Implementation and results of an indigent's healthcare exemption scheme in the district of Lokossa-Athiémé (Benin)

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Introduction

✓ To reach Universal Health Coverage (UHC), special attention must be paid to the worst-off or indigent people.
✓ A World-Bank supported programme (PRPSS) tried out a new exemption project for the poorest between August 2016 and June 2017 in the district of Lokossa-Athiémé (Benin).
✓ This research aims to study the implementation of the project and its results in terms of access and utilization of health services.

Indigence is defined as "sustained incapacity to pay for minimum health care" (Stierle et al., 1999 : 84).

As temporary exclusion from health services could be resolved with prepayment systems, permanent exclusion requires other mechanisms such as fee exemption schemes (Ridde & Girard, 2004)

Methodology

✓ Two socio-anthropological field missions (October 2016 and March-April 2017).
✓ Semi-structural interviews with health providers (12) and beneficiaries of the project (10), along with different stakeholders such as social assistants (3) and project managers (5).
✓ Analysis of available quantitative data.

Results

Targeting method and bias

- Targeting method = community-based selection + proxy means testing (PMT)
- 12.282 indigents cards delivered in the district in March 2017 (≈7.6% of the population)
- All stakeholders reported errors and bias
  - Inclusion mistakes due to politisation and favoritism practices at the community level targeting
  - Exclusion mistakes associated to management difficulties during PMT and cards' distribution
  - Some of the beneficiairies used to contribute to Community-Based Health Insurance (CBHI) before the exemption

Implementation difficulties at point of service

- All beneficiaries showing their card were entitled for free treatment (including drugs) in accredited health structure
- No reimbursement from PRPSS had been received after 8 months of project implementation
- The slowness of the medical control process mainly came from misunderstanding between the project and providers about the filling of required documentation
- Shortages in drugs with no effective solution for beneficiaries to get it free
- Suspension of the exemption in some health structures due to shortage in billing documents or drugs

Service utilization and persisting barriers to access

- Despite free healthcare, service utilization remained low. Between August 2016 and August 2017, 611 treatment cases were reported and validated by PRPSS in the district.
- These figures can be explained by :
  - The implementation difficulties at point of service (ineffective exemption or despondency to use the card)
  - Poor information about the project (e.g. validity in maternities)
  - Geographical barrier
  - Preference for traditional treatment or automedication
  - Fear of stigmatisation

Conclusion

✓ In the elaboration of UHC policies, special attention should be paid to the worst-off and indigent people. However, the implementation of exemption schemes is challenging.
✓ Equity and efficacy should lead the choice of the targeting method (Aryeetey et al, 2013) as well as flexibility to update the beneficiaries' list.
✓ The implementation difficulties at point of service had already been noticed in other exemptions schemes in West Africa (Olivier de Sardan & Ridde, 2014) and should also be taken into account in the elaboration of UHC policies.
✓ Finally, besides the financial barrier, the other barriers to health care service utilization have to be dealt with to progress towards the objective of UHC.

References

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