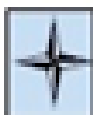




Three years of implementation of the policy of free caesarean in five health zones in Benin: results, strengths and weaknesses

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Sites d'études



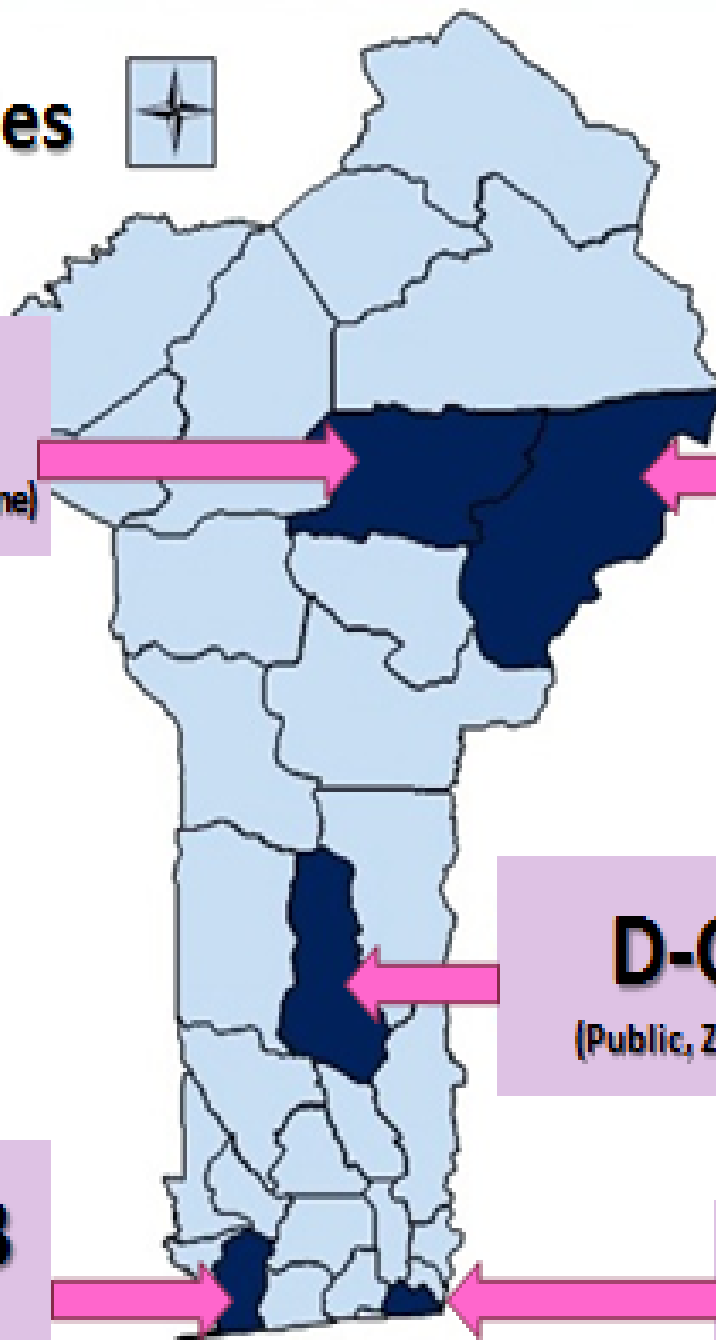
B-S
(Confessionnel, zone)

N-K-P
(Associatif, Zone)

D-G
(Public, Zone)

C-G-H-B
(Public, Zone)

P-A-S
(Public, Départ)

