The state of current knowledge on user fees exemption policies and programs in West Africa

Benin, Burkina Faso, Ghana, Guinea, Mali, Niger and Senegal

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*This note is a summary of the report **État des lieux des connaissances disponibles sur les politiques et les programmes d'exemption des paiements directs des soins en Afrique de l'Ouest : Bénin, Burkina Faso, Ghana, Guinée, Mali, Niger et Sénégal**. Both this document and the full report are available on the websites of the University of Montreal (http://www.medsp.umontreal.ca/vesa-tc/ressrc.htm), the HHA's "Financing Communities of Practice" (see http://www.hha-online.org/hso/financing/knowledge), and the NGO HELP (www.help-ev.de).*

Key messages

- Exemption policies in Benin, Guinea and Mali need to be more fully documented.
- Universal-type policies involving vertical interventions, such as for HIV or malaria treatment, should be better documented.
- Strategies for monitoring, evaluation and coordination, for community involvement, and for patient management and referral are the least well-documented of the implementation strategies.
- Provider–patient relationships, users' satisfaction and their perceptions of the impacts of the exemption, and the coping strategies adopted by health workers are the least well-documented aspects of the actors' attitudes.
- Utilization of modern healthcare services is the impact that is the most documented.

BACKGROUND

Interventions aimed at making health services free at the point of service appear to be a means of reducing the financial barrier to healthcare access. A consortium of non-governmental organizations and government partners working in seven West African countries was established in order to accumulate knowledge on their experiences of user fees exemption policies and programs. To ensure that the knowledge produced would be useful, a review was carried out of the grey and scientific literatures published up to 2009 inclusive (14 scientific publications and 19 reports) to help the country teams to select pertinent topics to document.

ANALYSIS FRAMEWORK

The aim of this study was to identify the knowledge gaps in three areas:
1) Implementation strategies: management (S1), communication (S2), monitoring / evaluation / coordination (S3), community involvement (S4), patient management and referral (S5);
2) Actors' attitudes: staff motivation and satisfaction (MC1), provider–patient relationship (MC2), users' satisfaction (MC3), users' perceptions on health and on financial access to healthcare (MC4), health workers' coping strategies (MC5);
3) Outcomes: impact on catastrophic health costs (E1), use of care (E2), utilization of modern (E3) and non-modern (E4) healthcare services, quality of services (E5).

RESULTS

The results are presented in the following boxes and tables:

Implementation strategies

National policies

Management strategies
The funding model most often used is reimbursement (either fixed or real costs). The major problem is reimbursement delays. Ghana has instituted an incentive bonus to compensate for heavier workload.

Communication strategies
Communication is inadequate and the policies are not well-understood. Information campaigns for users have occasionally been organized, and the messages have been disseminated through various media, with limited success.

Strategies for monitoring / evaluation / coordination
Burkina Faso, Niger and Senegal have created agencies responsible for monitoring the policy, but there have been problems in developing and implementing monitoring instruments. Monitoring and supervision activities seldom occur, and invoices and reimbursement requests are rarely audited.

Community involvement
In Burkina Faso, Niger and Senegal, management committees were involved (administrative management, drug management and information dissemination).

Patient management and referrals
There are very few reports of good practices. The focus is rather on the vagueness of certain aspects of the policies.

NGO programs

Management strategies
Most NGOs intervene as third-party payers. Some distribute medications and/or supplies. Some NGOs have focused their support on human resources: providing incentive bonuses, paying salaries not covered by the State, and making extra staff available.

Communication strategies
Some NGOs have provided staff training. For the population, information campaigns have been held through community intermediaries.

Strategies for monitoring / evaluation / coordination
TDH auditing procedures (Burkina Faso) are not well accepted by the staff of health facilities, because they see it as another form of the supervision already being conducted. The infrequency of audit visits results in inadequate follow-up of recommendations and makes it difficult to detect irregular situations. In Burkina Faso (MSF), none of the people interviewed had received free treatment.

Community involvement
HELP (Burkina Faso) and MSF (Mali) involved the management committees in fees reimbursement. They were not involved in drug management in Niger (HELP), which was delegated to the health workers and created some discontent.

Patient management and referrals
Several experiences mention support provided for cases of referral or evacuation.

Actors' attitudes

National policies

Health workers' motivation / satisfaction
Health workers appreciate exemption policies. Occasionally there is less motivation, perhaps due to the health workers' feelings of being overloaded with work.

Provider–patient relationship
In Ghana, it appeared that the provider–patient relationship had improved in the beginning, but it later deteriorated due to lack of funding. In Senegal, the lack of clarity about the Emergency Obstetric and Neonatal Care policy (EmONC), along with many stock shortages, contributed to the deterioration of this relationship.

NGO programs

Health workers' motivation / satisfaction
Health workers considered that their workload had increased. With regard to satisfaction, the perceptions in Niger were varied: positive, opposition, worries about sustainability.

Provider–patient relationship
The experiences of HELP (Burkina Faso), and of MDM and HELP (Niger) showed that there were tensions between users and health workers, who considered that some mothers were abusing the services that were free.

Actors' attitudes

National policies

Users' satisfaction
Users in Burkina Faso, Niger, Mali and Ghana were satisfied with having free services. Some complained about the resumption of user fees in Ghana, and criticized the poor management and health workers' questionable prescriptions.

