

Access

Free Health?



Sierra Leone

Free Health Care Initiative, April 2010

Sierra Leone's President announced that the Government will provide free health care for all citizens from April 2010. This initiative is a landmark step towards universal health coverage and is expected to significantly reduce the financial burden of health care on the population.

Key Features:

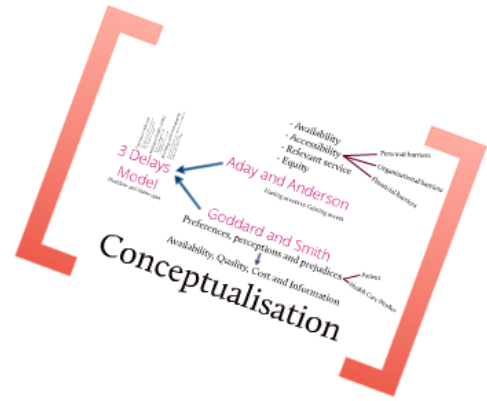
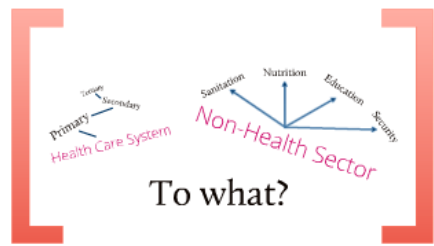
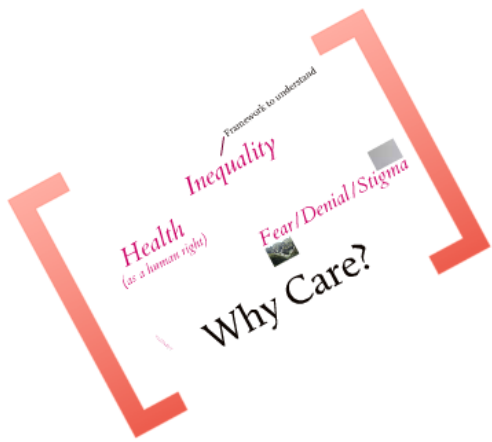
- Free of charge for all citizens.
- Covers essential health services.
- Includes primary health care, hospital care, and specialist services.
- Excludes elective surgery and non-essential services.
- Excludes private health insurance.
- Excludes out-of-pocket payments.

Population:

- 10.5 million (2010)
- 50% under-15
- 50% rural
- 50% urban

Health:

- 1.5 million people with HIV/AIDS
- 1.5 million people with malaria
- 1.5 million people with tuberculosis
- 1.5 million people with hepatitis B
- 1.5 million people with hepatitis C



