

Burkinabe see improving health care delivery, but gaps in serving the poor and some regions

Afrobarometer Dispatch No. 287 | Thomas Isbell, Agnes Kabore, and Augustin Loada

Summary

Health is the most important problem that Burkinabe want their government to address, according to the most recent Afrobarometer public-opinion survey. Despite significant progress, the National Economic and Social Development Plan (Burkina Faso, 2016) notes persistent challenges with regard to the quality of health-care services in the country as well as access to services, human resources, infrastructure, and regional inequalities. A National Health Financing Strategy for the period 2018-2030 aims to address these challenges, with the vision of « making Burkina Faso into a nation where the entire population enjoys access to quality health services without social distinction » (Burkina Faso, 2018).

The strategy builds on some gains, over the past decade, in improving limited access to health care for poor citizens (Ridde, 2006). Government subsidies for assisted childbirth, instituted in 2007, succeeded in increasing attendance at health-care centers, according to one study (Haddad, Zombré, Queuille, & Ridde, 2013), but benefits for poor children still varied depending on their health status and place of residence. Following the arrival of a new democratic government in 2015, the administration instituted free health-care services for pregnant women and children up to age 5 to promote assisted birth by qualified health-care personnel and improve access to high-quality basic health care for the youngest.

According to the recent Afrobarometer survey, a majority of citizens say the government has succeeded in improving health-care delivery, but regional inequalities and gaps in serving the poor remain.

Afrobarometer survey

Afrobarometer is a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues across more than 35 countries in Africa. Six rounds of surveys were conducted between 1999 and 2015, and results of Round 7 surveys (2016/2018) are currently being disseminated. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples.

The Afrobarometer team in Burkina Faso, led by the Institute for Governance and Development, interviewed 1,200 adult Burkinabe in September 2017. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. Previous surveys were conducted in Burkina Faso in 2008, 2012, and 2015.

Key findings

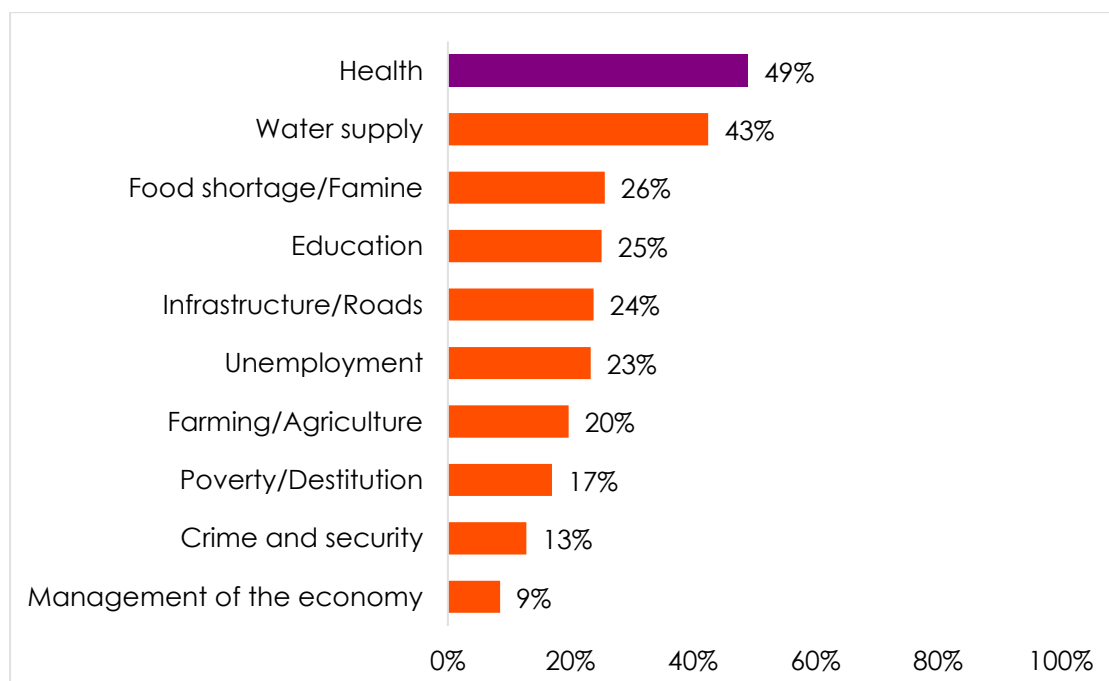
- Health is the most important problem that Burkinabe say their government should address.

- Six of 10 citizens (60%) say their ability to obtain medical care has improved in recent years.
- Half (50%) of Burkinabe say they or a member of their family went without needed health care at least once during the 12 months preceding the survey, including 15% who say this occurred “many times” or “always.” This is an improvement from 62% who said in 2012 that they had gone without care.
- Among respondents who had contact with a public health clinic or hospital during the previous year, six in 10 (62%) say it was “easy” or “very easy” to get the care they needed.
- Most respondents who sought medical care say they received it either “right away” (32%) or “after a short time” (39%). One in 20 (5%) say they had to pay a bribe to get medical care.
- Two-thirds (67%) of Burkinabe say the government is performing “fairly well” or “very well” on improving basic health services, a 26-percentage-point improvement from 2015.
- Poor citizens are considerably more likely than their better-off compatriots to go without needed medical care, to see deterioration in their ability to obtain medical care, and to disapprove of the government's performance on health. The same is true of residents of the Centre Est and Boucle du Mouhoun regions compared to their compatriots in other regions.

