



Mixed Provider payment methods in Burkina Faso: Mapping and preliminary results

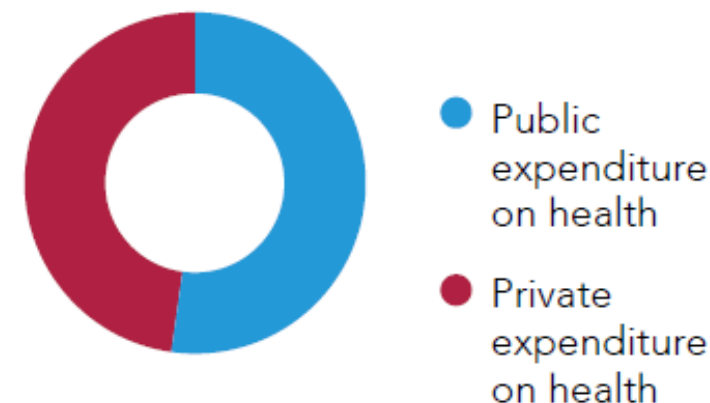
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Global meeting « Strategic Purchasing for UHC: unlocking the potential »
Geneva – April 25, 2017

Spending on health
in current US\$, 2014

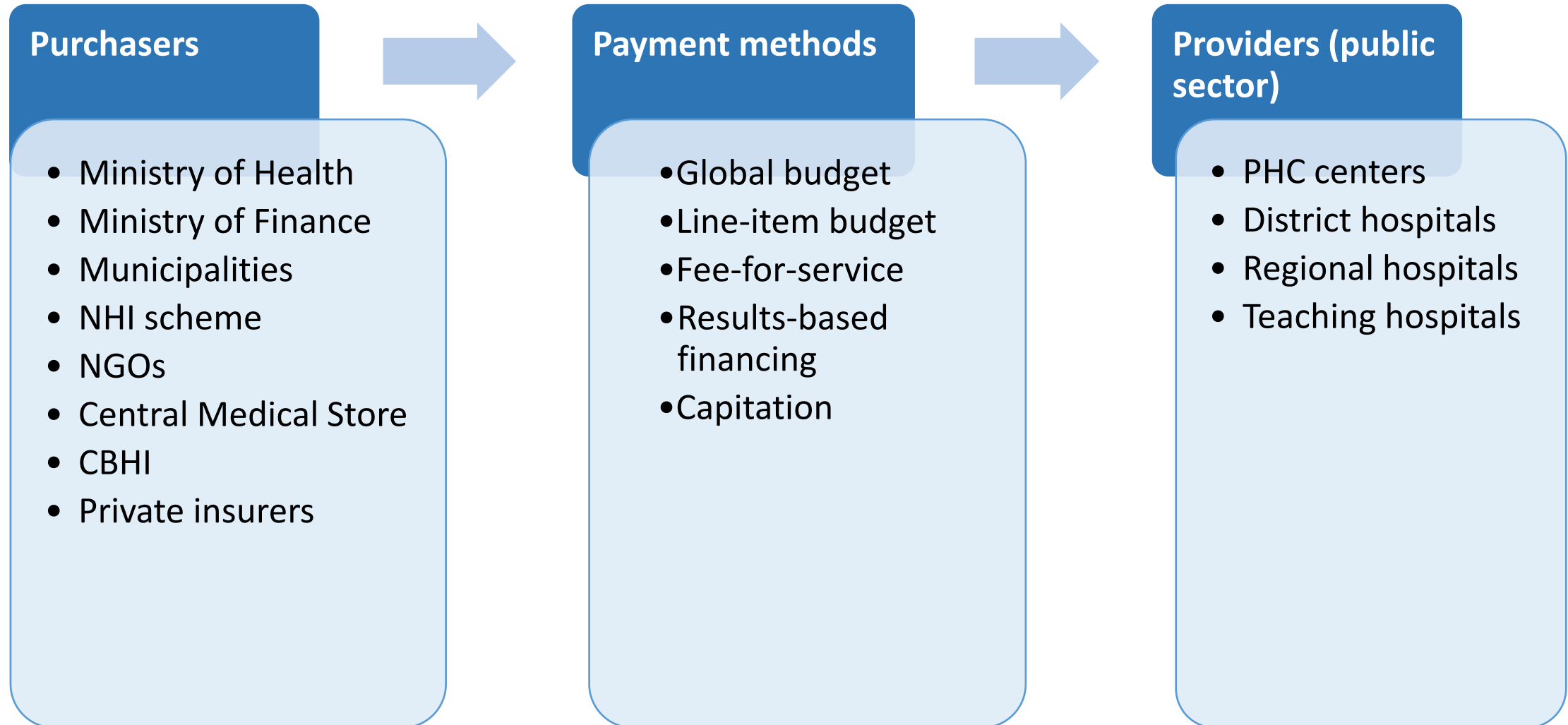
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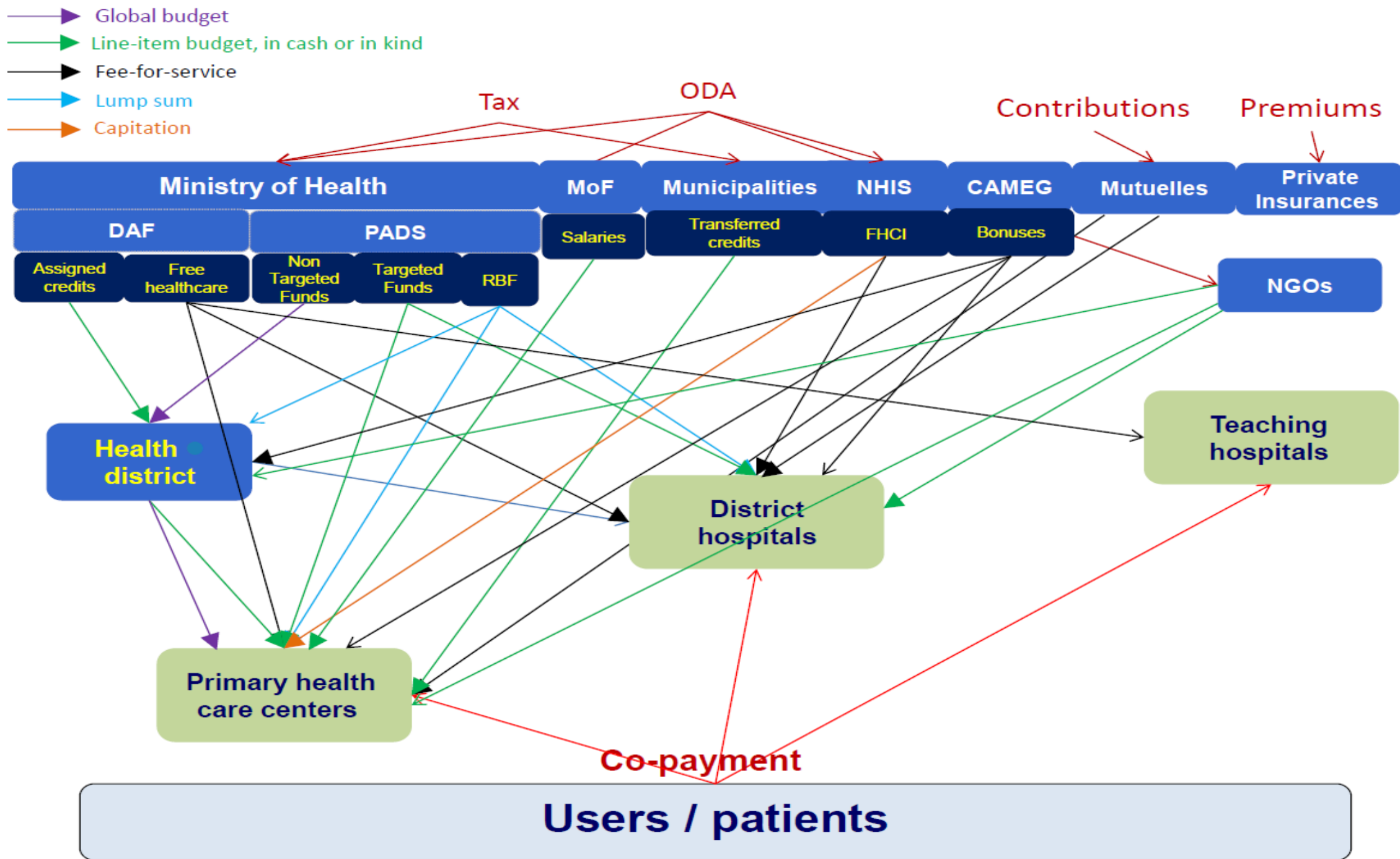
Per capita