Access

Framework to understand

Inequality

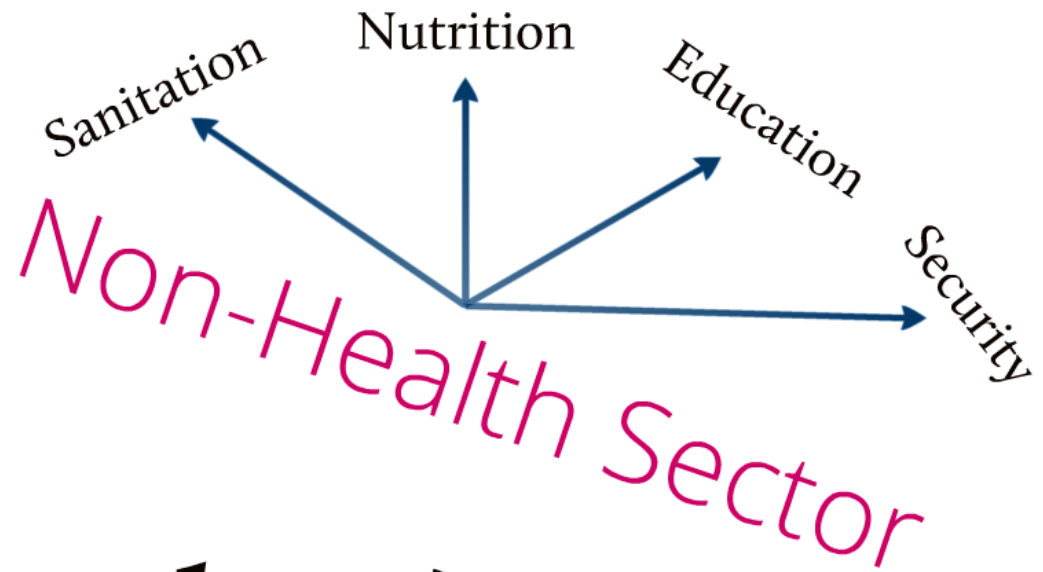
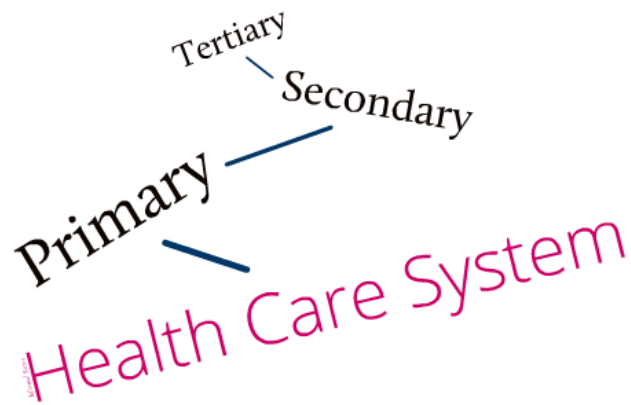
Health
(as a human right)

Fear/Denial/Stigma



Why Care?

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To what?

3 Delays Model

Thaddeus and Maine 1994

- Decision to seek care
 - Recognition of severity of condition
 - Perception of health facility/care
 - Who can make decision?
- Getting to Health Facility
 - Distance and transport costs
 - Opportunity costs
 - Conceptualisation of illness
- Receiving correct treatment
 - Availability/cost of services, equipment and consumables
 - Quality and quantity of staff
 - Staff/patient power relationship

- Availability
 - Accessibility
 - Relevant service
 - Equity
- Personal barriers
- Organisational barriers
- Financial barriers

Aday and Anderson

Having access vs Gaining access

Goddard and Smith

Preferences, perceptions and prejudices

Patient

Health Care Worker

Availability, Quality, Cost and Information

Conceptualisation

3 Delays

Model

Decision to seek care

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- Who can make decisions?

Getting to Health Facility

- Distance and transport costs
- Opportunity costs
- Conceptualisation of illness

Receiving correct treatment

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Thaddeus and Maine 1994

World Bank

Neoliberal

Bamako Initiative - 1987

User fees

"Necessary evil"

For:

- Improve efficiency and equity
- Increase quality and coverage by reducing frivolous demand and raising resource consciousness
- Shift usage patterns to primary care
- Increase staff motivation
- Empower patients
- Formalisation of existing under-the-counter payments
- Pragmatic choice where no other mechanisms for raising resources

Against:

- Most regressive form of health financing
- High cost of collection
- Encourages self-treatment/informal sector
- Supplier-induced demand
- Particular impact on certain social groups
- Easy way out: excuse for not addressing more important supply-side issues

"Sustainable inequity"

"Expectation of social exclusion"

Removing user fees - must increase funding first

"Necessary evil"

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*"Expectation of
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Sierra Leone

Free Health Care Initiative, April 2010



2008: President Ernest Bai Koroma's Agenda for Change:
- 'aims to reduce the current appalling levels of maternal and child mortality'

- Basic Package of essential health services
- Strategic plan for all health partners

2009: Expected to cost \$91 million for first year

- Increase health workers and improve salaries
- Improve drug and equipment supply
- Strengthen oversight

2010: Launch...

