

Free Health Care in Niger

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Issue:

To reduce financial barriers to accessing health care, Niger introduced Free Health Care for: family planning, antenatal care, caesarian section, extra uterine pregnancy, uterine rupture, treatment of gynecological cancers, all preventive and therapeutic care for children <5.

Description of the Problem:

Implementation has been challenging due to limited funding for pre-payment reimbursements, stock-out of medicines and other pharmaceutical products, and limited traceability up to the end-users. Health Sector partners have provided stock support.

Results:

Relevance: stock-outs of medicines and other pharmaceutical products were mitigated, but challenges related to limited funding and traceability up to the end-users were not addressed. Effectiveness: utilization of first antenatal care consultations increased with stock support (88% Intermittent Presumptive Treatment; (50% iron/folic acid supplementation). Utilization of health services for children <5 did not increase despite stock support (reported cases: malaria 35%, diarrhea 60%, pneumonia 20%). Efficiency: not measurable due to lack of reporting on stock support utilization, though representing 16,5% of all expenses for Free Health Care. Equity: not measurable due to lack of information on stock support utilization. Traceability: stock support was received in conformity with delivery bills (in 100%-97%). Cost-effectiveness: not measurable, as health sector partners had to put in place their own logistics, due to weakness of the national procurement and supply management system, and information to compare the two systems is not available. Externality: stock support was deemed not sustainable, as dependent on parallel systems for financing as well as procurement and supply management.

Lessons:

Utilization of antenatal care increased, but attribution to stock support is challenging, due to multiple confounding factors and limited measures to support Free Health Care management.

Key messages:

- Supporting Free Health Care through procurement and supply management of medicines and other pharmaceutical products alone may provide a partial mitigation to stock-outs, yet effects are limited.
- Free Health Care requires a comprehensive approach: governance (resource planning, management), pharmaceutical stock availability, human resources performance, and control systems up to the end-users.