

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

This is the sixth 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.

MISCONCEPTION 6

WRONG

“Free healthcare will bankrupt health centres!”

Health officials regularly contrast the principle of free health care against the major advantages of the Bamako Initiative, a health systems reform undertaken in the late 1980s [1]. Two of that reform’s strategic pillars were the implementation of a cost recovery (CR) system based on point-of-service user fees and community involvement in managing health centres and the newly generated funds. The revenues generated by CR were intended to renew stocks of essential generic drugs and cover certain operating costs (facility maintenance and repairs, community staff payroll, bonuses for health workers, etc.). CR also generated revenues that should normally have been used to improve healthcare quality and access, but which instead were most often simply hoarded. Community involvement took the form of local health centre management committees. Thus, free care is criticized as going against the cost recovery system and as putting health centre management committees at risk of bankruptcy and of being dismantled. From a theoretical perspective, the assumption that free care does not comply with the cost recovery system shows a poor understanding of the principle of free care. Of course, “free” health care does not mean nobody pays. It just means the service provided is not paid for by users, but by a third party (say, the State or an insurer) whose resources come from various sources (State, international aid, taxpayers). Therefore, free care is perfectly

compatible with the cost recovery system thanks to third-party payment. In fact, free care even produces a substantial revenue increase and generates additional resources for health centre management committees because of the marked increase in attendance. Obviously, if such a policy is underfunded and/or the third party fails to pay, cost recovery ceases to function, with disastrous effects on the financial situation of management committees. But this would be true, whatever the funding mechanism. This is in fact the situation in Senegal and Niger [2], but a principle cannot be assessed based on examples that failed to meet the most basic prerequisites. In Mali, a study has demonstrated that the national policy of free malaria treatment has had no negative effect on community finances [3]. Health centres’ financial assets remain substantial, averaging 2 million CFA francs (over €3,000). In Burkina Faso, while reimbursement based on the national subsidy is not flawless, it certainly has not made health facilities bankrupt. Health facilities receive the required amounts, sometimes late, but in sufficient quantities [4]. That said, the potential beneficial effects of free care at the community level are not only financial. Studies carried out in Burkina Faso have shown that free care also contributed to the empowerment of members of management committees, women, and indigents [5] (see film excerpts on the next page).

Free healthcare is perfectly compatible with the cost recovery system. It helps financial centres expand their financial capacities, provided it is sufficiently funded and properly implemented with a third-party payer. It can also further empower members of health centre management committees and the general population.



¹ Sachs J. : Achieving universal health coverage in low-income settings. *The Lancet* 2012, 380:944-947.

SUPPORTING EVIDENCE



Watch on YouTube the documentary film: Payment exemption: a step towards universal healthcare - Pilot experiment in Burkina Faso: Equity - Frisque, J.C., K. Ametepe, L. Queuille, V. Ridde, and N. Marcellin. 4-minute film, 2011, Manivelle Productions/HELP/CRCHUM/ECHO: Ouagadougou.

EXCERPTS



"Before free access to healthcare, sick children stayed at home, but now that it's free, everyone does benefit from the healthcare needed and it helps all the population".
Adjaratou Diallo, recipient of health and social services



"If your five-year-old child gets ill, you think all night long : what could you sell to cure him?".
Mamadou Dicko, COGES vice-president of Seytenga health centre

Source: <http://www.youtube.com/watch?v=GJH41jULht4&list=ULI9MTaaoFDeg>

For a deeper understanding, we recommend watching the film in its entirety. This 4-minute film summarises some results of evaluative research into a pilot program undertaken by the Sahel regional health department in Burkina Faso, with the support of an NGO, to provide free healthcare to children under five and to pregnant and nursing women. In this documentary, health workers, members

of health centre management committees, household heads and mothers explain the positive effects of free care at the community level: empowerment of women and households, strengthening of health centre management committees, and increased financial resources.

References

- 1) Dusseni, A. and Y. Kafando. Les effets de la politique d'exemption du paiement des services de santé sur la capacité financière des comités de gestion au Niger. *Contemporary Africa*, 2012. 243.
- 2) Ridde, V., L. Queuille, and Y. Kafando, eds. Capitalisations de politiques publiques d'exemption du paiement des soins en Afrique de l'Ouest. 2012, CRCHUM/HELP/ECHO: Ouagadougou. 78.
- 3) Kafando, Y., L. Touré, and V. Ridde. La politique de gratuité du paludisme n'a pas eu d'effets sur les finances des CSCOM au Mali. 2012, MISELI and CRCHUM: Bamako and Montreal. p. 22.
- 4) Ridde, V., F. Richard, A. Bicaba, L. Queuille, and G. Conombo. The national subsidy for deliveries and emergency obstetric care in Burkina Faso. *Health Policy and Planning* 2011, 26(Suppl. 2):ii30-ii40.
- 5) Samb, O. and V. Ridde. Les interventions de subvention du paiement des soins renforcent «l'empowerment» des communautés au Burkina Faso. *Canadian Journal of Public Health*, 2012. 103(Suppl. 1):S20-S-25.