TABLE 20: Summary of the Health Sector Policy Framework

SL	COMMITTED RANGE	10%
1	Salaries	12,000,000
2	DRG	1,000,000
3	Capital	12,000,000
4	Medical/Pharmaceutical	12,000,000
5	Medical/Pharmaceutical	12,000,000
6	Medical/Pharmaceutical	1,000,000
7	Medical/Pharmaceutical	12,000,000
	TOTAL	70,000,000
	FINANCING GAP	20,000,000

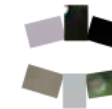
Population:

Total population - 5.9 million
GDP per capita (2009):
PPP - \$770
Nominal - \$311
GINI Coefficient - 0.629 (high)

Health:

Life expectancy - 48 (M)/50 (F)
Under 5 Mortality Rate:
2000 - 286/1,000 live births
2005 - 192
2008 - 140

Health spending/person - \$106
Health spending, %age Gov - 13.1%



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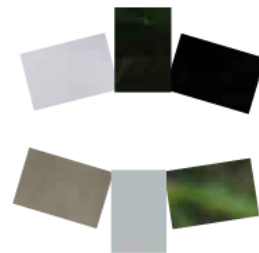




Table 8.2 Early childhood mortality rates by background characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Sierra Leone 2008

Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality ¹ (PNN)	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Residence					
Urban	49	56	106	68	167
Rural	49	65	113	62	168
Region					
Eastern	39	56	95	57	147
Northern	54	60	113	67	173
Southern	45	77	122	66	180
Western	51	58	109	59	162
Mother's education					
No education	49	65	114	63	170
Primary	49	65	114	83	187
Secondary or higher	45	41	85	49	130
Wealth quintile					
Lowest	68	80	148	74	211
Second	45	56	101	58	154
Middle	41	64	105	59	158
Fourth	45	55	99	69	161
Highest	41	52	93	57	144

¹ Computed as the difference between the infant and neonatal mortality rates

Free Health Care Initiative, April 2010



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2010: Launch...

TABLE 3: Committed RCH Funds by Development Partners for 2010

NO.	COMMITTED FUNDS	US\$
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2	GAVI	5,609,000
3	Global Fund	12,000,000
4	Multilateral: (World Bank; AfDB)	12,800,000
5	Bilateral: (DFID, Irish Aid; JICA)	10,000,000
6	UN: (UNICEF WHO UNFPA WFP)	6,000,000
7	NGOs ²	12,000,000
	TOTAL	70,909,000
	FUNDING GAP	20,091,000

(Ministry of Health and Sanitation, 2009)

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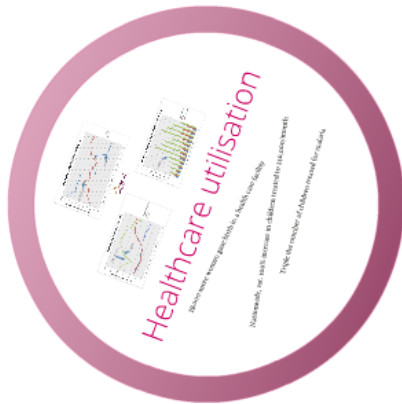
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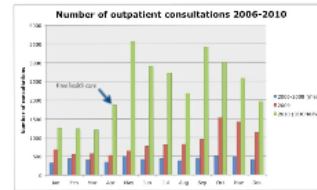
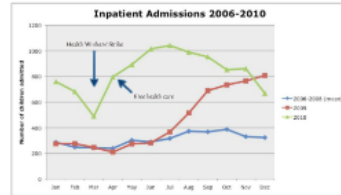
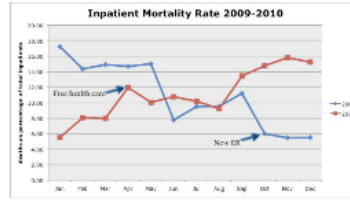
OLA DURING

