



# Are Africans willing to pay higher taxes or user fees for better health care?

By Thomas Isbell

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## Introduction

In many parts of Africa, access to and quality of medical services remain poor (Deaton & Tortora, 2015; KPMG, 2012; Lowell, Conway, Keesmaat, McKenna, & Richardson, 2010; Streefland, 2005). While economic growth in recent decades has fostered improved health care on the continent, weak funding, brain drain of trained professionals, and ongoing battles with diseases such as TB, HIV, diarrheal diseases, and malaria as well as recurring epidemics such as Ebola continue to put immense pressure on medical systems in many countries (Ighobor, 2015; McKay, 2015; Chothia, 2014).

Struggling medical systems confront governments and citizens with difficult choices: Needed investment in the medical sector must compete with other priorities, and increasing health spending by cutting other programs may not be a popular or even feasible solution. One alternative may be to raise taxes or user fees in order to increase available funding.

In its Round 6 surveys, Afrobarometer asked citizens in 36 African countries whether they would support or oppose paying higher taxes or user fees in order to increase government spending on public health care.

This paper describes citizens' responses and analyzes whether they are correlated with demographic factors, access to health services, and perceptions of health care, government performance, and official corruption.

## Afrobarometer survey

Afrobarometer is a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues across more than 30 countries in Africa. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples, which yield country-level results with a margin of sampling error of +/-2% (for a sample of 2,400) or +/-3% (for a sample of 1,200) at a 95% confidence level.

Round 6 interviews with almost 54,000 citizens represent the views of more than three-fourths of the continent's population.

## Key findings

- On average across 36 surveyed countries, half (49%) of Africans went without medical care at least once in the year preceding the survey. Countries vary widely on this indicator, ranging from 3% in Mauritius to 78% in Liberia and 77% in Togo.
- Among Africans who obtained medical care, four in 10 (42%) found it "difficult" or "very difficult" to do so.
- Africans are almost evenly divided on the question of whether to pay higher taxes or user fees in exchange for increased government spending on health care, with 42% in favour and 45% opposed. Only eight of 36 surveyed countries register majority support for such a policy (Madagascar, Mozambique, Senegal, Burkina Faso, Liberia, Mali, Namibia, and Gabon).
- Support for higher taxes/fees in exchange for increased health-care funding is correlated with public trust in the tax department and the president, positive performance evaluations for the president and members of Parliament, and the perception that leaders want to serve the people rather than themselves.
- Perceptions of official corruption and difficulties experienced in obtaining health care, on the other hand, tend to reduce support for higher taxes.

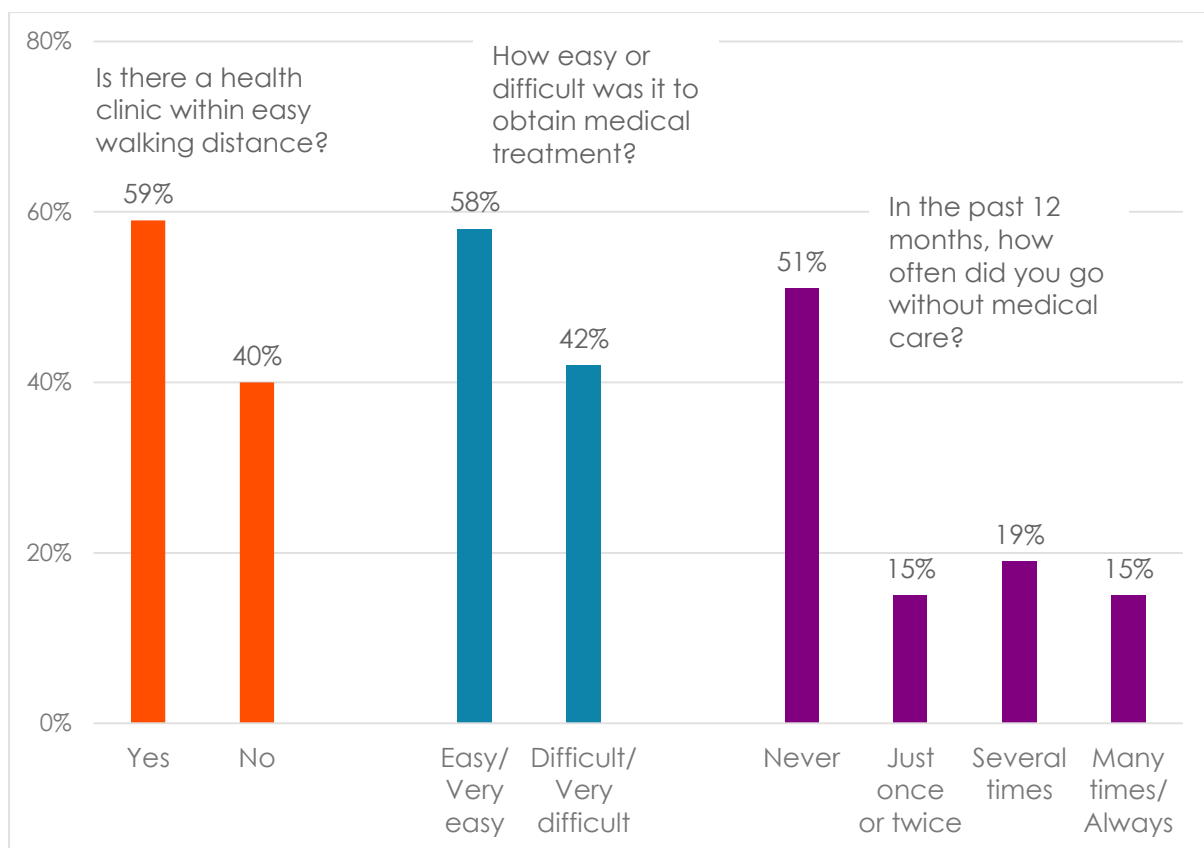


## Access to health care

Accessible health services are a prerequisite for adequate health-care provision. Afrobarometer surveys assess public access to health services in three ways: Survey enumerators record whether a public hospital or clinic is in each survey enumeration area or “within easy walking distance”; respondents are asked whether they accessed health services during the previous year and, if so, how easy or difficult it was to obtain the services they needed; and respondents are asked how often, during the preceding year, they or their families went without needed medicines or medical care.

