



## “PRIORITIES OF HEALTH ECONOMICS IN AFRICA”

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### **Parallel session 1: User fees - removal and exemptions**

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#### **PS 01/4**

#### **Twenty stories behind the policy... a case-study approach to evaluate the impact of user fee removal in the health sector**

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#### **Rationale**

Following the example of other African countries, user fees for health services were removed in rural districts in Zambia in 2006, and this policy was extended to cover peri-urban areas in 2007. Since the debate over the merits and drawbacks of this type of health care financing policy is ongoing, it is essential to evaluate the impact of user fee removal on utilization and document the perspectives of health staff and patients.

#### **Objectives**

The study aims to explore the changes that occurred at facility-level after the national policy change was decided. These changes were assessed in terms of health services utilisation, motivation of health workers, and perspectives of health providers and end-users. In addition, the way in which the policy has been implemented at facility-level was documented.

#### **Methods**

A case study approach was used whereby charging (6) and non-charging (14) facilities in rural and urban districts were selected as the unit of analysis. Monthly health utilization data were collected from each facility, and motivational issues of health staff were recorded using self-administered tools. Key informant interviews were carried out at district and facility level to explore implementation issues and providers' perspectives. Finally the perspective and experiences of patients are captured through patient exit interviews. Data were analysed by comparing quantitative indicators before & after fee removal (for facilities that had removed fees), and comparing cross-sectionally between charging and non-charging facilities.

**Findings**

Results will be presented on the impact of the removal of user fees at facility-level. Issues surrounding the implementation of the policy will be assessed: when it was exactly implemented, which services it applies to, and which patients receive free care both before and after the policy change. Then, the study will map monthly attendance rates at facility-level over the past three years, and possible alternative explanations for a potential increase in utilization – or absence thereof - will be sought. Staff job satisfaction will be compared between charging & non-charging facilities. Finally, the perspectives of health personnel and patients on the merits and drawbacks of user fee removal will be documented in detail.

**Conclusion**

Lessons from the individual case studies will be drawn up on how the policy change has affected the situation in terms of utilization, as well as for staff and patients. Experience from these case studies will help to inform the discussion on user fee policy at the national and international level.