

Development of a territorial observatory to trace health needs and health service utilization of the indigent population

Joint collaboration (Institut de Recherche pour le Développement (IRD France) and Heidelberg Institute of Global Health (HIGH))

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Funding:

European Union Delegation in Burkina Faso

Project duration:

2018 - 2021

Background:

Over the last two decades, Burkina Faso has been engaged in the implementation of policies aimed at exempting the ultra-poor, locally defined as the *indigents*, from paying for health care. In 2007, legislation was passed to exempt *indigent* pregnant women from payment of user charges for delivery services. In 2009, further legislation was passed to ensure removal of all user charges for all *indigents*. More recently, legislation has been passed to ensure that the upcoming national insurance scheme provides first and foremost coverage for the *indigents*. Emerging evidence, however, indicates that important gaps persist in translating existing policies into everyday practice. Thus, the *indigents* continue to lack access to healthcare services and be exposed to substantial financial risk in times of illness.

In line with a political commitment towards Universal Health Coverage, the new national health financing strategy for Burkina Faso (2016-2030) emphasizes the importance of implementing solutions to ensure access to health care for the *indigents*. This research project aims at producing evidence to inform the implementation of national health financing strategies by setting up a territorial observatory to trace health needs and health service utilization by the indigents.

Study Objective:

The overall objective of the project is to develop a retrospective and prospective observatory (Geographical Information System and geomatics tools) to monitor health needs and health service use of the indigents in relation to the various policies and interventions set up for the indigents in the country.

The project has three specific objectives, with each partner taking primary responsibility over one:

1. Establish an observatory of the national policy of free access for the poor within RAMU (IRD)
- 2. Establish the effectiveness and estimate the costs of implementing exemption policies for the indigents (Heidelberg)**
3. Knowledge transfer and application to RAMU and the Ministry of Health and Population (AGIR)

The Research Group in Health Economics and Health Financing (HEHF), of the Heidelberg Institute of Global Health, Medical Faculty, University of Heidelberg takes primary responsibility for objective 2 of the project.

Study Design Objective 2:

The study relies on quantitative methods to estimate the effectiveness of targeting policies and to link these effectiveness estimates to the costs associated with providing free care for the poor as part of a comprehensive economic evaluation. Efficiency estimates will be based on two parallel analyses, with the objective of triangulating emerging results: a time series analysis based on the data generated by the observatory and a panel analysis based on data from an *indigent* survey that we have been implementing since 2015. Resource consumption and unit cost data will be obtained from multiple data sources and aggregated to estimate the cost of providing free health services to the *indigents*.

Publications:

Beaugé Y, Kouliadiati J-L, Ridde V, Robyn PJ, De Allegri M (2018). **How much does community-based targeting of the ultra-poor in the health sector cost? Novel evidence from Burkina Faso.** Health Economics Review. Sep 4;8(1):19.

Beaugé Y, De Allegri M, Ouédraogo S, Bonnet E, Kuunibe N, Ridde V (2020). **Do targeted user fee exemptions reach the ultra-poor and increase their healthcare utilization? A panel study from Burkina Faso.** International Journal of Environmental Research and Public Health. Sep 8;17(18):E6543.

Beaugé Y, Ridde V, Bonnet E, Soulemane S, Kunnibe N, De Allegri M: **Factors related to excessive out-of-pocket expenditures among the ultra-poor after discontinuity of PBF: A cross-sectional study in Burkina Faso** (Under review).

Project-related links:

Project website: <http://www.origine-burkina.org/>

Policy brief 1: La sélection communautaire à grande échelle au Burkina Faso coûte environ 7.000 F CFA par indigent (<http://demo100.switch-maker.com/origine/storage/app/public/notes/BRJ5x8YGoxHFGp3KQjFFS5ZtkNS6ItEwtzTrzhf.pdf>)

Policy brief 2: L'exemption du paiement des soins à grande échelle pour les indigents n'a pas permis une amélioration de leur utilisation des services de santé au Burkina Faso (<http://demo100.switch-maker.com/origine/storage/app/public/notes/AGvgvyX2XIMBwhsD0DvOO5HhlaSYe6eade7tI9UI.pdf>)

Policy brief 3 : Au Burkina Faso, les indigents n'ont pas accès aux soins notamment car les directives nationales en leur faveur ne sont pas assez connues et appliquées (<http://demo100.switch-maker.com/origine/storage/app/public/notes/LPH1xYzYHj0G3DrKwVzGwsZiBF8TOVCA160RSu9W.pdf>)

Policy brief 4: À Ouargaye, le recours aux soins des indigents ayant reçu une carte d'accès gratuit est faible et inégal (<http://demo100.switch-maker.com/origine/storage/app/public/notes/tXyxEFMTux6DAw2ks2DdcjZMU2wiieVmGfE3IVdW.pdf>)

Policy brief 5: La sélection communautaire des indigents doit nécessairement s'adapter selon les contextes (<http://demo100.switch-maker.com/origine/storage/app/public/notes/B1X6a0rKIcQR2VrefArVvme2xP2Om8Tmj18DrAVP.pdf>)

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