Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC
Embassy of Switzerland in Tanzania

HEALTH PROMOTION AND SYSTEM STRENGTHENING

Tanzania's Milestones towards UHC

- 1994: Exemption and waiver policies introduced
- 1999: National Health Insurance Fund Act enacted
- 2001: Community Health Fund Act enacted
- 2009: Process of defining a health financing strategy as a pathwy towards UHC
- 2016: First Cabinet Paper drafted
- 2022: Cabinet Paper presented in parliament for first reading
- 2023: second reading postponed until ……..

HPSS Project Journey

Mandate of the GoT

Implementer – Swiss TPHI

Total Budget: CHF 39.5 mio

Implemented in 3 phases:

- Phase 1: CHF 11.1 mio

  June 2011 – Jan. 2015 1 region (7 districts)

- Phase 2: CHF 18.5 mio

  August 2015 - July 2019 – 3 regions (23 districts)

- Phases 3 and exit: CHF 9.85 mio

  August 2019 – 2023 National roll out to 26 regions (184 districts) of Mainland Tanzania

Health Insurance Situation

- Tanzania has low health insurance coverage, hindering its efforts to achieve universal health coverage.

- Tanzania has a long way to go not only in realizing UHC – only 15% of the population is insured:
    - NHIF established in 1999 6%
    - CHF established in 2001 8%
    - NSSF – SHIB established in 2007 +
    - Private insurance and small micro-insurance schemes 1%