Health as the country's most important problem

When asked what they considered the most important problems that the government should address, Burkinabe most commonly cited health (49%), followed by water supply (43%). About one in four respondents prioritized food shortage and famine (26%), education (25%), infrastructure (24%), and unemployment (23%) (Figure 1).

Figure 1: Most important problems | Burkina Faso | 2017

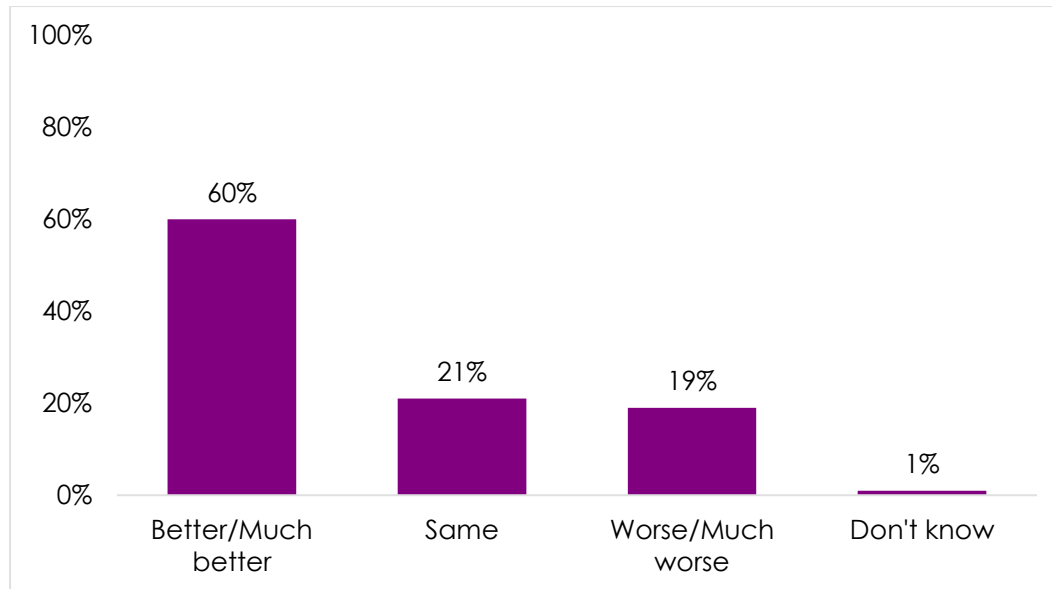


Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Up to three responses per person were recorded.)*

Access to health care improving for many, but regional differences strong

Six in 10 Burkinabe (60%) say their ability to get medical care is “better” or “much better” now than “a few years ago” (Figure 2). About one in five say they are less able to obtain care than in the past (19%), while about the same proportion say it has remained the same (21%).

Figure 2: Better or worse: Ability to get medical care | Burkina Faso | 2017



Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?

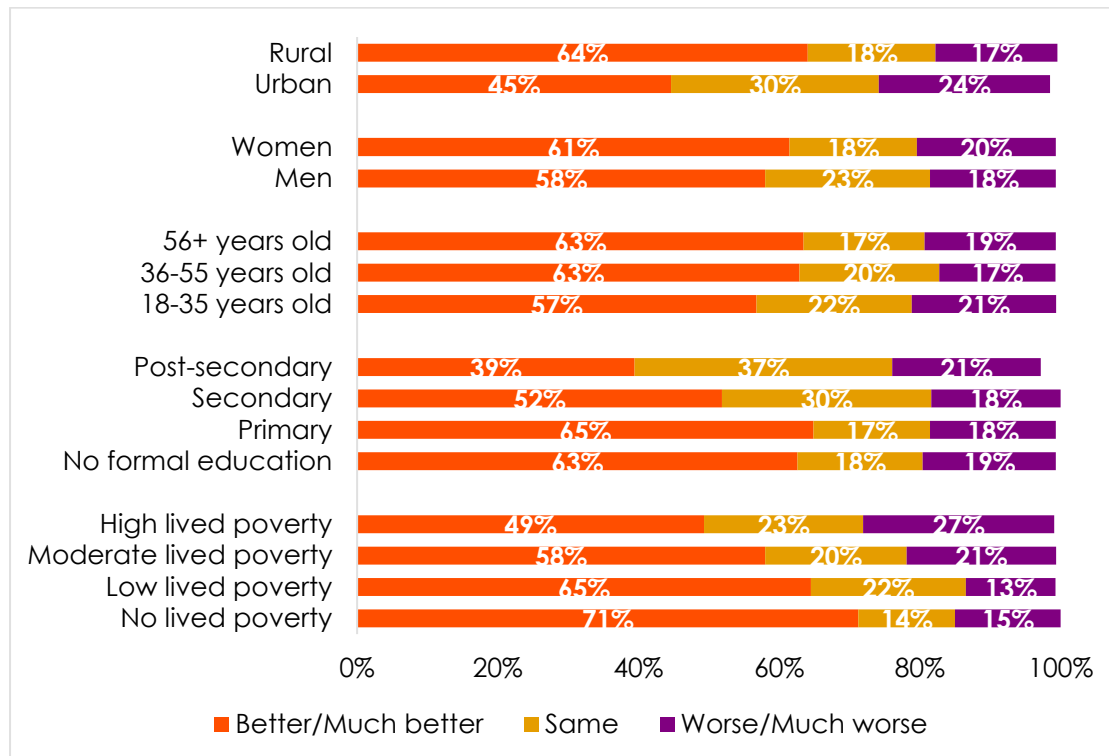
Comparing responses across socio-demographic groups, a number of differences emerge (Figure 3). Improved access to health care is more commonly reported in rural (64%) than in urban areas (45%). It is also more commonly perceived by less educated respondents (63%-65% among respondents with primary or no formal schooling, compared to 39% among those with post-secondary qualifications).

