



Maternal health fee exemptions¹

Yamba Kafando², Fabienne Richard³, Allison Kelley⁴, Isidore Sieleunou⁵, Sophie Witter⁶,
Guy Clarysse⁷

Policy Brief

Community of Practice on Financial Access to Health Services

¹ The Bamako workshop on the benefits package for maternal health fee exemptions was held November 17-19, 2011 in Bamako. The workshop report is available at www.hha-online.org/hso/financing/subpillar/workshop-benefits-package-maternal-health-fee-exemptions

² FEMHealth, Institut de recherche en sciences de la santé (IRSS) / Burkina Faso, co-facilitator, FAHS CoP

³ FEMHealth, Department of Public Health, Institute of Tropical Medicine, Belgium

⁴ Consultant, UNICEF, Facilitator, FAHS CoP

⁵ FEMHealth, Department of Public Health, Institute of Tropical Medicine, Belgium, co-facilitator, FAHS CoP

⁶ FEMHealth, University of Aberdeen, UK

⁷ UNICEF/WCARO

Key Messages

- ✓ Invest sufficient time in the policy formulation process for fee exemptions. This stage requires the active participation of all stakeholders (including field level practitioners) and solid grounding in international and national scientific evidence.
- ✓ Take into account the continuum of care in selecting the benefits package to be covered by the fee exemption, which should cover the needs of women and newborns during pregnancy, childbirth and the postpartum period.
- ✓ Investigate the possibility of integrating reimbursement for transportation (including from home to the health facility) into maternal health fee exemption policies. Transportation remains a significant barrier to access.
- ✓ Integrate fee exemption policies into a broader framework for health financing and the fight against maternal and neonatal mortality. With the multiplicity of fee exemptions today, countries must put in place systems to coordinate the range of initiatives to reduce financial barriers to ensure sustainability and impact.
- ✓ It is critical to begin preparing now for “post-2015”.

Introduction

In the race to achieve the millennium development goals (MDGs) by 2015, a number of African countries have put in place fee exemption policies for vulnerable populations (children under 5, women, the elderly, etc.) over the last decade. Since 2001, nearly 17 African countries have implemented policies to exempt certain segments of the population from paying all or part of the fees for health services, and all indications are that other countries plan to follow suit [Hercot et al., 2011].

The design and implementation of these policies, however, suffer from many shortcomings. Often these policies are implemented precipitously on a national scale without a pilot phase, and without well-developed and adequately financed evaluation plan. Beneficiaries and technical experts are also raising questions about the set of services exempted. The community practice on financial access to health services (FAHS COP) organized a technical workshop in Bamako - whose name gave rise 25 years earlier to the initiative that put in place health sector user fees - to reflect on the benefits package for maternal health care fee exemptions.

The purpose of this policy brief is to provide decision makers with the key lessons learned during this technical workshop.

Methods

The workshop, held November 17 -19, 2011, brought together more than sixty participants from 10 countries including four English-speaking (Ghana, Kenya, Nigeria, Sierra Leone) and six French-speaking (Benin, Burkina Faso, Mali, Morocco, Niger, Senegal). Participants included actors from all levels (central level technicians, health care providers, researchers, civil society representatives, and technical and financial partners).

Prior to the workshop, data from the 10 countries attending the workshop plus Burundi was collected and analyzed to serve as the basis for discussion and comparison of content, costs and financing of maternal health fee exemption policies among countries. During the workshop, panel discussions involving the different actors and intensive group work sessions conducted by countries in pairs facilitated in-depth sharing of experiences and fostered exchanges between countries. Countries also identified priority activities to implement to improve their maternal health fee exemption policies upon their return home.



Panel: Policy implementation perspectives of field practitioners



Group work in country pairs: Nigeria and Ghana

Results

Lack of coordination among policies to improve access to health services.

