Author's response to reviews

**Title:** Transversal analysis of public policies on user fees exemptions in six West African countries

**Authors:**

Valéry Ridde (valery.ridde@umontreal.ca)  
Ludovic Queuille (queuille@help-ev.de)  
Yamba Kafando (odnafak@yahoo.fr)  
Emilie Robert (emilie.robert.3@umontreal.ca)

**Version:** 5  
**Date:** 20 July 2012  
**Author's response to reviews:** see over
Reviewer's report
Title: Transversal analysis of public policies on user fees exemptions in six West African countries
Version: 4 Date: 19 June 2012
Reviewer: Bart Criel

Reviewer's report:
This is a very interesting and well written paper that is definitely worth to be published.

I have, however, a number of comments that I would like the authors to address.

1. In terms of methodology, the authors write on page 8 that "we used an analytical framework inspired by the realist review approach of Pawson and Tilley". Could they please develop this? It is not very clear where and how exactly the realist review feeds in the present study...

***To respond to both this comment and that of the second reviewer, we have removed all reference to the realist approach and its concepts, and we now refer to a framework analysis approach.

2. I believe that the issue on financing of the exemption programmes (page 11) deserves more emphasis - also in the discussion. It is striking that exemption programmes for specific illnesses (along the lines of a "vertical" approach) are more often donor-funded, than endogenous programmes, based on endogenous priority setting (like for instance the Sésame programme for elderly in Senegal).

*** We have modified a few sentences in the section entitled “Calculation of amounts, reimbursement delays and financial viability” in the Discussion.

3. The same issue comes up again on page 15 when the M&E systems are being discussed. The authors write that in the case of Togo, "most certainly due to the involvement of persons with HIV", there appears to be an effective M & E system (and not elsewhere).

*** We have added a sentence in the Discussion under the section entitled “No evaluation of the policies”.

4. The discussion on other barriers (than financial ones) to health care is interesting and important. The following hypothesis can be formulated: given the problematic implementation of the exemption policies (altogether not very "user-friendly"), it is likely that the "weakest" socioeconomic groups, who are also the most needy in terms of health care, are most affected by these other barriers, and therefore benefit least from the exemptions... The authors themselves also raise the issue on page 25 when writing that "none of the policies set up activities specifically to promote access to the user fees exemption by the indigent and the poorest". This is a recurrent feature of many social programmes: the ones who
most need it, are often not the ones who most benefit from it. See the "Inverse Care Law" developed by John Hart in the early 70's in the frame of his analysis of the British NHS. I would propose the authors to develop this point further.

You are right, almost all of these policies have not considered the worst-off. However, we know of no scientific evidence to show that the exemption policies operate according to the Inverse Care Law or the Equity Inverse Hypothesis. We therefore prefer to remain cautious, but have added a few sentences in this section on equity to support the importance of documenting this question.
Reviewer’s report
Title: Transversal analysis of public policies on user fees exemptions in six West African countries

Version: 4 Date: 21 June 2012

Reviewer: Guy Kegels

Reviewer’s report:
Transversal analysis of public policies on user fees exemptions in six West African countries
Valéry Ridde1-2-3 §, Ludovic Queuille1, Yamba Kafondo3, Émilie Robert1-2
The paper presents a summary of the report of a multiple case study ‘transversal analysis’, after a process of knowledge aggregation involving highly interactive interpretation and exchange. The case-studies (country studies) appear to have been launched in 2009 and the knowledge aggregation process took place between October 2010 and May 2011 in the form of three regional workshops.

The methodology is described in sufficient detail for the reader who has experience with this type of processes to imagine the inherent strengths and weaknesses.

The paper seems to cover rather comprehensively the implementation issues and problems encountered in the real world of nation-wide user fees exemption policies in this part of the globe.

Major compulsory revisions
Although not truly ‘major’, I would rather insist on the following revisions.

1. The authors state that “the transversal analysis was informed by concepts of realist evaluation”. Although I know that at least some of the authors have a keen interest in this approach (RE), it is far from clear to me how RE has ‘informed’ the transversal analysis in the presently submitted paper. My advice would be to drop any reference to RE altogether (both in the text and in the abstract), rather than to try and explain how it has contributed to the methodology.

***We agree. Actually, we were inspired by it, but our methodological approach was not that of realist evaluation. So, we have removed all reference to this conceptual approach. In fact, we mainly used a “framework analysis” type of analysis approach (Ritchie and Spenzer, 2004), which we have now specified in the manuscript.

2. Probably related to the first comment, I would strongly suggest not to use the term ‘cognitive mechanisms’ to lump together actors’ attitudes, perceptions, interpretations and actual ‘positionings’. For me most issues described under ‘actors’ attitudes’ (dubbed ‘cognitive mechanisms’) are not ‘mechanisms’ at all (in the RE sense of the word a mechanism is capable of explaining the change from one state to another), nor are they all ‘cognitive’. Thus my advice is to drop the
term altogether (again, both in the text and in the abstract).

***We have removed from the manuscript all references to the concept of mechanism.

Also for semantic clarity I would strongly suggest not to use the term ‘implementation strategy’ for things like management, communication, etc. I would feel comfortable with the lumping term ‘implementation component’, which would nicely fit all the issues treated.

***We have replaced the term ‘strategy’ with ‘component’.

Minor essential revisions

1. On p.7, the middle paragraph introduces the term ‘the Sesame plan’. I happen to know what this means, but the less specifically informed reader will probably wonder whether this makes a reference to ‘Sesame street’ or to the story of Ali Baba and the 40 thieves.

