# Difficult Choices in Health Care Decisions Pre, During and Post Conflict in Sierra Leone

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## INTRODUCTION

Sierra Leone emerged from a decade of civil conflict in 2002. While most households experienced hardship during and following the end of the war, the difficulties in seeking affordable health care had begun long before that.

***Before*** the conflict, studies show a poorly functioning and drastically under-funded primary care system failing to deliver basic services (1).

***During*** the conflict (1991-2002) access to public health care was difficult, including from humanitarian agencies. High out of pocket expenditure was the norm - 91% of total health expenditure in the mid 1990s was private of which 95% was out-of-pocket (2). This shows there was virtually no social protection from the financial risk associated with ill health.

***Post*** conflict (2002 to date), public health services, initially provided free, re-started the Cost Recovery Programme, aiming to recover 40% of the drug costs (3). Exemptions for children under 5, the elderly, people with disabilities and destitute were rarely enforced.

In 2010, the **Free Health Care Initiative (FHCI)** was introduced to provide essential services free to pregnant and lactating women and children under 5.

## STUDY AIM

The study sought to understand:

- How people met their varying needs for health care pre, during and post conflict
- The factors that influenced their health seeking behaviour
- How poor households coped with health costs

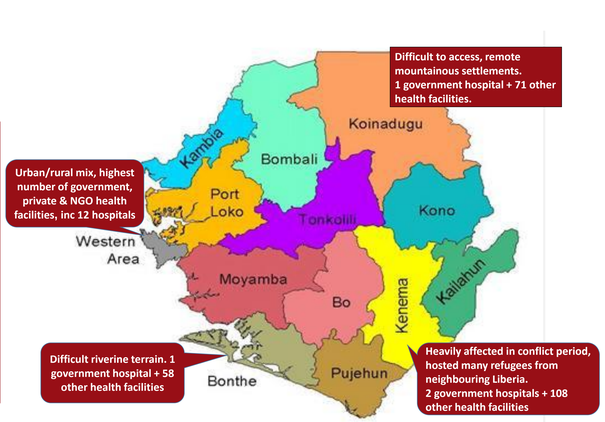
## METHODS

A **life histories approach** was used.

- **30 participants** (19 male, 11 female)
- **4 districts** (Western Area, Kenema, Koinadugu and Bonthe), representing urban/rural variations and varying degrees of remoteness and poverty.
- **Inclusion criteria** included: head of household; over 50 years old.

As well as an in-depth interview, respondents drew a **timeline** of events pre, during and post-conflict describing illness episodes and health seeking behaviour, for themselves and other household family members.

Data analysis focused on personal illness at household level, health seeking behaviour, and the reasons for those choices. Cost implications and substitutions in other household expenditures were explored, and the ways in which health care costs were met.




## FINDINGS

**1) Respondents' experiences reflected the life course**:

➲ **From births and communicable diseases when families were young** *"... the money was not sufficient for* [his wife] *to go to hospital. She was helped by the native nurse, these are the elderly women that have an understanding in delivery"* (Bonthe 5, male, 56, pre-conflict)

**.....to chronic conditions with ageing** *"During the war, I was having good health. But since the Kamajor times (conflict), I was suffering from hypertension, this affects my whole body* (Bonthe 4, female, >50).

➲ **From sufficient livelihoods and careers when young (during pre-conflict)**: *" ...During that time [during and following delivery of her children] the bills were not that much and I was doing some business and work"* (Western Area 303, female, 54)

**.....to survival livelihoods and end/loss of career (during/post conflict)**: *"... I used to do business, I had a small shop up here... the war made everything get spoilt in my hand..."* (Koinadugu 1, male, 73)

➲ **From (some) ability to pay health costs when younger**: *"I paid the bills through the business that I do with my wife"* (Bonthe 9, male, >50)

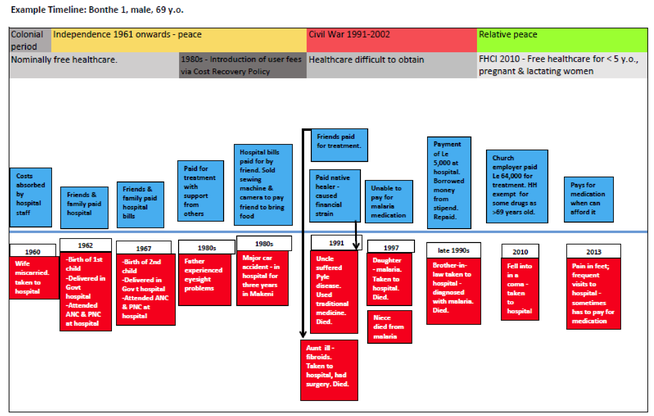
**....to significantly reduced ability to pay with loss of livelihoods and ageing:** *" ... I had a plot of land, when my wife died I had to sell it to arrange the funeral ceremony and to have some money so that the child could be treated whenever he was taken to hospital."* (Kenema 309, male, 83)

**2) Throughout all periods, people relied on self care, traditional (rural) and private providers (urban), as public health care was either not available or unaffordable.** *"...I was diagnosed with hypertension and a number of diseases, I do not have money to buy the drugs. I had to go back home and started taking herbal medications"* (Kenema 309, male 83).

**3) Social capital - of family members, neighbours and community members - was essential in helping meet health care costs.**
*"... I have friends who I meet when one of my children is ill. Some give me Le 5,000, others Le 20,000 or Le 10,000. That can help to solve the problem."* (Kenema 309, male, 83)

**4) The Free Health Care Initiative received mixed views:**
*"there is free health care but I do not see any effect, they say it is for the under five but even for the under five when you go to the hospital they will ask you to buy medications ... they will prescribe you medication and ask you to go and buy these drugs ... like my child that was admitted at the [named] Hospital, I bought the needle and syringe"* (Western Area 301, male, 50+)

## EXAMPLE OF TIMELINE




## CONCLUSIONS

- Health care costs, including transport and related costs, created difficulties for poor households in accessing health care pre, during and post conflict. Exemption policies in place during these periods were not enforced, and poor households often chose to avoid public health care, using self care or traditional practitioners instead.
- When public health care was sought for serious illness or births, individuals relied on sale of assets, borrowing or turning to social networks.
- While welcoming the FHCI, not all participants found it covered the main costs such as drugs and supplies.
- Social protection from the costs of chronic conditions related to age (e.g. hypertension, arthritis) and disability (e.g. visual impairment) was routinely called for by the elderly participants.

## REFERENCES

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2 Global Health Observatory.: Sierra Leone

3 Ensor, T. etal 2008. Review of financing of health in Sierra Leone and the development of policy options; final report. Oxford Policy Management

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