- Out of pocket payment is at 27% according to the NHA

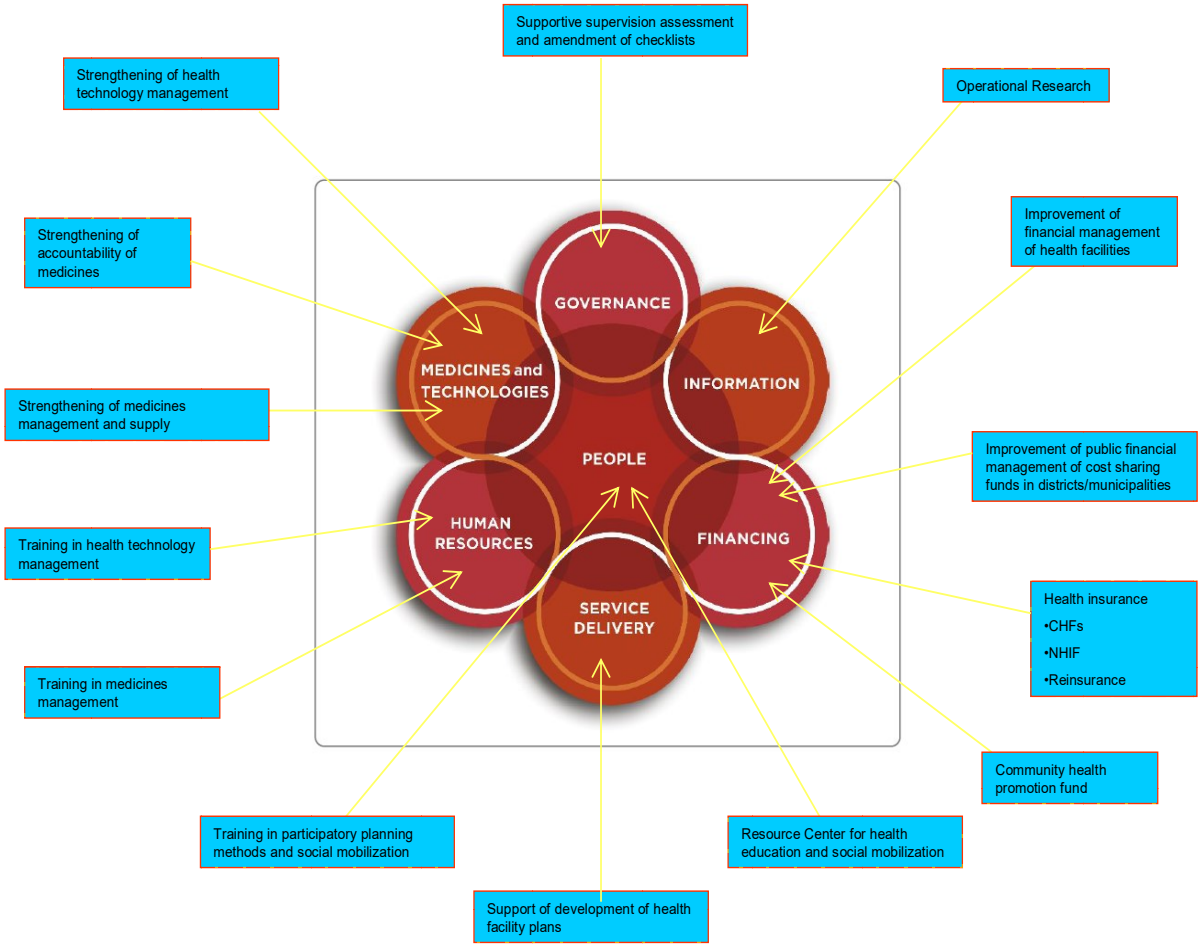
HPSS Project Components

1. Health Promotion
2. Health Financing
3. Medicine Supply and Management
4. Health Technology Management

Cross-cutting components

1. Digitalization
2. Operational Research

HPSS Building Blocks



Features of the Conventional Community Health Fund (CHF) in Tanzania before the reform

- Limited or no access to health services beyond one assigned health care facility (no portability)
- Passive enrolment, no “sales force”
- No separation of the provider-purchaser role of health service
- Family based ID cards which remained with the HoH and expensive costs of taking pictures