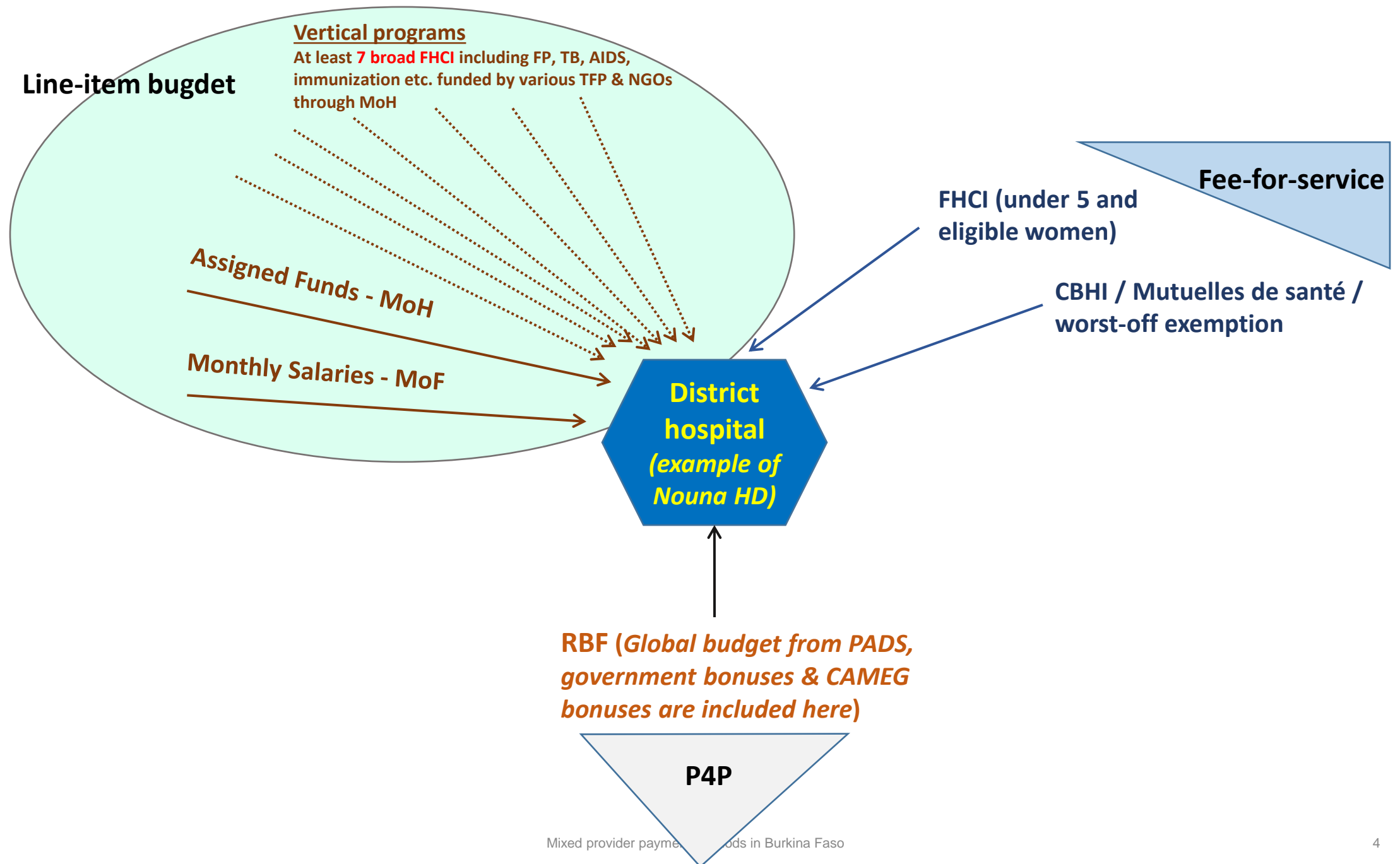
Who spends on health, 2014

