



# Effects of Burkina Faso's national subsidy policy for deliveries and emergency obstetric care

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# Introduction

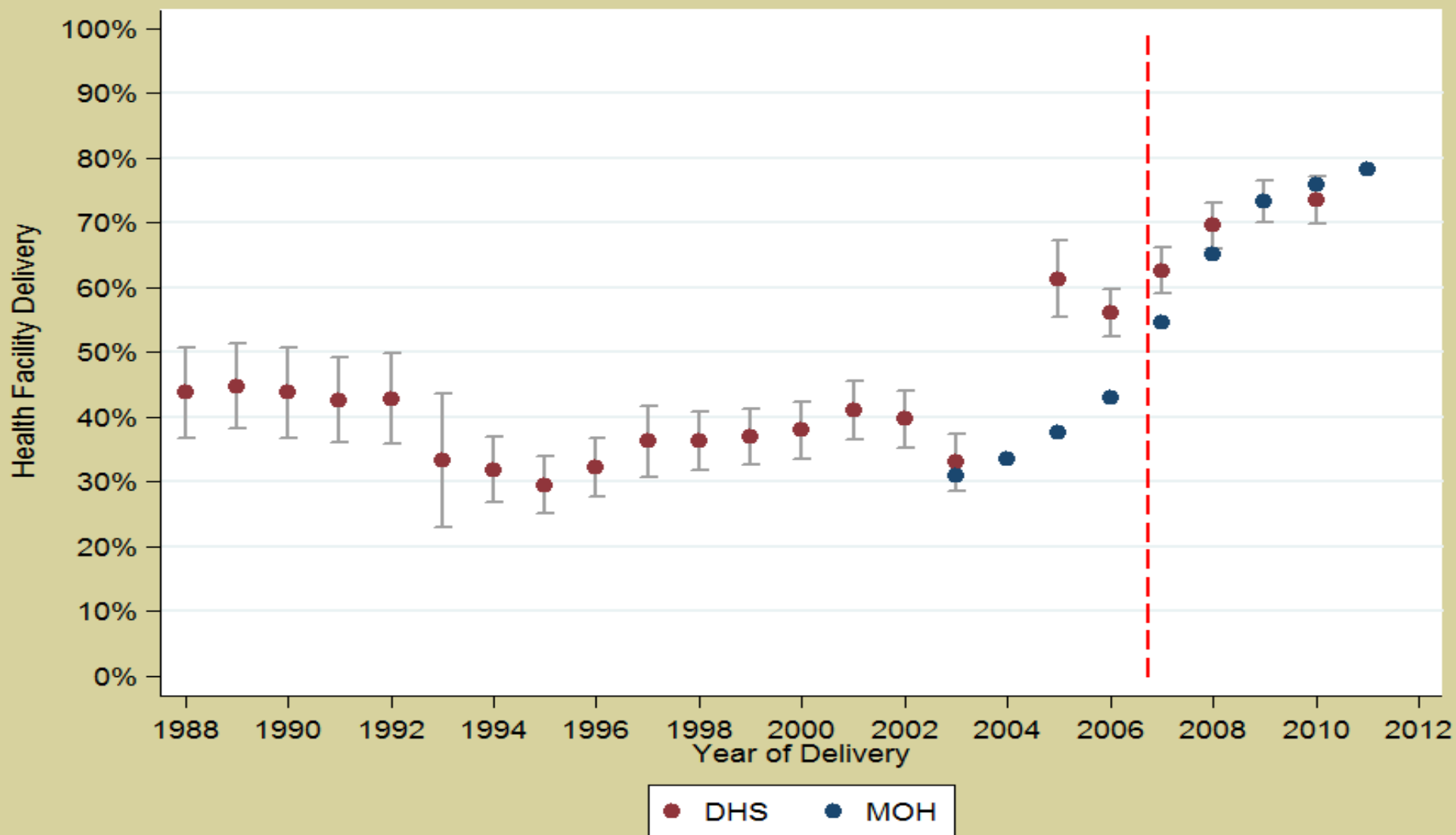
- **National subsidy policy for deliveries launched in 2006**
- **Reimbursement of 80% of emergency deliveries costs, all levels of care**
- **Reimbursement of 80% of normal deliveries costs, 1<sup>st</sup> level of care**
- **Reimbursement of 60% of normal deliveries costs, all other levels of care**
- **Reimbursement of 100% for indigent people (in principle)**
- **Transportation (referral) between facilities is free**
- **Reimbursement of facilities total costs every 6 months**
- **What are the effects 5 years after this policy?**



