



Structural barriers to achieving universal health coverage

Call for strong leadership at the highest levels of state in Burkina

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Introduction

Universal health coverage aims to ensure that everyone has access to quality health services without financial hardship. This requires removing barriers to health and improving the accessibility, affordability, and quality of health services.¹ It is therefore essential for each country to identify the systemic obstacles to achieving universal health coverage (UHC). In its efforts to promote a social movement in favor of UHC, RAME commissioned an independent study of the bottlenecks in the health system that could hinder Burkina Faso's progress towards UHC.

Synthesis

The study showed important evidence to help shape and guide the priorities for UHC in Burkina Faso. From the outset, it bears noting that even within the ministries in charge of UHC, notably the Ministry of Health and the Ministry of Social Welfare, senior officials tend to sum up UHC as universal health insurance. This may be a consequence of the intensive communication around health insurance, and also to the fact that insurance is perhaps an easier concept to define and grasp than the more encompassing UHC concept. As a result, however, universal health insurance tends to be seen as the sum total of UHC, when in fact it represents only one dimension in the broader concept that also includes equitable coverage of the population with quality health services. In this sense, universal health insurance could be seen as the tree that hides the UHC forest. As a consequence, and often buoyed by global dynamics, many African States are making as much progress as possible in setting up health insurance schemes without necessarily paying the same attention to strengthening the coverage of high-quality care.

The study also revealed two important shortcomings in the areas of human resources and health infrastructure. In terms of human resources, not only is their availability below the standards of the World Health Organization (WHO) but there is also a great disparity in the distribution of staff between rural and urban health facilities. According to the report of the National Observatory of Population Health dated in 2016, only 7% of the country's primary health facilities, the health and social promotion centers – CSPS, meet the minimum staffing requirements as defined by WHO. The low capacity to retain agents in hard-to-reach areas accentuates this disparity.

¹ Focus on Universal Health Coverage, Global Fund to Fight HIV, Malaria and Tuberculosis, May 2019

Some 40% of general practitioners are active in the Central Region alone, around the capital Ouagadougou, where only 14% of the total population is located. Moreover, 50% of nurses and midwives live in rural areas where 80% of the population resides. 88% of specialist doctors practice in the Centre and Hauts Bassins regions alone. In addition, many physicians are also burdened by many administrative tasks, thus reducing their availability to provide care. This is particularly true of central and regional medical directors and district chief medical officers. The lack of human resources in health and its unequal distribution do not promote adequate care for the population.