As shown in Figure 1, on average across 36 countries, four in 10 citizens (40%) do not have a nearby health clinic. Among those who accessed medical care, 42% found it “difficult” or “very difficult” to do so. And about half (49%) say they went without needed care at least once during the previous year, including 15% who say they did so “many times” or “always.”

**Figure 1: Availability of health services | 36 countries | 2014/2015**



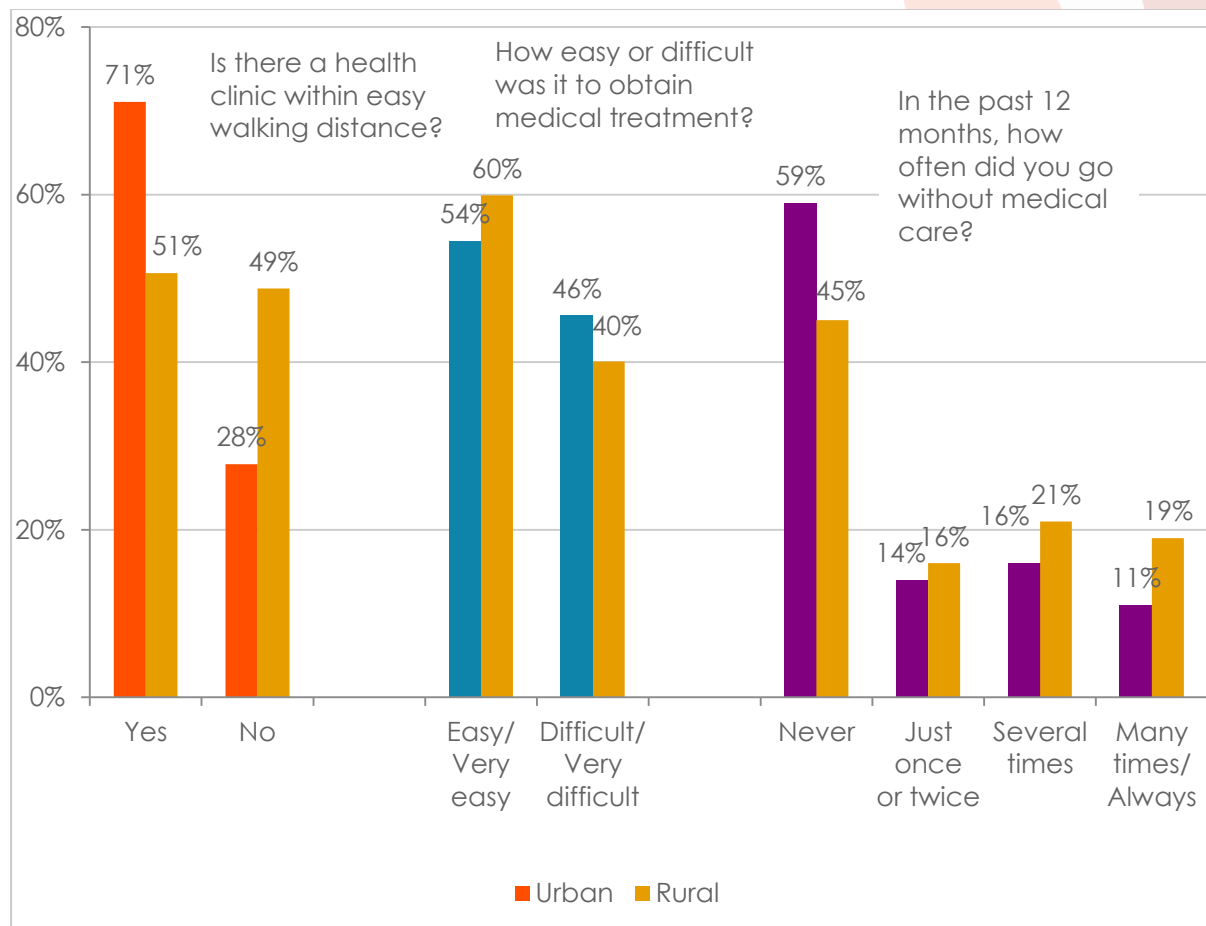
**Enumerators were asked to record** whether a clinic was available in the enumerations area or within easy walking distance.

**Respondents were asked:**

- *In the past 12 months, have you had contact with a public clinic or hospital? [If yes:] How easy or difficult was it to obtain the medical care you needed?*
- *Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?*

These numbers differ considerably depending on where respondents live. On average across 36 countries, urban residents are more likely than rural residents to have a health clinic within walking distance (71% vs. 51%) and to “never” go without medical care (59% vs. 45%) (Figure 2). However, they are also more likely to report difficulties in obtaining health care (46% vs. 40%).