Users' perceptions of the policy's impacts
This aspect was not developed in the literature.

Health workers' adaptations
In Senegal, Niger and Mali, some health centres started charging again for services that were supposed to be free, while others increased the cost of the services that were not free, to compensate for the financial losses caused by the policy.

NGO programs

Users' satisfaction
The users were sometimes dissatisfied because of perceived practices of drug rationing and also because of the contempt expressed by the health workers.

Users' perceptions of the policy's impacts
The experience of HELP (Niger) showed that users felt the costs of services had been reduced, and that the entire household had benefited from it, all the while recognizing that there were still other costs.

Health workers' adaptations
In Niger, the need to make up revenue losses due to the implementation of free services prompted the staff to introduce new costs, to re-introduce fees for free services, and to make patients pay for drugs and supplies that were supposed to be free, etc.

Outcomes of the interventions

National policies

Impact on catastrophic health costs
In Senegal (EmONC), there was no reduction in costs because the health centres continued to charge for certain services. The costs for other services and drugs that were not free increased. In Ghana, the costs of deliveries and caesareans, as well as total household spending related to delivery, decreased. The impact of catastrophic health costs appeared to have declined.

Use of care
In Ghana, women presenting complications appeared not to be waiting as long as before to seek services. In Senegal, it seemed that the decision to seek healthcare services was taken sooner.

Utilization of modern services
There was a general trend of increased utilization of healthcare services. In Ghana and in Burkina Faso, vulnerable populations were favoured. However, these results were mixed.

Utilization of non-modern services
In Ghana, there was a decline in deliveries assisted by traditional birth attendants. In Senegal, patients still turned to these birth attendants when the health centre was too far away.

Quality of services
Ghana, Mali and Senegal had varied experiences, and the reported perceptions of changes in quality were different.

NGO programs

Impact on catastrophic health costs
The experience of MSF (Burkina Faso) showed that several patients were required to pay for drugs at the beginning of the intervention, probably because of stock shortages. HELP experience indicated that the number of people reporting that they no longer had to pay for deliveries had increased.

Use of care
In Niger and in Burkina Faso, the health staff interviewed felt that users were going to the health centres earlier.

Utilization of modern services
The NGOs' experiences with respect to service utilization appeared conclusive.

Utilization of non-modern services
No information is available on this aspect.

Quality of services
The HELP experience indicated that the quality of prescriptions for children under 5 years of age was maintained.

Tables 1 and 2 show the extent of available knowledge for each of the dimensions analyzed (implementation strategies, actors' attitudes and outcomes). Table 1 looks at the national user fees exemption policies by country, and Table 2 looks at the exemption programs implemented by partner NGOs.

Tableau 1: Overview of the available knowledge on national user fees exemption policies according to the dimensions of the analysis framework

	Implementation strategies					Actors' attitudes					Outcomes				
	S1	*S2*	*S3*	*S4*	*S5*	*MC1*	*MC2*	*MC3*	*MC4*	*MC5*	*E1*	*E2*	*E3*	*E4*	*E5*
	National exemption policies														
Benin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Burkina, EmONC	xxx	xxx	xxx	x	xx	xx	-	xxx	-	xxx	x	-	xx	-	-
Ghana, deliveries	xxx	xx	xx	-	-	x	x	x	-	-	xxx	x	xxx	x	xx
Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mali, caesareans	x	xx	x	-	x	x	x	x	-	x	-	-	x	-	x
Mali, malaria	x	xx	x	-	x	x	x	x	-	x	-	-	x	-	x
Mali HIV	x	xx	x	-	x	x	x	x	-	x	-	-	x	-	x
Niger, PNC/ < 5 years	xxx	x	x	x	-	x	-	x	-	x	-	-	xxx	-	-
Senegal EmONC	xxx	xxx	xx	x	x	xx	x	-	-	xx	x	x	xxx	x	x
Senegal Sesame plan	xx	x	x	-	x	x	-	-	-	x	-	-	-	-	-
Senegal HIV	xx	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Note: The "x" signs designate the relative extent of knowledge available in the literature; minus signs ("-") designate a lack of knowledge.

Table 2: Overview of the available knowledge on user fees exemption programs implemented by partner NGOs according to the dimensions of the analysis framework

	Implementation strategies					Actors' attitudes					Outcomes				
	S1	*S2*	*S3*	*S4*	*S5*	*MC1*	*MC2*	*MC3*	*MC4*	*MC5*	*E1*	*E2*	*E3*	*E4*	*E5*
	NGO interventions														
MSF Burkina Faso	x	x	x	-	x	x	-	-	-	x	x	x	x	-	-
HELP Burkina Faso	xx	x	x	x	x	xx	x	x	-	-	x	x	xxx	-	x
TDH Burkina Faso	x	-	xx	-	x	x	-	x	-	-	-	-	x	-	-
MSF Mali	xxx	x	x	x	x	x	-	-	-	-	-	-	xxx	-	x
MDM Niger	xxx	xx	x	x	x	xx	x	xx	-	xx	-	x	x	-	-
HELP Niger	xx	xx	x	x	x	xxx	x	xx	x	xx	-	x	x	-	-

Other publications on the processes and results of this regional project to document experiences of user fees exemption are planned and will be available on the websites mentioned on page 1.