CHILDRENS HOSPITAL



Ola During Children's Hospital



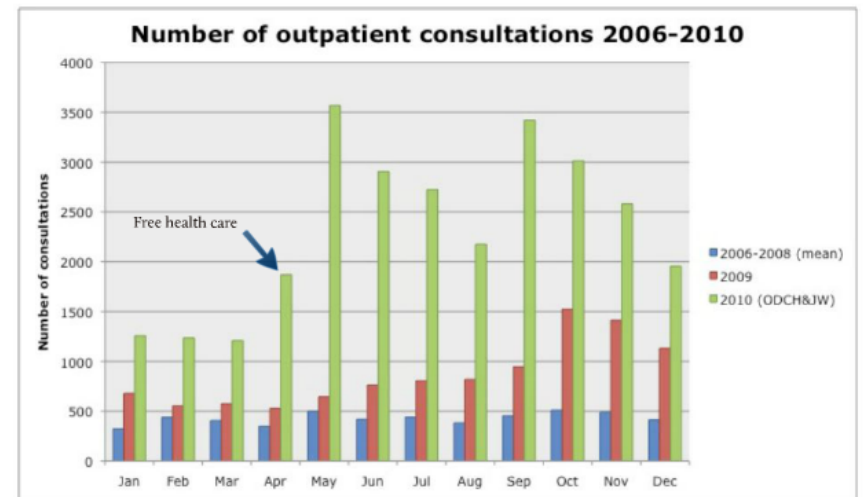
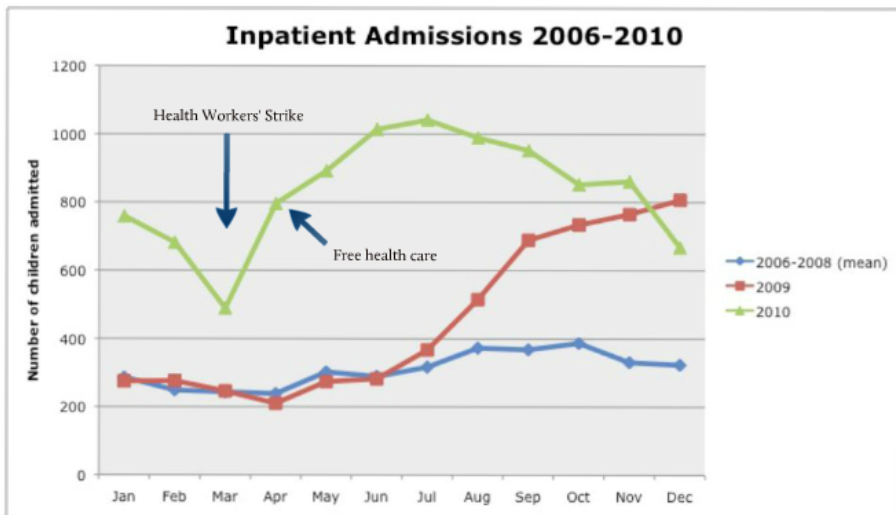
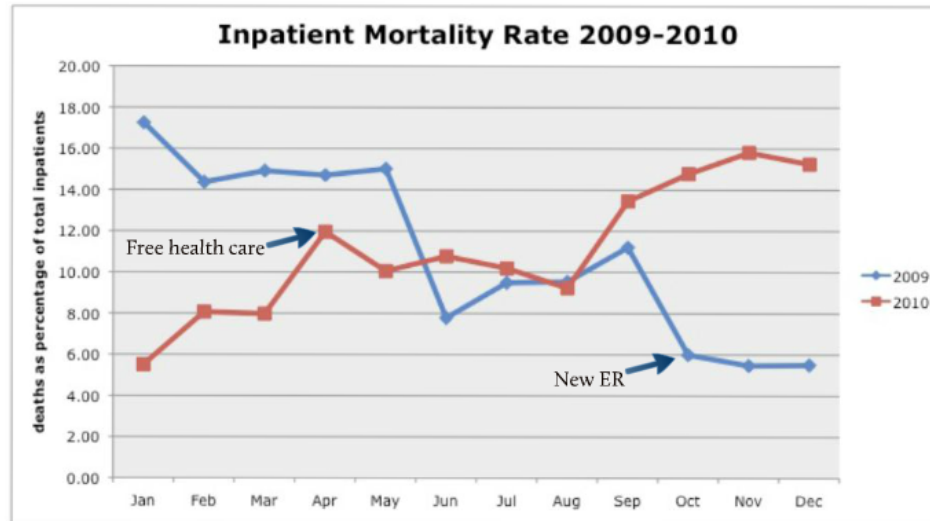


