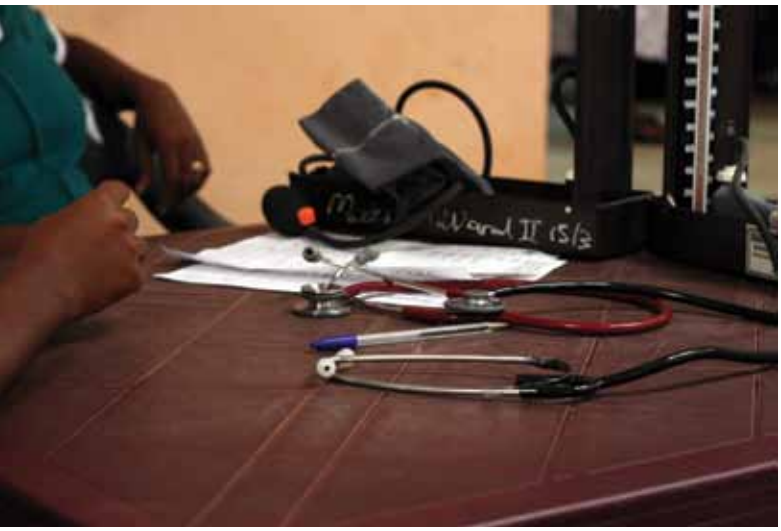
FREE HEALTHCARE IN SUB-SAHARAN AFRICA: CLEARING UP THE MISCONCEPTIONS

This document introduces 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] .

INTRODUCTION



In 2010, the African Union called for full exemption from healthcare costs of children under five and pregnant women [2]. Post-apartheid South Africa pioneered this exemption in 1994. That initiative was founded on strong political will to make healthcare as widely accessible as possible, especially to the poorest. Since the early 2000s, a great many African countries have followed suit by instituting user fees exemption policies, or "free healthcare", for certain categories of patients [3].

This far-reaching movement to reform health financing in Africa is part of the commitment to work towards universal healthcare undertaken by the General Assembly of the United Nations in December 2012. This radical departure from the widespread implementation of user fees in the 1980s has prompted the Director-General of the World Health Organization (WHO) to call universal health coverage the "single most powerful concept that public health has ever known".

However, dismantling a user fees policy that has been in place for over thirty years is no easy task. In the first place, expanding free healthcare policies routinely leads to controversy, which generally arises when public policies are badly planned, underfunded, and poorly implemented [4]. However, in most cases, the continued reluctance to make healthcare free is based not on any scientific evidence, but rather on presuppositions, misconceptions and particular ideologies around the very notion of free care. In September 2012, in a series of articles in which The Lancet highlighted the importance of eliminating user fees, economist Jeffrey Sachs referred to those ideas as "lazy thinking" based on less than rigorous reasoning [1]. The World Bank has also acknowledged that the high cost borne by healthcare users is one of the main causes of poverty [5] and has supported free care for women and young children in Sierra Leone [6].

In these fact sheets we take up the main misconceptions about free healthcare and provide recent evidence showing the benefit of eliminating user fees for patients. Our aim is to demonstrate, with evidence, that when free care is properly implemented, certain perceptions about the principle of free healthcare turn out to be misconceptions. These fact sheets show that this principle, among others, is essential to achieve the universal health coverage called for by the United Nations General Assembly.

Indeed, far from being a panacea, free healthcare makes access to health services not only a right, but a reality, and makes it possible to save lives. In Niger, the free healthcare policy, along with widespread distribution of insecticide-treated bednets and nutritional interventions, helped save 59,000 more lives of children under five in 2009 than were saved in 1998 [7]. In Burkina Faso, if free healthcare were to be implemented nationwide with the same effectiveness as was achieved in two pilot districts, then in just one year it would be possible to save the lives of 14,000 to 19,000 children under five (100,000 children under five die every year in that country) [8]. Free healthcare will not solve all the problems facing populations and health systems, yet because it often serves to uncover malfunctions, it affords a real opportunity for health system improvement [9]. It is time for actors in the health system to consider the numerous studies showing that there is no evidence to support most of the commonly expressed ideas opposing the principle of free healthcare. More often than not, these misconceptions arise in contexts where free care is poorly implemented, underfunded, or not given sufficient political priority. **Rather than opposing this principle, the aim should be to strive for its effective implementation.** Indeed, whenever free healthcare has been properly planned, sufficiently funded, and implemented with targeted support measures, it has proven to be very efficacious and equitable.

