

Removing user fees for primary health care services during humanitarian crises

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Introduction

This paper, produced by the Global Health Cluster, provides guidance to policy-makers and other health actors for the removal of user fees for the provision of **primary health care** (PHC) services during humanitarian crises. Reflecting international consensus, it provides guidance for humanitarian agencies for reducing the financial barriers to access to PHC services by removing user fees and the risks imposed by user fees, i.e., catastrophic health expenditures. It is based on the humanitarian principle of impartiality and on human rights, which state that humanitarian interventions should be provided ‘based on needs alone’, be accessible without discrimination, and be affordable for all.¹ Therefore, humanitarian aid must not introduce or support a financing mechanism for which sufficient evidence exists that indicates that it has negative effects on access to PHC for the most vulnerable and excluded groups.

Universal access to PHC is a fundamental element of any humanitarian health response for populations affected by crises.² During humanitarian crises, PHC services are designed to cover the priority health needs of the affected population, including referral to secondary healthcare facilities and the treatment of more complex cases.^{3,4}

Problem statement

Healthcare user fees are defined as a financing mechanism that often involves payment by beneficiaries at the point of service delivery. In this paper, user fees refer to formal as well as informal payments for basic and higher level services, drugs, diagnostic investigations, medical supplies, entrance or consultation fees, or a combination of these.⁵

The Global Health Cluster, under the leadership of the World Health Organization, is made up of more than 30 international humanitarian health organizations that have been working together over the past four years to build partnerships and mutual understanding and to develop common approaches to humanitarian health action.

1 Article 12 of the ICESCR, comment 14, under ‘Accessibility’: “Health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all.”

2 Affected populations include both those who are directly affected and those who are indirectly affected such as populations who host refugees and internally displaced persons.

3 These would include patients requiring admission for severe illness, as well as life-saving surgery and emergency obstetrical and neonatal care.

4 The Sphere Project. *Sphere Handbook, Minimal Standards for Disaster Response*. 2004.. <http://www.sphereproject.org/>.

5 Together, these also are called “out-of-pocket” payments referring hereby to any kind of charge at the point of service delivery.

Direct charges to users of health services have been implemented since the 1980s by many countries as part of the implementation of the Bamako Initiative, in the context of the structural adjustment policies of the World Bank and the IMF. Numerous studies have analysed the impact of user fees across a range of different settings.⁶ The core messages from this research include: 1) User fees impede access to health care – they typically add to the cost of health services faced by patients and result in poor and vulnerable population groups not always seeking appropriate health care when it is needed; 2) Waivers and exemption policies as a way to deal with the negative impact of user fees on particular client groups, often are difficult to implement; and 3) poorer households often must resort to reducing consumption of food, self-medicating, and/or endure catastrophic health expenditures.^{7, 8}

A basic humanitarian principle is that services and goods provided by aid agencies should be free of charge to recipients, particularly during acute humanitarian crises. However, while this generally is respected in sudden-onset crises or camps, the practice often has been to introduce or maintain user fees when prescribed by national policy in other humanitarian contexts.

The emerging international consensus

Today, the emerging international consensus is that user fees for essential health care in developing countries discriminate against those poorest and most vulnerable, who cannot afford to pay.⁹ In the effort to attain universal coverage in countries affected by humanitarian crises that have a national policy of user fees, it will be necessary to identify alternative financing mechanisms to compensate for the loss of revenue that may follow the removal of user fees.¹⁰ The often-stated arguments in favor of maintaining user fees, include increased revenue, increased equity, and increased efficiency. Such arguments have been shown to be flawed. Although the information available on cost recovery in areas affected by humanitarian emergencies is limited, there are arguments that justify concern over cost-recovery practices during these crises, especially during the acute humanitarian crisis phase when mortality often is highest and the provision of health services is limited. Utilization rates indicate that, in already disrupted and inequitable healthcare environments, user fees compound inequities in access to treatment and contribute to the destitution of the most vulnerable.¹¹ There is general agreement that the negative consequences of user fees, in particular regarding access for the most vulnerable, outweigh the arguments of increased revenue.¹² In general, removal of user fees does not lead to ‘overuse’ of services, as patients still are faced with high travel and other non-healthcare-related costs.

Elimination of fees must be accompanied by upgrading the health services and implementation of supportive policies and communication strategies

Ensuring the PHC services are free for the affected population at the point of delivery during humanitarian crises, while in most cases result in increased consultation rates, by itself, would not be sufficient to guarantee improved access to PHC services. User fees only are one component of cost barriers to the access

6 Adapted from James C, Hanson, McPake B, *et al.* To retain or remove user fees? Reflections on the current debate in low- and middle-income countries: Review article, *Applied Health Economics & Health Policy* 2006; 5(3): 137–153.

7 Xu K, Evans DB, *et al.* Household catastrophic health expenditure: a multicountry analysis. *Lancet* 2003;362(9378):111–117.

8 Catastrophic health expenditure are health expenditures that drive people deeper into poverty and impact negatively on livelihoods when they are forced to sell assets or are unable to work.

9 Xu K, Evans DB, Carrin G, Aguilar-Rivera AM. Designing health financing systems to reduce catastrophic health expenditure. *Technical Brief for Policy-makers*. Geneva: WHGO, 2005 Number 2.

10 Carrin G, James C, Evans DB. Achieving universal health coverage: Developing the health financing system. *Technical Brief for Policy-makers*, Geneva: WHO, 2005 Number 1.

11 Poletti T, Sondorp E, Bornemisza O, Davis A. Cost-sharing in complex emergencies: An example of inappropriate policy transfer. *Humanitarian Exchange*. 2006; No 26.