On the other hand, the poor are considerably less likely to see improvement in their ability to get medical care, ranging from 49% of respondents with high “lived poverty”¹ to 71% of those with no lived poverty.

Perceptions of changes in access to health care also vary widely by sub-national region. It is important to note that breaking down survey responses by region requires analyzing relatively small sub-samples, producing results that have large margins of error and should be interpreted with caution. With this caveat in mind, we see that more than seven in 10 residents in Centre Nord (81%), Sahel (73%), and Nord (73%) say access to health care has become “better” or “much better” in recent years, while only half or fewer of citizens in Hauts Bassins (50%), Boucle du Mouhoun (50%), Centre (49%), and Centre Est (44%) share this view (Figure 4).

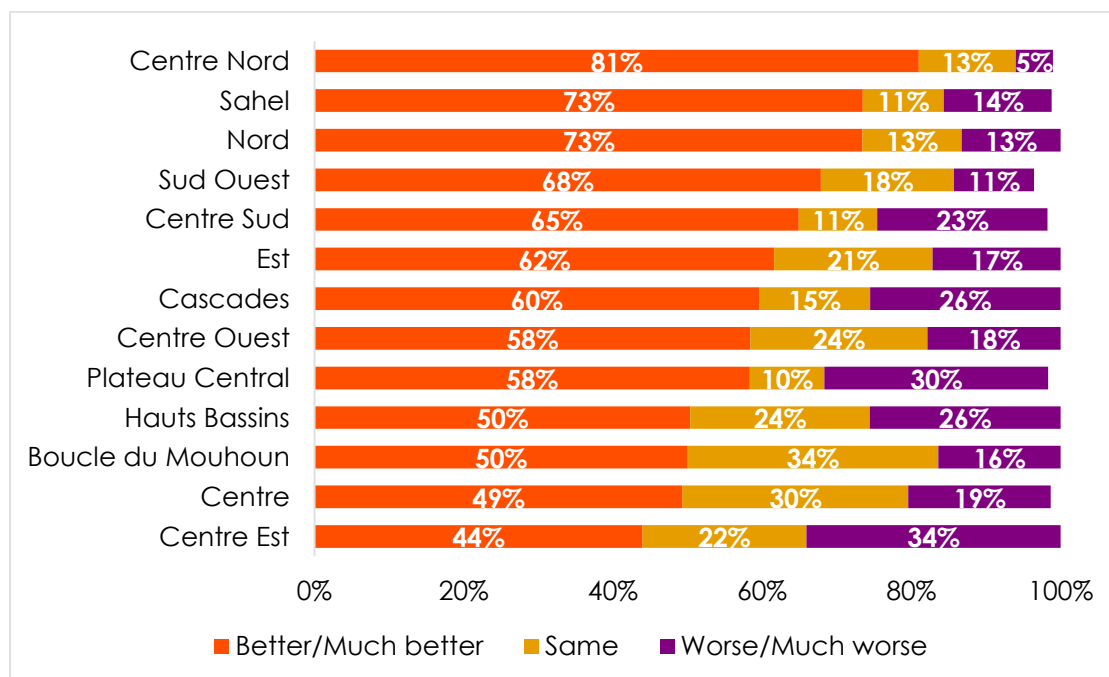
¹ Afrobarometer assesses lived poverty based on responses to the following questions: “Over the past year, how often, if ever, have you or anyone in your family gone without: Enough food to eat? Enough clean water for home use? Medicines or medical treatment? Enough fuel to cook your food? A cash income?”

Figure 3: Better or worse: Ability to get medical care | by socio-demographic group | Burkina Faso | 2017



Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?

Figure 4: Better or worse: Ability to get medical care | by region | Burkina Faso | 2017

