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Service- and population-based exemptions: Are these the way forward for equity and efficiency in health financing in low-income countries?

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[Innovations in Health System Finance in Developing and Transitional Economies](#)
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Abstract

Objective – The first wave of experiences of exemptions policies suggested that poverty-based exemptions, using individual targeting, were not effective, for practical and political economic reasons. In response, many countries have changed their approach in recent years – while maintaining user fees as a necessary source of revenue for facilities, they have been switching to categorical targeting, offering exemptions based on high-priority services or population groups. This chapter aims to examine the impact and conditions for effectiveness of this recent health finance modality.

Methodology/approach – The chapter is based on a literature review and on data from two complex evaluations of national fee exemption policies for delivery care in West Africa (Ghana and Senegal). A conceptual framework for analysing the impact of exemption policies is developed and used. Although the analysis focuses on exemption for deliveries, the framework and findings are likely to be generalisable to other service- or population-based exemptions.

Findings – The chapter presents background information on the nature of delivery exemptions, the drivers for their use, their scale and common modalities in low-income countries.

implementation and implications for policy-makers, including the acceptability and sustainability of exemptions and how they compare to other possible mechanisms.

Implications for policy – The chapter concludes that funded service- or group-based exemptions offer a simple, potentially effective route to mitigating inequity and inefficiency in the health systems of low-income countries. However, there are a number of key constraints. One is the fungibility of resources at health facility level. The second is the difficulty of sustaining a separate funding stream over the medium to long term. The third is the arbitrary basis for selecting high-priority services for exemption. The chapter therefore concludes that this financing mode is unstable and is likely to be transitional.

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