« True » and « false » indigents. The difficult implementation of the health policies concerning the poorest of the poor in West Africa. Jean-Pierre Jacob, anthropologist, Graduate Institute of International and Development Studies, Geneva. Paper for the International Workshop, University of Fribourg (Switzerland), 12 September 2014 Social policy and regimes of social welfare in Africa.

Introduction

Departing from measures destined to deliver health services free of charge to transient groups (pregnant women, children) or people plagued by specific illnesses (aids, tuberculosis…), the current West African health policies aim to extend exemptions to a structural category, the indigent. They are obviously inspired by an equity perspective, giving more to people who have less. They bring to the fore a concept (indigence) that is anthropologically new in the sense that it tries to substantiate a reality or a way to look at society that didn't exist before: the objectified notion of indigence proposed by the policies is not equivalent to the subjectified nor to the institutionalized one. This paper looks at the way this translation from idea to reality is done in a context marked by weak performances of local health facilities and the obligation of the lay user to co-produce the service delivery within the normal context of direct payment in use since the Bamako Initiative (1987). It will try to put in perspectives and explain the general provisory conclusion that states that these policies are not really reaching the "true" indigents, relating this problem with a broader one: the lack of legal and institutional achievement.

Legal and institutional inachievement

Following B.F Ouattara (2010), I define legal and institutional inachievement as the lack of means necessary to give effectivity to public decisions. These lack of means can be internal to the legal sector (there is a law but no application decree; there is a law but no one can use it to defend his rights) or external to it, such as the lack of institutions necessary to give substance to the law. I define institutions here both as external devices, material and authority resources that give its members the supports necessary to prolonge their efforts beyond their own limits[1] as well as internal devices, that is the incorporation by these members and their "clients" (public services'users) of representations matching with the principles under which the policy has been made. It is difficult for a health agent to deliver proper care within a context where potential patients don't "believe" in bio-medecine, professional norms are not enforced (leaving the way to social ones), lack of management causes structural shortage of the material necessary to cure illnesses or no sensible way to allocate qualified people where they are the most needed.

Legal and institutional inachievement stresses the difficulty to bring to any course of action in the development domain the enabling environment necessary to ensure its

[1] There are many examples of this problem in the study of public services done by the Laboratoire Citoyennetés in Ouagadougou, see for instance J-P Jacob and *al*., 2009 or the Lasdel in Niamey, see for instance J-P Olivier de Sardan, 2014.

success. It is a relatively new object of investigation in social sciences at least in southern countries (for the US, see Pressman and Wildavsky, eds, 1984). Introducing this variable is of great interest in the study of international development analysis and practice because as everyone knows, it is a core component of the shaping of public policies in West African countries. As some astute scholars have realized (see Corbridge, 2007 : 179 ; Rottenburg, 2009 : 67-68, Mosse, 2010), international development has a commitment both to the principle of difference and to the principle of similarity. Rottenburg analizes these principles as giving the basis for two different kinds of narratives used at different moments within the same framework of debates, practices and relations between donors and the beneficiaries. I personnally see the narrative of difference as functioning mainly to justify development interventions and the formulation of development policies —it is because there are differences between northern and southern countries in terms of economic, social, political performances that development policies and help are needed— while the narrative of similarity is implicit in the way people envision (and minimize !) the question of their implementation. In other words, international development admits that there are differences between northern and southern countries but to immediatly understates them, hinting that they are not so substantial that they will prevent southern countries —obviously with some external help— from easily mobilizing the internal material and immaterial resources necessary to fulfill the conditions necessary to make policies successful. Except that these resources may not be there, because the differences between northern and southern countries, that is underdevelopment, are everywhere, transcending everything, and don't dwell on the GDP per capita. In consequence, they might not be so easy to overtake.