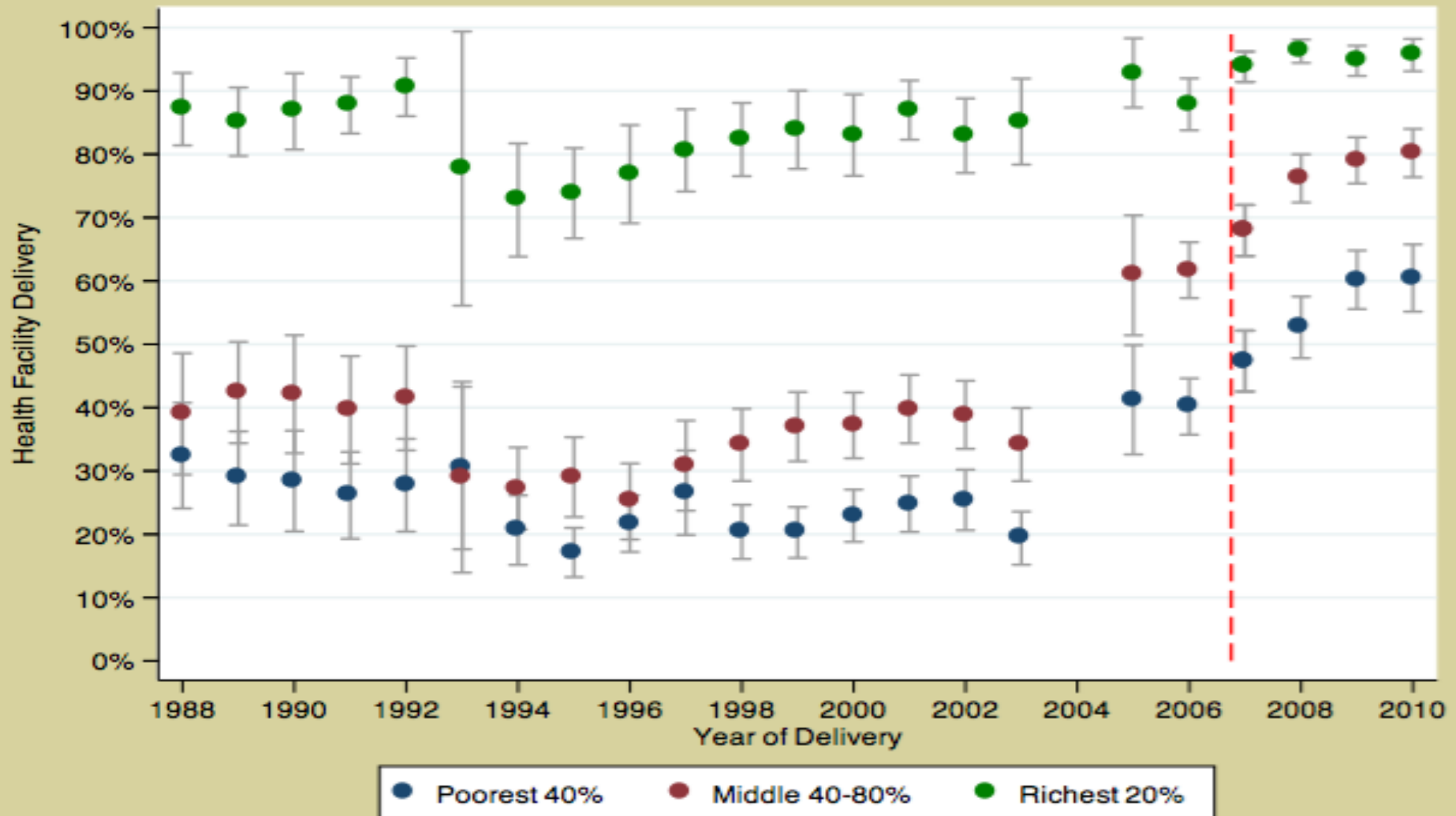
# Methods

- **Mixed methods** used to **study effects** of the **policy**
- **Financial flows tracking** survey to **assess adequacy** and **bottlenecks** of **reimbursements**
- **Exit interviews** to **assess effects** of the **policy** on **households' expenditure** on **deliveries**
- **Costing study** to **assess calibration** of **reimbursements**
- **Health workers' survey** to **analyze effects** of the **policy** on **staff motivation** and **workload**
- **Policy implementation and effects** studies at **district level** also conducted, along with **realist evaluation**
- **Evaluation** of changes to **services uptake** and **quality of care**

# Annual trends in health facility delivery



## Trends in health facility deliveries by SES



# Average delivery expenditure by health structure (in CFA)

Hospital	Policy specification of delivery costs to households			Actual mean delivery costs to households			Mean delivery cost before 2006	Mean delivery expenditure
	Norm del.	C-sect.	Com del.	Norm del.	C-sect.	Com del.		
CMA_1	900	11000	3600	6811	22834	5615	27245	12133
CMA_2				-	21824	7181		14481
CMA_3				2202	12870	4221		8582
CMA_4				2297	16101	6093		9260
CHR_1	1800			9570	19974	11506		17623
CHR_2				8130	20418	10683		15221

