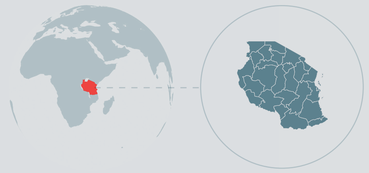
EVOLUTION OF UHC IN TANZANIA

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital Dodoma (de jure)
Official language Swahili and English
Area • Total 947,303 km²
• Water 6.4%

GENERAL INFORMATION

Tanzania is an East African country within the African Great Lakes region. Its population was estimated to be 54.2 million in 2018, with an annual growth rate of 2.7 %.

The proportion of Tanzanians living below the primary national needs poverty line (which was set at TZS 49,320 per adult per month based on the 2018 Household Budget Survey (HBS)), declined from 34.4 per cent in 2007 to 26.4 per cent in 2018.

Inequity in health is a major concern to policy- and decisionmakers in Tanzania. The poorest and less educated part of the population receive fewer health care service than the wealthier and better educated, and the access to different services is both more limited and difficult for people in rural areas compared to urban areas. Progress in establishing the Single National Health Insurance to enable Universal Health Coverage has has been slow despite common knowledge that it will help to ensure equal access to health services.

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1961

Independence

Adoption of free healthcare services provision.

UJAMAA

The Swahili word "Ujamaa" means 'extended family', 'brotherhood' or 'socialism'; and illustrates the need for an African model of development.

1967 - 1991 HEALTH SECTOR REFORMS

1967

Arusha Declaration

The Arusha Declaration outlining the principles of Ujamaa*, which marked the start of a series of benefit for all reforms with continued emphasis on rural health care services.

1974

Preventive health education programme

Rollout of a massive preventive health education programme locally known as 'Mtu ni afya' (i.e Man/woman is Health) aimed at increasing people's awareness of how they can make their lives healthier and to encourage both groups and individuals to take appropriate health action.

1977

Private for-profit medical practice banned

The Tanzanian Government took on the task of providing health services free of charge by banning private for-profit medical practice with the exclusion of FBOs hospitals.

Beginning of bed grants and staff grants to mission hospitals.

1978

Primary health care

Tanzania attended the Alma Atta conference and presented a paper on PHC best practice from Tanzania.

1990

Health service financing reforms

Adoption of health sector reforms that changed the financing system from one offering free services to mixed financing mechanisms, including cost-sharing policies. Setting-up of Health Services Inspectorate Unit in the MoHSW to monitor the quality of service delivery.

1991

Lifting the ban on private for-profit medical practice.

Private for-profit health care service organisations were allowed to re-enter the health care market.

1993 - 1995 STRUCTURAL ADJUSTMENT PROGRAMME

1993 **Gradual introduction of user fees**

Cost-sharing in the form of user fees was introduced in four phases:

PHASE I from July 1993 to June 1994 for referrals and some services in regional hospitals;
PHASE II from July 1994 to December 1994 for regional hospitals;
PHASE III from January 1995 onwards for district hospitals and
PHASE IV introduced to health centres and dispensaries after being introduced at all district hospitals. Exemption and waiver were an integral part of the cost-sharing policy introduced in 1994.

1993 **Retrenchment policy**

Led Tanzania to freeze hiring and downsize the civil service in the health sector, with long-term consequences for the provision of quality health services.

1994 **Exemption and waiver policy**

The Tanzanian Government established a policy for protecting the poorest and most vulnerable sections of the population against health care charges. However, there are ongoing concerns about the effectiveness and efficiency of the exemption and waiver policy.

1998 **Sector-wide approaches (Sector-Wide Approaches) in health**

Signature of the SWAps memorandum, whereby some of the development partners opted to step up implementation of the SWAp by adopting common financing and procurement through the Health Basket Fund.

1999 - 2007 HEALTH INSURANCE SCHEMES

1999

Community Health Fund (CHF)

The Community Health Fund (CHF) was established as an alternative to user fees at the point of service. The Community Health Fund (CHF) scheme that targets the largest population in the rural informal sector was piloted in Igunga District Council in Tabora region and was later scaled up to other eight more district councils. Membership is voluntary.

