

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

*This is the seventh 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".*

## MISCONCEPTION 7

**WRONG**

“*Making deliveries free will lead to more births!*”

Some people maintain that free deliveries will encourage more births and, as such, that this measure runs counter to the promotion of family planning. There is no evidence to support this notion, whereas a vast body of knowledge has shown quite the reverse. In Africa, deliveries are most expensive in urban areas, where birth rates are also the lowest. In Mali and Burkina Faso, women living in rural environments have an average of 7.2 and 6.7 children respectively, whereas those in the capital have only 4.8 and 3.4 [1, 2]. In Burkina Faso, Ghana, Senegal, and other countries, the downward trend in fertility continued even when deliveries were heavily subsidized or made free over the 2005-2010 period. Furthermore, it has long been known that education is among the most important factors influencing fertility, and that poverty slows down any decline in fertility [3]. Childbirth expenditures, and especially caesareans, can plunge the least well-off households

into extreme poverty [4]. We have already mentioned in this series of fact sheets (sheet 2) the lowering of health expenditures for the poorest thanks to the national subsidy of deliveries in Burkina Faso [5]. From a human rights perspective (see figure on the next page), but also on a strategic level, the concept of "risk-free maternity" is aimed at saving women's lives through assisted deliveries by qualified personnel that facilitate the detection of complications, which occur in 15% of childbirths, and rapid referral to hospital for treatment. As explained in fact sheet 1, charging user fees for deliveries encourages home births, thereby limiting access to care that should be available to all pregnant women. Generally speaking, it is paramount to improve people's access to information and sexual health services so that women may be in a position to freely choose to use contraception.

*Free healthcare increases the number of assisted deliveries by qualified personnel and ultimately saves lives. Free deliveries and family planning are complementary. Both deal with reproductive health, respond to health needs, are aimed at reducing poverty, and promote the enforcement of sexual and reproductive rights.*

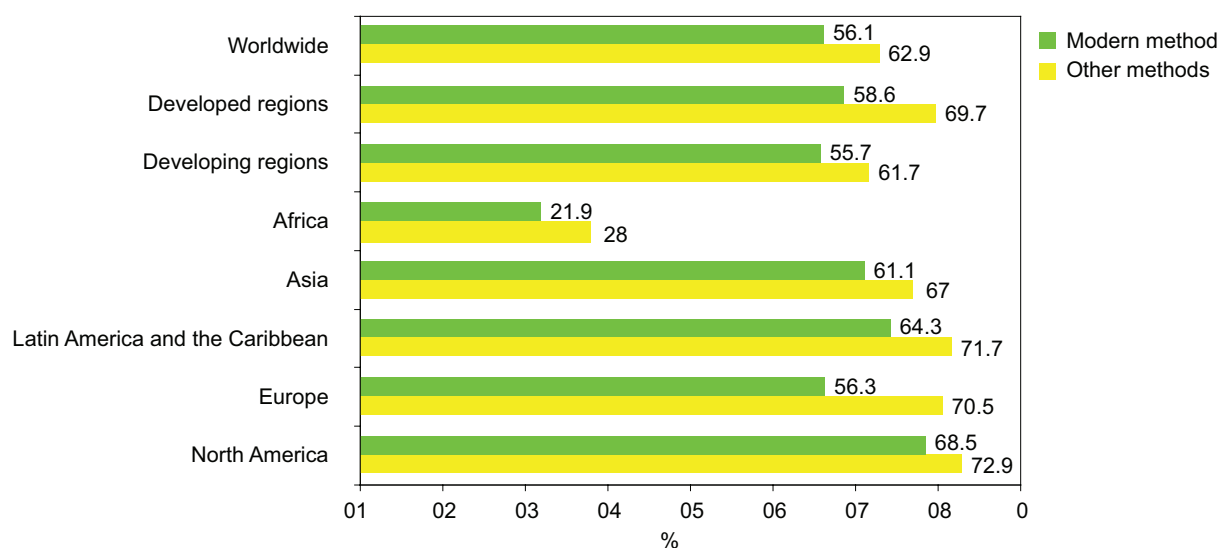


<sup>1</sup> Sachs J. : *Achieving universal health coverage in low-income settings. The Lancet 2012, 380:944-947.*

## SUPPORTING EVIDENCE



**Figure:** Percentage of women who are married or in common-law relationships using either modern contraception or any other method, 2007.



*Source:* World Health Organization. 2012. *Safe abortion: technical and policy guidance for health systems (2nd ed.)*.

This figure shows that the percentage of women using contraception in Africa is very low compared with other continents. Women's reproductive rights are not respected when contraceptive products

are not accessible and available free of charge, as is the case for deliveries. In developing countries, 200 million women have unmet needs for contraception, and 130 million of these are in Africa.

## References

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- 2) National Institute of Statistics and Demography (NISD) and ICF International, 2012. Demographic and health survey and multiple indicators of Burkina Faso 2010. Calverton, Maryland, USA: INSD and ICF International.
- 3) Schoumaker, B. Pauvreté et fécondité en Afrique sub-saharienne : une analyse comparative des enquêtes démographiques et de santé. African Population Studies 2004. 19(Suppl. A):13-45.
- 4) Xu, K., D.B. Evans, G. Carrin, A.M. Aguilar-Rivera, P. Musgrove, and T. Evans. Protecting households from catastrophic health spending. Health Affairs (Millwood), 2007. 26(4):972-83.
- 5) Ridde, V., S. Kouanda, A. Bado, N. Bado, and S. Haddad. Reducing the medical cost of deliveries in Burkina Faso is good for everyone, including the poor. PLoS ONE, 2012. 7(3).