



# USING TECHNICAL EXPERTISE AND COLLECTIVE ADVOCACY TO SCALE UP PROGRAMMING IN BURKINA FASO

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## BACKGROUND: MATERNAL HEALTH AND CHILD MORTALITY IN BURKINA

For several years, our interventions in Burkina Faso have focussed on community mobilisation and health system strengthening in order to increase the access of populations to primary health care. Burkina Faso maternal and child health indicators lag behind expected standards. For example, the child mortality ratio is 82.5 deaths per 1,000 live births, and the maternal mortality ratio is 330 deaths per 100,000 live births.<sup>1</sup> In addition, less than 1 per cent of the population has health insurance, and health services are poorly attended by the poorest people in the country.<sup>2</sup> According to recent figures, about 55 per cent of the poorest population do

not consult health services or health personnel when they experience health problems.<sup>3</sup> The main health challenge across the country, therefore, is the economic barrier that prevents the poorest segments of the population from accessing health care, mostly because of the high costs of health consultations and key medications.

Although the barriers for vulnerable women and children to access health care in Burkina Faso are mostly financial, they also face barriers in relation to geographical access, insufficient technical platforms and inadequate staff capacity to provide care. This reduced access to health care results in poorer health outcomes for this demographic, including increased mortality. Therefore, one of

Action Against Hunger's priorities in this country was to develop effective strategies to reduce mortality in this segment of the population.

One of these strategies involved Action Against Hunger and three other International Non-Governmental Organisations (INGOs), namely Help (Hilfe zur Selbsthilfe), Save the Children, and Terre des homes Lausanne, jointly developing programmes that subsidise consultations and medication fees for children under five years old and pregnant women across various regions of the country. Evaluations of these pilot projects led to the conclusion that lifting financial barriers made it possible to increase the utilisation rate of health services,

1 Profil sanitaire complet du Burkina. Module 1 : Situation socio-sanitaire du Burkina Faso et mise en œuvre des ODD. Mars 2017, page 29

2 Compte Nationaux de Santé, 2012

3 EMC (Enquête Multisectoriel Continue), 2015

improve coverage of care and boost performance indicators of health centres.<sup>4</sup> These findings motivated the four INGOs to successfully advocate for the Burkina Faso government to adopt a policy of free healthcare for pregnant women and children under five years old.

### FROM PILOT TO NATIONAL STRATEGY: THE ROLE OF TECHNICAL EXPERTISE AND ADVOCACY

The unique success of this advocacy strategy is due to the joint effort of several actors to combine their technical expertise, leveraging on the evaluation findings of similar interventions at diverse geographic locations and conducting high-level strategic advocacy. During seven years of pilot projects, these interventions were documented and advocacy actions were taken collectively by the four organisations to influence the government and parliamentarians. We identified the appropriate messaging to clearly explain the public health outcome of the project by highlighting how cost-effective it would be if extended to the entire country through a national health strategy. This country-level advocacy was also bolstered by evidence from various global-level scientific movements that advocate for universal health coverage and insurance. In April 2016, these advocacy actions, combined with a change of political regime in Burkina

Faso, resulted in the adoption of the Free Health Care Policy for children under five years old and pregnant women. Securing this political commitment was therefore an achievement resulting from years of small pilot projects, operational research at the community level, the combined efforts of complementary actors and strategic advocacy toward various audiences. This approach seems to be effective for successful NGO-led advocacy.

### BEYOND SUCCESSFUL ADVOCACY, TECHNICAL BACK UP REMAINS VITAL

In order to assist in the implementation of this free healthcare policy, Action Against Hunger and the other three INGOs used their historic legitimacy on this topic to be involved in all debates around the implementation of the policy. They were also financed by the Ministry of Health to help control and ensure the effectiveness of the policy across the entire country. This control consists of:

1. A quantitative verification of the services provided in the health centres, which included data collection and analysis of information from the various tools available at the health centres.
2. Community level consultations based on direct interviews with a sample of patients' households.
3. Producing a report highlighting gaps

in policy implementation and making recommendations for improvement to the health district and the central ministry.

It is a unique experience that a government contracts and grants INGOs to provide technical expertise to control the level of implementation of a national policy in public health. This was possible thanks to a strong relationship with the government, recognition of the expertise of these INGOs in this specific field and their ongoing advocacy based on previous experience with similar programmes. We believe that by following similar steps, this strategy to scale up successful technical approaches can also be applied to other contexts.

### KEY LESSONS AND TAKEAWAYS

- It is good to use and benefit from pilot approaches to serve as advocacy tools.
- The more we meaningfully involve other stakeholders to build collective advocacy, the better the results.
- Moving from a pilot experiment to scaling up requires regulatory or legislative steps to extend these best practices.
- Strong relationships and evidence of technical expertise can help governments trust NGOs, to the point of contracting them to provide technical assistance in public services.

<sup>4</sup> <https://afro.who.int/fr/news/bilan-2017-de-la-gratuite-des-soins-au-profit-de-la-femme-et-des-enfants-de-moins-de-cinq-au>