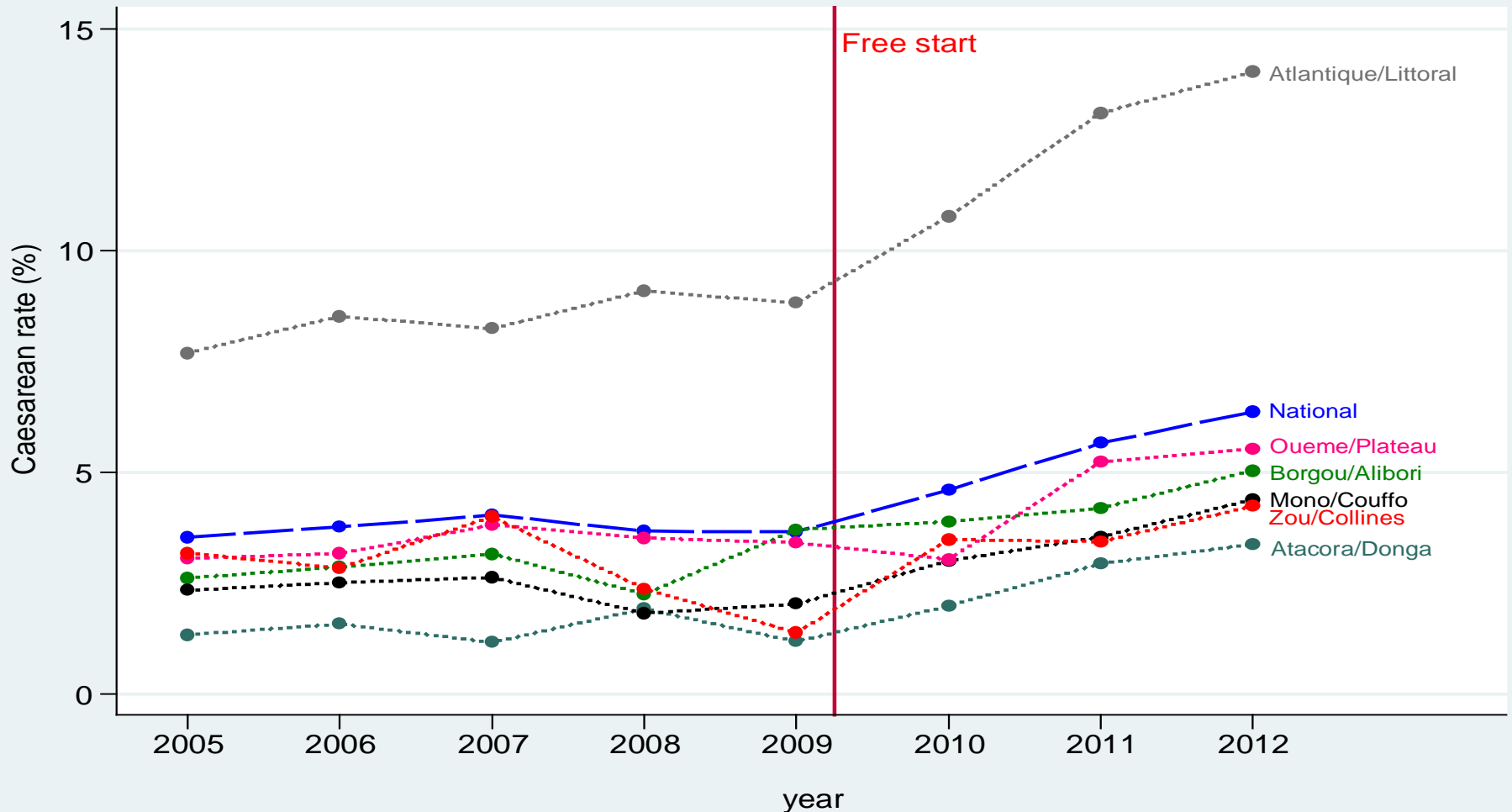


RESULTS

How the policy was implemented in the investigated hospitals?

