The user fees exemption pilot project in the Sahel region did not lead to work overloads for health workers in Burkina Faso

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This policy brief analyzes the effects of free healthcare for children under the age of five years and for pregnant or nursing women on the workloads of health workers in a district of Burkina Faso. The results show that the workload generated by the user fees exemptions is manageable by the health workers. For the time being, the current staffing numbers in the district studied are equal to or higher than what is needed to deal with the considerable increase in service use.

INTRODUCTION

In most cases where new policies providing free healthcare have been tried in Africa, they have encouraged significant increases in the use of services by more vulnerable populations [1]. In Burkina Faso, the user fees exemption for children under the age of five years and for pregnant or nursing women set up by the Sahel Regional Health Department (RHD) with the support of the NGO HELP (a third-party payer system) generated an immediate, continuous, and sustained increase in their use of healthcare services [2]. These results corroborate those of studies that have reported increases ranging from 17% in Madagascar [3] to 80% in Uganda for primary care services [4] after the introduction of such measures. In countries where such exemption policies are in effect, this increased use has therefore translated into higher workloads that health workers have perceived as an overload [5].

The objective of our study was to measure health workers’ workloads under ‘free healthcare’ conditions and their capacity to cope with them.

METHOD

The effects of ‘free healthcare’ on health workers’ workloads were measured in one intervention district, the Dori health district (HD), and compared with another HD in the same region, Gorom-Gorom, where there is no intervention and patients continue to pay point-of-service user fees.

The study looked at a sample of eight health and social promotion centres (CSPS) that were representative of the diversity of situations: four in the intervention DS (Dori) and four in the control DS (Gorom-Gorom). It used both quantitative and qualitative data. Workloads were measured using the WISN (Workload Indicators of Staffing Need) method recommended by the World Health Organization (WHO) [6]. This tool was used to measure both service supply (activities carried out from January to December 2010) and demand (use of services) based on monthly activity reports and observations (during which health workers were timed as they provided services to patients). Data collection was supplemented with semi-structured interviews with health workers (n = 26; on average, three per CSPS).
RESULTS

Average duration of the main activities
Table 1 presents the different activities carried out in CSPSs, as well as the average duration of each as observed (timed) and as reported by the health workers. The reported average durations (RAD) were nearly always higher than the observed average durations (OAD) at the time of our survey. The health workers considered that their reported durations reflected the time required for them to satisfy quality standards. Nevertheless, they felt they were unable to fully respect those standards, because they were missing supplies and/or because the health facilities were too old and poorly maintained. Vaccination was the least time-consuming activity (three minutes per patient).

Table 1: Activities, with reported and observed average durations (in minutes) in the two districts studied and standard deviations (2010)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Dori HD</th>
<th>Gorom-Gorom HD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OAD</td>
<td>SD</td>
</tr>
<tr>
<td>Delivery</td>
<td>63</td>
<td>24</td>
</tr>
<tr>
<td>Curative consultation</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Healthy baby consultation</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Prenatal consultation</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>IEC</td>
<td>35</td>
<td>2</td>
</tr>
<tr>
<td>Wound dressing</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Vaccination</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Postnatal consultation</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Family planning</td>
<td>15</td>
<td>6</td>
</tr>
</tbody>
</table>

IEC = Information – Education – Communication
SD = standard deviation

Whether healthcare is free or not, there is no significant difference in the average durations of health workers’ activities
The average durations of the activities observed in the Dori HD were not significantly different from those observed in the Gorom-Gorom HD (p > 0.05). Thus, even though the OAD of a curative consultation in the Dori DS (12 minutes; $\sigma = 5$) was higher than it was in the Gorom-Gorom HD (9 minutes; $\sigma = 4$), the difference was not significant (p > 0.05).

There is enough healthcare personnel in place to deal with the increased use of services generated by the user fees exemption
Figures 1 and 2 show that current health worker staffing levels were higher than needed in all CSPSs of both districts, regardless of whether the observed (OAD) or reported (RAD) average durations are considered. Only CSPSs 1 and 3 in the Dori HD had staffing levels equal to what would be required for OAD.
**Figure 1:** Current staffing compared with staffing required based on OAD and RAD for the CSPSs of Dori HD (2010)

**Figure 2:** Current staffing compared with staffing required based on OAD and RAD for the CSPSs of Gorom-Gorom HD (2010)
In summary (Figure 3), given that the differences between current staffing levels and those required are greater than or equal to zero, all the CSPSs have enough staff to carry out the main activities, including in Dori, where services are now free\(^1\). We see that this difference is much more pronounced in the CSPSs of the Gorom-Gorom HD than in those of Dori.

**CONCLUSION**

This study shows that the increase in service utilization generated by the user fees exemption did not lead to work overloads for health workers in health centres. These results could be confirmed by extending this study to other CSPSs and/or districts, but they are not surprising. In fact, the healthcare staffing situation in Burkina Faso is rather positive. In recent years the State has invested considerably in recruiting and deploying healthcare human resources, in contrast to Niger, for example [7]. These results, combined with those of another study looking at the same intervention which showed there was no deterioration in the quality of medical prescriptions [8], confirm the current availability of resources on the supply side of the healthcare system and reinforce the relevance of considering more strategies to promote demand, such as user fees exemptions.

*This note and other documents on the financial accessibility of healthcare services in West Africa are available on the websites of the HHA Community of Practice, *Financial Access to Healthcare Services* (see [http://www.hha-online.org/hso/financing/knowledge](http://www.hha-online.org/hso/financing/knowledge)), the NGO HELP ([www.help-ev.de](http://www.help-ev.de)), and the University of Montreal ([http://www.medsp.umontreal.ca/vesa-tc/ressrc.htm](http://www.medsp.umontreal.ca/vesa-tc/ressrc.htm)).

**References :**

2. Ridde, V., & Queuille, L. User fees exemption: one step on the path toward universal access to healthcare, Ouagadougou: UdeM/CRCHUM/HELP; 2010. p. 44. ([http://www.medsp.umontreal.ca/vesa-tc/ressrc.htm](http://www.medsp.umontreal.ca/vesa-tc/ressrc.htm))

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\(^1\) Even more so, given that we did not count workers who were contracted directly by the CSPSs.