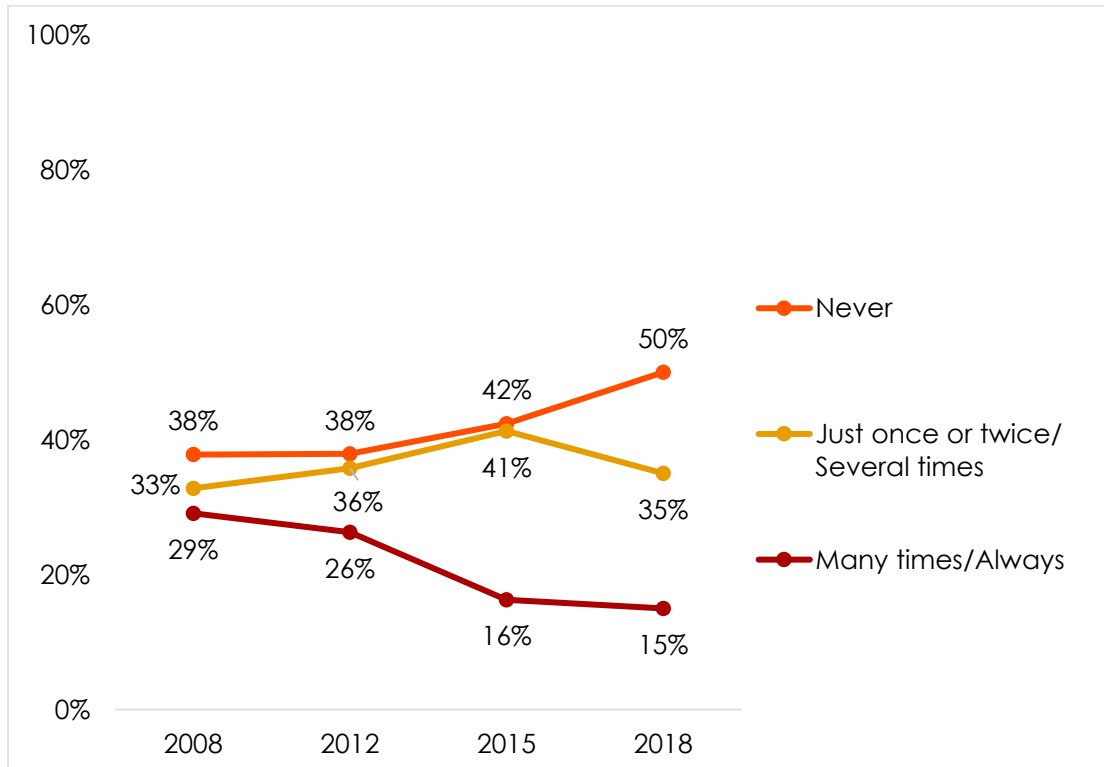


Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?

Despite a perceived improvement in citizens' ability to obtain health care, Afrobarometer survey enumerators found a health clinic in only about half (51%) of enumeration areas they visited, including just 40% of rural zones (compared to 90% of urban zones) (not shown).

And half (50%) of respondents say they or a member of their family went without needed care at least once during the 12 months preceding the survey, including 15% who say this occurred "many times" or "always" (Figure 5). However, this does reflect continuing improvement from 62% in 2008 and 2012 and 58% in 2015.

Figure 5: How often went without medical care | Burkina Faso | 2008-2017



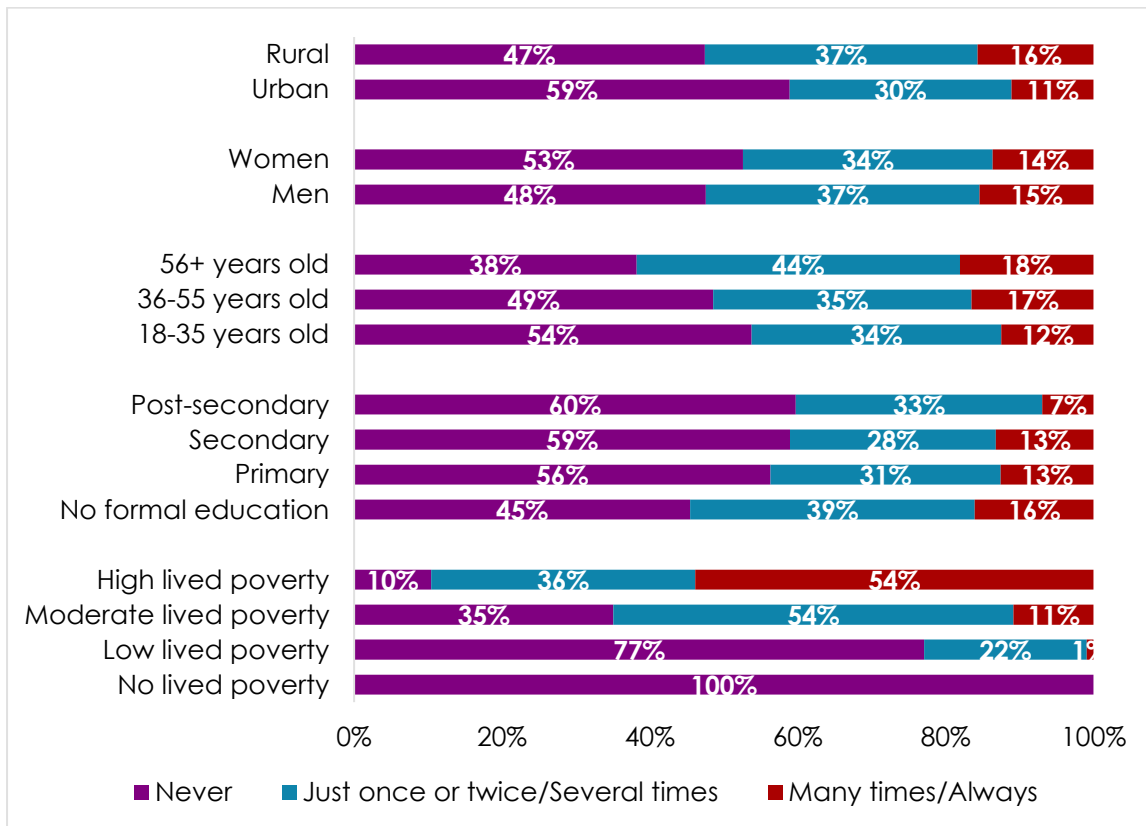
Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

The poorest Burkinabe are most likely to report having gone without needed medical care: Nine out of 10 (90%) say this happened at least once, including 54% who say they went without care "many times" or "always" (Figure 6). By contrast, fewer than one in four respondents (23%) with low lived poverty, and none of those with no lived poverty, say they went without needed care.

Going without care is also more frequent among respondents with no formal education (55%), older citizens (62% of those aged 56 or older), rural residents (53%), and men (52%).