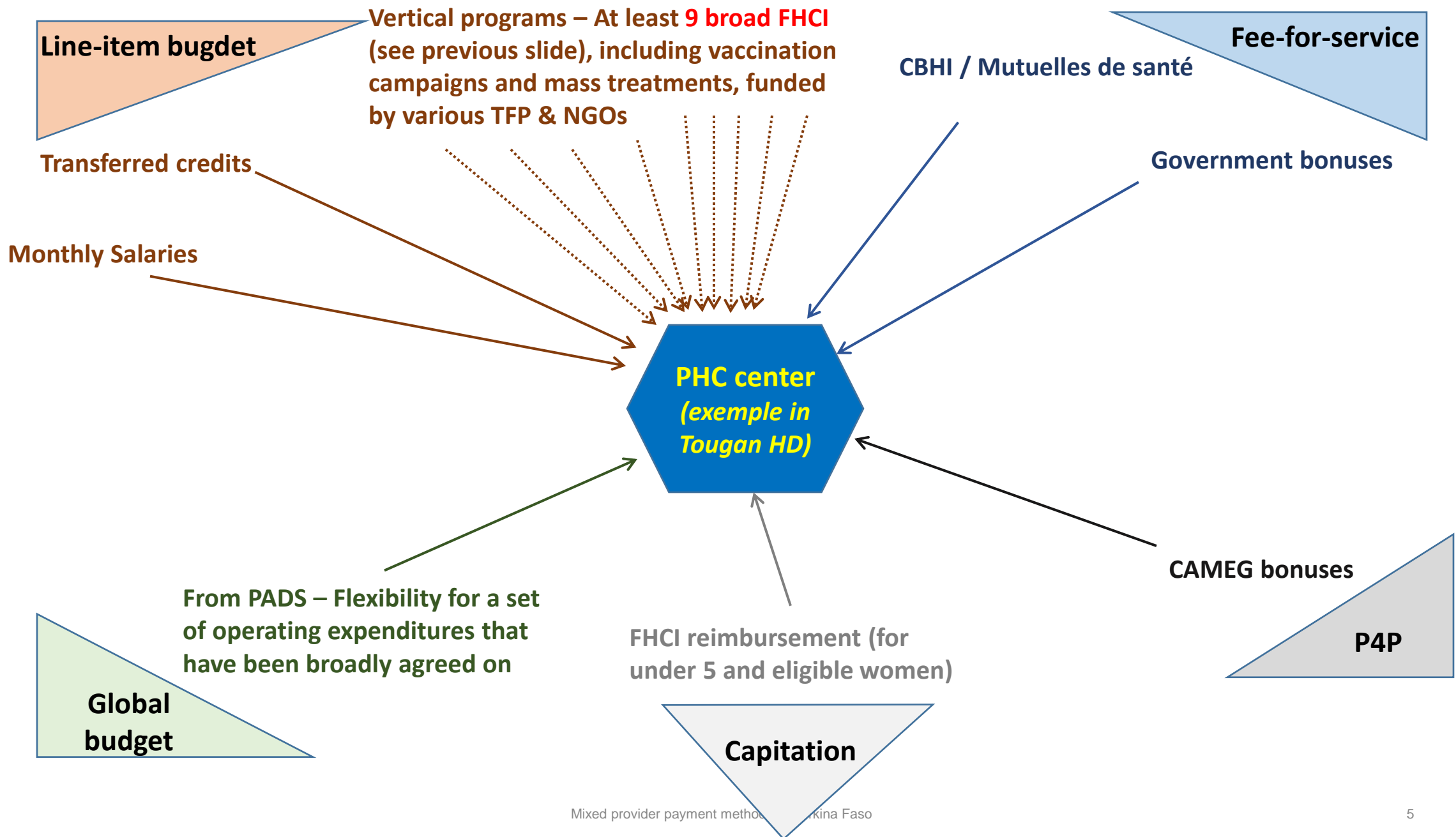


Overview of purchasers, payment methods