Exemption schemes for vulnerable households as a strategy to reach UHC in Benin and Senegal

Céline Deville, Fabienne Fecher, Marc Poncelet
Université de Liège, Social Sciences Faculty
ARC « Effi-Santé » Project*
Celine.Deville@uliege.be

BACKGROUND

As countries tend to reach the objective of Universal Health Coverage (UHC), specific attention must be paid to the worst-off (WHO, 2010), as to '*leave no one behind*'.

Two programs aimed at increasing financial access and utilization of health services for vulnerable targeted households were studied:

- In Benin, a performance-based financing program supported by the World Bank exempted the poorest people from payment at point of service from August 2016 to July 2017 ;
- In Senegal, vulnerable households are enrolled in community-based health insurance (CBHI) schemes and their contribution is fully subsidized by the state as part of UHC reforms.

While the design differs, both strategies result in free public health care services for the beneficiaries. We analysed the implementation processes and results of these strategies in terms of services access and utilization. Our analytical framework is based on "non take-up types" developed by Warin (2016).

METHODS

- 9-10 weeks of field missions in each country at national and operational level (2016-2018):
  - district of Lokossa-Athiémé (Benin)
  - department of Kaolack (Senegal)
- Semi-structural interviews with different stakeholders, including 8 Beninese and 18 Senegalese entitled households
- These interviews were translated in French, fully transcribed and coded with Nvivo 11
- Administrative data collection and analysis

'Non take-up refers to any person that does not receive – whatever the reason – an allowance or service for which he or she is eligible'
(Warin, 2016 : 34)

RESULTS

- The analysis of administrative data shows that the beneficiaries' use of exempted services was up to 7 times higher in Senegal than Benin, but remains in either case far from WHO's proposed benchmark of five outpatient visits per person per year (2013) (*figure 1*).
- Despite widespread recognition of the legitimacy of these strategies, the three types of "non take-up" were found in both countries, and related to the exemption scheme and/or to the health care services themselves (*table 1*).
- Implementation issues were significant in Lokossa-Athiémé (Benin), while in Kaolack (Senegal), CBHI schemes managed to maintain the exemption despite major delays of reimbursement from the state.

Figure 1. Utilization rate of exempted health care services
(Ratio between the annual number of outpatient visits for exempted services and the number of beneficiaries)

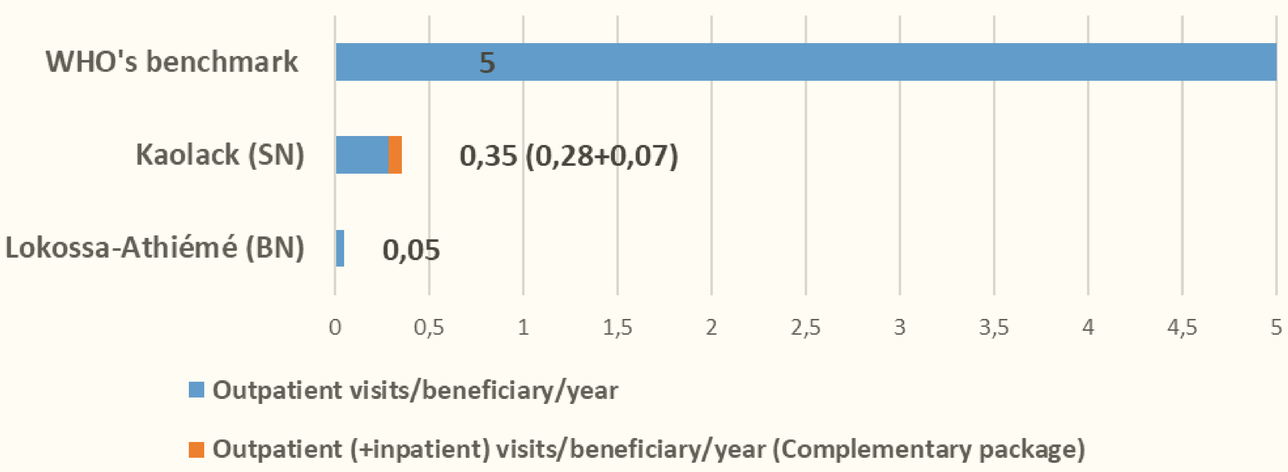

Table 1. Non take-up types and their explanations from the Beninese and Senegalese cases

Non-receipt	Non-information	Non-demand
Suspension of the exemption due to implementation issues	Insufficient or inaccurate information about exempted services	Fear of stigmatisation
Targeting process and card delivery issues	Required administrative procedures	Geographical and persisting financial barriers
Lack of supplies and medicines	Lack of understanding of reference system	Perceived seriousness of illness and need
Absence of skilled personnel		Preference for uncontracted service providers
		Uncovered needs (chronic illnesses)
		Perceived lower quality of exempted services

Rumours → Non-information
Despondency → Non-demand
Previous unfortunate experience → Non-demand

CONCLUSIONS

- Administrative data underestimate the real utilization of health care services by beneficiaries, as non-exempted services have been provided, either due to implementation issues, inaccurate information or beneficiaries' decision not to claim for the exemption.
- However, we encountered multiple cases of unmet needs. Our research then refutes the unfounded belief about free healthcare leading to overconsumption, and corroborates that "user fee exemptions alone are not enough" (Atchessi *et al.*, 2016).
- We identified implementation issues as well as persisting barriers that prevent vulnerable households from using services according to their needs. These should be tackled in the hope of reaching UHC, by improving ongoing implementation processes and combining appropriate interventions (Jacobs *et al.*, 2012).

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