- No incentive for health facilities to treat CHF members – there was no reimbursements
- Paper based systems with weak data collection and monitoring

CHF Reformation

Reform Steps

- New organizational structures with new SOPs
- Enrolment approach - Active enrolment and renewal at village and urban quarter level
- Capacity building and trainings at village, health facility, district, regional and national level
- Development of Communication, Promotion and Marketing concept and materials
- Development of an IT system Insurance Management Information System (IMIS)

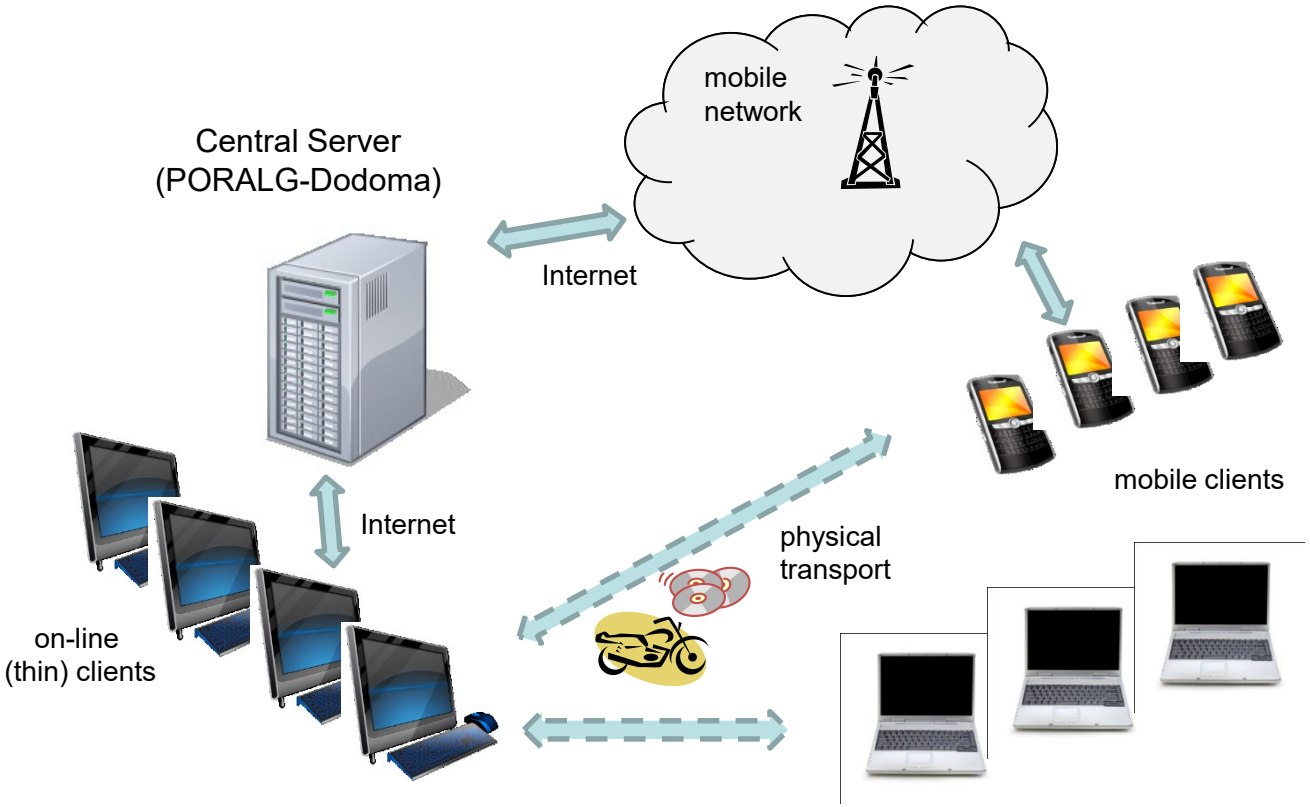
Features of the improved community health fund