12 Generally, an average of 5% of total recurrent health systems expenditure was financed through user fees, well below the 15–20% that the World Bank had hoped for. (See Poletti T. Health care financing in complex emergencies. A background issues paper on Cost-sharing. *LSHTM*, 4 November 2003.

to PHC.¹³ There also are non-cost barriers.¹⁴ These can be interdependent, and changes in user fees can have unanticipated negative consequences on other access barriers resulting in decreased access or quality of care. To be effective, removal of user fees must be accompanied by improvements in the quality of health services, increased resources (including drug supplies and adequate salaries for health personnel to offset the loss of revenue), e.g., maintaining incentives to community health committees that supervise the clinics using part of the revenues of the user fees, and an expansion of the health network. Also, the accessibility and quality of services must be monitored after the removal of user fees, in order to determine whether the formal fees are replaced by informal fees and that the quality of services does not decrease.

Therefore, the removal of user fees is less straightforward than sometimes is considered, particularly if it represents a shift in national health policy or if the fees are used to cover medications or health staff salaries. It is crucial that any negative consequences are thoroughly examined before such changes are implemented. Also, an expected increased utilization of services and admissions must be anticipated, to avoid staff becoming overburdened, wards overcrowded, or stock-outs of medicines.

The total or partial abolition of fees at public facilities, as a temporary suspension or as a major shift in national policy, must be carefully planned between the appropriate authorities, humanitarian agencies, and donors, to ensure that alternative sources of revenue and additional resources are made available during the crisis. Doing so will contribute to the recovery of the health sector once the crisis ends. Humanitarian agencies should work with the Ministry of Health to introduce more equitable instruments of financing to avoid reintroduction of user fees to fill the financing gap. There is no single solution to these challenges, but, in general, equitable financing of health services is based on prepayment schemes.^{15, 16, 17}

Conclusion

Reduced access to PHC services and the risk of “catastrophic health expenditure” is particularly high in households and communities that have become more destitute and financially vulnerable as a result of humanitarian crises. In addition, these crises may amplify pre-existing inequalities and further restrict access for vulnerable groups, particularly the poor and single-headed households.

Therefore, during **humanitarian crises**, the humanitarian principle of impartiality and the right to health should guide health actions against any risk of economic discrimination in access to PHC. While acknowledging the importance of the context in which policies are applied, particularly during protracted crises, **PHC services during a humanitarian crisis should be provided free of charge at the point of delivery.**

Before taking any decision to abolish or maintain any form of user fees during humanitarian emergencies, policy-makers and other health actors should carefully examine policies, regulations, practices, and their impact on access to health services as well as their influence on equity, utilization, and quality of care. In protracted crises, abolishing user fees will require sustainable, alternative financing mechanisms.

Recommendations

All humanitarian stakeholders should be involved in a policy discussion when changing user fee practices and in developing more equitable financing mechanisms with the government.

13 These include travel costs, non-healthcare costs, and indirect costs in terms of earnings foregone. Direct costs include informal fees, costs for drugs, laboratory or radiology tests, and charges generated in private facilities.

14 These are divided into quality, information, and cultural barriers.

15 Equitable financing mechanisms are based on prepayment schemes that can be of different nature, including tax-based, social health insurance, community-based health insurance, or other variants. There is a general political consensus that the contributions of the poorest would need to be heavily subsidized or even waived.

16 Carrin G, Mathauer I, Xua, K, Evans D. Universal coverage of health services: Tailoring its implementation. *Bulletin of the World Health Organization* 2008;86:857–863.

17 Save the Children. *Freeing up health care. a guide to removing user fees*. UK: Save the Children, 2008.

For Governments

- Existing user fee practices should be suspended for the provision of PHC if a humanitarian crisis occurs that potentially could affect access to health care;
- Any reform related to abolishing user fees must be introduced and monitored carefully, especially in complex situations. Additional resources must be sought internally and/or externally to compensate for the loss of revenue, and to meet the expected increased demand for healthcare services; and¹⁸
- An appropriate strategy should be developed to communicate the policy change on user fees to the population, to inform them of their entitlements and avoid that formal payments are replaced by informal payments.

For donors

- Donors should consider providing material and financial support to national and local authorities and service providers in exchange for the suspension of user fee policies and practices;¹⁹
- Projects that introduce user fees for PHC in the aftermath of a sudden-onset humanitarian crisis should not be accepted. When funding projects that include user fees, it should be requested that these fees be removed in accordance with the principles outlined in this paper; and
- Further operational research on the effects of removing user fees, managing potential negative consequences, and how to introduce more equitable financing mechanisms in different humanitarian contexts and phases should be supported.

For humanitarian organizations

- Humanitarian agencies should initiate the policy discussion in favor of abolition of user fees for the provision of PHC in the acute humanitarian crisis phase, even if the relevant health authorities have an established fee system. However, if fees are (temporarily) cancelled; this only should be done after careful planning and ensuring that additional resources have been identified that would guarantee the continuation of the health services;
- Humanitarian agencies with expertise in the provision of PHC during emergencies should increase their capacity in order to be available to provide the necessary technical support during all stages of formulation, implementation, and monitoring of fee removal policies; and
- Humanitarian agencies should take opportunities to further document evidence on the consequences of a waiver of a user fee system in humanitarian crises. Good practice examples of the process for removing user fees should be collected and disseminated.

For the public in donor countries

- Equitable humanitarian response and universal access to PHC is a human right. The public should influence the donor and humanitarian organizations to work towards obtaining universal access to PHC for all, based on policies that will reduce access barriers for the poor and disadvantaged.

18 For example, by meeting the Abuja Declaration target of 15% of the governmental expenditures to be allocated to health, Abuja, African Union, 2001.

19 For example, by meeting the Monterrey target of 0.7% of the GNI for Overseas Development Assistance.