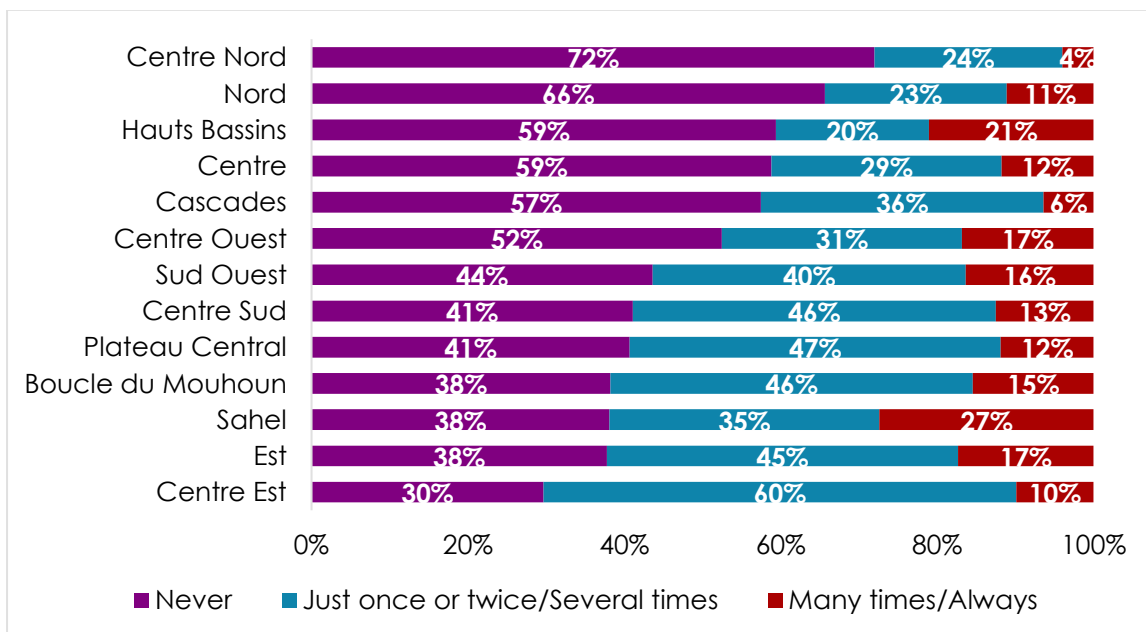
Residents in Centre Est (70%), Est (62%), Sahel (62%), and Boucle du Mouhoun (62%) are far more likely to have experienced going without needed medical care than their counterparts in Centre Nord (28%) or Nord (34%) (Figure 7).

Figure 6: How often went without medical care | by socio-demographic group | Burkina Faso | 2017



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Figure 7: How often went without medical care | by region | Burkina Faso | 2017

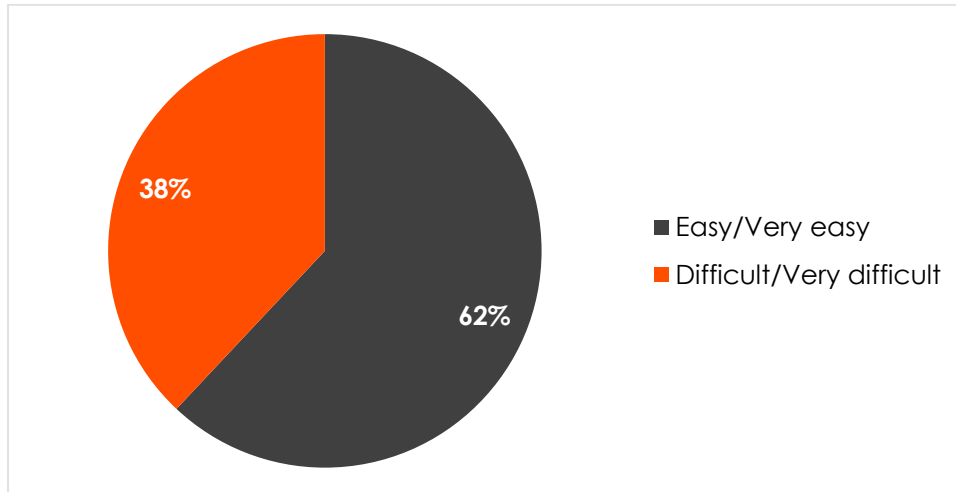


Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Experience of obtaining health services

Almost two-thirds (64%) of Burkinabe say they had contact with a public clinic or hospital during the 12 months preceding the survey. Of those who had contact, more than six in 10 (62%) say it was “easy” or “very easy” to obtain the medical care they needed, while about four in 10 (38%) say they found it “difficult” or “very difficult” (Figure 8).

