**Performance Based financing from pilot to health system: the case of Burundi**

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**Background-**Performance-based financing (PBF) in Burundi has been implemented as a supply-side, results-based financing mechanism to improve health care at the pilot phase and the scale up process involved geographical expansion, the involvement of new donors and integration of new packages of services. Within a space of 4 years Burundi achieved nationwide PBF implementation and an appreciable country ownership. This study shows the factors which enabled or hindered that scale up process as well as the power relations which influenced some of the major decisions taken. It also looks forward at the future of PBF in Burundi in the face of new challenges.

**Methods -**A literature review combining a desk review of unpublished documents and review of published articles was conducted. Purposive sampling was carried out to identify key informants among the actors who took part in the PBF program in Burundi. In-depth interviews of 17 key informants representing a range of stakeholders were carried out. Data was coded and triangulated until saturation was reached to reach of salient themes.

**Results-** The initiation of PBF in Burundi was the result of the technical advocacy undertaken at a time when the Ministry of Health was willing to engage in contract based approaches. The initial reluctance to take this approach was progressively overcome by the increasing interest showed by service providers to this approach and the observable results at the facility level which enabled the Ministry with the support of donors found to extend the approach nationwide.

However the speed with which this approach was implemented nationwide has been associated with a degree of laxity in rigorously adhering to fundamental principles. Late payments made to facilities threaten the sustainability of the approach. Finally, new reforms initiated in an ad-hoc and impromptu manner are leading to a great deal of uncertainty in the system.

**Conclusions-** The scaling up of PBF from initial introduction to nationwide implementation was rapid. Observable results supported by vigorous advocacy from promoting NGOs and the enthusiastic support of donors made this possible. However, there has lately been stagnation in the programs evolution and further development due to delays of PBF payments to health facilities and competing priorities promoted by the government.