

Paul Jacob Robyn
Dr. sc. Hum.

Exploring the relationship between provider payment and community-based health insurance outcomes in Nouna Health District, Burkina Faso

Promotionsfach: Public Health
Doktorvater: Prof. Dr. med. Rainer Sauerborn

This study investigates methods to *integrate innovative provider payment methods into the expansion of community-based health insurance* in Burkina Faso, West Africa. In 2004, community-based health insurance (CBI) was introduced in Nouna district, Burkina Faso. Previous unpublished studies in Nouna district have provided evidence that the current payment scheme is unattractive to providers, generating little incentive for health workers to support the initiative and provide quality care. As the scheme prepares for extension in 2012, an ideal time arrived to implement an *intervention study investigating how to maximize health worker motivation and support through improving the current payment structure*.

The study was conducted at the Nouna Health Research Center (CRSN) in Nouna Health District, Burkina Faso during the two years preceding this extension, from January 2010 to July 2011. In an initial step, a systematic review of the literature on the relationship between provider payment methods and CBI outcomes in low- and middle-income countries was conducted. The study also used the randomized timing of the insurance rollout alongside panel data from the Nouna Health District Household Survey to measure the effect of CBI enrollment on behavioral changes in health-seeking behavior. In addition, the study used quantitative and qualitative data to measure health care providers' satisfaction on the current CBI provider payment system. Finally, the study conducted a discrete choice experiment (DCE) to examine CBI provider payment attributes that influence healthcare workers' stated preferences for the CBI scheme's payment mechanisms.

The main findings/conclusions which were drawn from the study can be summarized as follows:

- a) Analysis of panel household survey data found that while enrollment has a strong cross-sectional correlation with using formal sector care, during the first three years of the scheme there was no significant behavioral change towards increased utilization of such services among CBI enrollees;
- b) The mixed methods study of provider satisfaction and discrete choice experiment (DCE) found that certain attributes of the payment system have led to high levels of health worker dissatisfaction in contracting with the CBI scheme;
- c) In order to improve health worker motivation and support for the CBI scheme, the methods of provider payment applied by the scheme should be revised to be better aligned with health worker preferences for how they are paid, including the introduction of a financial motivation mechanism directly linked to CBI outcomes.

This study is a sub-study of Project D2, SFB 544, which has already been approved by the ethical committees in Nouna, Burkina Faso and Heidelberg, Germany.