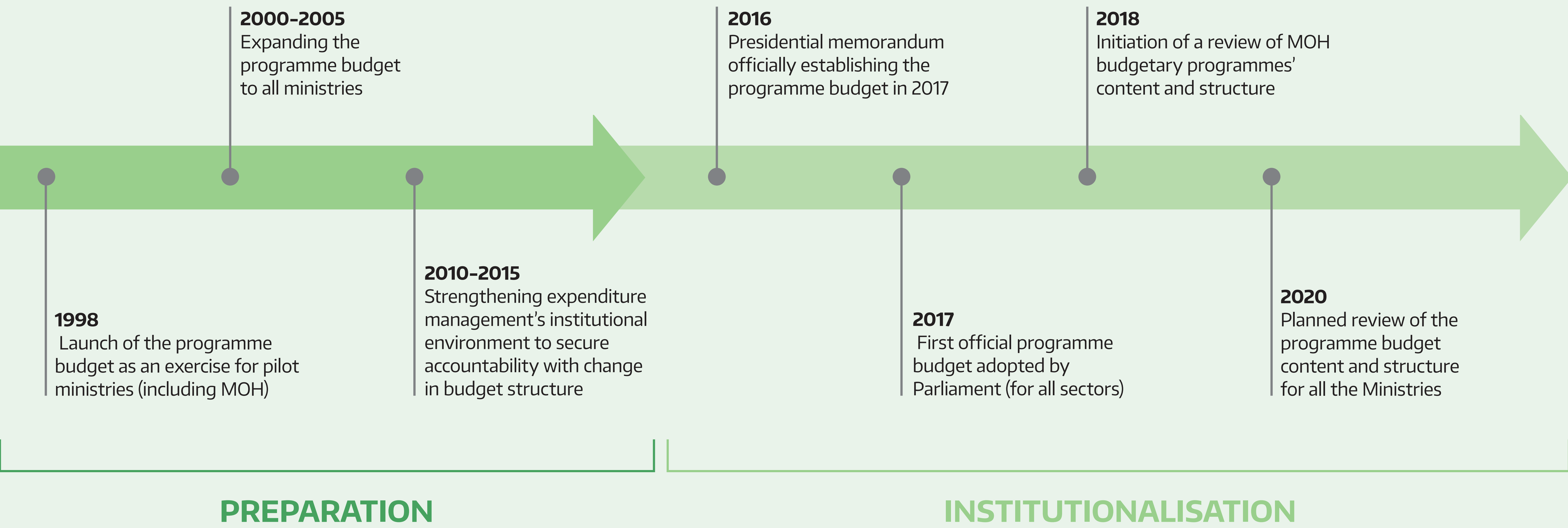




PROGRAMME-BASED BUDGETING FOR HEALTH

HISTORY OF THE TRANSITION TO THE PROGRAMME BUDGET IN BURKINA FASO



KEY OUTPUTS

- Aligned budget formulation: alignment between the 3 budgetary programmes (access to health services, health service delivery and MOH oversight) and sector priorities, thanks to MOH Planning Unit engagement in programme design
- Clear programme structure with 3 distinct and articulated levels (programme, action, activity)
- Health system approach: disease interventions (e.g. prevention and treatment of malaria; immunization activities) integrated in broader budgetary programmes
- End of historical budgeting: year-to-year adjustments between and within MOH budgetary programmes
- Financial flexibility: budget re-allocations made possible within each budgetary programme envelope

REMAINING CHALLENGES

- Content of budgetary programmes: sub-levels (actions and activities) of mixed quality and often not consistent with programmes' outputs
- Half-way transition: programme managers don't have the expenditure authorizing power that continues to be with finance teams and administered by inputs
- Accountability system: MOH was re-organized to fit the new budget structure but delays in appointing programme managers caused issues for reporting and overall accountability
- Links with other health reforms: missing links between programme design and ongoing health financing reforms (e.g. creation of a main purchaser – RAMU – and new payment mechanisms for primary care providers)

MOH BUDGETARY PROGRAMMES AND ACTIONS (2018)

Programmes and actions
055 Access to health services
05501 Training of health personnel
05502 Constructing/rehabilitating health facilities
05503 Purchase and maintenance of sanitary equipment
05504 Improving the availability of quality health products
05505 Promoting systems to divide risks in the area of health
05507 Promoting traditional medicine and pharmacopoeia
056 Health service delivery
05601 Community participation
05602 Reducing morbidity and mortality associated with endemic/epidemic diseases
05603 Quality mother and child health services
05604 Disaster health management
05605 Health promotion
05606 Health product quality assurance
057 Oversight and support of Ministry of Health services
05701 Oversight, coordination and intersector collaboration of Ministry of Health actions
05702 Increase in health sector financing
05703 Management of financial and material resources
05704 Management of human resources
05705 Planning, monitoring and evaluation
05706 Building/rehabilitating and equipping administrative and educational infrastructure
05708 Health information
05709 Promoting health research
05710 Communication

MOVING FORWARD

- Update content of budgetary programmes, especially at activity level to improve consistency between activities and programmes' outputs
- Strengthen programmatic and financial managerial capacity of programme managers to secure good accountability in results
- Fully transfer spending authority to programme managers for better efficiency and flexibility in health spending
- Improve quality of performance monitoring framework, by making sure performance indicators do match with the expected outputs
- Tighten links between budget reform and the health financing strategy to allow contracting and performance-based payment of primary care providers.

Source: Budget – expenditure, Ministry of Health, 2018 (CID).
* Note: for the project of the finance law 2019, the proposed formulation is: 055 access to services/public health; 056 provision of health services/purchase; 057 oversight and support of services of the Ministry of Health/governance of health system

Barroy H, André F, Nitiema A: Transition to programme budgeting in health in Burkina Faso: Status of the reform and preliminary lessons for health financing. WHO 2018.