Healthcare utilisation

39,000 more women gave birth in a health care facility

Nationwide, est. 100% increase in children treated to 340,000/month

Triple the number of children treated for malaria



Doctors and trained nurses
Cleaning staff
Strikes

Doctors brought out of retirement
Many already working as substitutes
1,000 new staff added to payroll
850 ghost workers removed
Staff numbers

External monitoring of attendance
Greatly increased workload
Better Salary
Motivation

Effect on Workforce

Informal sector?

Doctors and trained nurses

Salaries in US\$

Civil Service Grade	Current Take-home Pay (Minimum for Grade)	New Take-home Pay	Percentage Increase
3	\$42	\$130	214%
4	\$46	\$150	227%
5	\$51	\$170	231%
6	\$60	\$200	234%
7	\$73	\$250	242%
8	\$87	\$300	245%
9	\$103	\$600	481%
10	\$132	\$800	503%
11	\$203	\$1,200	492%
12	\$245	\$1,600	552%
13	\$343	\$2,300	571%
14	\$425	\$2,000	605%

Nursing aide →
House officer →
CMO →

Matron →

Cleaning staff



Strikes

Doctors brought out of retirement

Many already working as volunteers

1,000 new staff added to payroll

850 ghost workers removed

Staff numbers



External monitoring of attendance

Greatly increased
workload

Better Salary

Motivation



Poor national procurement and delivery

- frequent drug outages, e.g. anti malaria
- inappropriate drugs for level/type of health facility
- particular problems in rural areas

Ongoing problems with other consumables

Drugs and Equipment

"We receive things that we didn't ask for. For example, some Periphery Health Units that are not meant to handle eclampsia receive magnesium sulfate. I received ketamine, used for anaesthesia, but I don't need it. Many times essential drugs are sent in small amounts..."
Community Health Officer

"Monitoring and evaluation here is incredibly weak and there is no good data on uptake of drugs etc. Nobody knows who is doing what."
Donor representative

Health Seeking Behaviour

Urban Communities in Sierra Leone

- Compared to rural areas:
- Pluralist health care environment
 - Transient populations
 - Similar under-5 mortality rates
- Under 5s:
- Prompt treatment is key
 - Younger parents



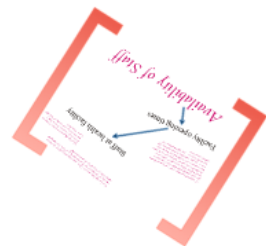
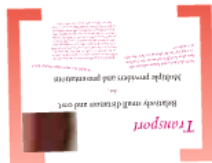
Delay 1: Decision to seek care

- Recognition of need
- Ability to act on decision



Delay 2: Reaching Health Facility

- Multiple facilities visited
- Opening hours



Delay 3: Receiving appropriate care

Appropriate for whom?



"If the child is well, they play the whole day. If they get sick, as soon as you put them to sit down they cry, when you give them breast milk they are weak then I quickly take them to Cottage to be seen at the Under 5's"

"...from the way the child is behaving I ask if they are well, if the child can talk they'll tell me they aren't well if they are 1 or 2 and cant speak I will notice from lack of appetite and straight away my heart tells me they are sick and I take them to hospital."