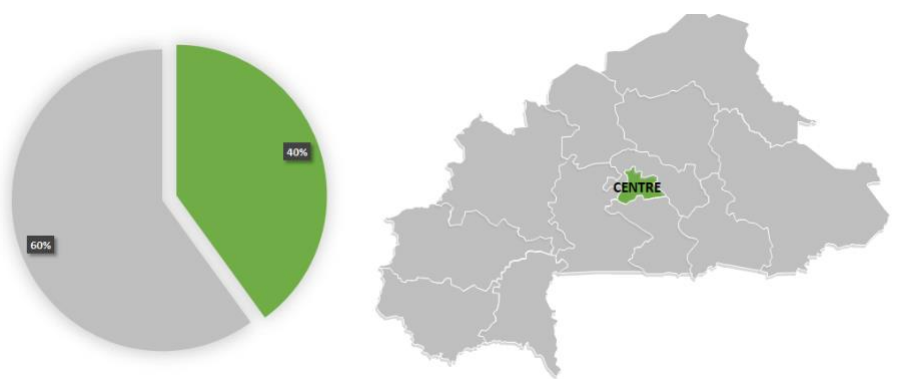


Figure 1: Generalist physicians' distribution per region

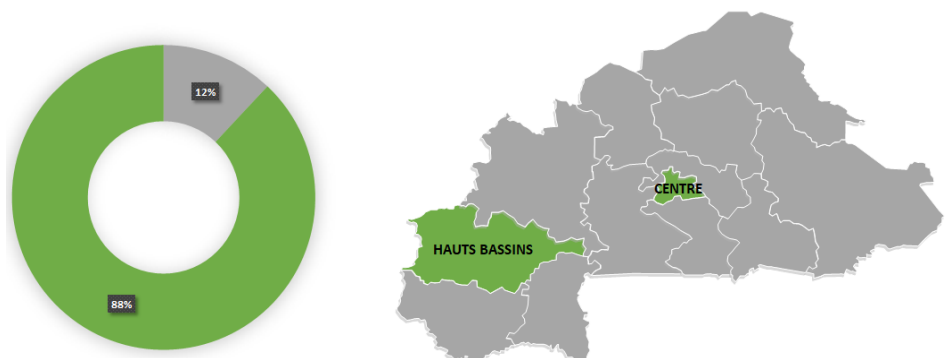


Figure 2 : Specialized physicians' distribution par région

With regard to health infrastructure, there has been a growth in the number of CSPS from 1 760 in 2016 to 1 948 in 2019, with a gap of 2 150 CSPS en 2019. As with human resources, the distribution of health centers is uneven. Across all public health facilities, the capacity was 23,721 beds in 2019, leaving a gap of 58,231 beds (excluding the private sector). The rate of CSPS meeting minimum staffing requirements has passed from 93% in 2016 to 87% in 2019. It is obvious that the major deficiencies must be addressed as soon as possible so that the advances of Universal Health Insurance - AMU are not lost due to the sub-optimal coverage of the territory in terms of quality health services. Otherwise, taxpayers will actually be paying for services that are not readily available and of poor quality.

In order to correct these shortcomings, a number of root causes need to be addressed, including the weak multi-sectoral coordination among implementing actors and partners, the lack of clear policy directions and strong political actions, low government budget allocation, and the insufficient alignment of partner funding and support. Despite the various reform initiatives, these shortcomings have persisted due to the weak decision-making leadership of the Ministry of Health. Indeed, the weighty decisions they must focus on are made more complicated because they threaten the social and economic interests of people who are often very influential. Moreover, the broader approach to health is too focused on disease management to the detriment of health promotion. While such an approach is ineffective on its own at reducing the incidence of disease on the population, it also increases the need for infrastructure and resources.

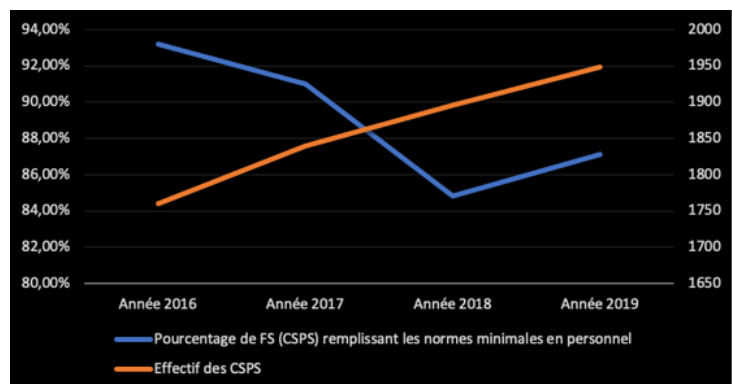


Figure 3 : Changes in CSPS's compliance in terms of staff versus the number of CSPs

Recommendations

A change of approach focusing more on health promotion will require a multisectoral dynamic that the health sector alone cannot drive. We therefore call for strong leadership at the highest level of the State (Prime Ministry, Presidency of Faso) to be established to develop and coordinate a multisectoral strategy to advance UHC in Burkina Faso. This strategy will define the contribution and roles of each department in promoting the health of the Burkinabè. Raising the level of leadership will also have the advantage of ensuring greater accountability and better use of resources for optimal impact. Although security remains the top national priority today, the health of the Burkinabè must also be at the center of reforms, because without a healthy people, Burkina Faso will not be able to find stability as a nation and boost its development.



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