**Has the exemption policy improved
access to caesarean sections?**

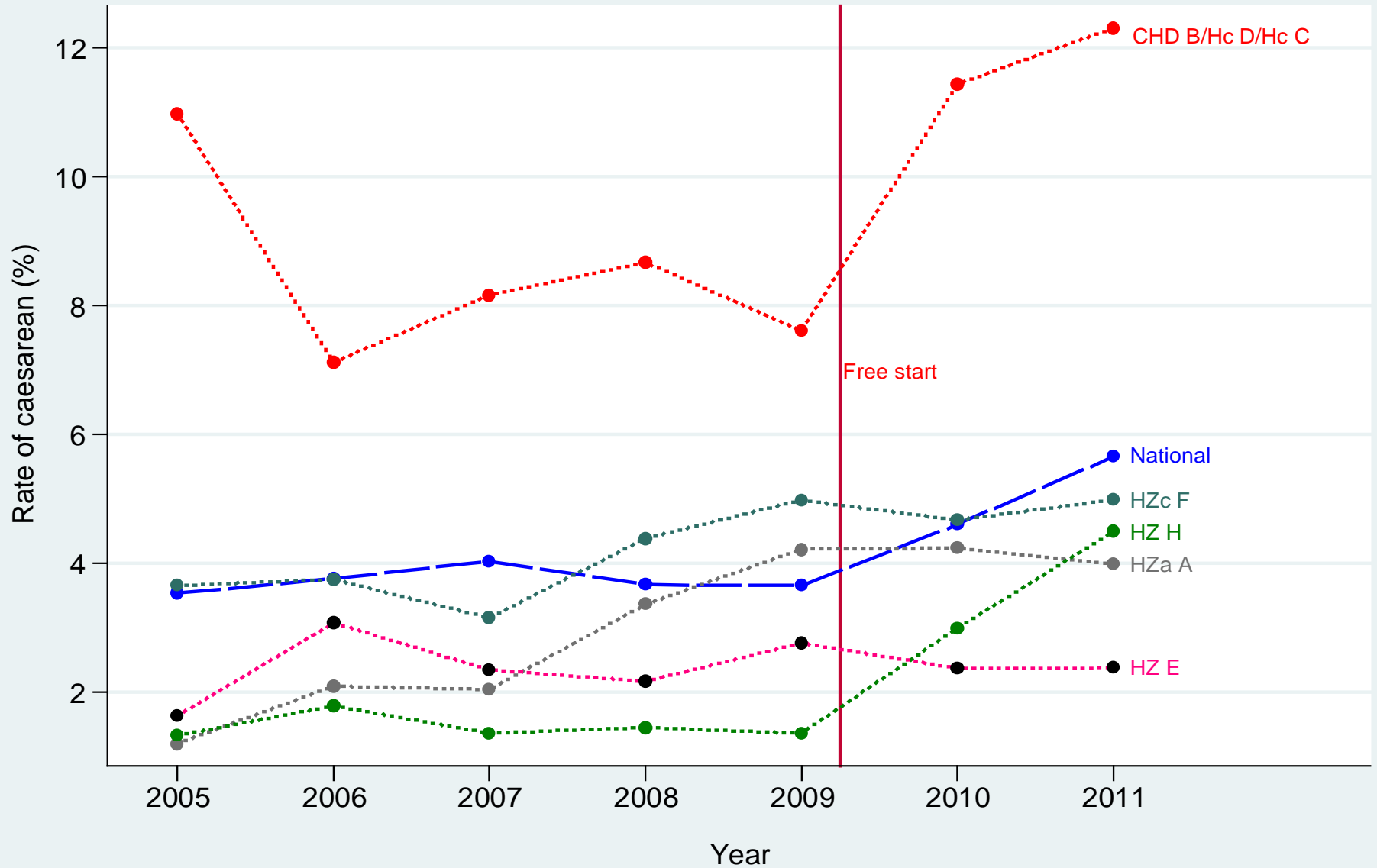
Evolution of caesarean rate in Benin 2005-2012



Source: Annuaire des statistiques sanitaires nationales

- 2005-2008: caesarean rate in Benin between 3.5% and 4.1% 2009-2012: linear evolution of the rate from 3.7% to 6.4%.
- Rising caesarean rate averaged 1.25% (95% CI: 0.62, 1.88 and $p < 0.001$) regardless of the region concerned, after free caesarean section.