"when my child is sick I know that the way the are wild when they become dull I call them and will feel their body and if they have a temperature I know they are sick"



Cause

Severity

Perception of illness

"One day while she was laying down she began vomiting, it was very green I showed her granny and said "Big koni watch", so they said it was where the mother had been drinking cold things which had caused it but it kept happening and the child couldn't keep anything down"

"when he has belly-ache I give him herbs or some days I give flagyl"

"When I gave birth the child was chubby and well and now when they cut his hair, he has trouble breathing so we think it's the head that is bothering him and he's losing weight"

R1: "...that's what some people do, suckle the child and sleep with men then the child has frequent stools and he loses weight."

R2: "He [the child] becomes weak."

R3: "The child is weak and they believe it is because the woman has been sleeping with a man."

All laugh

Father: "When they've reached this stage now, at times native sickness can bother them if you understand and so we must take them to the native therapist to cure them."

Beliefs

"I'm the Harbour Master, I have 3 children, they're all alive, those 3 kids never get sick very quickly it usually takes a while and if they ever get the same thing again I'll have bought some of the medicine they were treated with before and give them that."

Father: "Well there's malaria and typhoid, for malaria some people say they [the sick person] has typhoid, you've got typhoid drip which I believe you can give and injections."

Facilitator: "You give this at home?"

Father: "Well I only have the knowledge but am too scared to actually inject someone but I know the theory."

"we were seeing no improvement so we decided to try the country way."

Experience

"If the child is well, they play the whole day. If they get sick, as soon as you put them to sit down they cry, when you give them breast milk they are weak then I quickly take them to Cottage to be seen at the Under 5's"

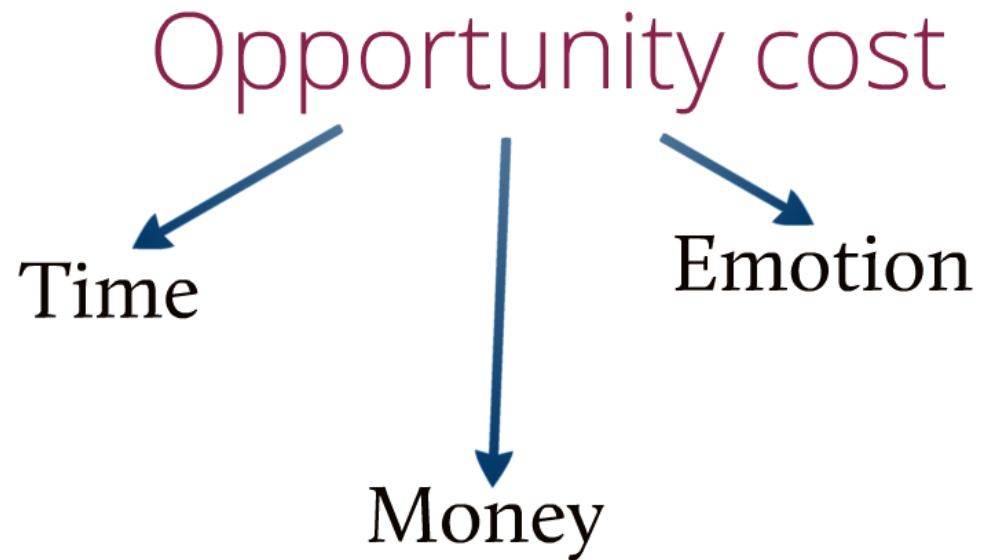
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Severity

Benefits of seeking care

Likelihood of success



Decision-making

Power relationships in
the household

"my man first tried the hospitals here and when that failed said that we should try our people. I can't deny what my husband tells me to do."

"When my child is sick I don't wait for my man as I want my child to survive, if he's there I'll tell him what I've seen if he's not there then I'll take the child because I am the one responsible when he's not there so I won't just wait for him"

"whether the father is there or not I'll go with them to hospital because the other time his father wasn't there. I didn't have any money and so I went to my own father, he gave me money. The child was at cottage but wouldn't be seen until I came with the money, I begged my father then I came and paid so that I could see my child get better."