- Use of **information technology** as an integrated system including members enrolment, renewal, enquiry, and facility claims processes
- Instant issuing of **membership card** to each member of the household
- CHF members have **access to medical treatments at all levels** of public health facilities from Dispensaries, Health Centers, and District Hospitals to Regional Referral Hospitals across the country.
- **Annual premium** per household is TZS 30,000/= (appr. USD 12.4) with the exception to Dar es Salaam region TZS 150,000/= per household (USD 62) and TZS 40,000/= (USD 16.5) per individual
- iCHF is easily and quickly accessible by all citizens from both rural and urban settings through its **enrolment officers.**

Insurance Management Information System (IMIS)

- Able to manage different insurance products (benefit packages) in parallel
- Able to manage different options of reimbursement to health facilities (fee for service, capitation, with or without waiting periods, management of ceilings for individuals or households for insurance products)
- Able to manage options for the payment of membership premiums (in full, or by instalments), in cash or through e-payment
- Able to manage health insurance schemes at different levels of control (community schemes, district schemes, regional schemes, national schemes)
- Available as an open source software embedded into an international initiative (https://openimis.org/)

Communication within IMIS



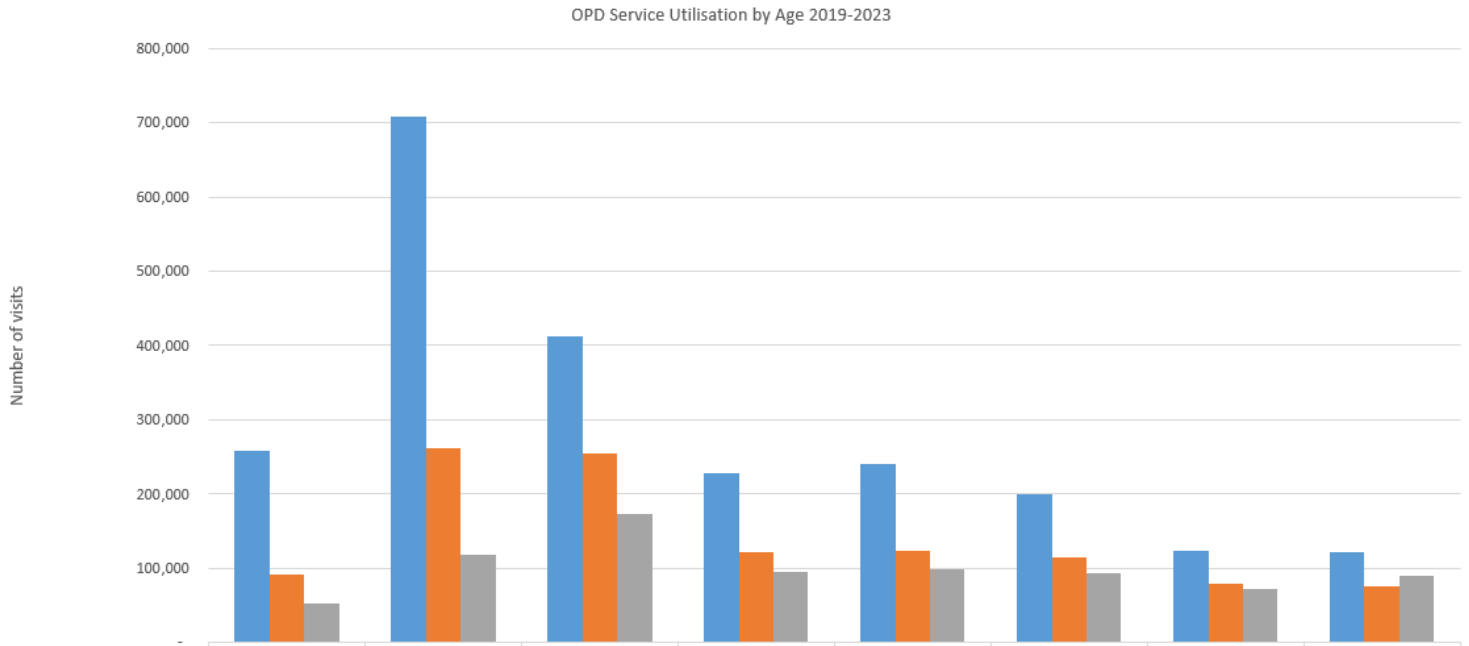
Achievement of iCHF Reform

- The implementation of CHF Iliyoboreshwa formally started in 2018
- Until April 2023 all regions in mainland Tanzania implemented the iCHF

- **Members:**
  - 903,883 households enrolled from July 2018 to March 2023
  - Overall the scheme has **4,167,723** beneficiaries, i.e. **8% of the populat**ion (cumulative)
  - Number of households with **active membership (policy)** varies monthly:
    - peaked in July 2021: 353,125 households with 1,765,625 individuals (**3.23%** of the population)
    - As per 30th April: 124’458 households with 622’170 individuals (**1.13%** of the population)

Service Utilisation and Reimbursement:

2.6 million treatment visits of CHF Iliyoboreshwa beneficiaries have been recorded since 2018. 80% of visits are at the primary healthcare facilities



	0-5yrs	6-15yrs	16-25yrs	26-35yrs	36-45yrs	46-55yrs	55-65yrs	66+
Dispensary	258,609	708,629	413,055	228,608	239,948	199,722	123,906	121,382
Health Center	91,918	261,758	254,029	122,392	122,568	114,829	79,077	75,392
RRH and District Hospitals	51,951	118,707	173,057	95,851	98,163	93,809	72,253	89,790

Funds collected:

- Cumulatively TZS **31,785,658,400** (appr. 13 million USD) has been collected as premium (till June 2023)

Provider payment (CHF payments to facilities)

- Total claims paid to the health facilities: TZS **24,436,619,854** (appr. USD 10 million)
- Payments benefitted mostly dispensaries and health centers, followed by District Hospitals and Regional Referral Hospitals

Where does iCHF stand today?

1. **Affordable** for the rural population, the “self-employed” (informal sector, farmers), and for small and medium scale businesses
2. **Attractive benefit package**, covering comprehensive health services from primary to district and regional referral services
3. **Easy enrolment mechanism** adjusted to rural population and informal sector (enrolment where people live, easy to handle mobile phone technology, plus options for enrolment on basis of payrolls)
4. **Portable iCHF cards**, providing access to all governmental health services across mainland Tanzania up to regional referral level
5. **Reliable payment** of health service providers
6. A strong **IT Insurance Management System** for efficient and transparent management
7. Additionally: **integration of the IMIS IT system** in GoTHOMIS, AfyaCare, MUSE, GePG mobile payment.

What next?

UHI context is very uncertain with two postponments

Contents of the UHI Bill still needs further analysis:

1. **Mandatory enrolment and identification of the poor**
2. **Funding:**
3. **Financial management**
4. **Availability of services at primary health facilities**
5. **Resistance from private insurers**

Thank you for your attention