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POLICY BRIEF
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Stakeholders' Opinions Regarding Equity and Inclusiveness in Accessing Social Health Protection in Tanzania

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EXECUTIVE SUMMARY

What We Did
The project investigated perspectives of stakeholders on how equity and inclusivity in access to social health protection schemes can be promoted in Tanzania.

How We Did It
We analyzed data from interviews carried out between June and December 2019 in Dodoma, Dar es Salaam and Kilimanjaro regions. They involved multiple stakeholders from the Government, Non-Governmental Organizations (NGO), district and regional officials, and local community members and leaders. Context mapping preceded the interviews in order to inform the design of the study.

What We Found
At higher levels, participants mentioned that involvement of communities in developing national health insurance policies was a standard procedure. Improved Community Health Fund (iCHF) policy changes, and the presence of annual budgeting by the district in order to pay iCHF premiums on behalf of low-income individuals within their districts was reported as evidence that the voices of the poor community members counted in decision-making. Yet others mentioned that the institutionalization of the Health Facility Governance Committee (HFGC), which includes community members, is a way to improve representation of local and poor communities in decision-making.

Moreover, some stakeholders mentioned that development of health insurance premiums packages for those in the informal sector is another indicator of inclusive health financing. Governance related factors such as availability of adequate funds at the health facilities to support quality of services, speed up of the single national health insurance and limited cross sector and private partnerships to address health challenges were reported as hurdles for optimal equity in social protection.

What We Conclude & Recommend
Tanzania is making progress towards achieving equity and inclusivity in its social health protection schemes. However, governance-related hurdles potentially limit optimal progress toward achieving equity and inclusivity in social health protection schemes for poor and vulnerable groups.

Therefore, policy makers should consider improving availability of funds at health facilities through government tax; speed up the implementation of a single national health insurance; and strengthen collaborations with local communities and non-health sectors, among others actions.

BACKGROUND

Equity and inclusivity are essential components to the pursuance of Universal Health Coverage (UHC) and societal well-being. Although access to health insurance schemes is important to move towards UHC, low- and middle-income countries such as Tanzania are facing challenges in enrolling poor and vulnerable population groups which continue to be disproportionately excluded from social health protection schemes.

The Research for Development (R4D)'s Health systems governance for an inclusive and sustainable social health protection in Tanzania and Ghana project - Phase 2 investigated the stakeholders' perspectives on how equity and inclusivity in access to social health protection schemes can be promoted in Tanzania.

METHODOLOGY

We thematically analyzed data from semi-structured interviews (N=36) carried out between June and December 2019. They involved multiple stakeholders from Government and Ministry of Health in Tanzania, a representative from a non-government organization, district and regional officials, local community members and leaders.

Consultations were conducted in the regions of Dodoma, Dar es Salaam and Kilimanjaro. Context mapping preceded the interviews in order to inform the design of the study, including identifying the type of stakeholders that should be interviewed.

FINDINGS

Several discourses emerged from the participants' narratives especially in relation to the governance aspects of achieving equity and inclusiveness in social health protection schemes.

> Participants at higher levels mentioned that it was a standard procedure to involve communities in developing national policies.

> Some indicated the iCHF policy changes as evidence that community members' voices counted in decision-making.

> Others also mentioned the HFGC, which includes community members, as a way to involve communities in decision-making.

Discourse 1: Current government strategies to ensure equity and inclusiveness

> Participants pointed out that citizens' voice from poor communities is now heard. Beneficiaries can now access health care from several health facilities through the implementation of Improved Community Health Funds (iCHF). Before iCHF beneficiaries were restricted to only few, lower-level health facilities.

> Participants mentioned that policies and guidelines exist to guide the provision of social health protection for vulnerable groups. These policies include user fee exemptions for children under five, pregnant women and the poor elderly, and health insurance premium packages for those in the informal sector.