**Figure 2: Availability of health services** | urban vs. rural areas | 36 countries  
| 2014/2015



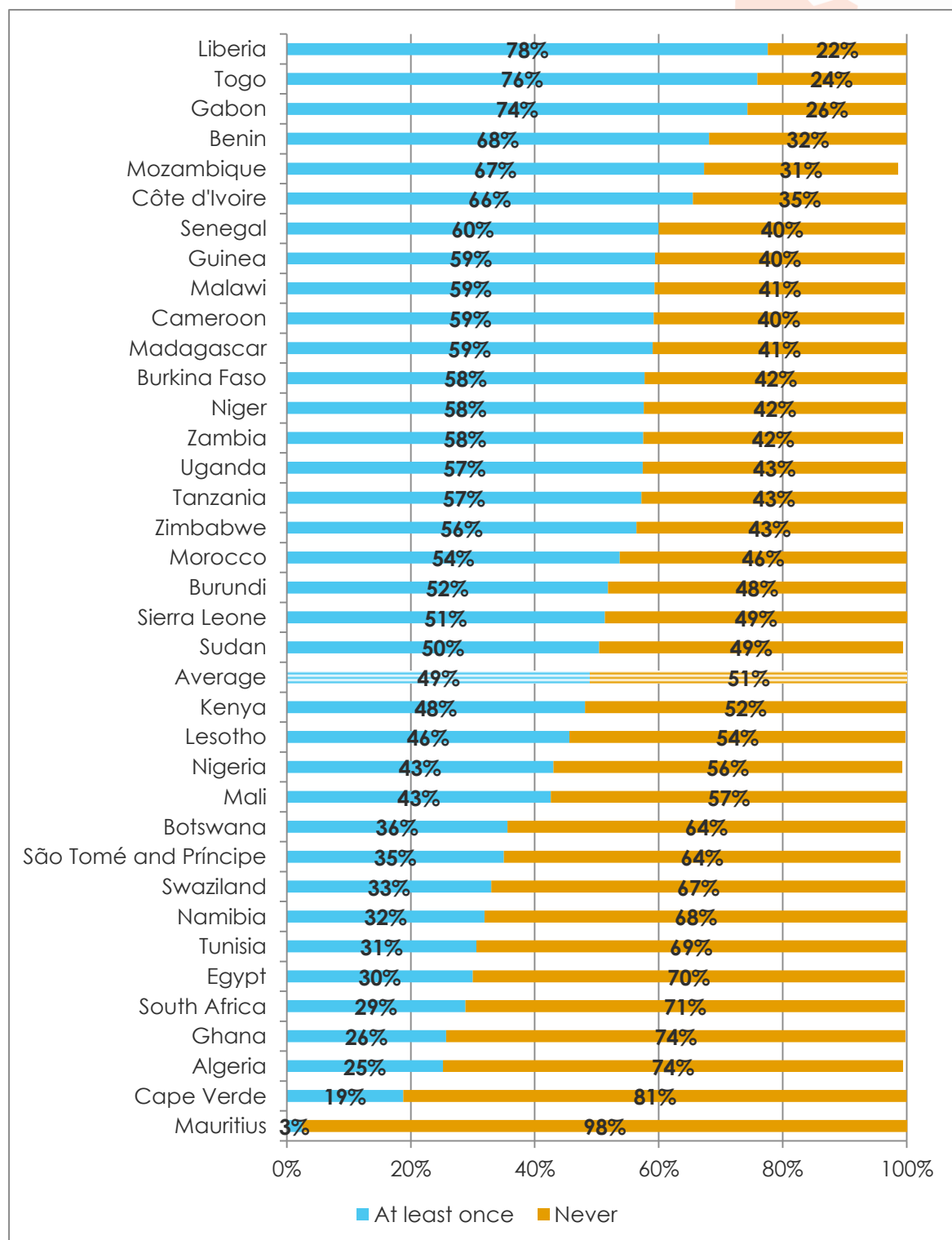
**Enumerators were asked to record** whether a clinic was available in the enumerations area or within easy walking distance.

**Respondents were asked:**

- *In the past 12 months, have you had contact with a public clinic or hospital? [If yes:] How easy or difficult was it to obtain the medical care you needed?*
- *Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?*

Across countries, differences in access to health care are even more pronounced. For example, more than three-fourths of Liberians (78%) and Togolese (76%) went without medical care at least once during the preceding year, while only 3% of Mauritians report experiencing this problem (Figure 3). Proximity to a health-care facility and difficulties in obtaining health services show similarly wide inter-country ranges (see Appendix Table A.1 for details).

**Figure 3: Going without medical care** | 36 countries | 2014/2015



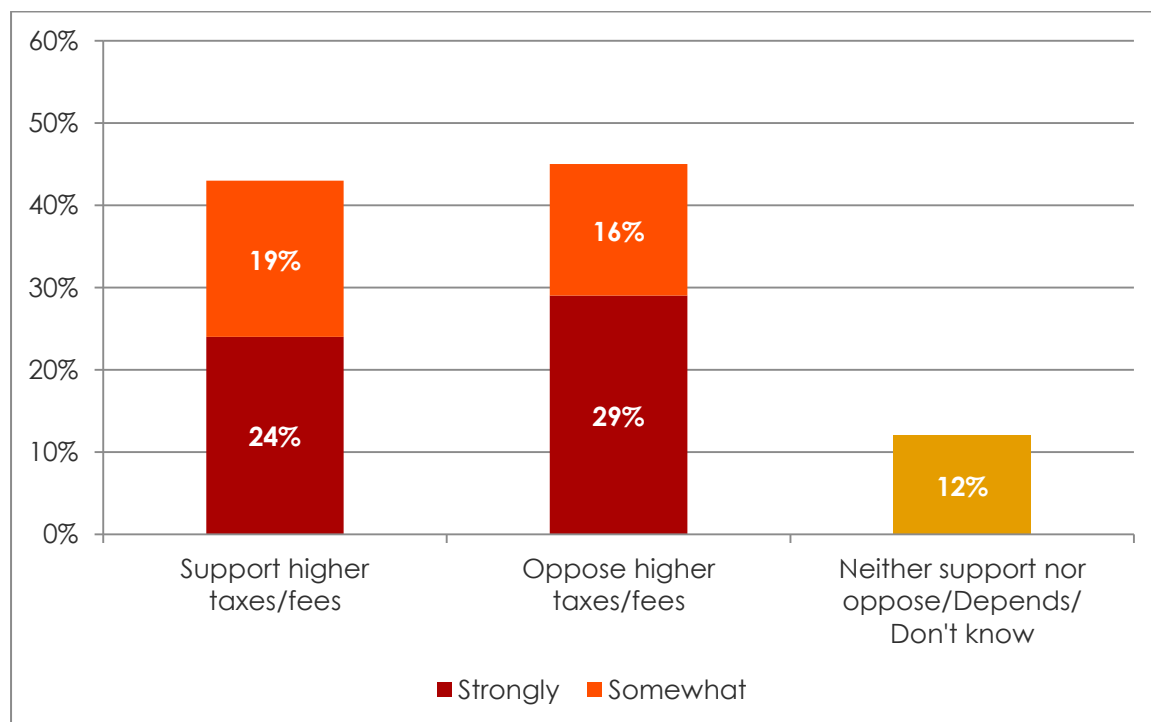
**Respondents were asked:** Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?

These numbers show that in many countries, medical care is not accessible to all, but they also highlight how diverse conditions are and that health-care access is less of an African problem than a country-specific problem.