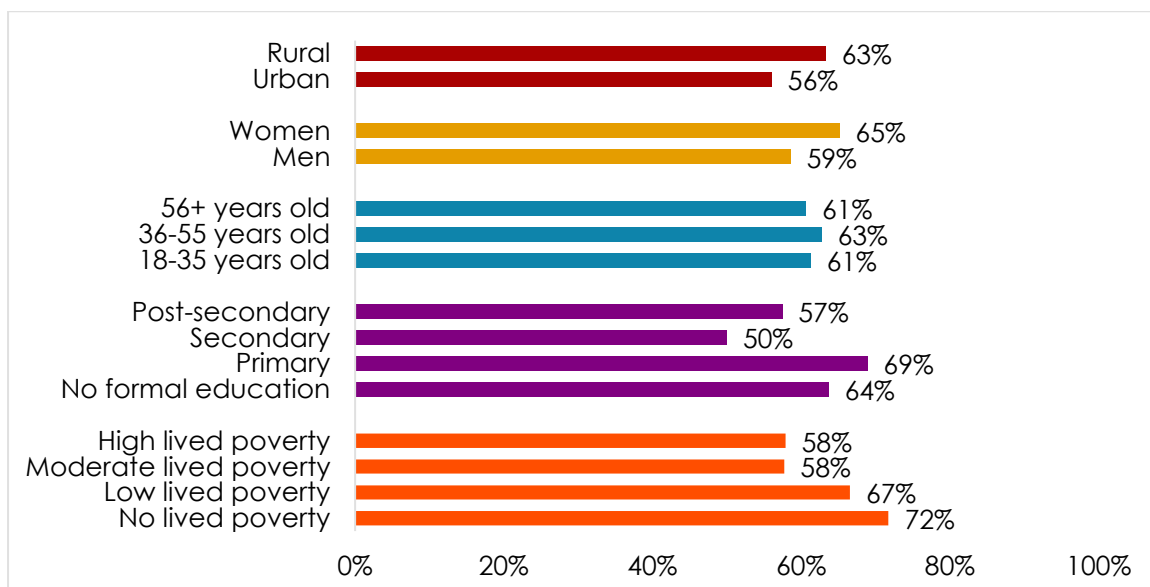
Figure 8: Easy or difficult to obtain medical care | Burkina Faso | 2017



Respondents who said they had contact with a public health clinic or hospital were asked: How easy or difficult was it to obtain the medical care you needed?

Urban residents (56%) and men (59%) are less likely to say they found it easy to obtain care than rural residents (63%) and women (65%) (Figure 9). Better-educated respondents (50%-57%) are also less likely to report getting care with ease, as are the poorest respondents (58%).

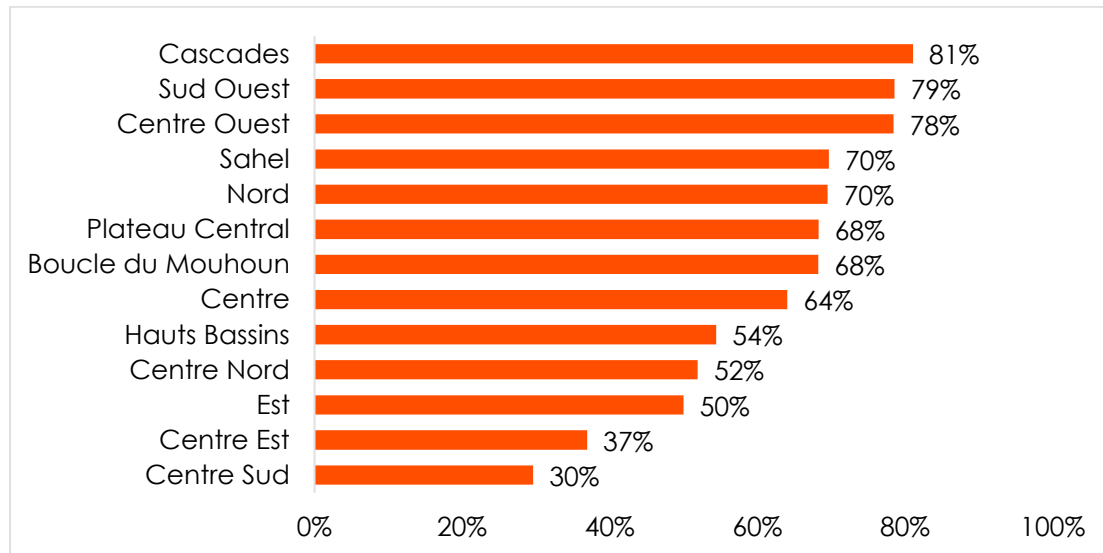
Figure 9: Easy to obtain medical care | by socio-demographic group | Burkina Faso | 2017



Respondents who said they had contact with a public health clinic or hospital were asked: How easy or difficult was it to obtain the medical care you needed? (% who say “fairly easy” or “very easy”)

Respondents in Cascades (81%), Sud Ouest (79%), and Centre Ouest (78%) are more than twice as likely to report that getting care was easy as their counterparts in Centre Sud (30%) and Centre Est (37%) (Figure 10).

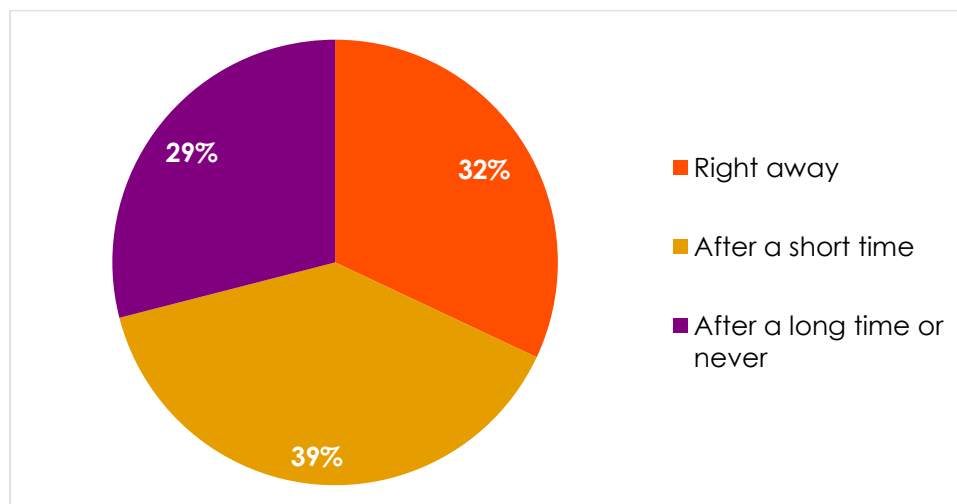
Figure 10: Easy to obtain medical care | by region | Burkina Faso | 2017



Respondents who said they had contact with a public health clinic or hospital were asked: How easy or difficult was it to obtain the medical care you needed?

