**Presentation: Case study from Burkina Faso**

*Introduction:*

Despite scarce resources, the government of Burkina Faso invests a significant share of its budget in health in order to finance ambitious policies e.g. the free-health care policy for mothers and children under 5. However, severe resource constraints force the government to move towards enhanced strategic purchasing, in order to yield the maximum return on its investment in health and to secure steady progress towards UHC.

*Objectives:*

The government opted to initiate the dialogue around Strategic Purchasing through a set of studies. One focus of interest was the current mixed provider payment system, which was assessed in two steps:

* A mapping exercise that described the current mixed provider payment system, i.e. the multiple payment methods used by the various purchasers in the Burkinabé health system;
* An analytical exercise that explored the causal chain between payment methods, the generated financial incentives, the behavioral responses of the PHC providers – public and private – and the induced consequences on the health system’s objectives – i.e. equity, efficiency and quality.

*Methodology:*

Building on the WHO guidance document, the study collated findings from four main data collection methods: a document review, a set of interviews with key stakeholders at national level, an analysis of data extracted from the National Health Information System and previous studies ; two case studies which allowed to zoom in on the MPPS and its effects in two districts.

*Results:*

The study shed light on a highly complex mix of payment methods in place in Burkina Faso.

It made surfaced a strong disconnect between the intended incentives and those created in reality. Key factors that explained such an implementation gap are:

* A set of enablers for /preconditions to positive behavioral response which were not met at the time of the study – e.g. provider’s lack of autonomy, but also weak provider’s procurement;
* A set of payment features which are – according to the actors – determinant in influencing the behavioral response: predictability and regularity of payment. The rather erratic implementation process of payment reforms often killed the intended incentives in the egg;
* A lack of governance structures and modalities for the MPPS, which led to ill-coordinated payment methods, sending rather contradictory signals to providers.

*Conclusion:*

Governance issues emerged as determinant in order to harness the potential of the current payment methods in place. They should be tackled in the first place, before introducing any “new” payment methods.