## Are Africans willing to pay more to support higher health spending?

Africans are divided as to their willingness to pay higher taxes or user fees in exchange for increased government spending on health care: 42% would “somewhat” or “strongly” support such a proposal, while 45% would “somewhat” or “strongly” oppose it (Figure 4).<sup>1</sup> The most frequent responses are “strongly oppose” (29%) and “strongly support” (24%) – an indication of how controversial the issue is. About one in eight respondents (12%) neither support nor oppose the idea, say “it depends,” or say they don’t know.

**Figure 4: Willingness to pay more taxes or user fees for higher health spending**  
| 36 countries | 2014/2015



**Respondents were asked:** *If the government decided to make people pay more taxes or user fees in order to increase spending on public health care, would you support this decision or oppose it?*

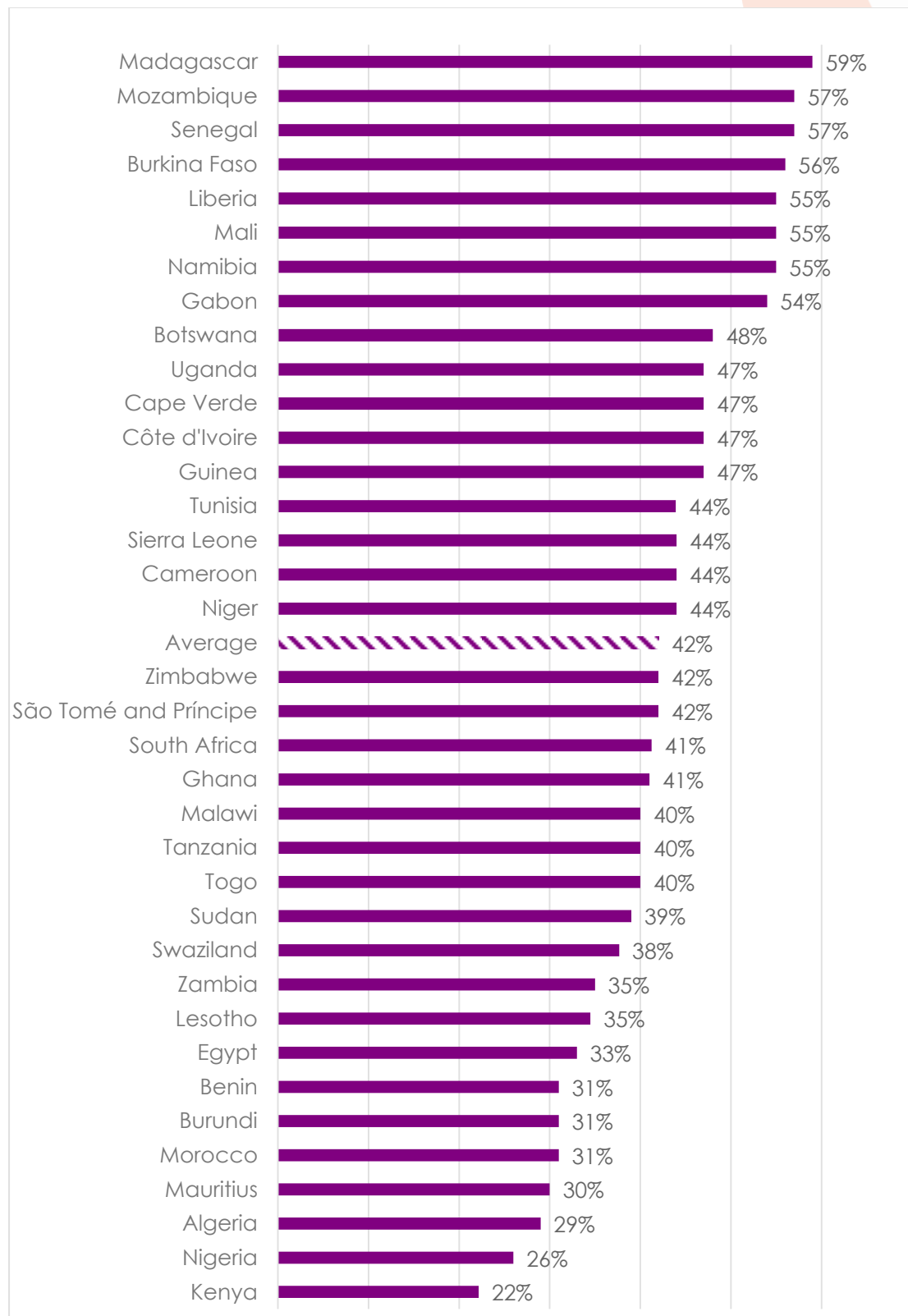
Again, countries differ significantly in their views. Only eight of the 36 surveyed countries register majority support for higher taxes or user fees in exchange for increased health spending, led by Madagascar (59% “somewhat” or “strongly” support), Mozambique (57%), Senegal (57%), and Burkina Faso (56%) (Figure 5). Conversely, fewer than one in three citizens favour such a proposal in Algeria (29%), Nigeria (26%), and Kenya (22%).

When countries are grouped by region,<sup>2</sup> we find that support for taxes/fees is highest in Central Africa (47%), West Africa (45%), and Southern Africa (44%) and considerably lower in East and North Africa (both 35%).

<sup>1</sup> Due to rounding, totals for combined categories may appear to differ slightly from the sum of sub-categories.

<sup>2</sup> Afrobarometer regional groupings are: Central Africa (Cameroon, Gabon, São Tomé and Príncipe), East Africa (Burundi, Kenya, Tanzania, Uganda); North Africa (Algeria, Egypt, Morocco, Sudan, Tunisia), Southern Africa (Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe), West Africa (Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo).