Evolution of caesarean rate due to FEMHEALTH sites 2005-2011



Sources: Annuaire des statistiques sanitaires nationales; Sites FEMHEALTH

Who benefits from this exemption policy in Benin?

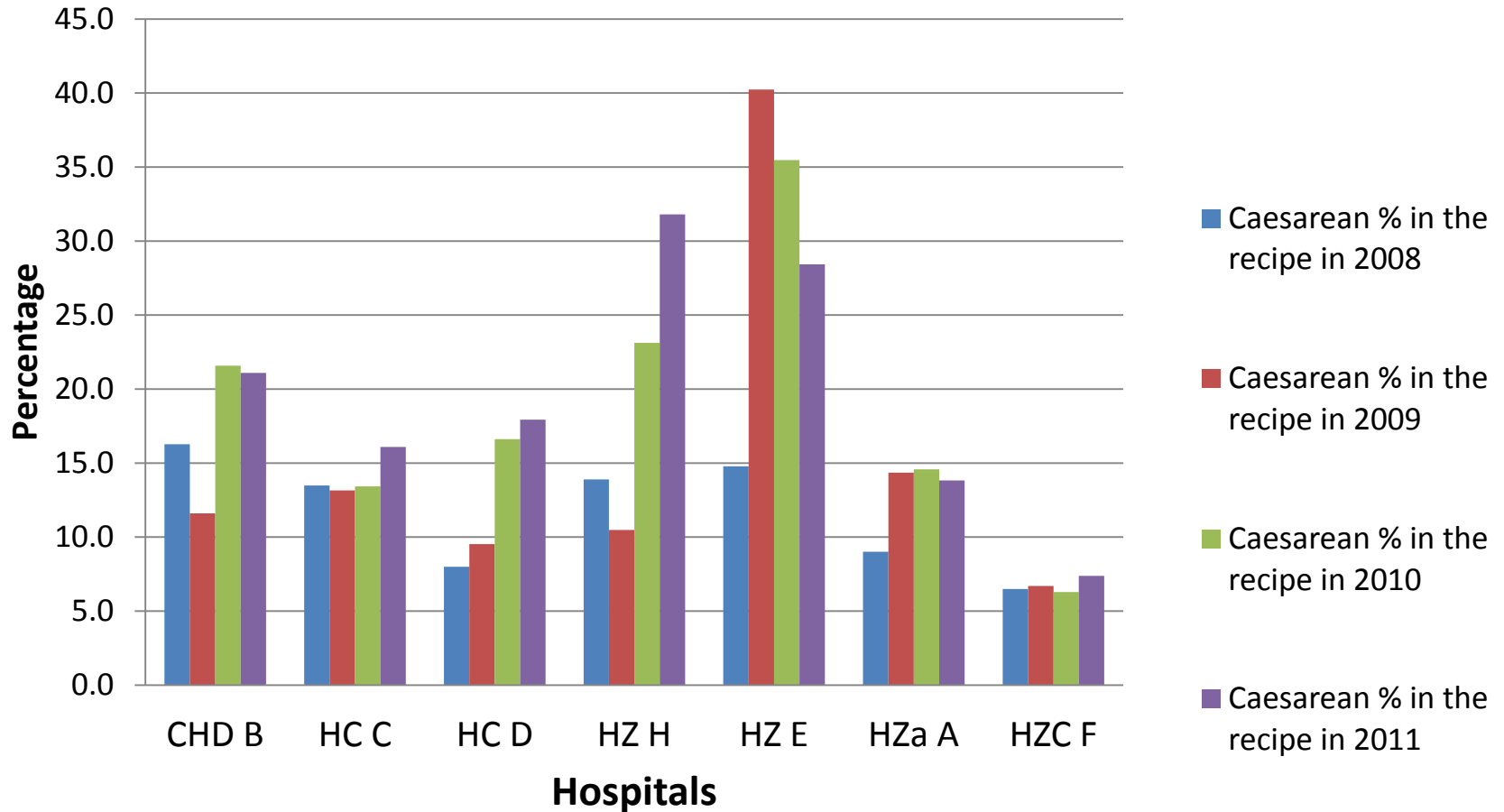


			Hospital							Total
			CHD B	HC D	HC C	HZ G	HZ E	HZC F	HZa A	
Standard of living	Poors	Number	4	0	0	1	2	4	20	31
		% column	1,6%	0,0%	0,0%	2,6%	5,9%	9,3%	41,7%	6,6%
	Means	Number	27	7	6	14	14	22	12	102
		% column	10,8%	16,3%	37,5%	36,8%	41,2%	51,2%	25,0%	21,6%
	Richs	Number	220	36	10	23	18	17	16	340
		% column	87,6%	83,7%	62,5%	60,5%	52,9%	39,5%	33,3%	71,9%
Total		Number	251	43	16	38	34	43	48	473
		% column	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%



			Hospital				Total	
			HZ G	HZ E	HZC F	Hza A		
Standard of living	Poors	Number	1	2	4	20	27	
		% column	2,6%	5,9%	9,3%	41,7%	16,6%	
	Means	Number	14	14	22	12	62	
		% column	36,8%	41,2%	51,2%	25,0%	38,0%	
	Richs	Number	23	18	17	16	74	
		% column	60,5%	52,9%	39,5%	33,3%	45,4%	
	Total		Number	38	34	43	48	163
	16/04/2014		% column	100,0%	100,0%	100,0%	100,0%	100,0%

