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Response to the letter 'Impact of the free health care policies in Burkina Faso: Underscoring important nuances'

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Dear Editor,

We are grateful to the authors of this letter for the opportunity to reflect on the strengths and weaknesses of our paper published in the August 2024 issue of Health Policy and Planning. While we appreciate the effort that has gone into examining our work carefully, we are afraid that we cannot agree with the criticism raised against our work. We explain why hereafter.

The authors start by arguing that we neglect to recognize how the *gratuité* policy is not a homogenous policy but is made up two different elements, i.e. a 'top-up' subsidy to the partial fee removal introduced by the SONU policy in 2007 for delivery services and a full user fee removal for curative services for children under 5. While we omit this specification in the abstract, exclusively due to word limitation, our entire manuscript is constructed around a profound awareness of this difference, as a team with a long-standing commitment to document user fee reduction and removal policies in Burkina Faso (De Allegri et al. 2012, Ridde et al. 2014, Zombré et al. 2017, Nguyen et al. 2018, Aye et al. 2022). We refer to the history of SONU and *gratuité* in the introduction; we choose to model the two services separately using two different sets of comparators; and the SONU policy is central to explaining our observed lack of effectiveness of the gratuité on delivery services (first substantive argument of our discussion). Moreover, we assume that the authors of the letter know how their suggestion to model the 'two stages during which maternal care gradually became free' is unfeasible since the introduction of the SONU policy dates to a time prior to the introduction of a digitalized health management information system (HMIS) in the country (Kebe et al. 2020). Hence, data for such analyses are not available (Meda et al. 2023). We note here that we are so profoundly aware of what it takes to move from partial to full user fee removal for maternal care services that we have authored a dedicated manuscript on the matter, using data collected on our own in districts where this transition took place prior to the national scale up. Yet, the purpose of the current manuscript is not to examine the marginal benefit of partial vs. full removal but to assess long-term and sustained effects of full removal policies, once in place, considering the frail state of the Burkinabè setting.

The second fundamental criticism that is raised against our work is the fact that we model a single interruption while five districts implemented the gratuité a few months earlier. We do not find this criticism relevant considering that we work with over 5 years of data and with a focus on long-term effects. The results of the sensitivity analysis, including an earlier interruption to account for early implementers (2 months difference),

are consistent with the primary analysis, which is purposely chosen to represent the most conservative scenario. Similarly, we do not consider the criticism advanced by the authors in relation to the potential bias that may arise from spillover effects to children above 5 years of age to be relevant, because when using HMIS data this is likely to play out in exactly the opposite direction as to what the authors postulate, as discussed in our methodological considerations (Banke-Thomas et al. 2023). One point we could agree with is that early implementers may develop different patterns than later implementers, but as noted in our methodological considerations, we focused exclusively on an aggregate national-level analysis since we did not have sufficient statistical power to examine the sources of heterogeneity in our data. We have pointed at this as an area for future research.

Thirdly, the authors argue that we do not consider as explanation for the observed declining trend in child health service use the coexistence of parallel community-based and health promotion initiatives. We wish to bring to their attention the fifth paragraph of our discussion where we may be using slightly different languages, but where essentially, we raise the same point, i.e. how increasing investments in other areas of childcare may lead to a decrease in use of curative services.

Lastly, the authors appear to be disappointed that we do not share our codes as an appendix. We have worked with the journal statistical reviewer to specify our equations so that following Stata and R manuals all codes can easily be replicated. We reassure the reader that we made no use of user-written commands to perform these analyses; hence we hope that others will be able to replicate our analysis in other settings.

Trusting that our work can serve as an initial stimulus for others, we remain open to dialogue at any point in time and are optimistic that more research will follow to elucidate on the questions still left open by this first analysis into how free health care policies can sustain their effects over time even in fragile settings.

Reflexivity Statement

The authorship team comprises five female and four male researchers. Four coauthors are from low- and middle-income countries (LMICs), with two specifically from Burkina Faso. The remaining authors build on an extensive research and policy experience in Burkina Faso and the surrounding region. With members at various levels of seniority, the team possesses diverse expertise in health care, health economics, health financing, statistics, health policy, and health system research in LMICs.

Conflict of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

Aye TT, Nguyen HT, Brenner S, *et al*. To what extent do free healthcare policies and performance-based financing reduce out-of-pocket expenditures for outpatient services? Evidence from a quasi-experimental study in Burkina Faso. *Int J Health Policy Manag* 2022;**12**:1–11.

Banke-Thomas A, Offosse MJ, Yameogo P, *et al*. Stakeholder perceptions and experiences from the implementation of the Gratuité user fee exemption policy in Burkina Faso: a qualitative study. *Health Res Policy Syst* 2023;**21**:1–10.

De Allegri M, Ridde V, Louis VR *et al*. The impact of targeted subsidies for facility-based delivery on access to care and equity – evidence from a population-based study in rural Burkina Faso. *J Public Health Policy* 2012;**33**:439–53.

Kebe M, Ouangaré A, Tohouri RR *et al*. Evaluation de la performance du système d'information sanitaire de routine (PRISM) au Burkina Faso. 2020. https://www.measureevaluation.org/resources/publications/tr-20-420-fr.html (6 March 2025, date last accessed).

Meda IB, Kouanda S, Ridde V. Effect of cost-reduction interventions on facility-based deliveries in Burkina Faso: a controlled interrupted time-series study with multiple non-equivalent dependent variables. *J Epidemiol Commun Health* 2023;**77**:133.

Nguyen HT, Zombré D, Ridde V, *et al*. The impact of reducing and eliminating user fees on facility-based delivery: a controlled interrupted time series in Burkina Faso. *Health Policy Plann* 2018;**33**:948–56.

Ridde V, Agier I, Jahn A, *et al*. The impact of user fee removal policies on household out-of-pocket spending: evidence against the inverse equity hypothesis from a population based study in Burkina Faso. *Eur J Health Econ* 2014;**16**:55–64.

Zombré D, De Allegri M, Ridde V. Immediate and sustained effects of user fee exemption on healthcare utilization among children under five in Burkina Faso: a controlled interrupted time-series analysis. *Soc Sci Med* 2017;**179**:27–35.

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