



Abril 2008 – SUPPORT Summary of a systematic review

## Does user fees have an impact on the access to health services?

User fees are charges levied at the point of use for any aspect of health services. Due to scant financial resources, many low and middle income countries decided to introduce them to raise additional revenue. It was argued that they would help reduce 'frivolous' consumption of health services, and increase quality of services and equity of consumption thanks to the resources they would yield.

### Key messages

- The review concludes that all other factors remaining the same, the increase of the price of health services tend to lead to a fall in demand.
- A number of questions pertaining to impact on equity or health status, or the effects of the simultaneous introduction of fees and quality improvements, remain unanswered due to the absence or the weakness of existing evidence.



### Who is this summary for?

People making decisions concerning use of user fees in primary and community health care.

### This summary is based on the following systematic review:

Lagarde M, Palmer N. The impact of user fees on access to health services in low and middle income countries. A systematic review. 2006.

### What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies.

### ! This summary includes:

- Key findings from research based on a systematic review
- Considerations about the relevance of this research for low and middle income countries

### X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

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[www.support-collaboration.org](http://www.support-collaboration.org)

### Glossary of terms used in this report:

[www.support-collaboration.org/summaries/explanations.htm](http://www.support-collaboration.org/summaries/explanations.htm)

### Background references on this topic:

See back page

# Background

User fees are charges levied at the point of use for any aspect of health services: registration fee, consultation fee, fees for drugs and medical supplies or any health service rendered. Fees can be paid for each visit or can encompass a whole episode of illness.

According to its supporters, user fees are supposed to fulfil three objectives: 1) to improve efficiency of use and diminish “frivolous” consumption, 2) to raise revenue to complement traditional funding sources (public budget) and therefore improve personnel’s motivation and service quality, and 3) to improve equity of distribution of health services in a given country thanks to the reallocation of resources collected through user fees.

On the other hand exists some concerns over equity issues as it is suggested that utilization can decrease, especially in disadvantaged populations, related to an increase in the user fees.

## How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low and middle-income countries. The methods used to assess the quality of the review and to make judgements about its relevance are described here: [www.support-collaboration.org/methods](http://www.support-collaboration.org/methods)

## Knowing what’s not known is important

A good quality review might not find any studies from low and middle-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as

### About the systematic review underlying this summary

Review objective: To assess the effectiveness of introducing, removing or changing user fees in improving access to care in low and middle income countries, and, where possible, health outcomes.

	What the review authors searched for	What the review authors found
<b>Interventions</b>	Randomised controlled trials, time series analysis or controlled before and after studies addressing three types of interventions: introduction, removal and changes in user fees (increase or decrease).	Two studies were cluster-randomized trials, 6 were controlled before and after studies and 9 were (re-analysed) interrupted time-series (ITS) studies
<b>Participants</b>	Populations who would potentially access health services, it can be either well delineated (e.g. members of a health insurance, pregnant women targeted by a voucher scheme) or more broad.	Health districts in some cases and health centers (primary care centers or hospitals) inside the same district in others.
<b>Settings</b>	Studies taking place in low and middle-income countries.	Two studies centre on Latin American (middle income) countries: Ecuador and Colombia. The rest of the included studies use data from low-income countries, essentially from Sub-Saharan Africa: Cameroon, Niger, Sudan, Gabon, Uganda, South Africa, Lesotho and Kenya.
<b>Outcomes</b>	<i>Primary outcomes:</i> changes in access to care or health care expenditure. <i>Secondary outcomes:</i> equity and patient outcomes.	When fees were introduced or increased, we found the use of health services decreased significantly in most studies. Two studies found opposite results when quality improvement was introduced at the same time, however several biases limit their validity. We found no evidence of effects on health outcomes or health expenditure.

**Date of most recent search: January 2006**

**Limitations:** This is a good quality systematic review with only minor limitations.

Lagarde M, Palmer N. **The impact of user fees on access to health services in low and middle income countries. A systematic review.** 2006.

# Summary of findings

The review included 2 cluster-randomized trials, 6 controlled before and after studies and 9 interrupted time-series (ITS) studies. Most studies had some methodological limitations. All the studies included were in low and middle income countries. Most included studies focus on outpatient fees in general. None of the studies reported effects on patient drug expenditures or health outcomes.

Based on this weak evidence, it seems that user fees have a detrimental effect on health service utilization. Yet when associated with other factors, such as significant quality improvements, user fees could increase service use.

## 1) Introduction or increase in user fees

The review included 8 studies from 5 countries. In general these studies address changes of outpatients visits. The evidence on the impact of introducing or increasing user fees is equivocal mainly due to the weaknesses of the studies.

→ The meta-analysis showed equivocal evidence of low quality on user fees effect on health care utilization

### About quality of evidence (GRADE)

⊕⊕⊕⊕

**High:** Further research is very unlikely to change our confidence in the estimate of effect.

⊕⊕⊕○

**Moderate:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

⊕⊕○○

**Low:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

⊕○○○

**Very low:** We are very uncertain about the estimate.

For more information, see last page.