and providers

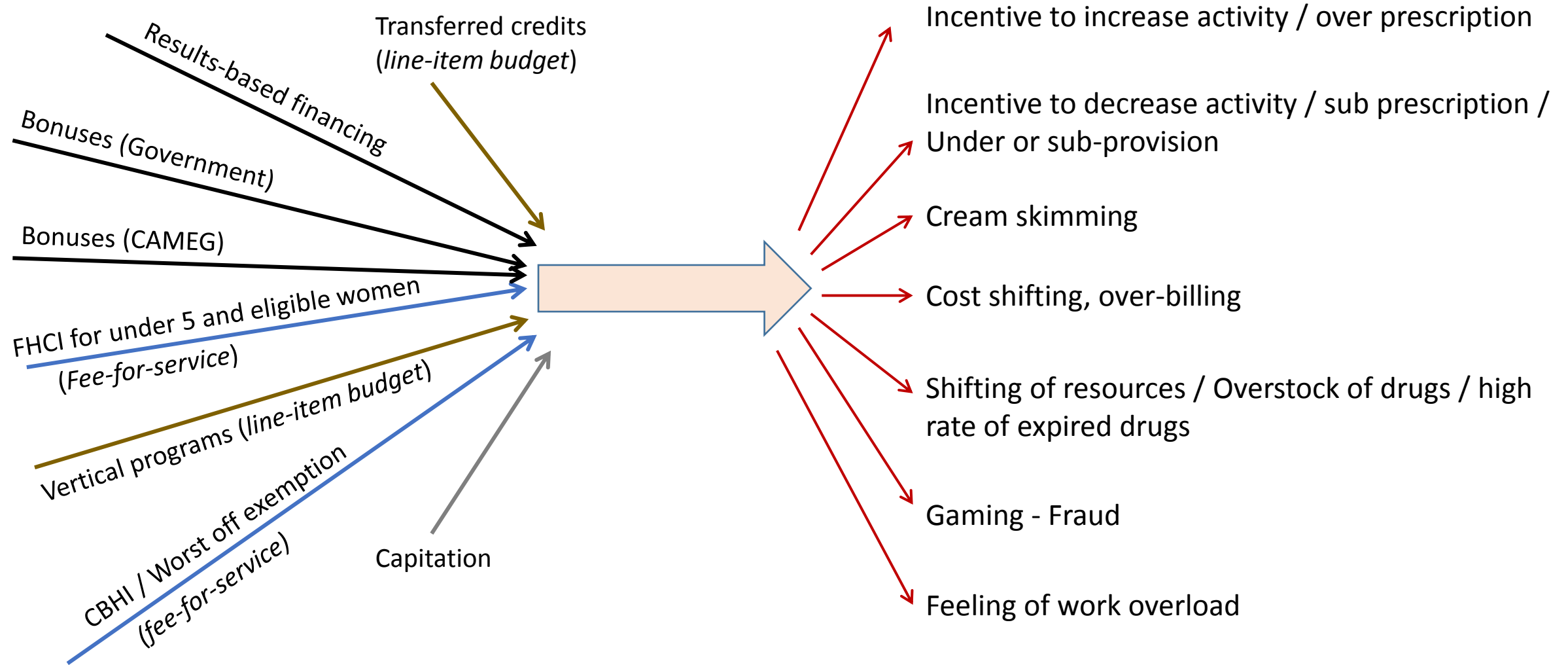




