PRIMARY HEALTH CARE AND PROGRESS TOWARD UHC
TANZANIA

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The 2015 Sustainable Development Goals (SDGs) spurred momentum behind the drive for universal health coverage (UHC). UHC means providing all people with access to quality health services while ensuring the use of these services does not cause financial hardship.[1] As countries invest in health systems to increase access and provide financial protection, strengthening primary health care (PHC) systems will be a critical component of that effort.

Tanzania is embarking on health financing and PHC reforms that will have important implications for progress toward universal health coverage. The government is developing a new health financing strategy to enable access to financial protection as well as affordable and cost-effective quality health care. To address current fragmented and low insurance coverage, the government is also developing a new single national health insurance scheme with the goal of reducing out-of-pocket expenditure (OOPS). Tanzania has elevated PHC as a strategic priority in both the health sector plan and greater development vision. Though key health indicators have improved over time (Table 1), maternal mortality remains a significant challenge—and the government has recognized strengthening PHC systems as a means to address that. In order to realize the overarching health and development vision, it is important that Tanzania include PHC-centered reforms in the new financing strategy and health insurance system.

TABLE 1: KEY HEALTH INDICATORS[2,3]	2005	2014
Life expectancy at birth (M/F)	55/58	62/66
Infant mortality rate (per 1,000 live births)	60	43
Under-five mortality rate (per 1,000 live births)	94	61
Maternal mortality ratio (per 100,000 live births)	605	398

PRIMARY HEALTH CARE

Strengthening Tanzania's PHC system is embedded throughout the country's core health and development goals. The government's overarching development vision, Vision 2025, includes access to quality PHC for all as one of the main targets. In fact, the implementation mechanism of Vision 2025, Big Results Now (BRN), focuses almost exclusively on PHC for all health sector goals.

Serious challenges with maternal and newborn care—including low-skilled birth attendance and weak referral systems—precipitated a focus on strengthening the nation's weak PHC system. In 2007, Tanzania initiated a 10-year Primary Health Care Services Development Program focused on improving the PHC delivery system, with special attention on rural areas. The government is also working with the World Bank on piloting a pay-for-performance initiative with the PHC system, in alignment with the BRN program for health. Additionally, the government of Tanzania is implementing a new human resources for health (HRH) strategy, which directly addresses the workforce shortage at the PHC level.

HEALTH FINANCING IN TANZANIA

Over half of all health financing in Tanzania comes from donor funds and OOPS—approximately 36 percent of total health expenditure (THE) is from donor funding, while OOPS constitutes 23 percent. Donor funding also makes up a majority of the government's contribution to health, or general government health expenditure (GGHE). This raises sustainability concerns regarding the ability of the Tanzanian government to contribute if any donors withdraw their contributions (Table 2).

Currently, Tanzania is defining a new health financing strategy in alignment with achieving universal health coverage and the Health Sector Strategic Plan. Accordingly, the strategy will create a financing

SNAPSHOT OF MAJOR HEALTH POLICIES:

- Tanzania Development Vision 2025 (Vision 2025)
- Big Results Now (BRN) (2015-2018)
- Health Sector Strategic Plan (HSSP IV) (2015-2020)
- National Key Result Area in Healthcare (2015-2018)
- The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child, and Adolescent Health in Tanzania (2016-2020) One Plan II
- Health Financing Strategy (HFS) (2015-2025)

architecture centered on sustainable domestic financing. The Ministry of Health and Social Welfare (MOHSW) states that the goal of the new strategy is to enable access to financial protection as well as affordable and cost-effective quality health care in the case of ill health, according to a nationally defined standard minimum benefit package. A core focus will include making the standard minimum benefits package for primary and secondary health services fully accessible to all, with particular focus on poor and vulnerable groups.[5]

RISK POOLING SCHEMES

Tanzania currently has multiple health insurance schemes—including a social security fund, a private insurance option, a community-based insurance program, as well as insurance schemes for both the informal sector and formal public sector. Collectively, population coverage among all of these schemes is approximately 15 percent. According to the MOHSW, the fragmented insurance schemes have not reached sufficient scale of proportional coverage among the population.

The new health financing strategy will propose consolidating existing fragmented insurance schemes into one mandatory risk pool: a single national health insurance (SNHI) scheme. Levies and special taxes will contribute to the SNHI scheme, which is set to be operational countrywide in 2020.[6]

PROGRESS TOWARD UHC

Tanzania's progress toward UHC has been limited, but there is significant potential in the new proposed SNHI scheme and health financing strategy.

