## Universal health coverage policy dialogue platforms in Burkina Faso

<table>
<thead>
<tr>
<th>Platform characteristics</th>
<th>Type of platform (formalization)</th>
<th>Mission(s)</th>
<th>Backbone organization(s) (management/liveliness)</th>
<th>Members / participants</th>
<th>Non-represented stakeholders (See ACS stakeholder profiles)</th>
<th>Commonly discussed themes</th>
<th>Convening frequency</th>
<th>Institutional anchor level (central/decentralized)</th>
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</table>
| **Board of the ministerial sector (CASEM)** | Formal | (i) Monitors sectoral development policies and controlling objectives  
(ii) Analyzes physical and financial execution of development projects and programs  
(iii) Analyzes the execution level of the State budget allocated to the Ministry  
(iv) Monitors management of the Ministry’s personnel and administrative activities  
(v) Monitors and controls existing advisory bodies | Directorate of Prospective and Operational Planning (DPPO) of the Ministry of Health. | **Statutory Members**  
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.  
**Non-statutory Members**  
Actors interested in the meeting topic | **Development partners**  
Private implementing operators  
Civil society Researchers | i) Health sector policies  
ii) MoH directorates strategic plans  
iii) Ministry’s priorities and current health issues | Biannual | Central |
| Sectoral framework for dialogue in the health planning sector (CSD/SPS) | Formal | (i) Coordinates the monitoring and evaluation of the PNDES health planning sector implementation through the sectoral policy in effect  
(ii) Assesses sectoral policy implementation using specific monitoring and evaluation tools  
(iii) Provides guidelines to ministerial actors for their assigned activity implementation and the development of the outputs required to assess their impact  
(iv) Ensures dialogue on sectoral policy, sector budget support and the effectiveness of development cooperation. | 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 | i) MoH performance  
ii) Partnership framework  
iii) Dialogue and coordination of health sector implemented | 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 | i) Financial risk protection for populations  
ii) Access to quality health care | Monthly | Central |
| Regional Technical Health Committee (CTRS) | Formal | The CTRS is specifically responsible for: (i) adopting regional health development plans; (ii) analyzing | Regional Directorate of Health Services | Monitoring, Evaluation and Capitalization (DSEC) and Directorate for Quality of Care and Patient Safety (DQSS) 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. | Researchers | iii) Financing schemes and health care fee exemption policies | Biannual | Intermediary |
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.

### Civil society

- **Researchers**

### District Health Board (CSD/DS)

<table>
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<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tr>
<td>CSD/DS</td>
<td>Formal&lt;br&gt;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 intersectoral collaboration and partnership; (vi) examining any other issue relating to the health of the district population.</td>
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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 the National School of Public Health (ENSP); (ix) facilitating the dissemination of health information at the regional level; (x) developing cooperative relationships with neighboring health regions, including those of neighboring countries.

### Politicians

- **Technicians**

### Civil society

- **Researchers**

### Biannual

- **Decentralized**
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.