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**Free health care at the point of use: right, privilege, favour, or curse? A critical realist analysis of causes of exclusion from user fee exemptions in Senegal**

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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 exclusion occurs need to be better understood and addressed. This paper addresses this need 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 critical realist 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 discussion interprets the causes through the lens of different critical realist theories, drawing on Sen and Kabeer. The following mechanisms are analysed: lack of capabilities, internalised discrimination, intra-household discrimination, unruly practices, mobilisation of institutional bias, social closure and practical norms. These are all found to be relevant but to have different implications for policy due to differences as regards emphasis on rational choice assumptions, methodological individualism and incorporation of social structures into causal explanations.

Conclusions

Successful implementation of PS and other user fee exemptions requires an open debate about these multi-layered causes of social exclusion in the health system that are rarely acknowledged in national or international UHC policy and research.