Two ways to explain "false indigents": agency and capabilities

On the basis of the principle of legal and institutional inachievement, there are two ways to explain why it is mainly "false" indigents that benefit from the measures taken. The first is to treat it as an implicit —unthought— context and to concentrate on the behavior of people savvy enough to make do despite –or even because of- this lack of supporting environment. Since we can suppose that the people adventurous enough to try to get any benefit from this kind of context are people who possess the skills and knowledge to compensate for its weakness and to quickly evaluate how this state of affairs (for instance the impossibility of enforcing rules or even to set up rules!) can enhance their chances of extracting personal profits, one can assume that they hardly qualify as the poorest of the poor. I think that's what, at a general level, the European socio-anthropology of development have been doing since 20 years now (see for instance J-P Olivier de Sardan, 2005) emphasizing some actors' agency and forgetting the context as a possible discriminatory device between the ones powerful enough to extract personal profits out of this lack of favorable environment and the others, totally unable to enter and benefit from the system because of this absence. The point of contact approach developed by social services embedded into Burkinabè hospitals is a perfect practical reflection of this kind of sociological problem. The social agents are mainly there to demask, on the basis of the very scarce informations they receive from other services and on their observations about the attitudes, dress and language of the hospitalized people (or more often their close relatives!), any possible opportunists who might try to exploit the system to their own benefit and make the structure deliver services free of charge, even though they have the means to pay.

Because it has never been able to reconciliate its strong emphasis on change and practices with an equally strong interest for institutions and culture (see the complex critique of Olivier de Sardan's analysis by J-P Chauveau, 2007), the European socio-anthropology of development has assumed that the descriptions of the few actors endowded with agency —which are often chosen not because of their statistical importance but because they are the only ones actually doing something within the projects'frameworks— were enough to characterize the situation of the social group of the "beneficiaries" as a whole (see J-P Olivier de Sardan, 2014[2]). In other words, it proceeds through metonymy and misses the fact that the contextual legal and institutional inachievement could be an active determinant of the behavior (or non behavior) of actors and that, while favoring some, pushes a lot of others into invisibility.

Hence, one has to admit that there is a possible second explanation to our problem and the fact that health services tend to give exemption to « false » indigents. In this context of permanent evaluation, it might be their only way to show that they are doing something in a situation where it is too difficult to compensate for initial conditions that are not present and try to reach out to the true indigents. This explanation points to the problematic of the actors' capabilities, a way to talk about legal and institutional inachievement from the point of view of the would be beneficiary. According to A. Sen (1999) capabilities define one's individual freedom to improve his welfare on the basis of the opportunities provided by his environment[3]. If a person living with HIV has no access to food on a everyday basis he cannot benefit easily from free ARV, since it is very difficult to stand the effects of medicines on an empty stomach. Hunger, that is the failure of the society to provide basic needs for its members impede on the functionings of HIV patients and prevent them from living a happier life through the regular administration of drugs. Historically, we know that the enhancement of individual freedom is linked to the construction of the supports (i.e the legal and institutional context) necessary to give autonomy to the modern subject and that indigents might be the worst positionned in this matter. They are people without supports, desafiliated, « people without people », as is stressed in many vernacular expressions that define the poor.

The constitution of the modern subject

Robert Castel in his book of interviews given to Claudine Haroche, says that no modern subject can assert himself without supports (2001 : 11). These supports give him the means to conquer his autonomy and the resources to affirm himself in society. The

[2] The concentration of the supply side (that is on the behavior and practices of civil servants in the study of public services, see for instance J-P Olivier de Sardan, 2014) might be related to this problem. It is easier to describe something that happens like the development of practical norms (instead of the incorporation of the formal ones) by civil servants than something that doesn't happen such a people not showing up in health centers.

[3] It should be noted that the tenants of the capabilities approach also use the concept of agency but in putting accent on values (personal agency as the ability to personally choose the functionings one values, see A. Sen, 2001) and not only on interests.

author stresses the historical importance in this matter of ownership, and shows that there is some kind of parallel evolution and co-building between the self and his possession, property and propriety. One autonomizes himself from society, possesses himself to the condition that he possesses something, goods or land. And it is because one possesses himself, as John Locke (1994 [1689]) has shown, that he can pretend to have rights to the products of his labour[4]. R. Castel adds that at the end of XIXth-beginning of the XXth century, decisions were taken in Europe (Germany, France) to find an *analogon* to individual possession for non proprietors and extend these conceptions to people who were landless but were integrated into society through employment and wages. It took the form of social property, that is social protection built upon salaried positions. Hence, the marginal character of social and humanitarian programs where salaried positions were widespread. The national elites in Africa as well as the international development agencies are very much influenced by this model and have a tendency to see the future of the southern populations within the same scenario based on a very hypothetical condition, especially for Africa: the generalization of salaried jobs ! Hence their insistance on revenue generating activities even for people who would obviously be better clients for humanitarian actions and organizations[5]. As a consequence, they pay very little attention to social programs like the ones that concern us here when they don't discard them altogether for instillating a perverse « assisted mentality » (see conclusion).

