

Studying the Unintended Consequences of a Complex Public Health Intervention in Burkina Faso

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Sparkling Population Health Solutions
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Presentation Plan

1. Context in Burkina Faso
2. Performance-based financing (PBF)
3. Conceptual framework
4. Methods to study unintended consequences
5. Preliminary results
6. Lessons learned



Public Health Context in Burkina Faso

- Low quality of healthcare services
- Presence of user fees
- High levels of mortality for < age 5 = 9,8 %



(World Bank, 2015;
WHO, 2014a, 2014b)

PBF to Improve Healthcare Services

"transfer of money ... conditional on taking a measurable action or achieving a predetermined performance target" (Eichler, 2006)

Fee for service



Bonuses for quality



PBF with Equity Measures in Burkina

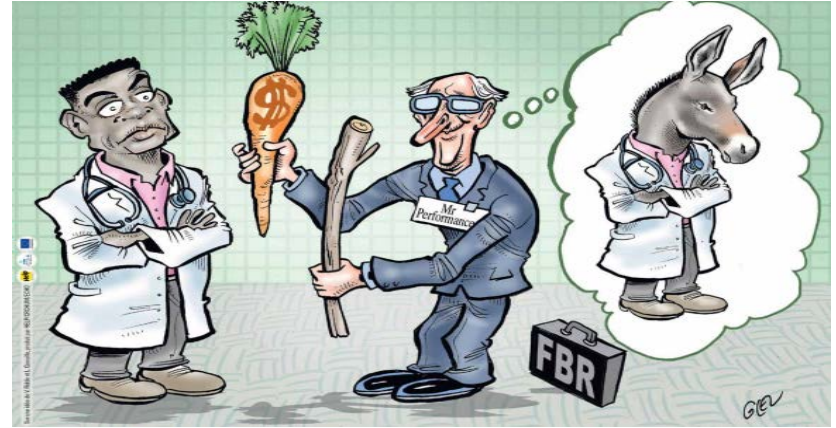
Community-based selection of the poorest 20% of pop.

- ✓ Health care workers receive higher fee-for-service
- ✓ Poor are exempt from paying user fees



State of Knowledge

Many hypotheses about unintended consequences of PBF in low- and middle-income countries but little empirical evidence!



(Queuille, Ridde, & Glez, 2014)

Objective

Objective: increase the scientific knowledge on the unintended consequences of the intervention

