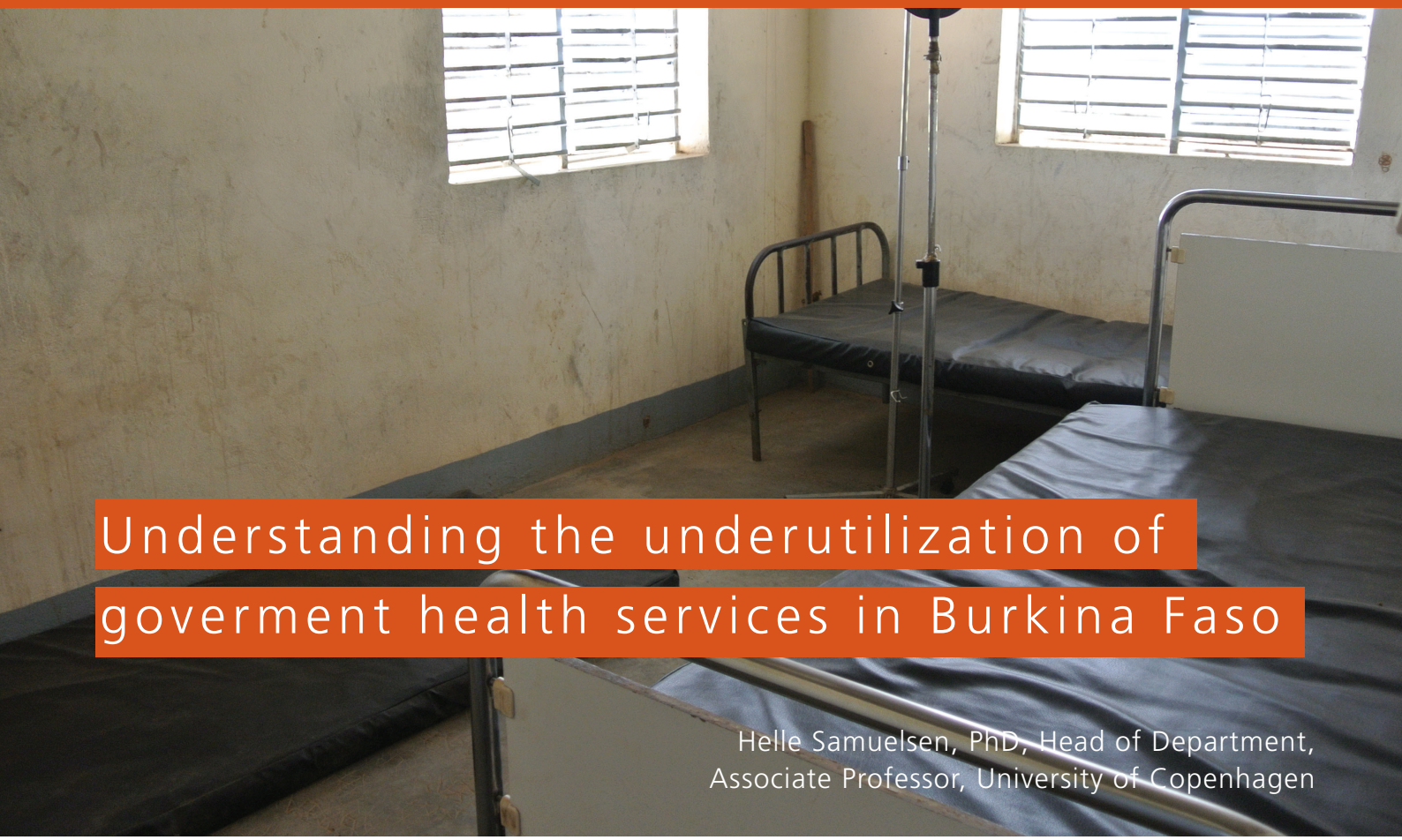

Understanding the underutilization of goverment health services in Burkina Faso

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Despite the huge need for disease prevention and medical care in Burkina Faso, studies show that the public health care system is underutilized in rural areas. This not only makes it difficult for the government to achieve its goals of improving health care in the country, it is also an indication of a fragile relationship between the rural citizens and government health authorities.