The difficult construction of indigence as a category

The perspective developed by R. Castel is of great interest for our problematic and one can say within the same line of reasoning that there is no substantial indigent, which evidence would impose itself automatically and makes him the happy beneficiary of the services provided by health centers. To exist, the category of indigents should depend on supports. In our book (V. Ridde & J-P Jacob eds, 2013), several articles are aimed especifically at documenting this perspective, from different points of view: legal issues related to economic and social rights, the functionings of health services, the representations of the patients, the supports given by the community and the knowledge of indigence. I will give these topics a quick review on the basis of these articles'content.

1) economic and social rights lack of justiciability : the difficult constitution of indigence as a category can be related at the general level to the equally difficult adoption of economic and social rights by African states, within the trajectory of the 1948 human rights' universal declaration and after having witnessed these states providing relatively effective civil and political rights to their citizens. On the basis of the Burkinabè exemple, S. Kassem (2013) underlines the lack of will from the states to give effectivity to these rights, mainly because of its enormous financial consequences on the national budget. As the author says, « the norm

[4] David Graeber (2011) shows that to possess oneself also means to be free to alienate one's freedom (through salaried work).

[5] See C. Yameogo-Ouédraogo (2013) on revenue generating activities proposed by the Koudougou' municipality as a failed way out of indigence.

that would give substance to this subjective right is vague and unprecise » (2013 : 76) i.e there is no clear, operational definition of the notion of indigence within public policy and legislation. Hence, the individual cannot base his judicial recourse on it nor the judge his decision. Economic and social rights are not justiciable rights and are not opposable to a third party. They remain programmatic rights and the state has an obligation of means but not of results toward them ;

2) grass roots health centers'attitudes toward indigents : are the things better for the indigents at the local level, in the concrete delivery of care ? As we hinted at earlier, health centers are not institutions, able to overtake their managerial problems or change their routine functioning in order to make room for indigents' specific needs. The paper of M. Moray *et al.* (2013) on Benin —but these descriptions are valid for all of West Africa and for other public services as well— shows that health centers are able to treat the crowd of « normal » patients, that is people who can participate financially in their treatment, bearing a part of the direct costs of services as well as additional costs like transportation, food and medicines…In other words, the centers are able to serve in a more or less adapted manner the people who can coproduce their cure, but cannot go further and find a satisfying way to accommodate indigents and compensate for patients unable to share the costs. For Ouargaye, in Burkina Faso, Kafando and *al.* (2013) report that to benefit from exemption, an indigent needs, on top of the conviction that the services offered at the health centers are beneficial, access to food, transportation and social capital, that is people able to advise and guide them in their choices. Even when special funds for Indigents are operational (see below), generic medicines are never totally available and patients have to buy drugs in private pharmacies. Some indigents also need psychosocial support that is seldom provided… The example presented in the article by Moray and *al*. (2013 : 308-309) of a young patient with a hernia running away from the Comè hospital three times because he was completely neglected there, despite the fact that the hospital was supposed to be applying a pilot program with the specific aim of treating indigents, is very revealing. If he finally underwent surgery and was provided care free of charge, it was not because of the structures but because of the insistance of a few people attentive to his situation : the arrondissement chief, the communitary facilitator and some health workers…

   The provision of care to the indigent at the local level through the implementation of special funding (funds for indigent) is handicapped by another problem, linked to flaws in the management of the financial system as it has been promoted since the Bamako Initiative. Two examples of the difficulties that these funds are facing are analyzed in our book, one in Madagascar (A. Honda, 2013), the other one in Benin (I. Sieleunou et L. Kessou, 2013, M. Moray *et al.*, 2013). The funds for indigent are specific credit lines that are open to health care centers and ensure, in theory, the reembursement of the services offered free of charge to the target people. Except that the process of reembursement is very slow and that it is sometimes never accomplished as Marc Moray and *al*. (2013) noted in the case of the Beninese experiment. Hence the incentives of the agents not to give minimal free care and their choice to privilege the revenue made by the community pharmacy, since their functioning costs depend on them. A. Honda

(2013) recalls that grass-roots health centers don't have a proper budget and that it is money coming from the sales of medicines made by the community pharmacy that serves to replenish the stock and fund some of the staff functioning costs. It means that if money is missing, the professionals will, for example, have to pay for their own transportation and lodging to attend a meeting in the health district center.

