

## **Author's response to reviews**

**Title:** A process evaluation of user fees abolition in two districts in Niger (West Africa)

### **Authors:**

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**Author's response to reviews:** see over

## Author revision report 1

Old Title : A process evaluation of user fees abolition in two districts in Niger (West Africa)

New title : A process evaluation of user fees abolition for pregnant women and children under five years in two districts in Niger (West Africa)

To the editor

I am pleased to send you the latest version of our article, in which we have tried to address all the comments of the three reviewers. We hope it now meets the requirements of BMC Health Services Research.

General comments

We thank the reviewers for their useful comments.

Abstract: reworked to 350 words.

Ethics: a sentence has been added at the end of the Methods section saying that the Ministry of Health's District Services authorized this study.

NGO support: a letter from the NGO is attached.

Reply to reviewer: Juliet Nabyonga-Orem

*1. Repetitions in the paper, for example, a quote from qualitative findings under actors' perceptions of outcomes is repeated*

The quote on page 23 has been deleted.

*2. Health system organization*

The reviewer's understanding of the system's organization is exactly as we described it. However, to make it clearer, we have completely reworked the third paragraph of the Intervention Background section based on the reviewer's suggestions.

*3. Involve the health system as a whole*

In fact, this point is quite important. A sentence to this effect has been added in the middle of the Conclusion.

*4. Page 7 modification*

Words have been changed.

*5. Page 8: Indicate what percentage increase*

The grant of 110 US\$ was not to increase the government allocation; rather, this amount was calculated in order to compensate for the financial losses of the cost-recovery scheme.

*6. Page 8: how much, on average, was being collected at the health facility level*

Unfortunately, we do not have this information, and the current national health information system is not robust enough to support that calculation.

*7. Medical evacuation*

One sentence has been added in the Background, third section.

*8. Focus groups*

We conducted 8 focus groups with 168 persons. Details have been added to the text and Table 2.

*9. Table 1*

NA = detail has been added.

The footnote about single vs. independent was in the manuscript; perhaps the reviewer did not have access to it?

*10. Page 5*

We agree and have rephrased this sentence.

Reply to reviewer: Sophie Witter

General comments: We agree that some recent publications on West Africa were missing, but they were not yet available at the time this article was submitted. We have now incorporated them into the article; see below.

*p. 4 – Uganda and Ghana details*

Done, on page 4. One sentence has been added regarding the mixed results on equity in Ghana.

*pp. 7-8 – Exempted fees*

Detail has been added at the end of the second paragraph regarding the exact fees abolished.

*p. 17: Demand responses*

We agree with the reviewer that this would be important, but unfortunately it is not possible in this article, for two reasons. First, this article, which is already long, is focused on process; we therefore want to give due attention to this aspect, which is too rarely done. Then, the NGO had not instituted a monitoring system before its intervention to evaluate this increase in demand. We are therefore limited to using only routine data from the National Health Information System (SNIS). Yet it is widely acknowledged in the region that Niger's SNIS is not really dependable. Furthermore, the agents have since received training in filling out the SNIS data collection instruments, which introduces the risk of further biasing the changes observed.

*p. 23: Same quote*

Deleted.

*p. 23: Methodological limitation re NGO intervention*

This is a good point which we have added to the Methodological Limitations section

*p. 24: Triangulation of practical strategies with Burkina Faso and Senegal*

At the time we submitted this article, the chapter of the book on Senegal had not yet been published and we had not yet documented our Burkina experience. Now that the book is available and we have just published a report on Burkina for UNICEF, we have added a few points on this subject in this section. A section has been added on Burkina Faso and Senegal.

The point regarding the national policy of abolishing user fees for caesareans was added to this section. Three sentences were added, recognizing that we could not provide much detail due to space limitations. We also make reference to Senegal.

*p. 26: Income increase unconnected to the user fee abolition*

We have added detail, thanks.

Reply to reviewer: Fabienne Richard

*NGO bias*

We agree with this comment and, as requested by another reviewer, have added this point to the Methodological Limitations section, especially with regard to the comparison between NGO and State interventions that must be documented in the future.

I understand the need to document the current State process for user fees abolition, but this was not the objective of this paper as, at the time of this study, the governmental intervention was not in place.

We added in this new version some evidence from Burkina Faso and Senegal, but we have not found any scientific evidence from Mali at this time.

### *1. Title*

The title has been reformulated.

### *2. Abstract*

Details have been added regarding the NGO, target population, design and date of study.

### *3. Page 6: Lesson drawn*

The NGO bias is now stated in the Methodological Limitations section

### *4. Page 8: Innovation*

The reviewer's comment is correct, but it is basically due to the fact that we did not adequately specify the target public and the services covered. Also, we have added in the last sentence of the paragraph that this applies to the abolition of payment for all services for children under 5 years and pregnant women. In our understanding, the term innovation does not mean that this was not tried elsewhere, but to our knowledge, the scale of this abolition, across two entire districts (one million inhabitants), is quite new for the region. Some services had been free for a long time (leprosy, TB), or, more recently, for very specific services (ARV), but at that time, to our knowledge, it was rare to find experiences of this scale involving all services (not just ACT like in Mali) for children under the age of five. Nevertheless, we have added certain points to the Discussion regarding Senegal (reviewer 2) and Burkina Faso (recent analysis).

### *5. Methods*

All the details requested have been added.

### *6. NGO bias*

The NGO bias is now stated in the Methodological Limitations section.

### *7. SNIS data*

We agree; please see our comment to the other reviewer above regarding the low quality of these data.

### *8. Unintended outcomes*

Again, the NGO bias is now stated in the Methodological Limitations section. But as we understand the reviewer's suggestion that the abolition of user fees in general not be associated directly with the unintended outcomes, but rather with the NGO's intervention, we added this point in the first sentence of this section. In the Discussion, we have also added a sentence at the end of the section on the potential role of the State regarding these practices.

### *9. Behaviours during our observations*

We added in this sentence (repeated from the Methods section) that this observation was done in 12 CSIs. For evidence on activities, see earlier comments.

#### *10. Limitations*

The NGO bias is now stated.

#### *11. First studies*

Detail has been added to the first sentence of this section, and in the rest of the section we added some discussion on Senegal and Burkina Faso using information which was not accessible at the time of the submission.

#### *12. Impacts*

Please see earlier comments.

#### *13. Workload*

We agree. We have moved this part to the section “Actors’ perceptions of outcomes.”

#### *14. Table 5*

This was an error; no table is needed.

#### *15-Observation period*

Done in Methods section.

#### *16. Workload*

It is difficult to know the number of persons per CSI because of the poor quality of the statistics. Nevertheless, under “Actors’ perceptions of outcomes” in the Results section, we have added data on the number of visits per day, which gives an interesting idea of the workload, knowing that there is always more than one person per CSI.

#### *17. Conclusion*

Several sentences have been added to the Conclusion to respond to the reviewers’ requests.

#### *18. MM Ratio and GOGEC*

Done.