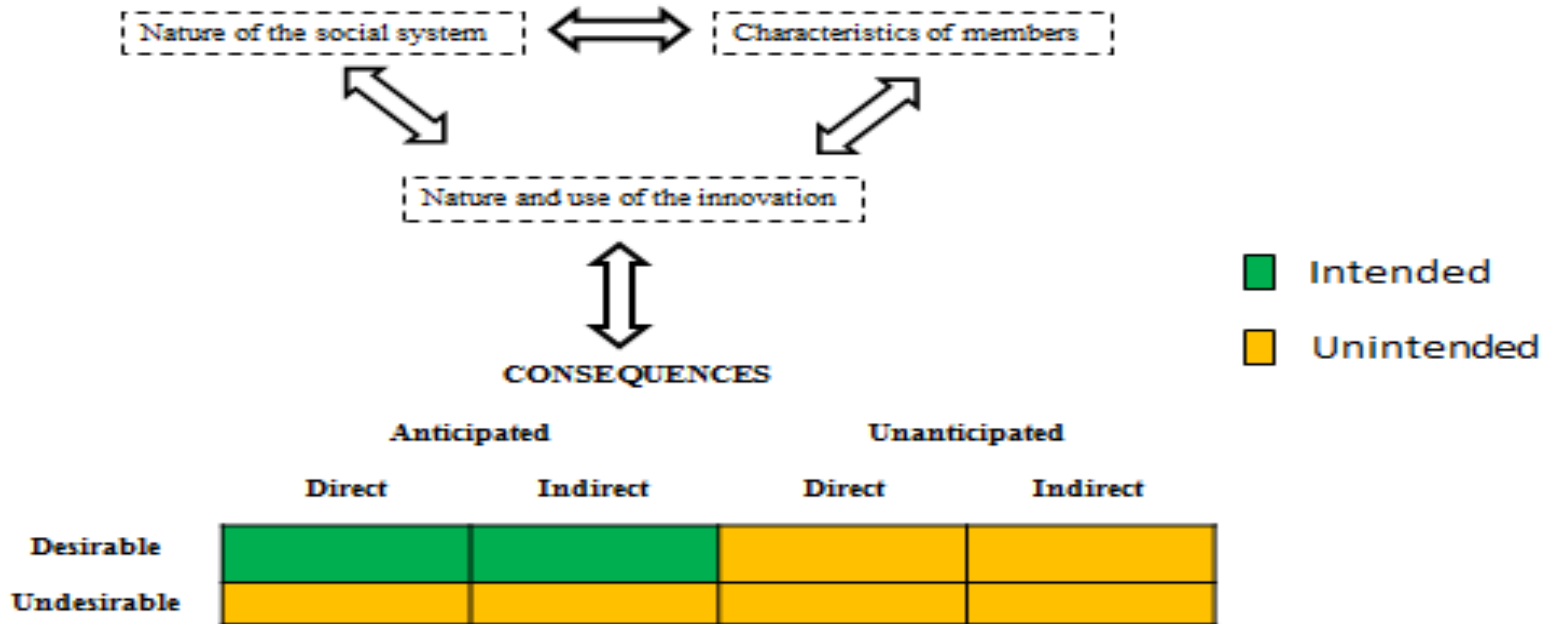
Unintended consequences : *"changes for which there is a lack of purposeful action or causation that occur to a social system as a result of the innovation"*

(Ash et al., 2007)



Conceptual Framework

Theory on diffusion of innovations (Rogers, 2003)



Methods

Design: Multiple case study

Data collection

- 6 health care centers
- Fieldwork for ~ 2 weeks/center
- Informal discussions, 74 semi-structured interviews
- Observation with systematic note taking

Analysis: content analysis with QDA Miner



Results for PBF

- Important discrepancies between formal interviews vs informal discussions / behaviour
- *"No obstacles, difficulties or unintended consequences"* (participant)



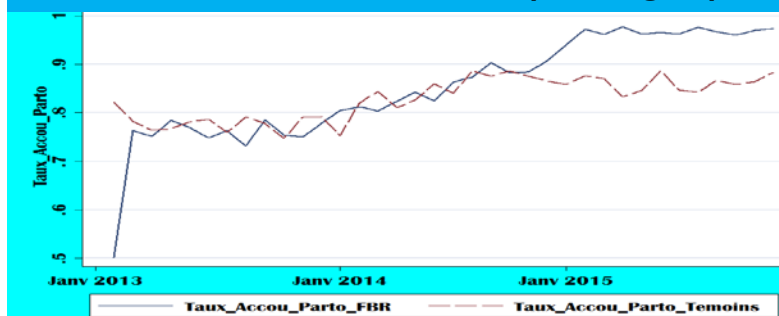
Results for PBF (cont')

Arbitrary and retrospective filling out

- PBF pays for births monitored with a partographs to detect distress
- Observation: births not simultaneously followed



Utilization rates of the partograph



Results for Health Equity Measures

- Selection of worst-off based on personal interests and relations
- Financial difficulties: Fee for services does not cover expenses medication
 - Cap the value of medication
 - Filter between "real poor" vs "false poor"



A community health worker

Concluding with Lessons Learned

Strengths

- Highlights the pertinence of unintended consequences
- Rigorous design with observation, discussions & flexible interview guides

Difficulties

- Personal interests of actors
- **Results will serve to improve healthcare services**

Thank you for your attention!

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