3) The indigents'representations and community support. It is a very vast theme and I don't intend to go on at length about it. First let me remind the reader about the very common emic definition of poor people : « people without people ». It suggests that indigents might have difficulties benefiting from community membership as it has been conceptualized by M. Walzer (1993. 29) : a good that gives access to other goods (and rights), which in this case could be in the form of guidance and help necessary for the indigent to have actual access to free care. We need also to evoke the indigents own functionnings and the obstacles that they produce themselves and impede on their freedom to improve their welfare. They might be related to problems linked with honor, cultural as well as religious representations, for instance the incorporation by people of their identity as indigent. But other dimensions, not specific to poor people, might be evoked here. It can be difficult for instance for someone that doesn't manage his body and his health like a capital, doesn't envision illnesses as some kind of universal experience or doesn't look at the public service as something that can be assessed through its performances, to understand the interest of bio-medicine as a specific way to deliver care. As P. de Leener (2009: 144) as well as D. Darbon (2011) have insisted, external public space builds upon the development of an internal, personal political space, that is the incorporation by the individual of the state as part of his life's perceptions and relations.

4) the indigents' identification : knowledge about poverty'extension might be the first kind of support to indigence. In the literature dedicated to this topic there are a lot of positive appreciations about the interest to statistically understanding the magnitude of the phenomenon. I would allow for a preidentification of the population that could be potential beneficiaries of the policy. On this basis, they could be registered, delivered specific ID cards that would accelerate their care in case of illness. In fact, this knowledge is difficult to gather given the level of sophistication in the production and accumulation of data that is required, which can explain *inter alia* why until now grass roots agents (social services, health centers) apply a point of contact approach to the problem (see above). Working to determine which is the most accurate means to identify the potential beneficiaries of exemptions that would be taken care of by the National Health Insurance Scheme in Ghana, G. Aryetee and *al*. (2013) present in their paper a very complete assessment of the four methods to identify poor people (individual targeting based on revenue -means testing, MT-, possessions -proxy means testing, PMT, on participatory processes – participatory wealth ranking, PWR – and on a geographic approach – geographic targeting, GT –) from the point of view of their efficacity and equity. They stress that two of them require strong institutional national capacities. They note for instance that the MT approach is more efficient in areas where the level of poverty is low, but that it requires the existence of a administration skilled enough to gather precise data, « a capacity

that is hardly present in countries like Ghana » (2013 : 179) and that the GT approach is optimal in contexts where poverty rates are high but that it is only feasible « in contexts where precise data on poverty rates are easily accessible » (2013 : 180). PWR doesn't require strong institutional capacities from national research centers and can be a modest contributor to preidentication but the authors signal that this methodology suffers from bias linked to subjective perceptions or the anticipated advantages of being classified as indigent (2013 : 180). An inquiry made in the district of Ouargaye in Burkina Faso (see E. Bonnet and *al.*, 2013 : 342) to determine the possible problems in the identification of indigents by community leaders in PWR show that they have a tendency to miss people they don't know. It is perfectly understable once one knows that not every village is represented in the community health district management structure (the Coges).

Conclusion: one only develops people who are already developed!

The idea in this paper was to introduce the hypothesis that if false indigents are benefiting the most from the programs, it might be less the result of actors' agency than of the need to find beneficiaries in a context where true indigents, by definition, remain invisible, that is are not given the supports necessary to be brought to the fore. Because of these difficulties, grass-root health centers, where funding is linked to the evaluation of their ability to implement public policies, adopt working definitions of indigence. They emphasize the need to adopt a "dynamic" approach to the problem and the fact that the lines between illness, invalidity and impoverishment are hardly clear-cut in West African contexts where a lot of people can become destitute as soon as they are unable to work any longer (see for instance for Bénin, M. Moray and *al.*, 2013). In this approach, false indigents are taking the place of the true ones not because of the opportunism of the former but because the system needs to show some action in a context where there is no way to provide the enabling environment necessary to bring help to the poorest of the poor. Developers develop only people who are already developed not only because of the agency of the latter but also because of the institutional failure and too high cost of adressing the less developed ones, the ones who don't manifest themselves spontaneously.

The agency and the capabilities approaches might also bring very different contributions to the perception of social action and specific social programs as a legitimate domain. The agency or actors' oriented approach accounts of opportunism and undue personal profits gives some substance to the criticism about social programs that lead to the waste of resources and irresponsability and the infamous "assisted mentality" (see on this topic at the general level, Hirschman, 2003 and for Africa, Bradol, 2007) against which all interventions and state policies must differenciate themselves from[6]. The capabilities approach is somewhat of a rejoinder to the pessimistic opinion often expressed by national political elites that say that indigents are both unable to help themselves and to benefit from programs aimed at helping them (see W. Soors and *al.*,

[6] A lot of civil servants and nurses are by principle hostile to the exemption policies because they feel that they will « de-responsabilize » patients. They strongly support in consequence the Bamako Initiative and its system of cost recovery (see Jacob, 2013 : 436).