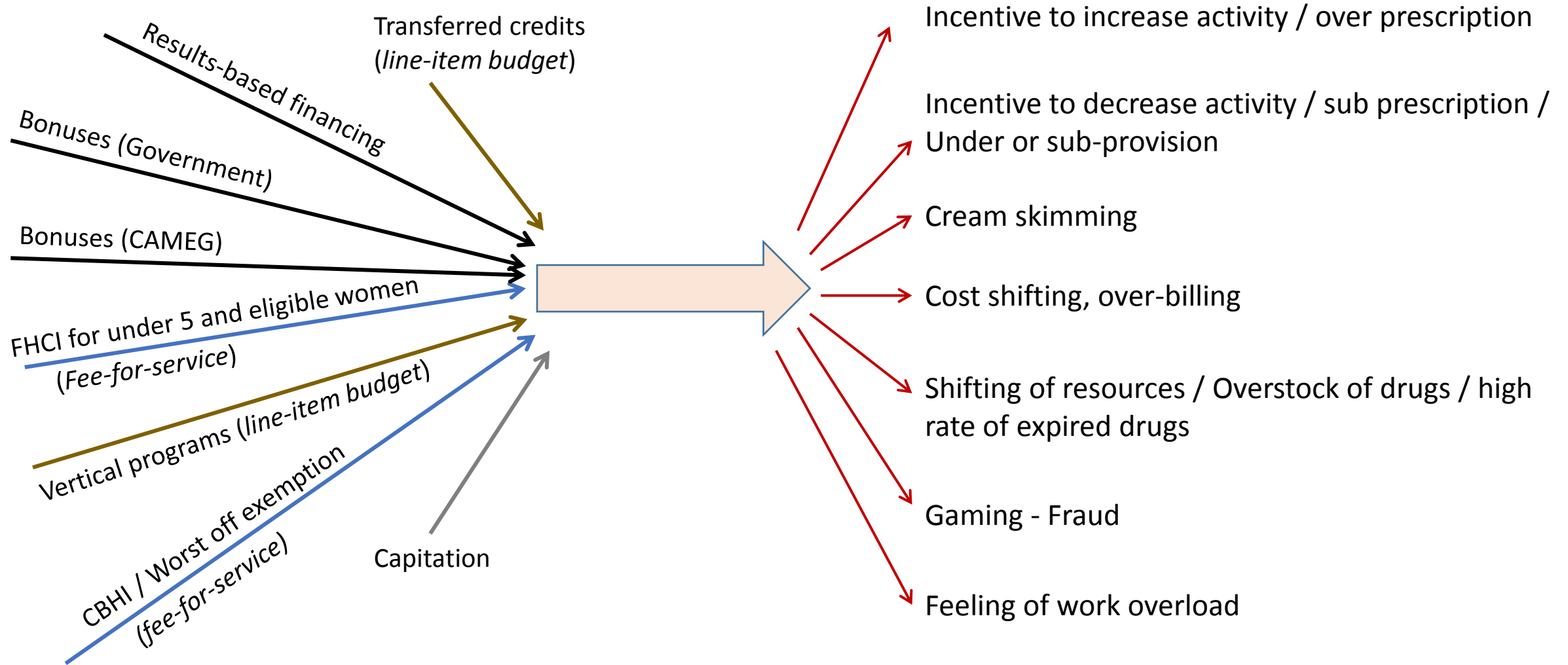




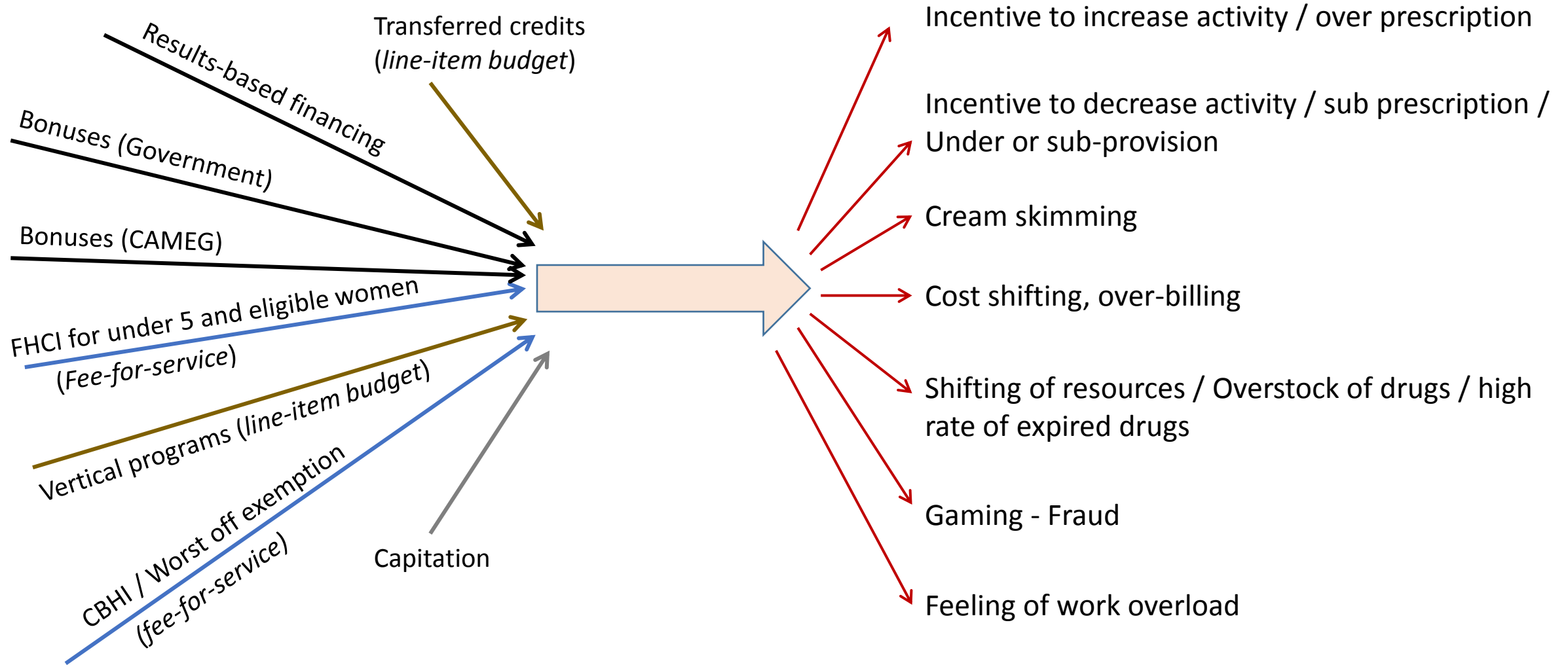
Some examples of good alignment & misalignment / Provider perspective



