The implementation of the program favors the analysis of the National Solidarity program to understand its emergence, formulation, and implementation.

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• Representatives of the MASSN within the interministerial review committee of the AMU were regularly questioned on the issue of the indigents (i.e. their identification, their membership to MHO).

• Having been made aware of this need, the RAMS took the opportunity to begin a plea with the Ministry. The RAMS is becoming a “political entrepreneur.”

• With the aim of having knowledge stemming from contextual experience, the Ministry is granting a subsidy to the RAMS to affiliate deprived households to mutual health insurance.

• Only generic essential drugs are included in the basic service package. Specialized prescribed drugs are chargeable to the indigent patients, yet their underprivileged situation makes them unable to afford them.

EMERGENCE

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“Within the framework of our program, the membership fee and annual fees are fully paid by the State (1200 per indigent). No indigent has paid a dime to apply for health coverage. (But the user fees will need to be covered by the indigents). Now, what people have to understand is that mutual insurance companies have their way of functioning, which includes user fees. So most of our mutual health insurance organizations have fixed their coverage rates to 70%, 75%, 80% and only one mutual ensures coverage up to 100%, that's it! CBHI official.

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IMPLEMENTATION

• The implementation of the program contained inadequacies; a deficit of collaboration and communication was noticed.

• At the ministry level of social action, the implementation was made in a “top down” way without preliminary dialogue with the decentralized social services. The central level used its hierarchical organization to give directions, asking social workers to identify indigents for a solidarity program, without having planned resources for it.

• Accordingly, social workers drew names of indigents from available lists, without involving officials of CBHI and management committees of health centers, which triggered several consequences.

• Some beneficiaries have refused the card because they feel they will not be able to cover the user fees if they get sick.

“Certain people have refused the card because they feel that the conditions of the mutual in other words the 30% user fees, doesn’t suit them. For them, if we say it’s to help them, then why not cover them fully? They are people in need and we are asking them to cover 30% of the user fees? So there are some people who did not come to get their card! CBHI official.

• Certain people that had been identified could not use their insurance card because their village was not near a health center that had a convention with a CBHI organization.

• Other beneficiaries, especially homeless people, remained untraceable and never came to obtain their card. Also, indigents living in remote villages and those who had never resorted to social services were not selected.

CONCLUSION

• The stakeholders recognize the important of contextual evidence to improve their practice and to formulate interventions that are focused on people's needs.

• The solutions suggested benefit more the MHO than the indigents. The selection process of poor households in need has been passive and has favored people who have already used social services, at the expense of indigents living in remote villages.

• These results highlight the relevance of community interventions and the need for the abolition of user fees in order to favor increased consideration of the indigents in mutual health insurance.

RESULTS

• CBHI organizations have not taken action to exempt the poor from health insurance contributions.

• In Burkina Faso in 2012, the Support Network for Mutual Health (RAMS) and the Ministry of Social Action and National Solidarity (MASSN) organized a national program to improve the access to health services for deprived households.

• The government granted a subsidy to the RAMS to provide 1200 deprived households (4500 beneficiaries) with (French) memberships to CBHI in the country.

AIMS

To analyze the National Solidarity program to understand its emergence, formulation, and implementation.

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