Delay 2: Reaching Health Facility

- Multiple facilities visited
- Opening hours


Transport

Relatively small distances and cost

Multiple providers and presentations

"I didn't have any transport to pay for"

"We'll take him hospital because when we take them, when the bill is all we see what from them to village isn't far but when we go there they refer us to under 5"



Availability of Staff

Facility opening times

Staff at health facility



Welbodi! PARTNERSHIP

behavioural communities in Sierra Leone

- Younger parents
- Prompt treatment is key
- Under 5s:
- Similar populations
- Consistent health care environment
- to rural areas:
- Similar health care environment
- Younger parents
- Prompt treatment is key

Transport



Relatively small distances and cost

but...

Multiple providers and presentations

"We'll take him hospital because when we take them, when the child is sick we see that from here to cottage isn't far but when we go there they refer us to under 5's"

"I didn't have any transport to pay home"

"We'll take him hospital because when we take them, when the child is sick we see that from here to cottage isn't far but when we go there they refer us to under 5's. They don't take us here but when you go to the under 5's Dr ... sometimes he assesses the child, writes the prescription and you have to go to a pharmacy. Then when you have bought them and given to your child they don't get any better, you go back to the under 5's and by the time they refer you to cottage when you come cottage the child has really deteriorated because certain illnesses really attack quickly, and until the evening it bothers the child. When you come to cottage they won't take you unless you go to the under 5's first."

"the other time I went with the child to cottage hospital they told us there was no time they had closed for the day. There were lots of us and they chose some from among the lot and they told the rest of us to go home"

"when I finally went there they said I was too late to see the doctor, the doctor had left. I went there 2 days consecutively and both times they said I was late"

"It's happened to me about 3 times, when my child had a fever I gave panadol and it didn't work. I took him to cottage and they said go to the under 5's and it was a Saturday. We went under-5's and they were closed. I came back to my house until Sunday and went back but they were still not open. I came back to cottage and they said they couldn't help unless I was referred and that's the problem we have here."

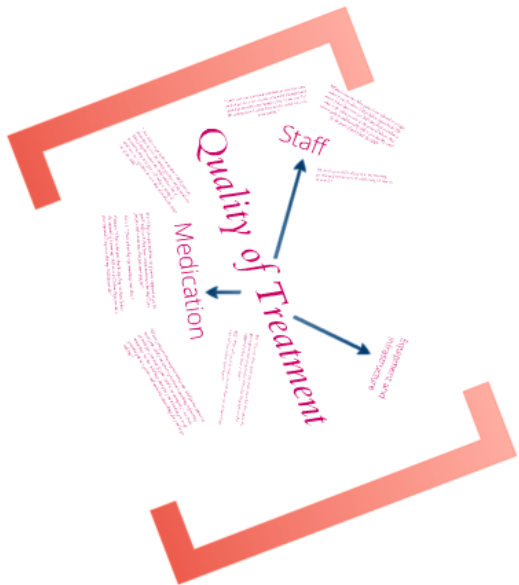
Staff at health facility

Facility opening times

Availability of Staff

Delay 3: Receiving Appropriate Care

Appropriate for whom?



Seeking Urban Community Health

- Compared to rural areas:
 - Pluralist health care environments
 - Transient populations
 - Similar under-5 mortality rates
- Under 5s:
 - Prompt treatment is key
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Staff behaviour

"I have never been treated for free when I go I stand in a long line and I have to give money"

Ongoing charges

"If I have some money, I will go to the hospital and plead with them and show them the money I have and if they don't accept it and my child dies I will always blame them"

"the last time I went me and another nurse spoke because I said I'd "made ajo already why must I come and do so again when healthcare is supposed to be free? I don't have any more money"

"it's the nurses that aggressively tell us that because it's FHC you are misusing it by bringing your children in for minor problems. They can talk to people as if we aren't able to look after our children, then when the medicine the doctor has prescribed they'll say its not there and you have to buy them"

Status/power

"I went to her colleague nurse and said 'Please Mama, beg that nurse for me, my child's body is warm'"

"that's when I left and went to one girl that knows me, I often take my child there. When I go to see that girl I explained to her what happened and she went to the nurse and asked her to see my child"

Social ties

"As I can see his eyes are red and some days they are really red, I don't give him any medicine I take him to hospital to a nurse called aunty ..., when I go there it's to her I go to first. She prescribes for me the medicines and then I go to buy them at the pharmacy there."

