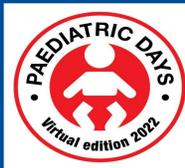


Household expenditures in primary health care centers for children under 5 years old in Burkina Faso, Guinea, Mali and Niger, 2021/2022



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Introduction

Despite payment exemption policies (PEP) in Africa, the persistence of out-of-pocket (OOP) payments exposes households to catastrophic health care expenditures, exacerbating social inequalities. We measure household expenditures in West African primary health centers (PHCs) for the management of children under 5 years.



Figure 1 : Map of the 4 countries and districts of intervention of the AIRE project

AIRE: « Améliorer l'Identification des détresses Respiratoires chez l'Enfant »

PHCs of Burkina Faso : Bissandérou, Oury, Fakéna and Ouahabou

PHCs of Niger : Aéroport 2, Gamkallé, GaranKedey and Kigoudou Kouara

PHCs of Mali : Dougabougou, Sibila, Wacoro and Baoufoulala

PHCs of Guinea : Téliélé, Sinta, Santou and Sarékaly

Results

- From June 2021 to June 2022, 15,953 children were included in the AIRE project. Among 1,696 children selected for the cost study, 1,347 children were fully managed at the PHC level.
- The median (IQR) age ranged from 13 months (8-27) in Niger to 20 months (10-36) in Guinea.
- Overall, the median (IQR) DMC at PHC level in USD was 0 (0-1.6), 3.6 (1.8-6.1), 5.3 (3.2-7.9), and 7.9 (5.1-11.3) in Burkina Faso, Niger, Mali, and Guinea, respectively. Drug costs accounted for an average of 82% of the DMC.
- The median DMC of severe cases ranged from 0.5 (0-3.4) to 5.4 (1.8-7.6) in Burkina Faso and Niger and from 6 (0.9-9.6) to 9 (2.8-12.4) in Mali and Guinea.

Conclusion

In West Africa, OOP payments persist for children years old at PHC level, regardless of PEP, and the main expenditure being on drugs. With the exception of Burkina Faso, OOP payments remain a burden. Health policies should be improved to ensure financial protection for households.

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Ethics statement: This study has been reviewed and approved by the national ethics committees, Inserm and the CER-WHO.

Methods

- The UNITAID-funded AIRE project is evaluating the implementation of the pulse oximeter integrated with IMCI in PHCs in Burkina Faso, Guinea, Mali, and Niger. PEP is full in Burkina Faso and Niger, and partial elsewhere.
- Children <5 years seen in IMCI consultation, classified as simple respiratory, moderate, or severe cases were included with parental consent in four PHCs per country. Each month, 5 simple/moderate, and 5 severe cases were randomly selected per PHC for the cost study.
- Cost data were collected during a time horizon of 14 days in local currencies and converted to U.S. dollars with the average official exchange rate for 2021/2022.
- Direct medical costs (DMC) measured from the household perspective was made up by the expenditures of : consultation, drugs, laboratory exams, Medical and surgical acts, Oxygen therapy and observation of children fully managed at the PHC level and not referred

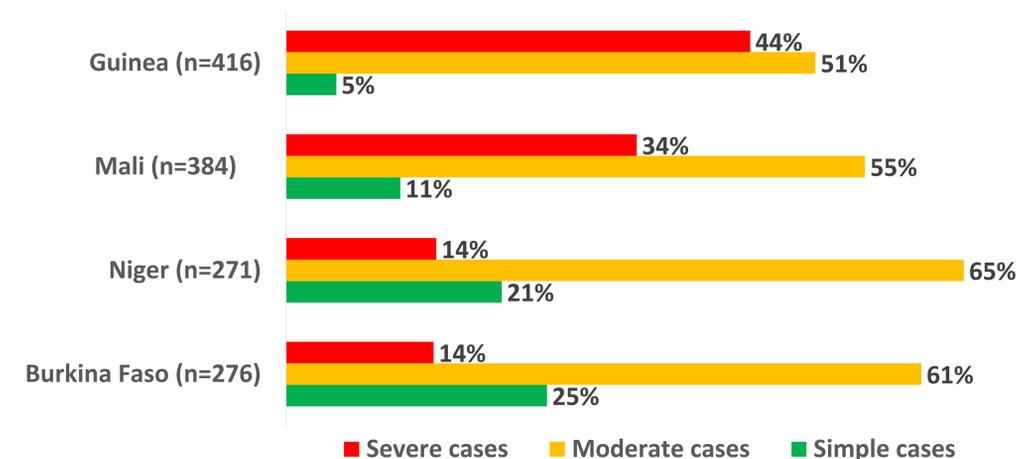


Figure 2: Distribution of children by IMCI+OP classification and by country

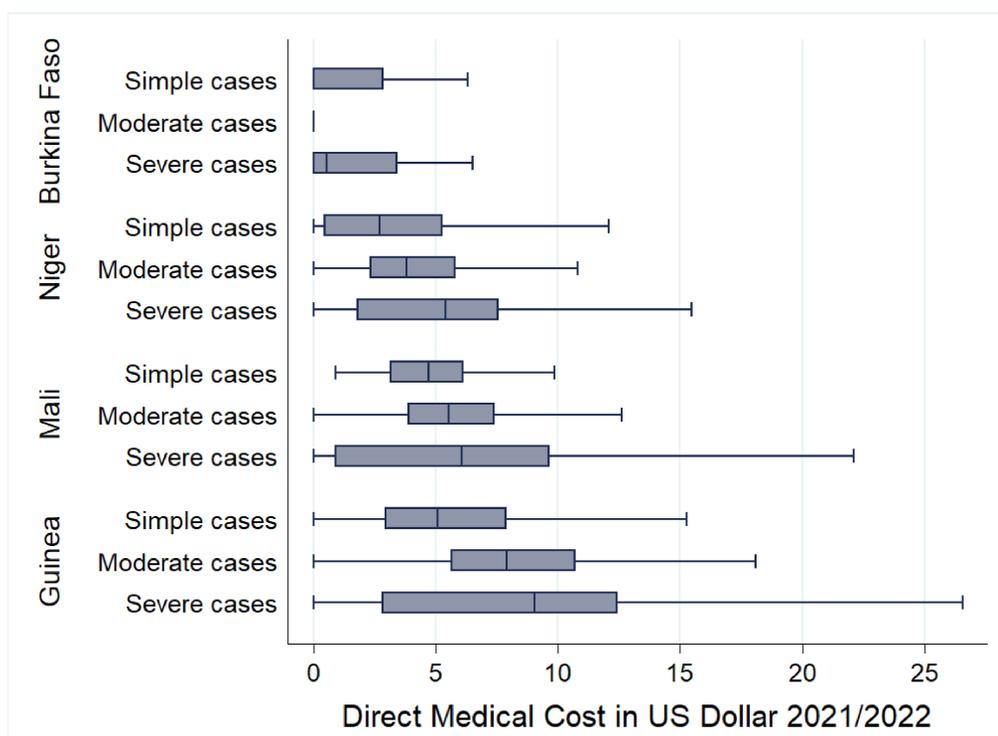


Figure 3: Distribution of the median DMC by IMCI+OP classification and country