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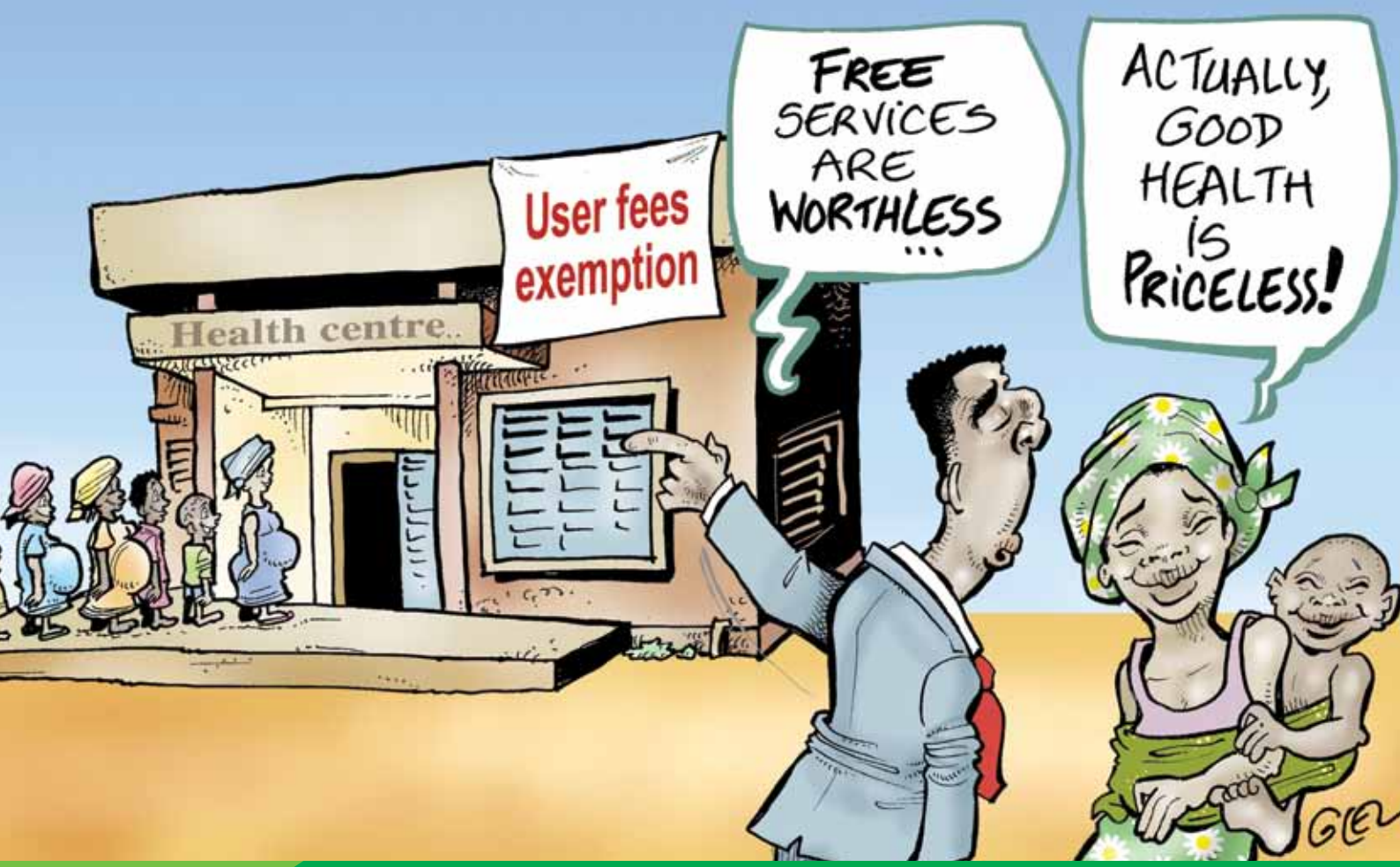
[1] *Sachs J. : Achieving universal health coverage in low-income settings. The Lancet 2012, 380:944-947.*



This series, Free healthcare in sub-Saharan Africa: clearing up the misconceptions, consists of nine fact sheets dealing with the following misconceptions:

Fact Sheet 1: "A financial contribution, however small, must be required!"

Fact Sheet 2: "Free healthcare doesn't benefit those who need it most!"

Fact Sheet 3: "Free healthcare takes away people's sense of responsibility and is not valued enough!"

Fact Sheet 4: "Free healthcare is substandard care!"

Fact Sheet 5: "Free healthcare is impossible because it creates excessive workloads for health workers!"

Fact Sheet 6: "Free healthcare will bankrupt health centres!"

Fact Sheet 7: "Making deliveries free will lead to more births!"

Fact Sheet 8: "African states are incapable of implementing free healthcare!"

Fact Sheet 9: "African countries can't afford free healthcare!"

References

1) Sachs, J. Achieving universal health coverage in low-income settings. The Lancet 2012;380:944-47.

2) African Union. Assembly of the African Union. Fifteenth Ordinary Session, 25–27 July 2010, Kampala, Uganda. 2010.

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5) World Bank, The World Bank Strategy for Health, Nutrition and Population Results, April 2007.

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