**Figure 5: Support for higher taxes or user fee for health spending** | 36 countries  
| 2014/2015

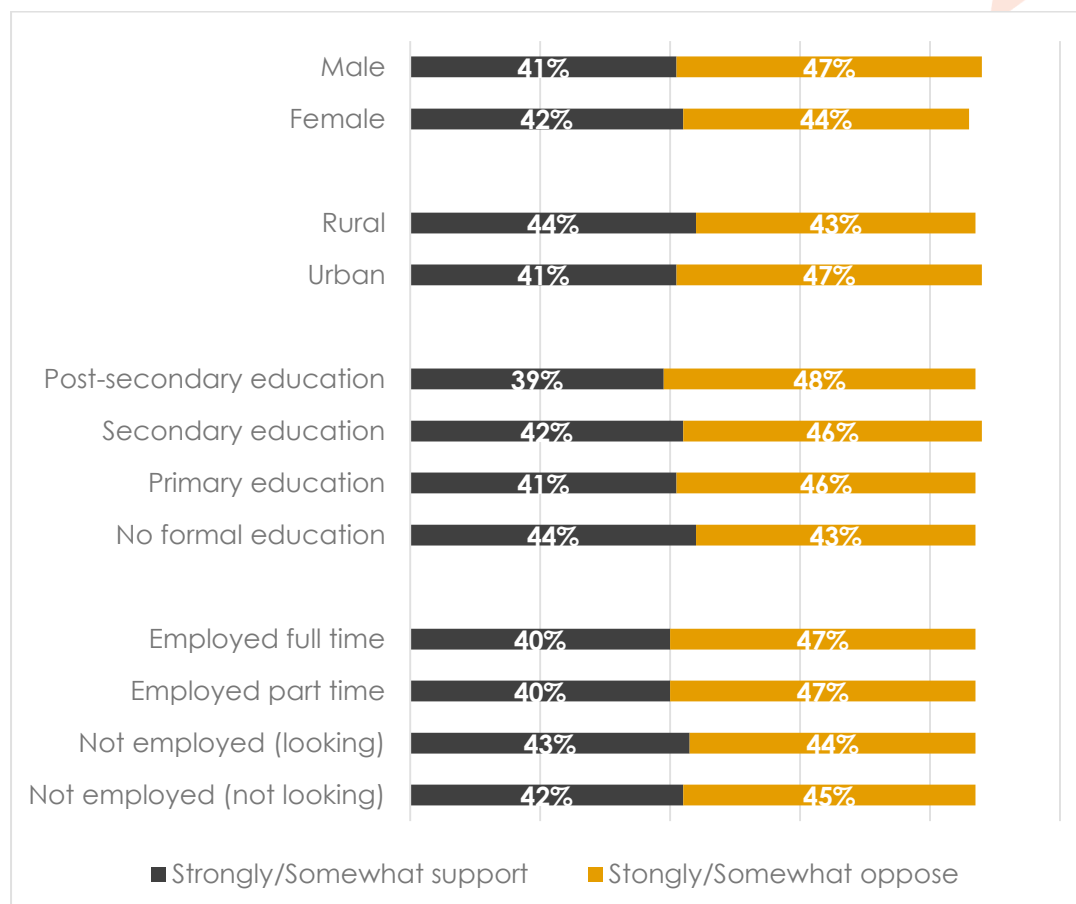


**Respondents were asked:** *If the government decided to make people pay more taxes or user fees in order to increase spending on public health care, would you support this decision or oppose it? (% who say they would "somewhat support" or "strongly support" higher taxes or user fees)*

Differences in support and opposition to higher taxes are small across sociodemographic factors such as gender, urban/rural residence, level of education, and employment status (Figure 6). Only education shows a modest association: Respondents with no formal education are more likely to support higher taxes/fees than their better-educated counterparts.



**Figure 6: Support for taxes/fees by sociodemographic factors** | 36 countries  
| 2014/2015



**Respondents were asked:** *If the government decided to make people pay more taxes or user fees in order to increase spending on public health care, would you support this decision or oppose it?*

### Do experiences with and perceptions of the health system matter?

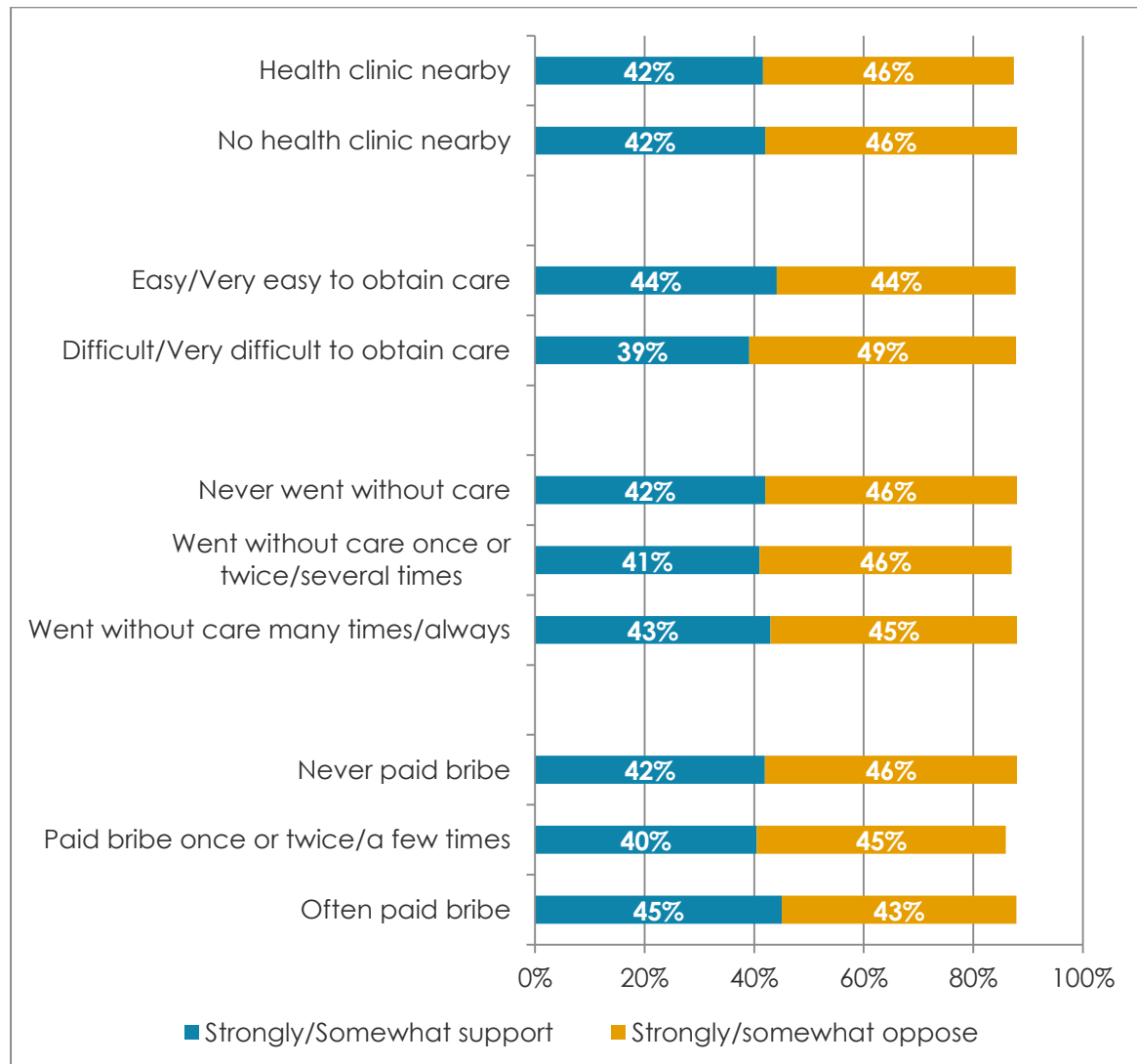
While sociodemographic factors show few differences in people's attitudes toward paying higher taxes in exchange for increased health spending, it is plausible that their views might be influenced by their perceptions of and experiences with the current health system. However, the direction of such influences may be difficult to predict. If people see current health services as good, will they think the system has enough funding – or that it is deserving of greater investment? Conversely, those who see current services as poor might be willing to pay higher taxes or fees to gain better services – or they might decide that their money should not be wasted on an underperforming system.

