"PRIORITIES OF HEALTH ECONOMICS IN AFRICA"
Inaugural Conference of the African Health Economics and Policy Association (AfHEA)
10th – 12th March 2009 - Accra, Ghana

PT 08

Removing user fees for primary health care in Kenya: Policy on paper or policy in practice?

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Background: Removing user fees for primary health care is one of the most critical policy issues being considered in African countries. Kenya removed user fees in primary health care facilities in July 2004, and introduced a flat registration fee that catered for all services. Children under five and specific illness conditions are exempted from paying the registration fees. An initial evaluation of the policy six months after implementation revealed high levels of compliance to recommended charges. Whether compliance to the new policy was sustained remains unclear.

Objectives: The study investigates the extent to which primary care facilities in Kenya adhere to a user fees removal policy, 3 years post-implementation. It documents the challenges that health workers face in their attempts to comply with the new policy, and captures communities' perceptions and understanding of charging levels prior and post user fees removal. The potential impacts of user fees removal on revenue generation and service provision are also considered.

Methods: The study was conducted in Makueni and Kwale districts in Kenya. Data collection methods included: semi-structured interviews with health workers and facility committees (n=14 health facilities in Kwale; 20 Makueni); exit interviews (n=175 Kwale; 184 Makueni); focus group discussions (n=16); and a household survey (n=184 Kwale; 141 Makueni).

Findings: Strict adherence to the new policy in both districts was low. Only 4 facilities in Kwale and 10 in Makueni charged the recommended fees. In Kwale, 57% of the exit interview participants reported paying fees that were higher than the official rates, compared to 11% in Makueni. Reasons given for charging extra fees included: to generate funds to cater for drug shortages and to meet the costs of laboratory services; to enable facilities to continue paying support staff; and because service users felt that low charges were indicative of poor quality. Health centers were less likely to adhere to the policy than dispensaries because they offered a wider range of services, including inpatient care and maternity services. Community awareness of the recommended fee levels under the new policy was relatively low.

Conclusions: User fees removal in Kenya is a policy on paper. We recommend that caution be taken when deciding on whether or not to remove fees and that all potential consequences are considered; that policy guidelines be clearly defined to enable health workers to implement the policy appropriately; and that awareness of the recommended charges at the community level be promoted.