- ***Breadth of coverage—population: who is covered?***
  Approximately 15 percent of the population is covered by one of the health insurance schemes.[7] The two largest insurance schemes are the National Health Insurance Fund (NHIF) and the Community Health Fund (CHF)/Tiba Kwa Kadi (TIKA). The former is largely for the formal public sector and coverage is approximately 6.6 percent of the population, while the latter is for the informal sector where coverage is approximately 7.3 percent. The remaining three insurance schemes are a social security fund as well as private and community-based health insurance, which collectively cover approximately 2 percent of the population.[8] Enrollment in the NHIF is only mandatory for civil servants—enrollment for the remainder of the schemes is voluntary.

- ***Depth of coverage—services: what is covered?***
  The range of benefits varies across all of the insurance schemes. Benefits are typically more comprehensive within the NHIF, social security fund and private insurance schemes—whereas benefits are sparse within the CHF/TIKA and community-based health insurance.[9] The newly proposed health insurance scheme features a defined standard minimum benefits package, which will unify the covered services to eliminate such variance.

- ***Height of coverage—direct costs: proportion of the costs covered***
  Out-of-pocket payments for health account for approximately 2 percent of Tanzanian's incomes. Additionally, 1 percent of Tanzanians become impoverished because of these payments.[10] This lack of coverage is especially problematic because it demonstrates that the cost sharing element of the risk pooling scheme does not provide sufficient financial protection.

- ***Equity: how fair and just is the current situation?***
  OOPS disproportionately impacts the poorest segment of the population in Tanzania.[11] Additionally, there are implications for equity given the variance of benefits coverage among the five core health insurance schemes. For example, those who are low-income tend to be enrolled in the CHF/TIKA and community-based health insurance programs.[12] Given the differences in covered services, the poor may have different care than the rich—which is not equitable.

TABLE 2: TANZANIA HEALTH EXPENDITURE DATA[4]					
INDICATORS	2010	2011	2012	2013	2014
Total Health Expenditure (THE) as % of Gross Domestic Product (GDP)	5	6	6	6	6
General Government Health Expenditure (GGHE) as % of Total Health Expenditure (THE)	39	43	49	46	46
Private Health Expenditure (PvtHE) as % of Total Health Expenditure (THE)	61	57	51	54	54
External Resources on Health as % of Total Health Expenditure (THE)	40	37	54	32	36
Social Security Funds as % of General Government Health Expenditure (GGHE)	4	5	2	5	5
Out of Pocket Expenditure (OOPS) as % of Total Health Expenditure (THE)	32	30	22	23	23
Out of Pocket Expenditure (OOPS) as % of Private Health Expenditure (PvtHE)	52	52	43	43	43
Private Insurance as % of Private Health Expenditure (PvtHE)	2	2	7	7	7

OPPORTUNITIES

The following opportunities exist to strengthen the primary health care system and drive progress toward the achievement of universal health coverage:

REDUCE OOPS BY EXPANDING NEW HEALTH INSURANCE COVERAGE FOR POOR AND VULNERABLE POPULATIONS

It will be important for the government of Tanzania to roll out the new SNHI scheme in a way that ensures reduced OOPS. Though enrollment in the new proposed scheme will be mandatory, expanding population coverage from the current 15 percent will require a concerted effort to enroll more Tanzanians, especially the poor and vulnerable.

INCLUDE CORE PRIMARY HEALTH CARE SERVICES IN THE NEW STANDARD MINIMUM BENEFIT PACKAGE

As Tanzania defines a new insurance scheme and corresponding benefits packages, it is important to include a comprehensive package of services provided at the primary health care level. This is critical given that the primary health care level is the common entry point for most people.

ACCOUNT FOR PRIMARY HEALTH CARE SERVICE COST SHARING IN NEW INSURANCE PROGRAM

Within the new benefits package, appropriate cost sharing is essential for services provided at primary health care facilities. Expanding coverage will require reducing or eliminating the amount of direct cost that Tanzanians have to pay out-of-pocket for those services.

ENDNOTES

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9 Dutta, A. (2015). *Prospects for sustainable health financing in Tanzania: Baseline Report.* Washington, DC: Health Policy Project, Futures Group.

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11 Mtei, G., Makawia, S., and Masanja, H. (2014). Monitoring and Evaluating Progress towards Universal Health Coverage in Tanzania. PLoS Med11(9): e1001698. Retrieved from: https://doi.org/10.1371/journal.pmed.1001698

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