Figure 7 shows opinions on paying more taxes for increased health spending grouped by respondents' experiences with the health-care system. While we might expect people without a nearby clinic to support increased health-care spending (and clinic construction), they are no more supportive of higher taxes for this purpose than citizens who already have a clinic in their community.



Similarly, one might expect that respondents who went without medical care, found it difficult to obtain needed care, or had to pay a bribe to obtain care would be more supportive of higher taxes/fees if they think such a policy might impact their lives in a positive way. However, responses confirm such expectations only to a limited extent. Respondents who report having “often” paid bribes to receive needed care are somewhat more likely to support higher taxes (45%) than those who never (42%) or occasionally (40%) paid bribes. Support varies little by whether or how often respondents went without care. And respondents who found it difficult/very difficult to obtain treatment are actually somewhat less likely to support taxes/fees than those who found it easy/very easy (39% vs. 44%).

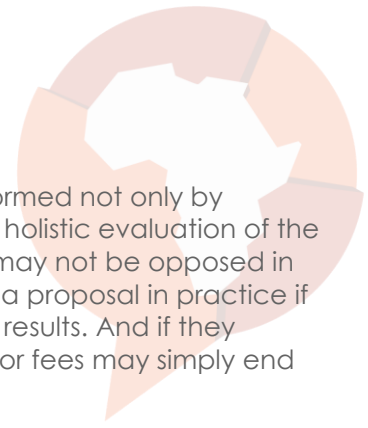
**Figure 7: Support for higher taxes/ fees and access to health services** | 36 countries  
| 2014/2015



**Enumerators were asked to record** whether a clinic was available in the enumerations area or within easy walking distance.

**Respondents were asked:**

- In the past 12 months, have you had contact with a public clinic or hospital? [If yes:] How easy or difficult was it to obtain the medical care you needed?
- Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?
- And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care you needed?



## Performance, trust, and perceived corruption

Support for or opposition to raising taxes/fees might plausibly be informed not only by people's perceptions of the health-care system, but also by a more holistic evaluation of the government's performance and trustworthiness. Respondents who may not be opposed in principle to paying more taxes for better services may oppose such a proposal in practice if they don't have confidence in the government's ability to produce results. And if they perceive the government as corrupt, they may fear that their taxes or fees may simply end up in personal pockets.

Afrobarometer asks a number of questions about citizens' perception of government performance, including how respondents think the government is doing on improving basic health services, whether they approve or disapprove of the overall job performance of the president and members of Parliament (MPs), and how much they trust certain government officials.

As Table 1 shows, respondents who think the government is doing "fairly well" or "very well" at improving basic health services are more supportive of increasing taxes for health spending (47%) than are respondents who offer negative evaluations of the government's performance (38%).

Similarly, respondents who give their president and MP positive job-performance ratings ("approve" or "strongly approve") are more supportive of increased taxes than respondents who offer negative performance evaluations.

Public trust in the president, Parliament, and tax officials seems to have a similar correlation with views on higher taxes or user fees: In each case, respondents who trust these officials "a lot" are more supportive of taxes/fees for increased health spending than respondents who trust them "somewhat," "just a little," or "not at all."

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Afrobarometer's online data analysis facility at  
[www.afrobarometer.org/online-data-analysis](http://www.afrobarometer.org/online-data-analysis).**

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department "a lot," support for taxes/fees climbs to a majority of 51% – 15 percentage points higher than among those who don't trust tax officials "at all."

More broadly, a widespread perception that political leaders are more

concerned about their own ambitions than the public interest (see Aiko, Akinocho, & Lekorwe, 2016) might also limit citizens' willingness to invest their money in taxes or fees. Survey responses show that indeed support for taxes/fees is lower among respondents who think their leaders are motivated by self-interest (40%) than among those who see their leaders as serving the interests of the people (48%).

A cross-cutting factor in popular performance ratings and trust is perceived official corruption – commonly cited as a central impediment to development and growth in many parts of the developing world. Given the deleterious effects of corruption on public funding and the functioning of institutions, it is also highly plausible that citizens' perceptions of official corruption might shape their willingness to pay more taxes or fees.

As shown in Figure 8, support for higher taxes/fees in exchange for increased health spending does indeed weaken as perceptions of corruption in the president's office, Parliament, and the tax department increase. In fact, in all three cases, supporters of higher taxes/fees outnumber opponents only among those respondents who say that "none" of these officials are involved in corruption, suggesting that perceived corruption has a strong impact on people's views on raising taxes or paying user fees in exchange for increased health spending.