Though a range of initiatives being implemented (targeted fee exemptions, results-based financing, insurance mechanisms, conditional cash transfers) share the goal of improving financial access to maternal care, they operate independently and thus miss the opportunity to be mutually reinforcing. There is a lack of coordination both among different fee exemption policies in place (children under five, pregnant women, etc.), and other major initiatives designed to improve financial access. This duplication and lack of coordination substantially reduces the efficiency and potential impact of policies to improve financial access.

Failure to follow the continuum of care in the benefits package covered by fee exemptions

The services covered under maternal health fee exemptions do not always respect the continuum of care. While Caesarean sections were covered by fee exemptions in the 11 countries surveyed, other obstetric complications during labor were not covered in two of those countries (Benin and Niger). Neonatal mortality remains a major problem, and often the primary causes of maternal mortality, as well as a large share of catastrophic health spending are not covered by these policies.

Absence of equity considerations in the formulation maternal health fee exemptions

The question of equity should be considered explicitly. Only Kenya, where the exemption policy targets only poor pregnant women, and Burkina, where only indigent women are fully exempted from payment, do so. It is thus important to conduct an equity analysis prior to implementing such policies to ensure the benefit to all women, rich and poor, urban and rural.

Transportation continues to be a substantial barrier to access to maternal care.

Transportation remains a critical barrier that reduces the impact of fee exemption policies. In all of the countries surveyed (with the exception of a pilot experience in Morocco), maternal health fee exemption policies do not cover transportation between a woman's home and the health facility. The only transportation covered is that between health facilities (referral to a higher level facility is covered in 5 of the 11 countries). Even in the five countries covering transport in the case of referrals, it is only the trip to the health facility that is paid for; women are left to their own devices to get home. Other options such as vouchers should be examined. Ensuring physical access to health services remains a precondition to the success of fee exemption policies. Further investments in infrastructure and staffing are thus necessary.

Countries take little account of existing experience in the formulation and implementation of maternal health fee exemption policies

While the formulation and implementation of maternal health fee exemption policies must be specific to each country, taking time to learn from the experiences of other countries can prevent many mistakes, but is rarely done. Implementation problems are common across countries. For example fee exemption policies are often adopted precipitously at the decision of a president or a minister, and implemented without leaving adequate time technicians to prepare. In other cases the benefits package selected for the fee exemption is very limited for budgetary reasons, thus having little effect on maternal mortality; furthermore, accompanying measures to prepare for

implementation often exist only on paper but are never budgeted for and are therefore not implemented.

It is critical to plan, fund and implement accompanying measures

The implementation of fee exemption policies is often accompanied by an increase in the use of health services [Ridde and Morestin, 2011]. Selecting a limited benefits package for budget reasons, however, reduces the policy's impact on maternal mortality. Putting in place accompanying measures for staff (incentives, training) and for strengthening the health system in general (equipment, infrastructure, management) is necessary for the proper implementation of fee exemptions. The unfortunate reality is that these accompanying measures are rarely funded and are not implemented in conjunction with new fee exemption policies, thereby reducing their impact and even threatening the health system as a whole.

Conclusion

In implementing maternal health fee exemptions, participant countries seem to be focusing primarily on meeting the MDGs by 2015; yet much of the funding for these fee exemption policies is scheduled to end at that time, as is the case in Burkina Faso [Ministry of Health, 2006]. It is essential that countries begin to think now about "post- 2015" to begin to identify and put in place sustainable systems of financing to consolidate the gains they have made in reducing maternal and neonatal mortality. In this sense, maternal health fee exemption policies are but a step in the transition towards universal health coverage.

References

Hercot, D., et al., 2011. Removing user fees for health services in low-income countries: a multi-country review framework for assessing the process of policy change. In *Health Policy and Planning*; 26(supp.2):ii5-ii15.

Ministry of Health, Burkina Faso. 2006. Stratégie nationale de subvention des accouchements et des soins obstétricaux et néonataux d'urgence ; Burkina Faso. Ouagadougou 65p.

Ridde, V., et F. Morestin. 2011. A scoping review of the literature of the abolition of user fees in healthcare services in Africa. *Health Policy and Planning*; 26(1):1-11.