FREE HEALTHCARE IN SUB-SAHARAN AFRICA: CLEARING UP THE MISCONCEPTIONS

This is the third in a series of nine evidence-based fact sheets showing how certain ideas about free healthcare repeatedly expressed in our knowledge transfer activities actually represent "lazy thinking"[1] .

WRONG

MISCONCEPTION 3

> *"Free healthcare takes away people's sense of responsibility and is not valued enough!"*

Many people claim that free health care would take away people's sense of responsibility by enabling them, for example, to abuse services. They also say it would encourage people not to value the services and products provided to them free of charge and/or to view them as substandard. Yet there is much scientific data proving otherwise.

Studies on HIV treatments provided by the Senegalese State have shown that free care helped make patients more responsible about following their treatment, thereby making the fight against HIV much more effective [1, 2]. For the same reason, tuberculosis treatment is free in many countries, including Senegal and Cameroon [3]. Experimental research has shown that paying or not paying for mosquito nets in Uganda and Kenya or for water disinfectant in Zambia in no way affects their levels of utilisation by populations [4] (see figure 1 on the next page). People who pay for these products do not use them more than do those who receive them for free.

What is more, free care allows more patients to be treated and cured, thereby enabling citizens to play an active part in managing their own health. The aim of making prenatal consultations (PNC) free in most African countries is to establish links between pregnant women and midwives in order to encourage deliveries in maternity units [5]. In Africa, women who have had three PNCs are nine times more likely to give birth in a health centre than are those who have had none [6]. In Burkina Faso, in a region where a majority of the population is poor, a year after free care was introduced 80% of sick children used a health centre vs. 30% when care was not free [7]. Even parents of sick children living more than 10 km away from health centres are flocking in to take advantage of free care (77% more than before) [7]. On the other hand, in Rwanda, where mutual health insurers continue to charge a fee at health centres, only 33% of sick children visit health facilities [8].

Most studies on free healthcare show that it produces an immediate, substantial and, above all, sustained increase in use of services, if properly implemented [9]. If people did not value free healthcare, attendance at health centres would decline over time. However, the situation is quite the reverse; free healthcare enables an increasing number of patients to be treated and cured, thereby restoring citizens' confidence in the health system. Considering the high costs generated by illness, in addition to those incurred in health centres, it is both illogical and inappropriate to assume that people would devalue the care they obtain simply because it is free. All this was confirmed by a study on the perceived quality of deliveries, which compared the perceptions of women who gave birth in a Burkina Faso district where they had to pay with those of women in the neighbouring district where free care was being tested [10]. There was no difference in any of the three dimensions of quality studied: interpersonal relationships, care provided, and environment. In other words, the fact that the services were free did not negatively affect the women's perceptions of the quality of the deliveries (see figure 2 on the next page).

Free healthcare makes people responsible by enabling them to play an active part in managing their own health. People's perceptions of the value of healthcare are not affected by whether the services are free. On the contrary, making healthcare free may serve as a strategy to bolster people's confidence in health services and professionals.

References

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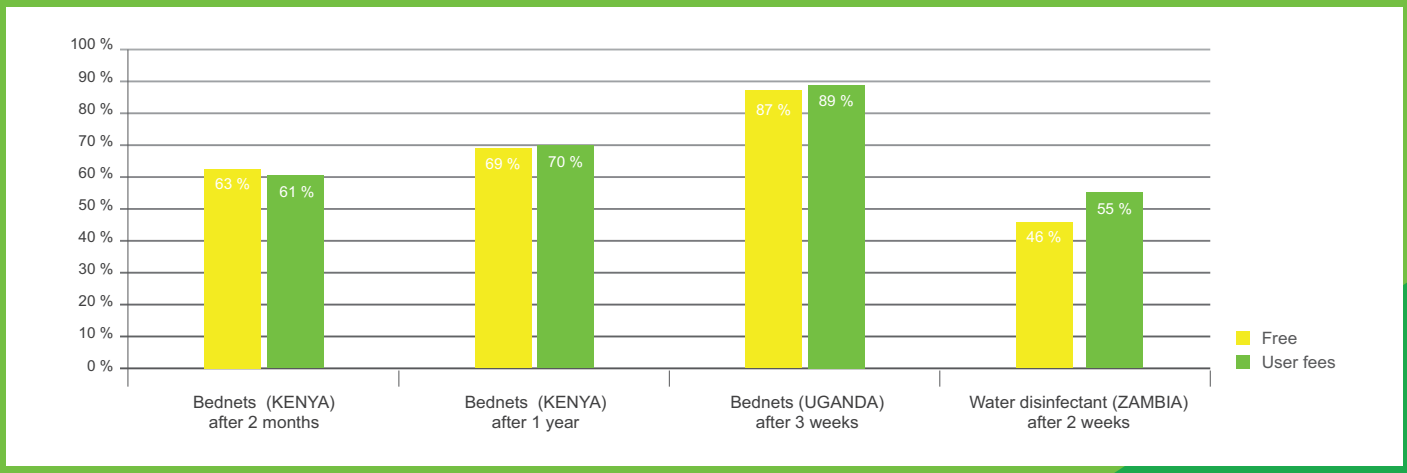
SUPPORTING EVIDENCE