**Table 1: Support for taxes/fees for health spending** | by perceptions of government leaders | 33 countries\* | 2014/2015

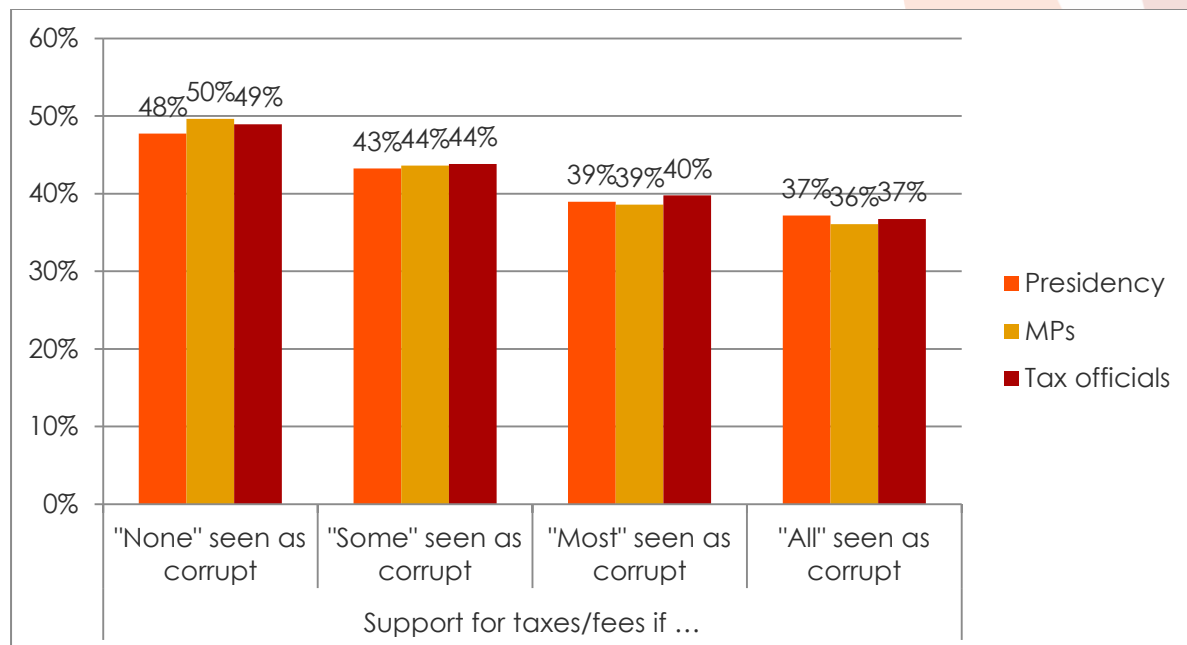
	Support (somewhat/strongly) taxes or fees	Oppose (somewhat/strongly) taxes or fees
<b>Government handling of improving basic health services</b>		
Fairly/Very well	47%	42%
Fairly/Very badly	38%	50%
<b>President overall job performance</b>		
Approve/Strongly approve	45%	42%
Disapprove/Strongly disapprove	36%	52%
<b>MP overall job performance</b>		
Approve/Strongly approve	47%	42%
Disapprove/Strongly disapprove	37%	52%
<b>Trust in president</b>		
A lot	47%	41%
Just a little/Somewhat	41%	46%
Not at all	36%	53%
<b>Trust in Parliament</b>		
A lot	49%	41%
Just a little/Somewhat	42%	46%
Not at all	36%	52%
<b>Trust in tax department</b>		
A lot	51%	39%
Just a little/Somewhat	42%	45%
Not at all	36%	52%
<b>Leaders serve their own ambitions or the people?</b>		
The people (agree/strongly agree)	48%	40%
Their own ambitions (agree/strongly agree)	40%	48%

**Respondents were asked:**

1. How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?
2. Do you approve or disapprove of the way the following people have performed their jobs over the past 12 months, or haven't you heard enough about them to say: President [Name]? Your member of Parliament?
3. How much do you trust each of the following, or haven't you heard enough about them to say: The president? Parliament? The tax department?
4. Do you think that the leaders of political parties in this country are more concerned with serving the interests of the people, or more concerned with advancing their own political ambitions, or haven't you heard enough to say?

\* Swazis were not asked about trust in the president; Egyptians were not asked about trust in MPs; Sudanese were not asked about government performance in improving health services.

**Figure 8: Support for higher taxes/fees and perceived official corruption**  
 | 34 countries\* | 2014/2015



**Respondents were asked:**

- If the government decided to make people pay more taxes or user fees in order to increase spending on public health care, would you support this decision or oppose it?
- How many of the following people do you think are involved in corruption, or haven't you heard enough about them to say: The president and officials in his office? Members of Parliament? Tax officials?

\* Swazis were not asked about corruption in the Office of the Presidency; Egyptians were not asked about corruption among MPs.

**Correlations between public perceptions and support for taxes/fees**

As we have seen from descriptive analyses above, public perceptions of the health system and the government appear to be associated with stronger support for or opposition to taxes or user fees as a way to increase funding for health care. Correlation analyses enable us to better understand and estimate these possible linkages by testing the statistical significance and strength of association between responses to different questions.

While correlation analyses show little if any association of views on taxes/fees and sociodemographic factors (gender, age, urban/rural residence, lived poverty, education, etc.), Table 2 summarizes the results of correlation analyses on four thematic variable clusters – personal experience with the health system, trust in elected and non-elected leaders, perceptions of corruption, and performance evaluation of government. Going without medical care and paying a bribe to obtain care show no significant correlation with support for higher taxes or user fees. However, higher levels of difficulty in obtaining medical care are significantly related to more opposition to taxes/fees.

Perceptions related to government performance and trustworthiness show stronger correlations with views on taxes/fees. Positive evaluations of the president's and MPs' job performance and of the government's handling of improving health services are all significantly and positively correlated with support for higher taxes or user fees.

Perceptions that political officials care more about serving the public interest than their own ambitions are also significantly and positively correlated with support for higher taxes.

Perceived corruption in the Office of the Presidency, Parliament, and the tax department are negatively correlated with views on higher taxes/fees. The more respondents perceive these officials as corrupt, the less likely they are to support increasing taxes for health spending. As one might expect, trust in the president and the tax department are positively correlated with views on taxes/fees, although trust in Parliament shows no significant correlation.

Across all variables, public trust in the tax department and the president and performance evaluations of the president and MPs are most strongly correlated with views on higher taxes or user fees as a way to increase health spending.