2013: 47-48) but it gives some perpective and a beginning of a sociological explanation about why it is so. Poor people has limited capabilities, we might even consider this as an important part of their definition as poor, so the causations for their failure to benefit from the programs aimed at them are to be found not in stigmatizing them but in describing the supports that are missing in their environment. I should add that it is legal and institutional inachievement that is again and again uncovered by development practicioners in the course of their practice. Trying to tackle underdevelopment of a specific point, they slowly realize the deficit of initial conditions that will make their intervention stick. Unless, of course, this problem is shortcircuited and made invisible by development strategies (distinguishing between treatable vs not treatable problems, avoidable vs unavoidable causations for instance) or objectives (establishing working definitions of their target population[7]). After all, developers have an obligation to show success in an universe full of constraints, in terms of money and dead lines, requirements to conform with development fads and institutional solutions available on the expertise market, limits in their political margins of manœuvre, impossibilities to break with the beneficiaries' bad habits created by long traditions of having access to external resources, population's « socio-cultural weightnesses », etc…No wonder then that they seem more interested by the few beneficiaries who look like they know what to do with the resources provided rather than with the majority who don't seem to know how to relate or to care…. As A. Deligne and J. Maharetse say about a development project in Madagascar "technicians are obliged to work with people that show up in meetings and ask for their advice » (2009 : 23). Development approaches might be plagued by problems comparable to the ones encountered in wars in asymmetric contexts. An ennemy state might be deemed too primitive to have enough targets. If its well equipped antagonist wants to attack at any rate, it will have to choose another country, with more targets, that will act as a proxy for the first one[8]. Replace geographical differences by socio-economic ones and targets by capacities, and you will have a decent approximation of the dilemma faced by development interventions.

Bibliography

Aryeetey, G., C. Jehu-Appia, A. Kotoh, DJ Arhinful, S. van der Gest, E. Spaan, I. Agyepong, R. Balthussen, 2013, Analyse de différentes stratégies de ciblage des pauvres au Ghana, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 163-208

Bierschenk, Thomas, 1988, Development Projects as Areas of Negociation for Strategic Groups, Sociologica Ruralis, vol. XXVIII, n°2-3 : 146-160

[7] One can find an interesting example of this process in Bierschenk (1988).

[8] This is Mark Danner's explanation (2014) about the last US war in Iraq (2003). He advances that after 2001/11, the US giant had a problem : how could it fight a tiny group of a few hundred conspirators hiding in the mountains of Afghanistan and scattered across various other hard-to-find places in South Asia, Africa and Middle East? Afghanistan was so primitive that it had no targets. The solution was to make the ennemy larger (an equivalent of the Nazis or the Soviets) and more modern. In order to act (another parallel to development, "one must always act" !) the Bush administration choose to attack Iraq which had plenty of targets.

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Bonnet, E., V. Ridde, A.Nikiema, K. Kadio, 2013, Analyse spatiale d'une sélection communautaire d'indigents à Ouargaye : le poids de la barrière géographique dans les déterminants de l'accès aux soins, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 325-344

Bradol, J-H, 2007, Niger 2005 : l'année du biscuit, in X. Crombé, J-H Jézéquel (dir.), Niger 2005. Une catastrophe si naturelle, Paris, Karthala **:** 273-294

Castel, R., C. Haroche, 2001, Propriété privée, propriété sociale, propriété de soi. Entretiens sur la construction de l'individu moderne, Paris, Fayard.

Chauveau, J-P, 2007, Socio-anthropologie et variation d'échelle. Ouvrir le jeu entre « rigueur du qualitatif » et « interprétation au sens large », in T. Bierschenk et *al*., Une anthropologie entre rigueur et engagement. Essais autour de l'œuvre de J-P Olivier de Sardan, Paris, Apad-Karthala : 443-474

Corbridge, S., 2007, The (im)possibility of development studies. Economy and Society, 36:179–211

Danner, Mark, 2014, Cheney: "The More Ruthless the better", New York Review of Books, vol. LXI, n° 8, may 8-21: 54-56

Darbon, D., 2011, The Shadow of the Ghost State, Paper presented at the University of Prétoria, 5/2011, 20 p.