In line with majority assessments that care was easy to obtain, most respondents who sought medical care say they received it either “right away” (32%) or “after a short time” (39%) (Figure 11). Three in 10 (29%) say they had to wait “a long time,” and fewer than 1% say they “never” obtained the care they sought.

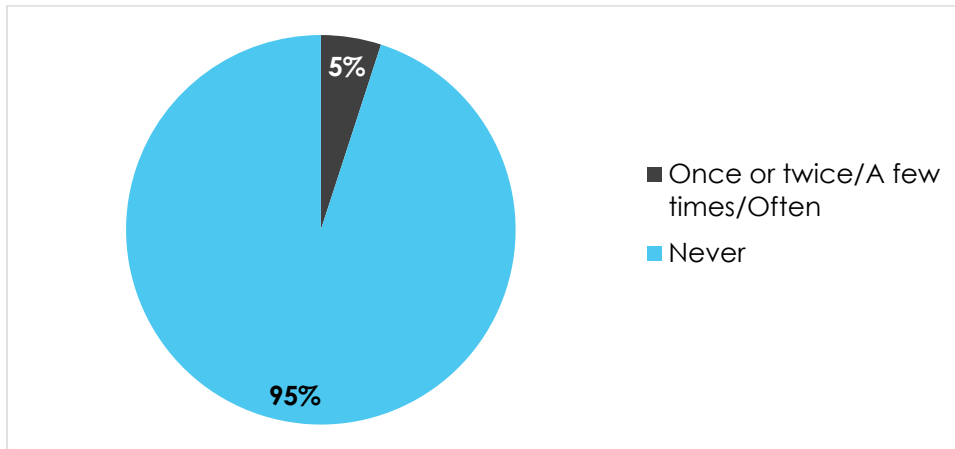
Figure 11: Time taken to receive medical care | Burkina Faso | 2017



Respondents who said they had contact with a public health clinic or hospital were asked: How long did it take you to receive the medical care that you needed? Was it right away, after a short time, after a long time, or never?

One in 20 respondents who sought medical care (5%) say they had to “pay a bribe, give a gift, or do a favour” in order to receive care (Figure 12).

Figure 12: Paid bribe to get medical care | Burkina Faso | 2017

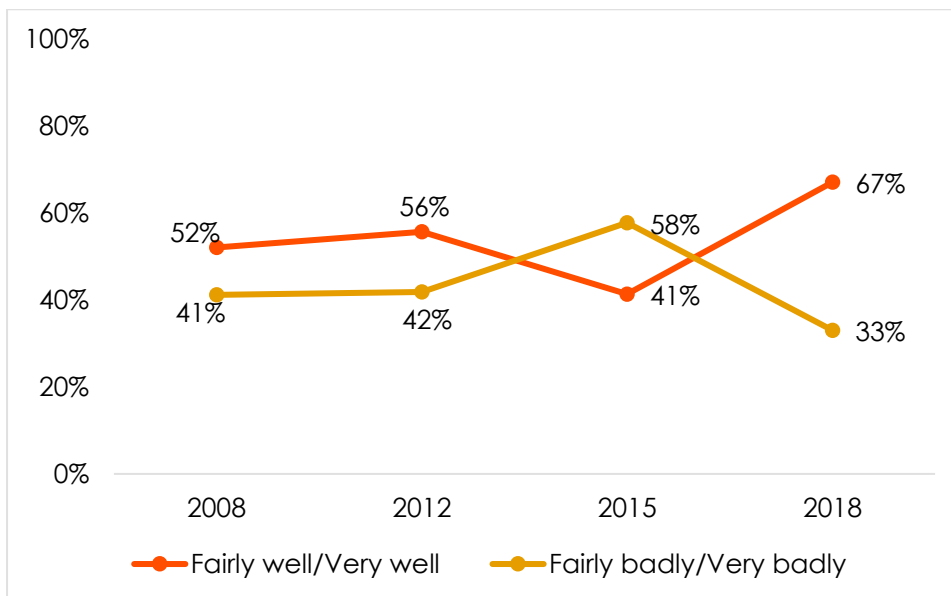


Respondents who said they had contact with a public health clinic or hospital were asked: How often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care you needed?

Government performance on health care

Overall, about two-thirds (67%) of Burkinabe say the government is performing “fairly well” or “very well” on improving basic health services, compared to 33% who think the government is doing a poor job (Figure 13). This positive evaluation stands in sharp contrast to 2015, when only four in 10 (41%) approved of the government’s performance.