**Table 2: Correlates of support for increasing taxes/fees in exchange for increased health spending** | 33 countries<sup>3</sup> | 2014/2015

	Pearson's r
How often gone without medical care	-
Difficulty obtaining medical care	-.051 **
Paid bribe for medical care	-
Trust president	.102 **
Trust Parliament	-
Trust tax department	.125 **
Corruption: Presidency	-.084 **
Corruption: MPs	-.089 **
Corruption: Tax officials	-.083 **
Govt handling improving basic health services	.097 **
Performance: President	.113 **
Performance: MPs	.107 **
Leaders serve interests of people or their own	.074 **
Employment status	-.020 **
Lived poverty	-
Age	-
Education	-.025 **

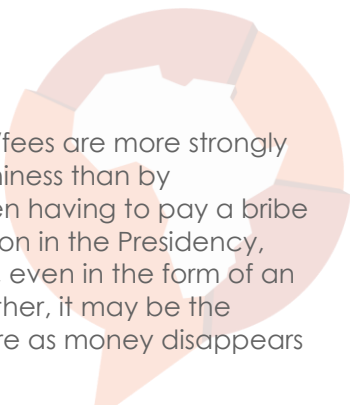
\*\* $p < 0.01$

## Conclusion

Faced with struggling medical systems, African policymakers are tasked with rethinking how medical systems are funded and sustained. Where budgetary decisions are heavily contested and politically expensive, one option may be to raise taxes or user fees to allow for increased spending on public health care.

Afrobarometer survey findings indicate that opponents of such a policy outnumber supporters in 21 of 36 surveyed countries, despite the fact that many citizens have difficulty accessing adequate medical care.

<sup>3</sup> Cases with missing data were dropped list-wise. Therefore, three countries were excluded from the correlation analysis: Swaziland (where questions regarding trust in and corruption of the president were not asked), Egypt (questions about trust in and corruption of MPs were not asked), and Sudan (question about government performance in improving basic health services was not asked).



Our analysis suggests that support for and opposition to higher taxes/fees are more strongly informed by perceptions of government performance and trustworthiness than by sociodemographic factors or difficulties in obtaining health care. Even having to pay a bribe at a clinic does not appear to matter as much as perceived corruption in the Presidency, Parliament, and the tax department. Paying more for better services, even in the form of an informal payment, may thus not be what people really object to. Rather, it may be the perception that paying more is likely not going to improve health care as money disappears in the pockets of corrupt officials.

Undoubtedly, many parts of Africa still require immense investments in the health sector to provide access to adequate care to communities and families across the continent. Findings here suggest that beyond seeking external investment, embracing privatization, or accepting current conditions, governments are well advised to “clean up their act.” Many people may in fact be willing to carry the cost of better health care through higher taxes or fees – if they trust the government to produce results. Empty promises from unaccountable leaders are unlikely to convince Africans today.



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## Appendix

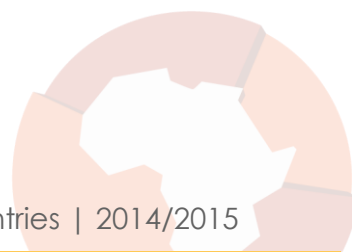
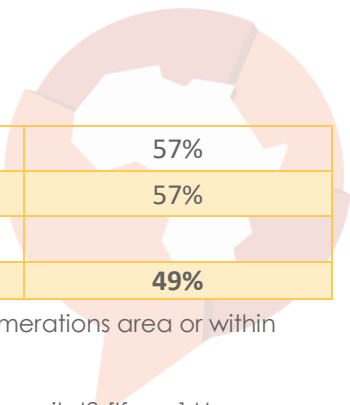


Table A.1: Barriers to access to health-care services | 36 countries | 2014/2015

	No nearby clinic	Difficult/Very difficult to obtain care	Went without medical care at least once during previous year
Algeria	12%	43%	25%
Benin	33%	43%	69%
Botswana	10%	33%	35%
Burkina Faso	34%	35%	57%
Burundi	67%	19%	51%
Cameroon	4%	51%	60%
Cape Verde	24%	42%	19%
Côte d'Ivoire	37%	55%	65%
Egypt	8%	56%	30%
Gabon	35%	64%	74%
Ghana	47%	45%	26%
Guinea	53%	36%	59%
Kenya	54%	42%	49%
Lesotho	50%	28%	47%
Liberia	25%	62%	78%
Madagascar	27%	45%	59%
Malawi	50%	47%	60%
Mali	38%	26%	41%
Mauritius	15%	18%	3%
Morocco	30%	68%	53%
Mozambique	58%	45%	69%
Namibia	76%	25%	32%
Niger	31%	21%	60%
Nigeria	17%	34%	43%
São Tomé and Príncipe	42%	36%	35%
Senegal	34%	60%	59%
Sierra Leone	51%	34%	52%
South Africa	57%	31%	27%
Sudan	29%	61%	52%
Swaziland	71%	22%	33%
Tanzania	41%	52%	57%
Togo	30%	52%	77%
Tunisia	58%	46%	31%
Uganda	41%	52%	58%





<b>Zambia</b>	25%	39%	57%
<b>Zimbabwe</b>	40%	37%	57%
<b>Average</b>	<b>38%</b>	<b>42%</b>	<b>49%</b>

**Enumerators were asked to record** whether a clinic was available in the enumerations area or within easy walking distance.

**Respondents were asked:**

- *In the past 12 months, have you had contact with a public clinic or hospital? [If yes:] How easy or difficult was it to obtain the medical care you needed?*
- *Over the past year, how often, if ever, have you or anyone in your family: Gone without medicines or medical treatment?*

# AFRO BAROMETER

LET THE PEOPLE HAVE A SAY



**Thomas Isbell** is a PhD candidate at the University of Cape Town, South Africa.

Afrobarometer is produced collaboratively by social scientists from more than 30 African countries. Coordination is provided by the Center for Democratic Development (CDD) in Ghana, the Institute for Justice and Reconciliation (IJR) in South Africa, the Institute for Development Studies (IDS) at the University of Nairobi in Kenya, and the Institute for Empirical Research in Political Economy (IREEP) in Benin. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

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