**Paper 1**

**What are the causes of exclusion from user fee exemptions in Senegal? The case of Plan Sesame**

Philipa Mladovsky and Maymouna Ba

**Background**

Socio-economically disadvantaged groups are often less likely to benefit from publicly funded user fee exemptions, despite having greater need. If universal health coverage (UHC) is to be achieved, underlying mechanisms to explain how and why this occurs need to be better understood. This paper addresses this by analysing exclusion from Plan Sesame (PS), a user fee exemption launched in Senegal in 2006 to provide free access to health services to citizens aged over 60. Only 48% of the over 60s are aware of PS and in possession of the ID card needed to access it and only 10% have ever used PS. Quantitative studies suggest awareness and utilisation of PS are highly inequitable. This study employs qualitative data and theory to understand how and why this inequity occurs.

**Methods**

34 semi-structured interviews (purposively selected from a household survey) and 19 focus group discussions were conducted with people aged over 60, across four regions of Senegal. Interview transcripts were analysed and coded inductively and deductively using Nvivo.

**Results**

Fifteen causes of inclusion in or exclusion from PS were identified and grouped under four themes: PS as a poorly accessed “right” to health care due to lack of information dissemination and funding, as well as idiosyncratic individual or household characteristics; PS as a “privilege” reserved for elites due to relatively superior geographic access, familiarity with the bureaucratic system, patronage relations, intra-household social support and expectations of the health system; PS as a “favour” or moral obligation to friends or family members of health workers; and PS as a “curse” due to long waiting times and poor quality care, causing adverse incorporation and some “voluntary” exclusion.

**Discussion**

The results are interpreted through the lenses of positivist, critical realist and social constructivist theories. Each lens produces different policy implications due to differential emphasis on rational choice assumptions, methodological individualism, social structures and social construction of meaning. Positivist explanations imply changing financial incentives, while critical realist interpretations point to the need for changes in ethics and power structures. Social constructivist interpretations require health systems actors to openly debate divergent meanings attributed to complex and context specific phenomena such as “corruption”, “solidarity” and “trust”.

**Conclusions**

Successful implementation of PS and other user fee exemptions requires awareness of these multi-layered causes of social exclusion.