***We have clarified this point.

2. On p.10, the last sentence of the methods section runs: ‘In Senegal the Director of the public health centre provided the ethical authorization.’ Given the preceding sentences in this paragraph, I suppose this requires some clarification. What is ‘the public health centre’? What was the authorization needed for? On a more general note, I would propose to change the term ‘health centre’ throughout the text into ‘health facility’ (which would include also ‘hospitals’ throughout the region).

***We have made this clarification in the manuscript. We have replaced the term ‘centre’ with ‘facility’.

3. On p.12, top paragraph, ends with ‘... support the presidential decision’. This is the first time it is mentioned that this initiative (the Sesame plan, mentioned above) is a presidential decision. Again, clear enough for me, but not for readers not familiar with the Senegalese story.

*** The clarification has been made.

4. On p.13, top paragraph, last sentence: “... in addition to the general debt of 12 million,...”. Shouldn’t this be billion?

***This was an error, which we have corrected – thank you!

5. On p.13, third paragraph, third line: “It was as if the decision to organize user fees,...”. Shouldn’t this be ‘abolish user fees’?
6. To put the information in the same paragraph in perspective, I suggest to add to table 2 an item "year of initiation" (under "services exempted").

***We have added this point of information.

7. On p.14, top paragraph, about the middle: “For example, 2% of the subsidy were planned in Burkina Faso”. I do not understand the meaning of this sentence.

***We have clarified this sentence.

8. On p.16, last sentence, going over to p.17: “...the specificity of the policies in Togo (PLHIV) and Senegal (elderly) that were centred on categories of persons with high visibility or strong symbolic power led to greater participation.” Why do the authors think this is a correct ‘explanation’? Such a statement, I think, needs to be backed by some argument.

*** The statement is based on the single case study report done in both countries. We have added some empirical evidence to support it in the manuscript.

9. On p.19, first paragraph: “… as the weaknesses of the policies that generated such tension.” I suggest it is not so much the weaknesses of the policies as, rather, the weaknesses in implementation.

*** You are right; we have made this correction.

10. Same page, 3rd paragraph: “… problems related to the intake of pregnant women, which reinforced this negative feeling.” What is meant by ‘Intake of pregnant women’? What problems?

*** We have clarified this in the manuscript.

11. Same page, last paragraph. “Perception that while the financial barrier has been removed,...”. I suggest to change to “... while a financial barrier...”.

*** Done.

12. On p.20, last paragraph: “… because they were dealing with new types of patients that they had rarely encountered, in situations that were more sensitive than previously,...”. I cannot ‘place’ this information. Why ‘new types of patients’ (PLHIV)? What more sensitive situations?

*** We have added a couple of sentences to clarify this situation.
13. On p. 23, second paragraph/ “... there was scant published knowledge on West Africa”. I suppose this should be “...scant published knowledge on this subject in West Africa”.

*** This sentence has been clarified.

14. On p. 26, second paragraph. The issue of the “few health mutual” (to be strengthened and subsidised) looks somewhat like a non sequitur to me. Why should these community-based health insurance schemes be vehicles for a user fees abolition policy?

*** Mutuals are one of the community-based instruments, and in the few regions where they exist (e.g. Thies in Senegal, Parakou in Benin) these exemption policies seem to have raised problems (that have yet to be documented) because many mutual members are also beneficiaries of the exemption policy (children, pregnant women). The third-party payer system often organized within these policies could, instead of reimbursing the health facilities, process the reimbursement through the mutuals. In this way, these policies would not only strengthen the mutuals, but could also be a first step toward constructing a national insurance system, as happened in Ghana. We could add this explanation to the manuscript if the reviewer suggests it.

15. Same page, next paragraph. “... health workers’ calls for bonuses whenever an innovation is introduced into the system.” Why should innovations lead to bonuses?

*** You are right, and this is why we have tempered this demand in the following sentences. Since this is a subject often raised by the workers, we propose to leave it in the manuscript.

16. On p.26-27: “Innovative features and avenues for research”. I have problems qualifying some of these features as ‘innovative’ or even ‘interesting’. Targeting the elderly in Senegal was indeed ‘new’ but not very surprising if decided by an 80 years old president... Task shifting in Togo is the kind of coping strategy deployed in many countries. Creating an independent agency (Benin) that does not seem to work, is hardly ‘interesting’ (p.28) if not much is to be learned from this initiative. I would suggest the authors to reconsider the wording of this section.

*** We used this vocabulary (innovative) since these features had not yet been documented in the literature on these exemption policies. However, indeed, they are not all innovative if we consider health systems overall. We have therefore changed the vocabulary accordingly in the manuscript and in the abstract.

17. On p.28, Conclusions: “...policy stakeholders employed both tacit and scientific knowledge...”. Should this not rather be “... both tacit and explicit knowledge...”? 
We used the term scientific in the sense that stakeholders also use literature reviews and scientific articles published in their countries.

18. On p.29, point 2: “In the current wave of social protests in Africa, the place and the role of civil society [...] in these policies remain vague and circumscribed.” I was not aware of any particular peak in social protest in Africa, but I probably missed out on that. But what is meant by ‘circumscribed’? And if this is a ‘challenge’, why is this so and what do the authors suggest?

In recent years there have been very many social protests in Africa (Tunisia, Libya, etc.) that have gotten a lot of media exposure, but also in Burkina Faso (against the high cost of living, in 2008 and 2009), or again, recently in Senegal with the most recent elections (2012). Circumscribed means limited. We have added a sentence to clarify our idea with an example. We could add more detail, if the reviewer wishes, such as the recent example of Burkina Faso, where civil society organizations, such as Amnesty International or a local NGO, have produced reports and called media attention to the poor implementation of the delivery subsidy policy, and also to the misappropriation of funds for this policy.