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Reconciling Senegalese People with Their Healthcare System: How to Reduce Healthcare Renunciation?

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Established at the initiative of the Directorate of Development Cooperation, CAIPD brings together researchers from LISER and J-PAL Europe to equip the government with methodological tools for impact evaluations and programme monitoring in cooperation projects.



Summary

In Senegal, the effectiveness of efforts made to develop universal healthcare coverage is hindered by the fact that a significant part of the population refrains from exercising their rights. There is a distinction between cost-related renunciation as a barrier and renunciation as a refusal, reflecting individuals' preferences for other means of addressing their health issues. Survey data shows that both forms of renunciation coexist, even among individuals with serious illnesses benefiting from free healthcare programmes. Suggestions are made to reduce the prevalence of healthcare renunciation and to gain a better understanding of its underlying decision-making processes.

Context

Health is a determinant of labour productivity. Senegal is on the verge of benefiting from a significant demographic dividend. To convert this potential into economic growth, it is crucial to improve the health status of the working-age population. However, effective healthcare investments require meeting the population's needs and gaining their support.

Process of Healthcare Renunciation

A survey conducted in three regions of the country reveals that 41.2% of individuals who have suffered from illnesses and accidents do not seek healthcare services. This proportion remains high (28.7%) among beneficiaries of free healthcare programmes. Half of healthcare renunciation results from economic barriers, while the other half stems from a reluctance to seek modern medicine.

Effects of Healthcare Renunciation

Individuals suffering from chronic, degenerative, and metabolic diseases are more likely to refrain from seeking healthcare compared to those with other medical conditions. This healthcare renunciation contributes to worsening the health of seriously ill individuals, increasing long-term healthcare expenses, and impeding productivity gains.

Main Takeaways

Several recommendations can be formulated to reduce healthcare renunciation:

- Adapt and strengthen healthcare services, both in terms of quantity and quality. This includes improving the supply of essential medications within public healthcare facilities.
- **Conduct awareness campaigns** highlighting the importance of healthcare, the significance of timely treatment for specific diseases, and the risks of traditional practices.
- Reduce reliance on traditional medicine and regulate the informal sale of medicines.
- **Rethink decentralisation** of specialised healthcare services and mutual healthcare organisations to reach a larger segment of the population.