Caesarean sections part in the respective hospitals recipe between 2008 and 2011

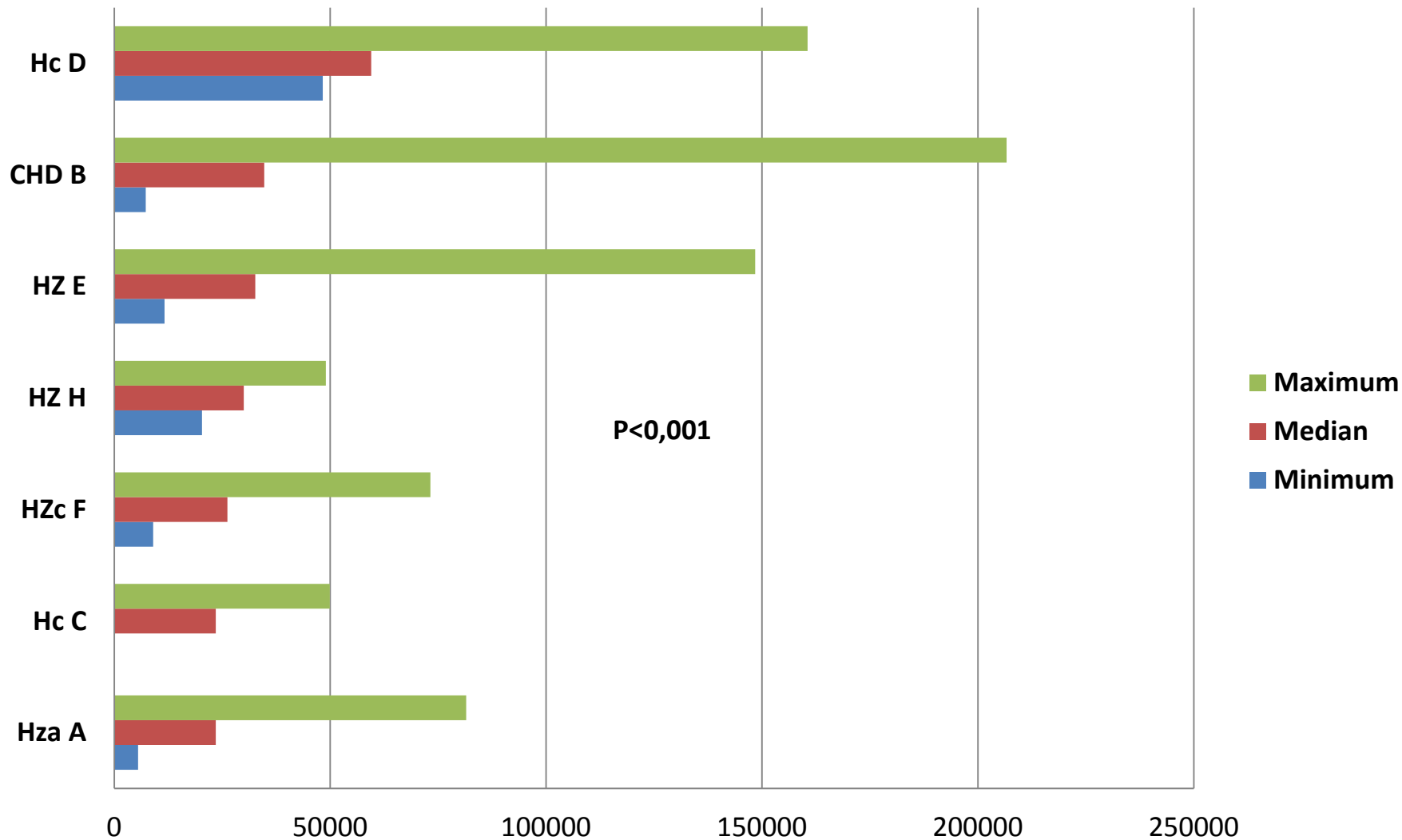


Has the exemption policy reduced the financial burden on household expenditure? At what cost?

Median costs paid by users despite free

Hospitals	Min	Median	Max	Rank
HZc F	0	0	18000	1
HZ E	100	3500	30000	2
CHD B	0	5700	35895	3
HZ H	1950	7630	14780	4
Hza A	2700	7750	22500	5
Hc C	0	9630	20400	6
Hc D	25400	27150	75900	7
Total	0	5735	75900	-

Total cost of the hospital stay paid by households for caesareans?



Prestations costs for the hospitals

Hospitals	Average cost of caesarean production	Minimum tariff before gratuity	Subsidy	p 1 (at 1%)	p 2 (at 1%)
CHD B	43 179,8	97140	100 000	p<0,001	p<0,001
Hc C	73 490,2	115985	100 000	p<0,001	p<0,001
Hc D	25 534,6	92100	100 000	p<0,001	p<0,001
HZ Public	38 797,1	73680	100 000	p<0,001	p<0,001
Hza A	56 016,5	56500	100 000	p=0,768	p<0,001
^{16/04/2014} HZ cF	33 776,3	80460	100 000	p<0,001	p<0,001 ¹⁶

**Has the exemption policy
strengthened or weakened the
local health system?**

LHS: how it has improved

- Strengthening the capacity of hospital managers to invest (the regularity of these refunds wholesale allow managers to engage in various investments in both technical equipment, drugs and medical consumables and staff);
- Improvement of SIS: Filling documents (medical records, registers ...) related to the cesarean was once incompletely filled

LHS: how it has been weakened

- weakened the management decision making at the intermediate level and coordination of health areas;
- introduced a further object of demotivation providers in certain structures;
- revealed other maneuvers of fraud and corruption;
- encouraged the growing imbalances in the supply of inputs structures especially near ruptures.