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Quality of Treatment

Staff

Equipment and Infrastructure

Medication

"Daddy even you won't understand that, as you know some children get really sick like this to the point I thought that I should go up country but thought let me try this way first. My card has been filled up. Your child is treated really well at the hospital."

"When I went into labor pains I was referred, where I was for about 3 days before I gave birth, nurses I met there were just kids they don't even know what to do when you are at the point of labour, they cause a palaver and basically talk to you harshly until by the grace of god I had the child"

"He checks your child really well, he has that thing (otoscope) and listens to the child's body. He impers them well."

"what makes us go to the arabs there? Well, you take them there because the money, you have plenty medicines [there] they'll examine the child and have lots of treatments, they treat you well and give plenty of medicines so we go there because they often do take better care of the child."

R1: "They give you medicine but if you're supposed to get 10 you'll only get 5, they have certain medicines that they'll give for free and certain ones that you must pay for."


Voice 1: "That's when they say something's not there."

Fatmata: "That's what you should buy, they cut them [reduce the amount], if I want my child to be well when they give me a prescription I'll buy it so that my child doesn't die."

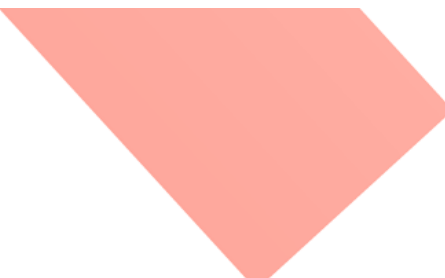
R1: "they say there aren't any medicines then they write the prescription and say go to buy them but the pharmacy I'm supposed to buy from is there."

R2: "They tell you this medicine isn't there yet it's from there they tell you to buy them from."

"When you go to the hospital with your child for the nurses to treat your child you have to give them something before they provide for you even if your child is an emergency case even when they see the child they just give you 4 broken pieces of panadol put in a plastic and write the other drugs for you to go and buy"




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Staff



"He checks your child really well, he has that thing [stethoscope] and listens to the child's body. He inspects them well."



"Auntie even you won
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should go up country
My card has been filled

Quality of Treatment



Medication

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Voice 1: "That's when they say something's not there."

Fatmata: "That's what you should buy, they cut them [reduce the amount], if I want my child to be well when they give me a prescription I'll buy it so that my child doesn't die"

R1: "they say there aren't any medicines then they write the prescription and say go to buy them but the pharmacy I'm supposed to buy from is there."

R2: "They tell you this medicine isn't there yet it's from there they tell you to buy them from!"

"When you go to the hospital with your child for the nurses to treat your child you have to give them something before they provide for you even if your child is an emergency case even when they see the child they just give you 4 broken pieces of panadol put in a plastic and write the other drugs for you to go and buy"

Health Seeking Behaviour

Urban Communities in Sierra Leone

- Compared to rural areas:
- Pluralist health care environment
 - Transient populations
 - Similar under-5 mortality rates
- Under 5s:
- Prompt treatment is key
 - Younger parents



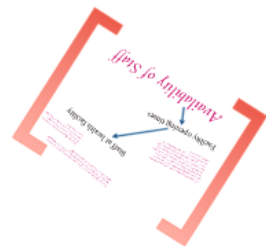
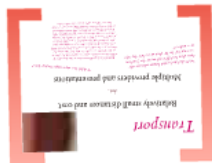
Delay 1: Decision to seek care

- Recognition of need
- Ability to act on decision



Delay 2: Reaching Health Facility

- Multiple facilities visited
- Opening hours



Delay 3: Receiving appropriate care

Appropriate for whom?