The National Health Insurance Fund (NHIF) Act No. 8 of 1999

The NHIF Act of Parliament No. 8 of 1999 was passed by parliament and subsequently signed by the President. The act aimed at guiding the establishment and implementation of NHIF, which targeted civil servants.

2001

The community Health Fund Act No 1, 2001

The CHF Act of Parliament No. 1 of 2001 was passed by parliament and subsequently signed by the President. The act aimed at guiding the establishment and implementation of CHF, which targeted informal sector employees.

Start of the NHIF scheme

It was initially intended to cover public servants. Still, there have been provisions which allow private membership. They cover medication for the principal member, spouse and up to four legal dependents under 18 with the intention of full cost recovery.

2002

Private for-profit health insurance

Registration of the first private for-profit health insurance in Tanzania was launched. Strategies was the first private for-profit health insurance to be registered in Tanzania.

2007

The Social Health Insurance Benefit (SHIB)

The National Social Security Fund (NSSF) added other health insurance benefits for its members. All members of the National Social Security Fund (NSSF) have access to medical care through the SHIB after undergoing the registration process with only one facility of their choice. The scheme accredits both public and private providers.

The Primary Health Care Services Development Programme (PHCSDP). Better known in Swahili as "Mpango wa Maendeleo wa Afya ya Msingi(MMAM)" aimed at accelerating the provision of primary health care services for all by 2017.

"Policies that allow partnership with community beneficiaries and faith-based organisation's health facilities to grow and sustain the provision of quality health care services, coupled with investments in human resources for health, quality provision of health services and health insurances are critical in realising UHC in Tanzania."

Dr. Elihuruma Nangawe
Public Health and Community Medicine Expert

2016 - 2018 HEALTH FINANCING INNOVATIONS

2016

Direct Health Facility Financing (DHFF)

Financial decentralisation to health facility level was introduced through Direct Health Facility Financing (DHFF), whereby the fund is allocated directly by the Ministry of Finance and Planning to individual health facilities to plan and implement different activities without interference.

BENEFIT PACKAGE 2018:

Portable across districts within the region, members access services from dispensaries to regional hospitals. The benefit package will cover outpatient and inpatient services up to the regional level.

2018

Community Health Fund (CHF) transformations

Issue of Circular no. 1 of 2018, for the transformation of the Community Health Insurance Fund (CHF) to the improved CHF (iCHF) by the President's Office- Regional Administration and Local Government (PO-RALG) and the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC).

THE TRANFORMATIONS COMBINES:

Governance

New management structure and fund pooling at regional level, splitting the purchasing and provision of services, financial management system and accountability.

Enrolment

Setting-up of a robust system for enrolment which facilitates active enrolment, renewal, data transfer and management.

2019

The Single Mandatory Health Insurance Bill

The Single Mandatory Health Insurance Bill was submitted to the Cabinet Secretariat for approval.

Health Insurance coverage:

32% of the population is covered by national health insurances and the improved Community Health Fund.

Out-of-pocket (OOP)) expenditure

By 2014 out-of-pocket expenditures accounted for an estimated 23 per cent of total health expenditure.

OUTLOOK

Generally, health insurance coverage is still low, despite the reported increase in enrolment. Little insurance coverage implies that a more substantial percentage of the Tanzanian population is still reliant on user fees to finance health care needs.

To achieve the goal of UHC, it is vital for Tanzania to expand health insurance coverage through mandatory contributions to health insurance pools. The expansion of health insurance coverage will enhance financial protection among those who use services and increase access to needed services, thereby translating into an improved health status.

HEALTH FACILITIES DISTRIBUTION ON THE TANZANIAN MAINLAND

Facility type	Number	Per cent	Density per 100k population
Hospitals	295	2.6	0.6
Health centers	796	7.1	1.5
Dispensaries	6,874	61.1	13.1
Private	1,961	17.4	3.7
FBO	1,002	8.9	1.9
Other facilities	323	2.9	0.6
Total facilities Mainland	11,251	100	21.4
Population 2018	52,619,314		

Source: MoHCDGEC (2019)

For reference, please visit: https://p4h.world/en/united-republic-tanzania | Maps are an approximation of actual country borders.

This card was created in friendly collaboration with Mr. Dereck Chitama – Freelance consultant in the health system and policy development in Tanzania