



Catalogue of Universal Health Coverage (UHC) Policy Dialogue Platforms in African Collaborative for Health Financing Solutions (ACS) Countries

Universal health coverage policy dialogue platforms in Burkina Faso

Platform characteristics	Type of platform (formalization)	Mission(s)	Backbone organization(s) (management/liveliness)	Members / participants	Non-represented stakeholders (See ACS stakeholder profiles)	Commonly discussed themes	Convening frequency	Institutional anchor level (central/decentralized)
Board of the ministerial sector (CASEM)	Formal	<p>(i) Monitors sectoral development policies and controlling objectives</p> <p>(ii) Analyzes physical and financial execution of development projects and programs</p> <p>(iii) Analyzes the execution level of the State budget allocated to the Ministry</p> <p>(iv) Monitors management of the Ministry's personnel and administrative activities</p> <p>(v) Monitors and controls existing advisory bodies</p>	Directorate of Prospective and Operational Planning (DPPO) of the Ministry of Health.	<p><i>Statutory Members</i> Minister, Cabinet Director, Secretary General, technical advisors, central directorates, directorates and/or heads of development projects and programs relating to the Ministry or under its supervision, inspectors, labor union representatives, and professional health sector associations.</p> <p><i>Non-statutory Members</i> Actors interested in the meeting topic</p>	<p>Development partners</p> <p>Private implementing operators</p> <p>Civil society</p> <p>Researchers</p>	<p>i) Health sector policies</p> <p>ii) MoH directorates strategic plans</p> <p>iii) Ministry's priorities and current health issues</p>	Biannual	Central

		<p>(vi) Establishes and enforces administrative ethics within the Ministry</p> <p>(vii) Evaluates the overall Ministry performance</p> <p>(viii) Reviews draft Ministry budgets and plans</p> <p>(ix) Adopts Ministry's periodic activity programs</p>						
Sectoral framework for dialogue in the health planning sector (CSD/SPS)	Formal	<p>(i) Coordinates the monitoring and evaluation of the PNDES health planning sector implementation through the sectoral policy in effect</p> <p>(ii) Assesses sectoral policy implementation using specific monitoring and evaluation tools</p> <p>(iii) Provides guidelines to ministerial actors for their assigned activity implementation and the development of the outputs required to assess their impact</p> <p>(iv) Ensures dialogue on sectoral policy, sector budget support and the effectiveness of development cooperation.</p>	Directorate of Monitoring, Evaluation and capitalization (DSEC) of the Ministry of Health.	Central and deconcentrated structures of the three ministries (health, social welfare and agriculture); Local Authority representatives; Private sector; Civil society; Technical and financial partners; and Individual or legal entities, in view of their expertise, as observers.	Researchers	<p>i) MoH performance</p> <p>ii) Partnership framework</p> <p>iii) Dialogue and coordination of health sector implemented</p>	Biannual	Central
Functional Team 2 (EF 2) "integrated management of financial	Formal	EF 2 is responsible for : (i) coordinating capacity building in administrative and financial management	Technical Secretariat in charge of Universal Health Coverage (ST-CSU) with support of Directorate for	18 members representing each of the technical directorates of the Ministry of Health	Private implementing operators Civil society	<p>i) Financial risk protection for populations</p> <p>ii) Access to quality health care</p>	Monthly	Central

<p>access and quality of care”</p>		<p>of health facility teams; (ii) building the capacity of health districts in preparation for the implementation of universal health insurance (UHI); (iii) managing exemptions and the transfer of payment and control functions to the National Universal Health Insurance Fund (CNAMU); (iv) organising the monitoring of quality and access to care for all; (v) promoting collaboration between health facilities and local authorities; (vi) promoting equitable access to health services, particularly for the disadvantaged population groups; (vii) coordinating the implementation of the patient safety strategy; (viii) promoting the rationalization of prescriptions; (ix) promoting the implementation of the community health strategy; (x) promoting the participation of the private health sub-sector in access to and quality of care; (xi) contributing to the writing of the sector performance report.</p>	<p>Monitoring, Evaluation and Capitalization (DSEC) and Directorate for Quality of Care and Patient Safety (DQSS)</p>	<p>and the National Universal Health Insurance Fund; technical assistants or consultants who support certain Ministry of Health programmes. In addition, EF 2 may call on any expertise it deems relevant to the achievement of its objectives.</p>	<p>Researchers</p>	<p>iii) Financing schemes and health care fee exemption policies</p>		
<p>Regional Technical Health Committee (CTRS)</p>	<p>Formal</p>	<p>The CTRS is specifically responsible for: (i) adopting regional health development plans; (ii) analyzing</p>	<p>Regional Directorate of Health Services</p>	<p>(i) the chief physicians of the region; (ii) the heads of departments of the regional health</p>	<p>Politicians Private implementing operators</p>	<p>i) Evaluation of health performance indicators at the regional level ii) Management of human resources</p>	<p>Biannual</p>	<p>Intermediary</p>

		the epidemiological situation and the measures to be taken to improve the health of the population; (iii) identifying and implementing all actions likely to contribute to the harmonious development of the regional health zone; (iv) facilitating the dissemination of health information at the regional level; (v) developing cooperative relationships with neighboring health regions, including those of neighboring countries.		directorate; (iii) the president of the Institutional Medical Committee (CMCE) of the CHR / CHU / CHN; (iv) the regional director of the National School of Public Health (ENSP); (v) the regional director of the Workers' Health Office (OST); (vi) a representative of each partner institution (NGO, bilateral, multilateral cooperation, etc.). In addition, the CTRS may call upon any resource person whose competence is deemed necessary for its functioning.	Civil society Researchers	iii) Implementation of the national policy of free health care for women and children iv) Availability of essential generic drugs v) Harmonization of fees for procedures; epidemiological surveillance		
District Health Board (CSD/DS)	Formal	CSD/DS is responsible for: (i) adopting the district health development plan and the resulting action plans; (ii) monitoring the implementation of the different district plans; (iii) mobilising and involving the population in the achievement of health objectives; (iv) promoting self-management of health problems by the community; (v) promoting inter-sectoral collaboration and partnership; (vi) examining any other issue relating to the health of the district population.	District Health Management team	The participants are: (i) the prefects of the departments; (ii) the mayors of the communes; (iii) the heads of the management committees of the health facilities; (iv) a representative of each technical and financial partner intervening in the district; (v) a representative of the associations of private health facilities; (vi) a representative of the associations of Traditional healers; (vii) the Director General of the Regional Hospital (CHR) for districts centred on a CHR; (viii) a representative of	Politicians Technicians Civil society Researchers	i) Monitoring and evaluation of the health district action plan ii) Analysis and monitoring of indicators, especially those of the Expanded Program on Immunization (EPI) iii) Monitoring of the pricing of medical services iv) Management of conflict situations v) Management of health facilities vi) Difficulties noted from the supervisions and monitoring vii) Evaluation of vaccination or information campaigns viii) Monitoring and evaluation of the transfer of resources to the communities ix) as well as any other relevant topic.	Biannual	Decentralized

				<p>each capacity- building non- governmental organisation (ONG Rencap) In addition, the CSD/DS can call on any resource person if needed, such as religious and traditional leaders.</p>				
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