Data from studies* in south-eastern Burkina Faso show that that the diagnosis called "paludisme simple" (uncomplicated malaria) accounts for a very large proportion of the total number of the "new consultations" and that the proportion increases over the years. The proportion of malaria diagnoses in the monthly reports submitted from the dispensary level to the district authorities has increased from 28 % to 46% of all cases in one dispensary during a ten year period. At another dispensary, the malaria diagnosis was applied in more than half of all "new consultations". Although there are seasonal variations, figures show that even in the month of January, which is not the peak season for malaria, more than 50% of all diagnoses in the category "new consultations" were labelled as "uncomplicated malaria" in this dispensary. It is not surprising that the malaria diagnosis is prominent in rural Burkina Faso as malaria is endemic in large parts of Africa, but it is puzzling to note that very few other diagnostic categories were actually used.

The supply – demand trap

The dispensary is the primary level of the health care system. It is here the rural citizens are supposed to take the first contact if they fall sick. The government policy is that citizens should as maximum have a distance of 15 kilometers to the nearest health facility. The dispensaries are usually staffed with 2-3 nurses and an auxiliary midwife. As most of the villages do not have electricity, solar panels have, over the last five years, become increasingly common for the provision of light and for battery charging. However, none of the dispensaries in this study had a stable source of electricity. They were equipped with a gas refrigerator to keep the vaccines cold. The dispensaries did not have running water or modern sanitation facilities, but latrines have been constructed at most health facilities over the last couple of years.

In studies of health seeking practices of rural populations, a number of factors have been highlighted as prominent for understanding the use and non-use of public health care facilities:

- Availability of health facilities
- Accessibility
- Cost
- Patient-provider relationship
- Quality of care
- Delays in seeking treatment

This study focuses on the supply-demand trap

For many years the main focus of the primary level of the health care system in Burkina Faso has been mother-child health and malaria. This policy is expressed through prenatal screening of pregnant women, activities to encourage mothers to deliver at the health facilities and vaccination campaigns and food supplementary programs for vulnerable pregnant women and small children.

The health staff at the rural dispensaries has limited availability of diagnostic equipment. A weighing scale, the Rapid Diagnostic Test for malaria and their clinical experience are what they have at hand. This implies that the staff only has a very limited repertoire of diagnoses they can manage. This is formulated by a nurse-in-charge at one dispensary:

"Nos diagnostics sont basés essentiellement sur les signes cliniques, les signes physiques, et souvent des examens faciles par exemple faire des TDR (Rapid Diagnostic Test). Comme on n'est pas bien équipé en matériel et en personnels il y'a des examens qu'on ne peut pas faire. Nos examens sont basés essentiellement sur les signes cliniques et physiques" - interview Amadou December, 2015.

Our findings indicate that the rural citizens are aware of that and therefore the villagers mainly consult the dispensaries with sickness cases corresponding to this limited repertoire of diseases. In other words, the rural citizens demand the services they know the health staff can supply.

Invisible diseases and invisible numbers

This research shows that fever illnesses are extremely common in the rural communities, but it is, however, remarkable how few of the other diagnostic categories available in the report format that are actually used. It could be expected that both anemia and malnutrition were widespread (and indeed they are visible) in these communities. However, these two diagnoses were hardly mentioned in the monthly reports. This is in one sense a bit strange, as the dispensaries distribute food supplements to malnourished children between six and 59 months of age. Mothers of malnourished children get sachets of daily food supplements. Other illnesses, such as sexually transmitted disease, mental problems or dental problems, are remarkably absent from the monthly reports. Securing a trust based relationship between rural citizens and the government health staff is important in order to encourage sick people to consult the public health facilities also in other cases than fever.

Another concern is how statistics from the rural dispensaries are used. Statistics are usually compiled from the basic level, as in this case from the dispensary, the primary level of the health care system, and submitted up into the bureaucracy, informing policies both at national and international levels. Statistics play a crucial role for politicians and policy makers. Data from our study suggest that a critical analysis of health statistics might be important for future planning as some information about disease patterns in rural communities may be invisible due to the limited diagnostic repertoire and an underutilization of the health facilities.

Recommendations

- Increase the diagnostic capacity at rural health care facilities
- Increase supervision and training of health staff posted at rural facilities
- Continue to build trust between government representatives and rural citizens
- Perform critical analyses of health care statistics at local as well at national level

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