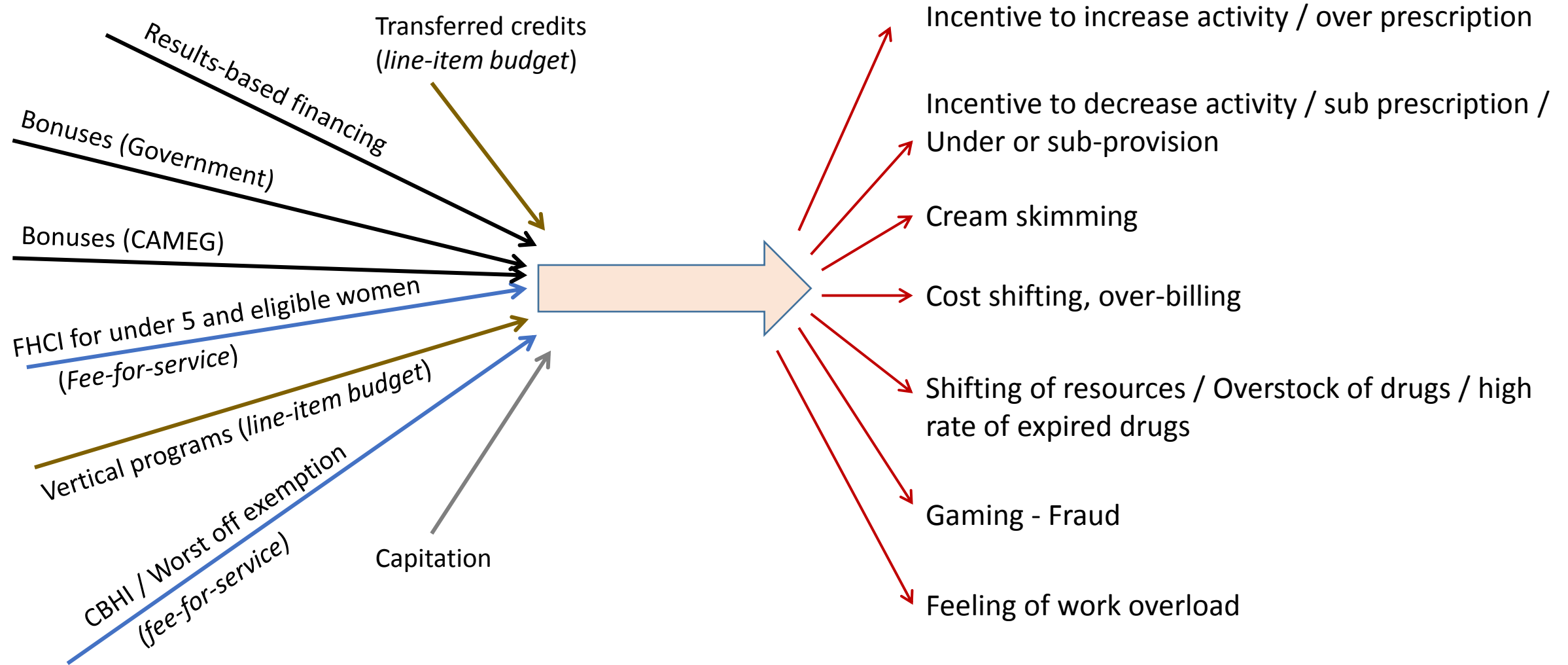
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Some examples of good alignment & misalignment / Provider perspective



Governance issues

- High fragmentation of the health financing architecture – limited pooling
- A lot of pilots and initiatives at the same time – Piloting all these is very challenging – Difficult to have a clear overview of the total mix effects from a system perspective
- Large fragmentation of the monitoring / information systems
- Lack of information and clarity about criteria and procedures of resources allocation (for instance assigned and transferred credits)

Current orientations / Perspectives

Most of strategies are activity-based to address low health services utilization :

- A shift from **line-item towards program budgeting**
- Many **FHCI**
- Some **P4P** in place (e.g. government or CAMEG bonuses) or under experimentation (e.g. RBF to increase utilization and quality of care)

Near future challenges:

NHIS (fee-for-service or capitation)

RBF (case-based payment + quality of care)

FHCI for under 5 and eligible women (fee-for-service)

What alignment
between them?

With other payment
methods?

**Which / What is the good entry point for strategic purchasing
in the context of Burkina Faso?**

Thank you