de Leener, P., 2009, Gouvernance démocratique, rapport à l'individu, au collectif, aux règles et aux normes, in S. Mappa (sous la dir.), Les impensés de la gouvernance. La société civile, réponse à la crise ?, Paris, Karthala : 129-206

Deligne, A., J. Maharetse, 2009, Méfiance, rivalités et enjeux de pouvoir autour d'un projet de développement. Le cas du projet « Objectif Sud » en pays tandroy (Madagascar), Coopérer aujourd'hui n° 65, 44 p

Graeber, David, 2011, Debt. The first 5000 years, New York, The Melville House

Hirschman, A.O, 2003, The rhetoric of reaction : perversity, futility, jeopardy, Cambridge, The Belknap Press of Harvard University Press

Honda, A., 2013, L'analyse d'un fond d'équité à Madagascar, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 247-273

Jacob, J-P., 2009, Comment les politiques publiques prennent-elles corps ? A propos de l'usage de la notion de société civile au Burkina Faso, in S. Mappa (sous la dir.), Les impensés de la gouvernance. La société civile, réponse à la crise ?, Paris, Karthala : 253-272

—2013, Conclusion: "Vrais" et "faux" indigents. Une synthèse des contributions réunies dans l'ouvrage, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 431-454

Jacob, J-P , I. Hema, S. Kassem, R. Medah, 2009, L'infirmier, l'instituteur, l'agent de l'action sociale. Synthèse des travaux de recherche sur le service public du Laboratoire Citoyennetés (2006-2009), Etude Recit n° 30, Ouagadougou, Laboratoire Citoyennetés, 58p.http://www.labocitoyennete.org/attachments/article/162/117_ETU30_InfirmierInstitAgentSoc.Jacob&Alii.pdf

Kafando, Y., C. Marcotte Schoemaker, K. Kadio, V. Ridde, 2013, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 345-362

Kassem, S., 2013, L'effectivité des droits économiques et sociaux. Réflexions à partir de l'exemple burkinabè, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 63-84
Locke, John, 1994 [1689], Second Traité du Gouvernement Civil, Paris, PUF
Moray, M., M. Degbogbahoun, E. Allabi, A. Honouvi, J. Olodo, R. Ahouaga, B. Criel, 2013, Mise en œuvre du Fonds sanitaire des indigents au Bénin. Les leçons à tirer du vécu des bénéficiaires dans la zone sanitaire pilote de Comé, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan:303-321
Mosse, David, 2013, The Anthropology of International Development, The Annual Review of Anthropology, 42: 227-246
Pressman, J., A. Wildavsky (eds), 1984, Implementation. How Great Expectations in Washington are dashed in Oakland, Berkeley, University of California Press
Ridde, V. & J-P Jacob (dir.), 2013, Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan, 474 p.
Rottenburg, Richard, 2009, Far Fetched Facts. A parable of development aid, Cambridge, The MIT Press
Olivier de Sardan, J-P, 2005, Anthropology and development: understanding contemporary social change, London, Zed Books
—2014, La routine des comportements non-observants au sein des services publics nigériens. Connaître la culture bureaucratique pour la réformer de l'intérieur, Niamey, Lasdel, 94 p.
Ouattara, B.F, 2010, L'inachèvement juridique et institutionnel et ses conséquences pour le développement, Ouagadougou, Laboratoire Citoyennetés, Etude Récit n°33, 28 p. http://www.labocitoyennete.org/attachments/article/165/154_ETU33_inachevementJuridique_Ouattara_BF_OPT.pdf
Sen, Amartya, 1999, Development as Freedom, Oxford, Oxford University Press
Sieleunou, I., L. Kessou, 2013, La politique d'exemption du paiement des soins. Etude du Fonds sanitaire des indigents au Bénin, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 275-301
Soors, W., F. Dkhimi, B. Criel, 2013, Au delà du concept d'indigence. Les politiques concernant l'exclusion sociale en Afrique subsaharienne, 2013, in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 23-62
Walzer, Michael, 1983, Spheres of Justice. A Defense of Pluralism and Equality, New York, Basic Books
Yameogo-Ouédraogo, Clarisse, 2013, Une expérience d'appui aux indigents dans la commune de Koudougou (province du Boulkiemdé), in V. Ridde, J-P Jacob (dir.), Les indigents et les politiques de santé en Afrique. Expériences et enjeux conceptuels, Louvain, Academia-L'Harmattan: 385-405