## Introduction or increase in user fees

**Patients or population:** Health districts

**Settings:** Formal or informal low income communities

**Intervention:** Introduction or increase in user fees

**Comparison:** Usual care

Outcomes	Absolute change before after	Quality of the evidence (GRADE)	Comments
<b>Total visits</b>	From -71% (decrease) to +11% (increase)	⊕⊕○○ LOW	
<b>Number of visits for antenatal care</b>	From -10% to -17% depending on the amount of increment in the user fees	⊕⊕○○ LOW	
<b>Number of visits for OB-GYN</b>	From -26% to -32% depending on the amount of increment in the user fees	⊕⊕○○ LOW	

## 2) Removal or decrease in user fees

Five studies describe the impact on health utilization of removing user charges: two of them describe the national policy implemented in Uganda, one depicts a nationally implemented policy change in South Africa and the last two were done in Kenya.

All of the studies report utilization data obtained from facility registers, and all studies suffer from concurrent major external changes that may have affected the utilization of health services.

The review concludes in general that removing user fees in low-income settings seems overall to have a positive immediate impact on utilization.

→ There is low quality evidence that suggests that removing user fees in low-income settings seems to have a positive impact on health care utilization.

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### Removal or decrease in user fees

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**Patients or population:** Health districts

**Settings:** Formal or informal low income communities

**Intervention:** Removal or decrease in user fees

**Comparison:** Usual care

Outcomes	Absolute change before after	Quality of the evidence (GRADE)	Comments
<b>Number of children assisted in health centres</b>	Increase from 32% to 280% depending on the magnitude of the decrement of the user fees.	⊕⊕○○ LOW	
<b>Number of women assisted in health centres</b>	Increase from 27% to 131% depending on the magnitude of the decrement of the user fees.	⊕⊕○○ LOW	
<b>Number of monthly new users</b>	Increase from 236% to 241% depending on the magnitude of the decrement of the user fees.	⊕⊕○○ LOW	

GRADE: GRADE Working Group grades of evidence (see above and last page)

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# Relevance of the review for lower and middle income countries

## → Findings

## ▷ Interpretation\*

### Applicability

→ The majority of the studies included in the review deal with the introduction or increase of user fees. They found relatively few studies on removal of user fees. The studies reviewed were all done in low and middle income countries but the quality of this evidence was weak.

▷ *Based on this weak evidence, increasing or introducing user fees seems to deter people from seeking care.*  
▷ *Factors that need to be considered for successful removing of user fees:*  
– *Planning for the additional resources required, for example, increased drug supply*  
– *Monitoring and regulation of informal charging by health workers to compensate for the additional workload and the loss of revenue*

### Equity

→ Overall, the included studies provided little data regarding differential effects of the interventions for disadvantaged populations.

▷ *It is supposed that an increase in user fees can have an unequal effect on different kinds of socioeconomic strata.*

### Cost-effectiveness

→ The review remarks that the revenue generated by the introduction of user fees is limited. Estimates are below 10–20% of recurrent costs, even though they can contribute critically to non-salary recurrent costs.

▷ *It is argued that user fees can be associated with quality improvements interventions. But questions remain concerning the sustainability of the quality improvements they introduced, and in particular whether the revenues raised via the user fees covered the cost of the innovations introduced.*

### Monitoring & evaluation

→ The study address the increase or decrease in some indicators of access to health care.

▷ *Adequate monitoring of this type of intervention would require health information systems that may not be available in some settings. This can be addressed by using human resources to collect information, but this would increase the cost of monitoring.*

\*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in lower and middle-income countries. For additional details about how these judgements were made see:

[www.support-collaboration.org/summaries/methods.htm](http://www.support-collaboration.org/summaries/methods.htm)

# Additional information

## Related literature

**This chapter summarizes the financing mechanisms of health systems:** The world health report 2000 – Health systems: improving performance. Chapter 5: Who pays health systems?. OMS. 2000. [http://www.who.int/whr/2000/en/whr00\\_ch5\\_en.pdf](http://www.who.int/whr/2000/en/whr00_ch5_en.pdf)

**Review about the impact of user fees:** Creese, A. L. (1991). "User charges for health care: a review of recent experience." Health Policy Plan 6(4): 309–19.

**Review evaluating the impact and monitoring of social interventions:** Savedoff, W. D., R. Levine, et al. (2006). When Will We ever learn? Improving Lives Through Impact Evaluation Washington, D.C., Evaluation Gap Working Group, Center for Global Development. <http://www.cgdev.org/content/publications/detail/7973>

## About quality of evidence (GRADE)

The quality of the evidence is a judgement about the extent to which we can be confident that the estimates of effect are correct. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the type of study design (randomised trials versus observational studies), the risk of bias, the consistency of the results across studies, and the precision of the overall estimate across studies. For each outcome, the quality of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

**For more information about GRADE:** [www.support-collaboration.org/summaries/grade.htm](http://www.support-collaboration.org/summaries/grade.htm)

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## Conflict of interest

None declared. For details, see: [www.support-collaboration/summaries/coi.htm](http://www.support-collaboration/summaries/coi.htm)

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## This summary should be cited as

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## (example text) This summary was prepared with additional support from:



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