\* Includes transportation from home to the first health service



## Household payments for deliveries, by socio-economic category

	Poor			Richer	
SES	Q1	Q2	Q3	Q4	Q5
Inability to pay (%)	12	10	8	4	6
Average total delivery cost as % of households' monthly expenditure	67	76	59	48	24
Coping strategies used to face costs	Borrowing from family member (50%) Use of savings (8%) Had to forgo treatment (7%) Mixed strategies (12%)				



# Correlation between policy implementation and quality of care

	Rank of facilities on median delivery cost			Quality of care Average omission score		
	Normal del.	Complica. del.	C-section del.	Vaginal	C-section	Neonatal
<b>CMA_2</b>	<b>2</b>	<b>3</b>	<b>2</b>	0.50	1.51	1.80
<b>CMA_3</b>	<b>1</b>	<b>2</b>	<b>1</b>	1.56	2.02	3.37
<b>CHR_1</b>	5	6	4	2.11	2.73	2.37
<b>CHR_2</b>	4	5	3	2.87	2.93	2.87
<b>CMA_4</b>	3	1	5	1.78	3.61	2.67
<b>CMA_1</b>	<b>6</b>	<b>4</b>	<b>6</b>	3.12	4.07	2.24
<b>R2</b>	<b>0.58</b>					





# Other quality of care indicators

Hospital	Readmission in the delivery room for retained placenta	Case fatality rate among women severe obstetric complications
CMA_2	0	0
CMA_3	0.91	1.28
<b>CHR_1</b>	2.67	<b>4.92</b>
<b>CHR_2</b>	<b>10.53</b>	<b>10.14</b>
CMA_4	3.70	1.61
<b>CMA_1</b>	<b>11.54</b>	<b>6.45</b>