The views of the poor are put into consideration. In the past patients (ICHF members) could only access health care in two health facilities: primary health facility and secondary/referral health facility. But citizens started complaining why we shouldn't access health care in other health facilities just like NHIF patients. So, their comments were taken into consideration and they can now access health care in any public health facility within the region. If I have ICHF card, I can be treated at any health facility within the region. ***[Community Member]***

> Participants reported existence of annual budgeting by the district in order to pay iCHF premiums on behalf of low-income individuals within their districts.

FINDINGS

Discourse 2: Challenges to achieving equitable and inclusive health financing

"We wish health insurance could be mandatory and that single health insurance is in place for everyone... This means more funds will be available to cover even for those who do not have the capacity to pay..." ***[NHIF officer]***

> Negative attitude of some citizens towards paying for health care as this is considered to be the responsibility of the government.

> Unavailability of iCHF in religious and private health facilities
Some participants mentioned that restricting iCHF to public health facilities, is deterring access to faith-based and private health facilities by patients whose circumstances requires them to access those facilities:

> Large number of exempted groups
Stakeholders at health facilities mentioned that implementing the user fees exemption policy for vulnerable groups has been hurting facilities financially due to a high population of these groups in their communities.

> No refunds for health facilities to support vulnerable groups
Stakeholders felt that "there is no special program to ensure that the facilities, which offer free services, are refunded the money. Therefore, this breaks the heart of a health care provider to help people who cannot afford the services since they know that the facility is losing and it will not get anything from them," [Economist]

> Lack of clarity data for poor and vulnerable groups
Stakeholders mentioned that a lack of official data hinders districts' attempts to account for vulnerable groups' user fee exemptions within their annual budget planning process. Some stakeholders even worried that some people pretend to be in a vulnerable group in order to receive free health services.

> Limited awareness about the benefit of health insurance
Poor communities and those with less education are considered to have limited awareness about the functionality of health insurance. This is considered as a barrier to enrolling them in health insurance.

Discourse 3: Stakeholders want equity and inclusivity in health financing improved

Common views emerged from participants' narratives regarding how to improve equity and inclusivity in access to health insurance:

> Partnerships with NGOs and private entities.
> Partnerships with other safety-net programs such as the Tanzania Social Action Fund (TASAF).
> Identify the poor and vulnerable groups at ward level, establish the record book and use the funds collected at ward level to support them.
> A mandatory single national health insurance for growing the risk pool and increasing contributions from rich population groups.
> The current iCHF premium price should be allowed to accommodate more than one household with less than six members.
> Education on the benefit of health insurance should be consistent to all people.

"Some people have 1 child and others 3 children. In every household, 6 people can join with the same money. What should families with fewer members do? People consider sharing the costs between families. Is this possible? I have been asked this, but I don't know whether it is possible or not." ***[Beneficiary]***

> Funds availability at the health facilities.
> Those with low income should receive the health insurance packages to support their access of important health care services.
> Government tax should be used to pay for those with inability to pay for health insurance.
> The government should improve the quality of health care such that many people can enroll into the health insurance, and the collected funds can be used to support the poor and vulnerable people.

POLICY IMPLICATIONS

Tanzania is making progress towards achieving equity and inclusivity in its social health protection schemes. However, governance-related hurdles potentially limit optimal progress toward achieving equity and inclusivity in social health protection schemes for poor and vulnerable groups.

"This health facility is overwhelmed by number of patients who are exempted from payments. At times the number of exempted patients outweighs the other patients and this makes the operation of the facility difficult. Exempted patients cost us between 7 to 8 million shillings per month. This includes medicines, equipment, cleanness, and utilities such as electricity, water, etc. All these things need to be paid. At times we run short of certain medicines as a result of this. If you don't have money Medical Store Department (MSD) will not give you medicines. These are the challenges associated with the exemption policy." ***[NGO Stakeholder]***

Therefore, policy makers may consider implementing the following measures:
> Improve the availability of funds at health facilities.
> Speed up the implementation of a single national health insurance.
> Strengthen collaborations with local communities, non-governmental organizations and private entities.
> Extend iCHF to mission hospitals and private health facilities.
> Maintain a database for validating whether or not one is truly a member of a vulnerable group.

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