Figure 13: Government performance on improving basic health services | Burkina Faso | 2008-2017

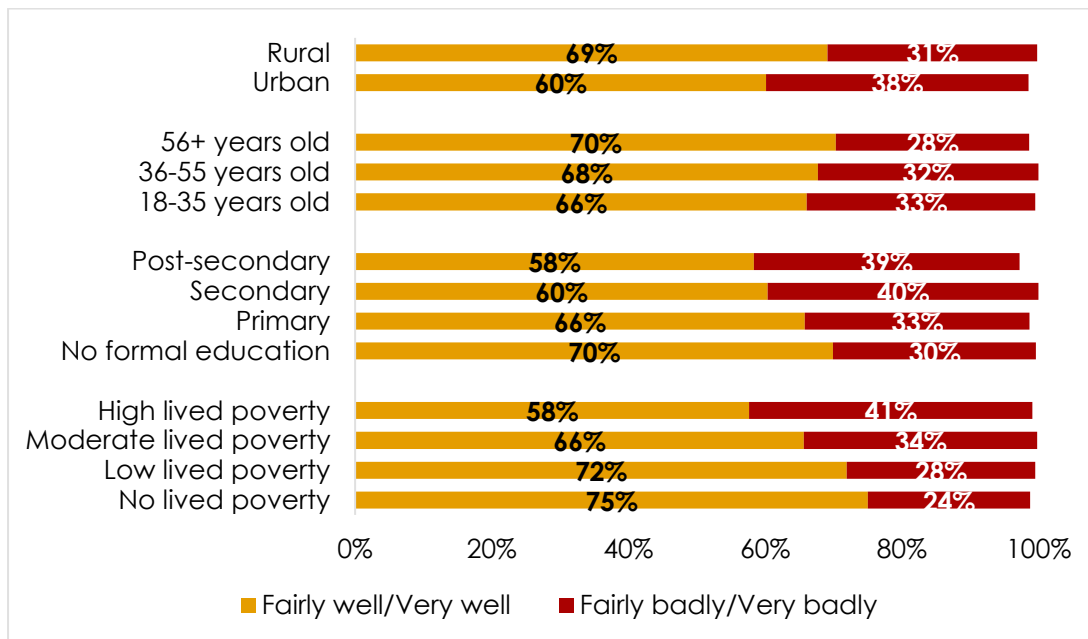


Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Positive assessments of the government’s performance are particularly common among rural residents (69%) and less-educated respondents (70% among those with no formal education). But the economically better-off are also more likely to praise the government’s efforts (75% among those with no lived poverty) than their poorer counterparts (Figure 14).

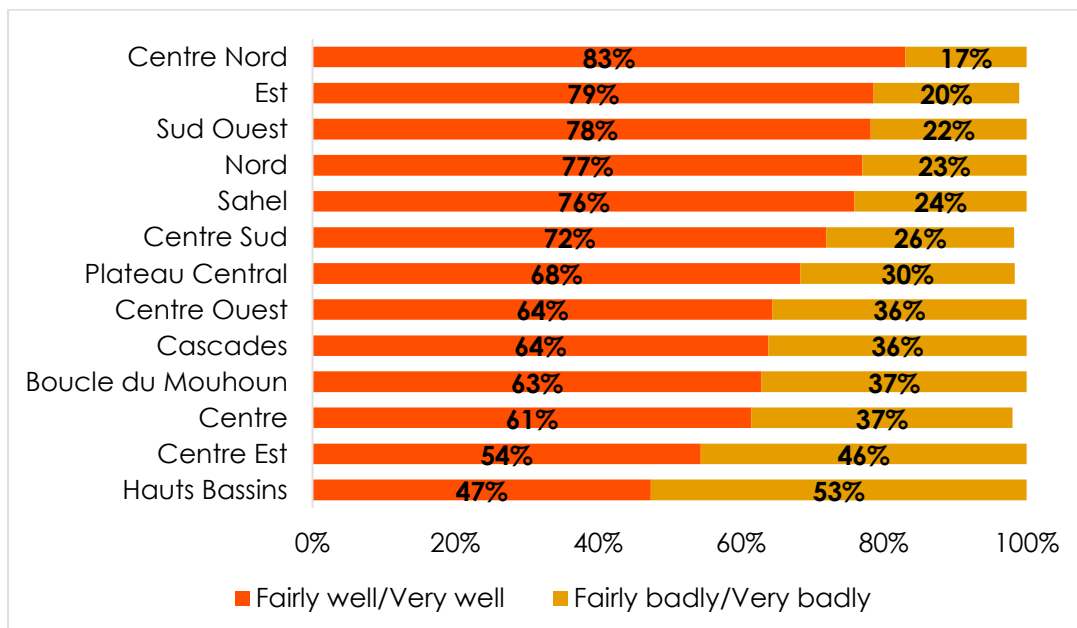
Again approval is lowest in the regions of Hauts Bassins (47%), Centre Est (54%), Centre (61%), and Boucle du Mouhoun (63%), while more than three-fourths of residents praise the government's efforts in Centre Nord (83%), Est (79%), Sud Ouest (78%), Nord (77%), and Sahel (76%) (Figure 15).

Figure 14: Handling improving basic health services | by socio-demographic group | Burkina Faso | 2017



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Figure 15: Government performance on improving basic health services | by region | Burkina Faso | 2017



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Conclusion

For Burkina Faso, health care is the top priority among problems that the government should address. While a majority say their ability to obtain health care is better now than in the past and the government is doing a good job in the sector, access to satisfactory care still varies greatly by region and economic status. And half of respondents – an improvement, but also a challenge – say they or a family member went without needed care during the previous year.

Do your own analysis of Afrobarometer data – on any question,
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Thomas Isbell is a PhD student at the University of Cape Town in South Africa. Email: tisbell@afrobarometer.org.

Agnès Kaboré est chargée de recherche à l'Institut pour la Gouvernance et le Développement (IGD), partenaire national d'Afrobaromètre au Burkina Faso. Email: kaboreagnes@gmail.com.

Augustin Loada est le président de l'IGD. Email: aloda@hotmail.com.

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