefit of the indigent population.

2016

The government decided to scale up free health care measures for women and children under the age of five. Thanks to the exemption fee mechanism, this is about 20% of the population that benefits from a financial risk protection mecanisme.

2017

Creation of a Technical Secretary for Universal Health Coverage (ST-CSU), located at the level of the Ministry of Health.

SOCIAL SECURITY SYSTEM COVERAGE

7%

The social security system covered only 7% of the population, mainly for the benefit of workers in the formal sector.

2018

Adoption of the national health financing strategy for UHC.

Creation of a National Universal Insurance Insitution.

Preparation and adoption of AMU strategic documents and preparation of CNAMU communication plan.

Appointment of the General Director of the National Universal Health Insurance Fund (CNAMU), which is responsible for ensuring the affiliation of employers and the registration of insured persons, the collection of contributions, the contractualization and payment of health care benefits invoices.

2019

Negotiationswere carried out at government level to mobilize domestic resources to start the implementation of the AMU.

CHALLENGE

Today, Burkina is facing very challenging issues with terrorism. This leads to a concerted effort on security, coming from the national budget, while discouraging foreign investment, which has consequences on the budgets of social sectors.

Nevertheless, the government spares no expense in providing funds to support the health sector, and in securing the necessary funds for the fee exemption mechanism & family planning (32 billion FCFA per year).

It also tries to secure funds in order to start, even if slowly, the Universal Health Insurance project (AMU).

OUTLOOK: POLITICAL, INSTITUTIONAL AND ENVIRONMENTAL FACTORS

POSITIVE FACTORS

- Positive attitudes and motivation of decision-makers to progress towards UHC
- Political will: UHC has been included in the president agenda
- Autonomy of CNAMU
- Existence of CNAMU executive board
- Important efforts to have constructive relationships between the Health sector and Social Health Insurance sector
- Commitment of civil society

NEGATIVE FACTORS

- Political and institutional volatility: Many personell changes within government offices and ministries
- Insecurity/ terrorism that has led to a slowdown in economic activity and a reallocation of financial resources to security
- Deterioration of the health system
- Suboptimal accountability in public services
- Budget constrains
- Insufficient infrastructure and equipment (2014 the infrastructure availability index was 26.7% at the national level)

FRAGILE SUPPLY CHAIN

Ø 23%

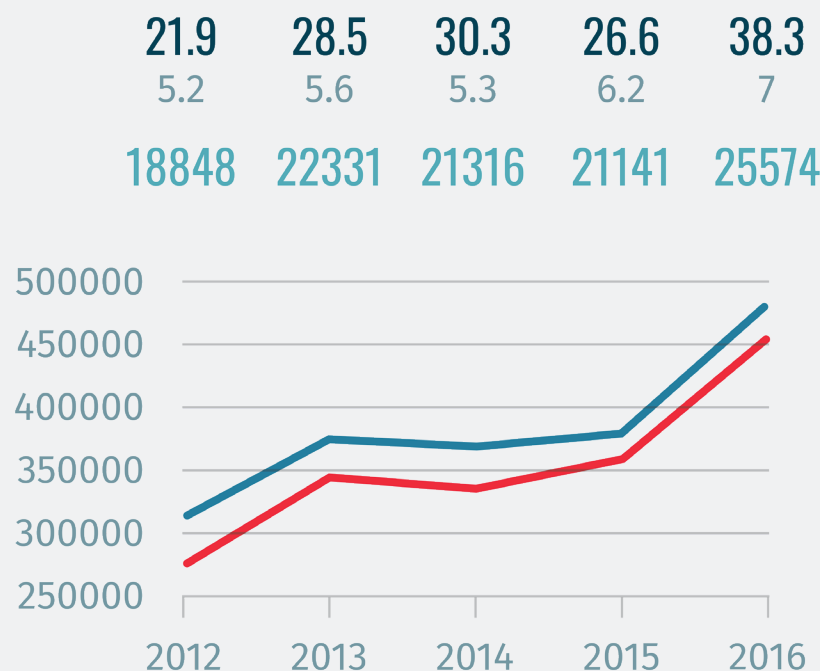
An average of 23% of essential medicines (MEG) have experienced drug shortages.

Ratios of **Nurse** to population:
1/ 2663

Ratios of **Physician** to population:
1/ 15836

Ratios of **Midwife** to population:
1/ 7378

MAIN INDICATORS OF HEALTH EXPENDITURE FROM 2012 TO 2016



- Public health expenditure as a % of total health expenditure
- Health expenditure as a % of GDP
- Per capita health expenditure (FCFA)
- Current health expenditure (millions of FCFA)
- Total Health Expenditures (millions of FCFA)

source: NHA 2016