The effects of the exemption policy on workload

Working hours by professional category

		Totale	Nursing auxiliary	Technician / Nursing of BEPC level	Nursing and Midwife	Superior technician	Nursing and Midwife specialised	Engineering Works	General et specialised Doctors	Pα
Number of weekly working hours in main job	Mean	51,84	56,31	59,13	51,30	52,62	48,24	48,33	46,72	0,006
	Median	48,00	49,00	60,00	48,00	48,00	48,00	47,00	48,00	
	Standard deviation	12,560	12,775	12,540	11,381	14,592	9,022	15,855	11,473	
	Minimum	12	40	40	36	40	35	32	12	
	Maximum	84	72	72	72	72	72	84	60	

Effects of the policy on the number of patients seen

		Totale	Nursing auxiliary	Technician/ Nursing of BEPC level	Nursing and Midwife	Superior technician	Nursing and Midwife specialised	Engineering Works	General et specialised Doctors	P α
Number of patients seen per week in the main function	Mean	37,60	21,85	38,30	39,34	57,15	26,45	60,33	48,68	<0,001
	Median	25,00	14,00	30,00	20,00	50,00	19,50	60,00	30,00	
	Standart deviation	34,41	19,621	29,68	38,41	38,84	26,624	37,304	41,164	
	Minimum	3	4	4	6	12	3	8	10	
	Maximum	150	100	120	150	125	120	150	150	

Despite the number of patients having increased, it remains acceptable.

Effect of the policy on the quality of care

Morbidity and serious incidents due to caesarean

Hospitals	Morbidity during or after cesarean	Rate of serious incidents due to caesareans	Morbidity during and serious incidents due to caesareans	OR	IC 95%	P-value
CHD B	11,19%	0,90%	11,57%	1*	-	-
Hc D	3,31%	1,10%	3,58%	0,28	015 – 0,51	<0,001
Hc C	4,15%	0,92%	4,61%	0,37	019 – 0,72	0,004
HZ E	4,13%	0,00%	4,13%	0,33	0,13 – 0,83	0,018
HZa A	20,50%	4,99%	20,99%	2,02	1,43 – 2,86	<0,001
TOTAL	10,10%	1,73%	10,48%	-	-	-

Delay between the decision and the caesarean starting

Hospitals	N	n	% documentation	Median delay (min)	% acceptable delay	OR	IC 95%	P-value
CHD B	571	493	86,3	130	13,79	1*	-	-
HC D	332	299	90,1	111	17,17	1,24	0,85 – 1,81	0,261
HC C	151	132	87,4	108,5	15,89	1,17	0,71 – 1,94	0,541
HZ E	84	84	100,0	46	63,10	9,00	5,44 – 14,91	<0,001
HZa A	355	321	90,2	39	68,54	16,68	11,74 – 23,71	<0,001

OS score versus implementation score and median costs paid by patients despite free

Hospital	Average omission score for the CSR	Implementation score	Median costs paid by patients despite free
CHD B	0.9	5/14	5700
HC D	0.8	2/14	27150
HC C	1.9	5/14	9630
HZ E	0.2	10/14	3500
HZa A	0.8	8/14	7750

The best implementation of the HZ E whatever the score considered.

Strengths and weaknesses of the gratuity policy in Benin

Strengths

- Strong engagement of the State;
- The policy is fully funded by the state through a gratuity line in the HM budget ;
- Effective and timely reimbursement;
- Sustainability of the measure as long as the state support;
- Public facilities, private and religious involved in politics.

weaknesses

- No clarification nor operationalisation of silent aspects of the Decree;
- Existence of a single package (100 000 FCFA) that does not take into account the nature and level hospitals;
- No consideration of care for newborns;
- Absence of control mechanism of quality of care and monitoring of the implementation of the policy.



Conclusion

- Package 100 000 F covers the cost of production of the CSR whatever the hospital, but women are still paying exorbitant fees;
- Insufficiency in the implementation of policy at all levels explain the persistence of these costs;
- Sustainability of the measure as long as the state support;
- Although kits are available the time between the decision and the intervention remains high in some hospitals;
- Newborns pay the heavy tribute;
- Health provider and patient relationships need to be improved in all hospitals.

Acknowledgements

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- All collection agents.



Thank you for your kind attention