

## INTRODUCTION AND MANAGEMENT OF THE FREE HEALTHCARE SYSTEM IN BURKINA FASO

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## Presentation plan

- Overview of free health care in Burkina Faso
- Mechanisms for implementing free health care
- Monitoring and Oversight
- Conclusion

#### Overview 1/4

- The policy of free access to health care in Burkina Faso follows from a government measure which was adopted in the Council of Ministers on 2 March 2016.
- This measure is an expression of the Burkinabé authorities' desire to comply with the country's Constitution enshrining the right of all citizens of Burkina Faso to good health.
- This measure therefore aims to transform this right into a reality for all Burkinabé citizens in general and vulnerable groups in particular.

## Overview 2/4

☐ The primary goal of free health care is:

To reduce maternal and infantile mortality.

- ☐ The strategic objectives of this policy are:
- ✓ To improve the access of vulnerable groups to healthcare services by removing financial barriers,
- ✓ To significantly reduce catastrophic healthcare expenses.

This policy is embodied in a series of Decrees promulgated in 2016, 2019, 2021 and 2023

#### Overview 3/4

This policy of free health care, which had initially been introduced for pregnant women and children under the age of 5 years, has gradually been extended to other targets and/or groups:

- Family planning
- Screening, treatment and biological monitoring of persons living with HIV
- Labile blood products
- Breast and cervical cancers
- Angiograms and angioplasty

### Overview 4/4

## ELIGIBLE GOODS AND SERVICES COVERED BY THE POLICY OF FREE HEALTH CARE



Procedures: consultations and interventions



Additional examinations/checkups: biological, imaging, functional testing



Medicines: preferably generic products, medical consumables, certain specialities are included



Hospital stays: observation and hospitalisation



Transport: internal medical evacuations between healthcare facilities



Support services: coordination, monitoring, testing etc.

## MECHANISMS FOR IMPLEMENTING FREE HEALTH CARE 1/4

In consideration of the State's commitments, expressed in its fundamental law, international conventions and agreements (the Alma-Ata Conference of 1978 and the Bamako Initiative of 1987), it was essential to institute a mechanism which would guarantee effective access to health care to the citizenry without impacting on the capacity of health care centres.

To this end, health care centres gained management autonomy by means of the establishment of Management Committees (Comités de gestion: COGES) within such centres. However, this autonomy exists within a framework of regulations which place them under the technical supervision of the Ministry of Health (Ministère de la Santé: MS) and the administrative and financial supervision of the municipalities within which they lie.

## MECHANISMS FOR IMPLEMENTING FREE HEALTH CARE 2/4

The Ministry of Economy and Finance (Ministère de l'Économie et des Finances: MEF) is responsible for transferring financial resources to municipalities to cover recurring costs and investments in health care centres.

The transfer of skills and State resources to municipalities is today a reality in the healthcare sector.

However, for funds allocated to free health care, resources are transferred to health care facilities under the auspices of the Ministry of Health (MS) with the involvement of agencies of the Ministry of Economy and Finance (MEF) embedded within the Department of Health.

## MECHANISMS FOR IMPLEMENTING FREE HEALTH CARE 3/4

Fund transfers are done following an examination by the body responsible for coordinating free health care (ST-RFS) and the Finance Management Directorate (Direction de la Gestion des Finances: DGF).

Delays in making funds available, initially destined to precede the implementation of the free health care policy, have forced the actors to opt for a system of quarterly reimbursement of consumption costs in the health care centres.

Therefore, at the end of each quarter, the DGF, in collaboration with MEF services within the MS, carry out exercises of disbursements auditing and certifying supporting documentation for free healthcare in health care centres.

Campaigns/

## MECHANISMS FOR IMPLEMENTING FREE HEALTH CARE 4/4

A summary report is drawn up on completion of these disbursements, with the validation of quarterly consumption for each beneficiary structure. This report is used to release funds from the budget free health care line-item into a suspense account with the DGF from which funds are paid out.

Sometimes serious discrepancies arise between the consumption of the health care centres and the funds available to reimburse them for that quarter. To resolve this problem, the ST-RFS adjusts the amounts of the reimbursements so as to remain within budget allocations.

#### **MONITORING AND OVERSIGHT 1/1**

#### The following monitoring mechanisms are used:

- Cost tracking: monitoring data
- Effectiveness audits: carried out by NGOs and Associations
- Auditing of financial management, the rational use of medicines and the quality of services provided:
   undertaken by structures of the MS
- Certification of expenditure: MEF, MS
- Establishment of individual electronic invoicing for care (FIS-Gratuité)
- · Automation of checking and counter-checking by means of applications currently being developed

## **CONCLUSION 1/2**

- The free healthcare strategy seems to have attained its goal of improving access to health care services for vulnerable population groups.
- However, it is faced with inadequate resources for the effective implementation of free health care.

## **CONCLUSION 2/2**

Despite the difficulties, extending the range of free health care to other target groups and services is the current *leitmotiv* (recurring ideas) of the Burkinabé government. Decisions are in the process of being approved for the inclusion of elderly people, chronic diseases such as cancer, diabetes, high blood pressure, hepatitis B and C, and abnormalities such as sickle cell disease and albinism as well as other pathologies such as traffic accidents and gender-based violence.

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