

**FACILITATOR'S NOTES ON:  
"Integrated Health Care Financing Approaches – Household Perspective  
Case Study from Burkino Faso"**

**1. Objectives**

- Strengthen/consolidate an orientation towards household concerns amongst policy makers and planners;
- Understand the types of economic burdens households have to cope with as a result of illness, and potential livelihood effects.
- Understand various coping strategies that poor household use

**2. Description**

Participants are required to read extracts from the Sauerborn et al. paper, consider the questions, and discuss amongst their group.

Initially the facilitator should briefly describe the article, and take the students through the questions. The class should then be divided into groups of 3 or 4 people. Time should then be given for students to read the paper individually, and then time to consider the questions as a group. Then, during a feedback session, the facilitator should ask each group at a time to give an answer to one question, and then allow the broader group to make additional comments. The four questions requires that different financing mechanisms have been discussed in another session.

**3. Timing and Logistics**

Half an hour should be allowed for reading of the article, though it may take longer with, and another half an hour to consider the questions. The feedback session should also take about half an hour. (Total time 1.5 hours). It is good to walk round the class and listen in to discussion within the groups, and be ready to answer questions as they arise within the groups. Try to be aware of which groups are struggling with the questions and to determine if there are any misunderstanding of concepts.

**4. Points for discussion**

Table 1 takes requires some careful thought and explanation, particularly the difference between economic and financial costs, and the seasonal variation.

With coping strategies section, it is good to get students to think about their own culture/country, and whether these strategies have any relevance for the poor from their own country. Giving students time to describe their own country experience will enable them to engage with the material much more. It is also important to point out how households differ – that the poor are not a homogenous group, and to identify the variations.

## 5. Other readings

Hotchkiss DR, Rouss JJ, Karmacharya K, Sangraula P (1998). Household health expenditures in Nepal: implications for health care financing reform. *Health Policy and Planning*; 13(4):371-383.

Messer E. (1997). Intra-household allocation of food and health care: Current findings and understandings – Introduction. *Social Science and Medicine*; 44(11): 1675-1684.

Pannarunothai S, Mills A (1997). The poor pay more: health-related inequality in Thailand. *Social Science and Medicine*; 44(12): 1781-1790.

Russell S (1996). Ability to pay for health care: concepts and evidence. *Health policy and Planning*; 11(3): 219-237