## Services and human resources availability

	CMA_1	CMA_4	CMA_3	CMA_2	CHR_2	CHR_1
TOTAL SCORE OF SERVICES AVAILABILITY maximum = 17	14.0	13.0	14.0	13.0	14.0	13.0
TOTAL SCORE OF HR AVAILABILITY maximum = 16	15.0	15.0	15.0	15.0	15.0	15.0
TOTAL SCORE OF DRUGS AND SUPPLY AVAILABILITY maximum = 33	14.4	8.2	11.9	7.7	8.2	12.4
Weighting : / 1,94						
TOTAL SCORE OF THEORETICAL FUNCTIONALITY maximum = 50	<b>43.4</b>	<b>36.2</b>	<b>40.9</b>	<b>35.7</b>	<b>37.2</b>	<b>40.4</b>
<b>WEIGHTING</b>						
Points lost because of closed operating room	0.5	0.3	0.0	1.2	0.0	0.0
Points lost because of out of stock	0.0	18.3	3.7	12.1	0.0	6.6
<b>Score after deducting all points lost</b>	<b>43.0</b>	<b>17.7</b>	<b>37.2</b>	<b>22.4</b>	<b>37.2</b>	<b>33.7</b>

# Strengths of policy

- **Existence of clear subsidy policy documents**
- **Financing mechanism** guaranteed by a **budget line** under the overall **Government budget**
- **Positive appreciate of health personnel** as regards the **policy**, in spite of the **additional burdens it brings**
- **Improved uptake of qualified care (without prepayment)**
- **Reduced financial barriers** to care for women, **even for poor!**
- **Positive adaptations** of the subsidy policy by **health personnel** (ex: woman paying only once in case of multiple services given where these services are linked to the same health problem)
- **No evidence of fall in quality** linked to the policy

# Weaknesses of policy

- **Persistent recurrent out of stocks** regarding **drugs, supplies**, in spite of the **policy**
- **Insufficient and inadequate** systems of **transportation**
- **Demanding and slow systems** for **reimbursement** which **reduced resources** in some **health centres**
- **Gaps in newborn care**
- **Managerial frictions and turnover** damaging the **policy implementation**
- **Increased workload** for **health personnel**
- **Possible fictitious prescriptions!**
- **Unclear management of funds** in some **districts**
- **Exemption of indigents is not working**

# Costs of the policy

	2006	2007	2008	2009	2010	2011
Budget of the MoH (millions CFA)	69,610	77,194	82,874	99,310	102,858	105,813
Budget of the Government (millions CFA)	892,097	925,135	984,171	1,043,875	1,152,300	1,166,340
Annual subsidy expenses	-	2,297	1,671	2,144	3,852	2,888
Annual subsidy expenses in % of the MoH budget	-	<b>2.98</b>	<b>2.02</b>	<b>2.16</b>	<b>3.75</b>	<b>2.73</b>
Annual subsidy expenses in % of the Gouvernement budget	-	<b>0.25</b>	<b>0.17</b>	<b>0.21</b>	<b>0.33</b>	<b>0.25</b>
Expenditure by individual who benefited from the subsidy policy (CFA)		<b>6,379</b>	<b>3,932</b>	<b>4,256</b>	<b>7,135</b>	<b>5,019</b>

# Cost-effectiveness estimates

- **Average expenditure per delivery by Government** was CFA9,853 (2006-11)
- **Cost per delivery borne by households** was CFA13,107 over the same period
- **Average fee for a delivery before implementation** of the policy was CFA27,245 (Ilboudo et al. 2013)
- Given a **reduction** in the cost to **household** of **CFA14,138**
- CFA14,138 > CFA9,853 spent by the Government: the subsidy is cost-effective in **reducing costs/financial protection**



# Conclusion

- The **policy** has **contributed** to **increased access to obstetric care**
- **Poor women** seemed to **benefit most** from it
- Policy **not effective** in achieving its **primary aim** of **partially removing user fees**, even if we found reduced costs
- Quality of care varies, but on the **whole implementation** of the policy is correlated with **higher QoC**, rather than lower
- Overall, **adherence of health personnel** and **no negative impact on motivation**, despite **increased workload**
- **Costs** are potentially **sustainable**, and **domestically financed**
- **Improvements** to be made, but overall, the **policy** appears to be **cost-effective**



Thanks