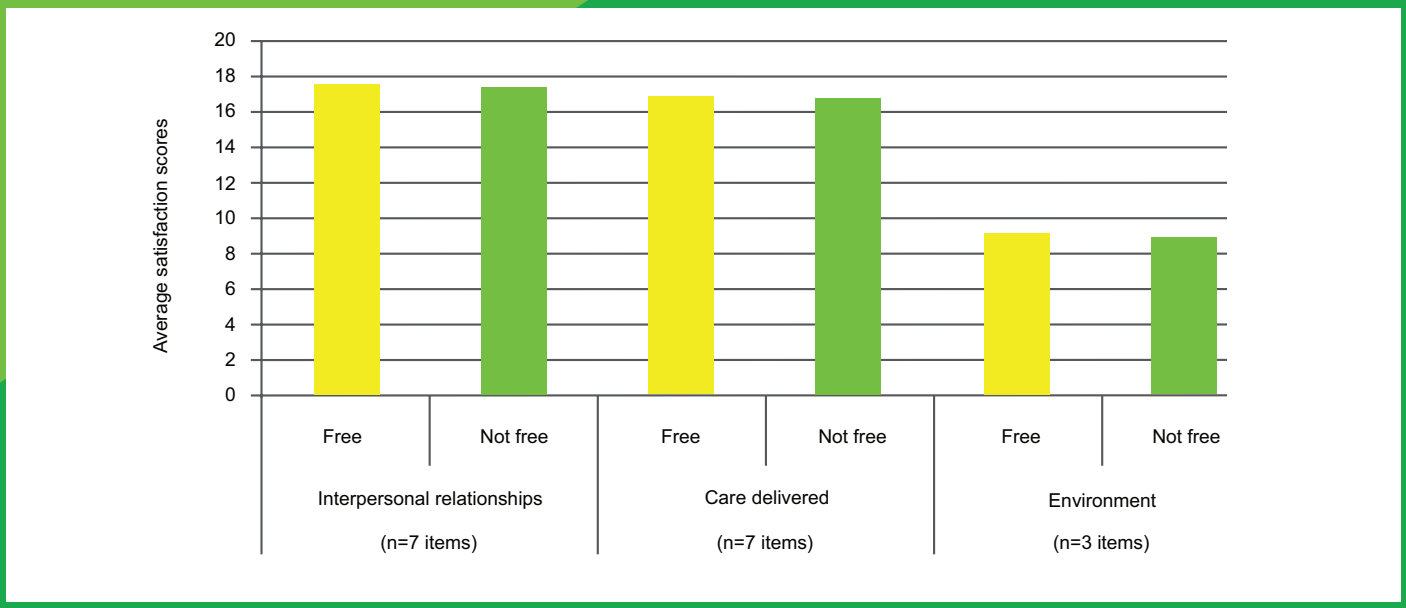
Figure 1: Utilisation rates of recipients of free products vs. those who paid for them (effect of payment on use)



Source: *http://factsreports.revues.org/1301*

This figure is drawn from an article analysing the relevance of charging for health products and services in certain contexts [4]. The article reports there is "no evidence showing that someone who must pay for a product will use it more" (abstract, p. 28). Figure 1 presents the results from analysing the overall effect of price on product use (verification done by surveyors at beneficiaries' homes). For instance, in Kenya, there was no significant difference between the 63% utilisation rate within two months for those who received a free mosquito net and the 61% rate for those who paid for it, just as there is no major discrepancy between the 69% and 70% rates after a year. This study showed that charging fees did not encourage product use.

Figure 2: Breakdown of average satisfaction scores into the three dimensions of quality under study in two districts (free deliveries vs. not free) in Burkina Faso



Source: *Ridde V., A. Philibert, A. Bado and P. Fournier. Les accouchements gratuits sont perçus de très bonne qualité par les femmes au Burkina Faso. Note d'information, 2012. CRCHUM/HELP/ECHO : Montréal. p. 4.*

This figure summarises the results of a quantitative study carried out in Burkina Faso, which compared the perceptions of quality of care among women who gave birth in a district where deliveries had been made free to those of women in a district that continued to charge fees **[10]**. The comparison of average scores between the two districts (free vs. not free) shows that there was no significant difference for any of the three dimensions of perceived quality (interpersonal relationships, care provided and environment). Scores in the "environment" category are lower because they are based on only three questions versus seven in the two other dimensions.

References

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