

Swiss-Tanzania Cooperation: Achieving Universal Health Coverage (UHC)



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- p. 3 What UHC challenges is Tanzania facing?**
- p. 4 What does Tanzania need for achieving UHC?**
- p. 5 What has the HPSS project contributed to achieving universal coverage?**
- p. 6 What is new about the “new” CHF *Iliyoboreshta*?**
- p. 7 Why is an Insurance Management Information System needed?**
- p. 9 What are the key features of IMIS?**
- p. 10 How does IMIS work?**
- p. 11 What will be the impact of CHF *Iliyoboreshta* on the people?**



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Design:
Vischer Vettiger Hartmann AG
Spalenvorstadt 11
4051 Basel, Switzerland

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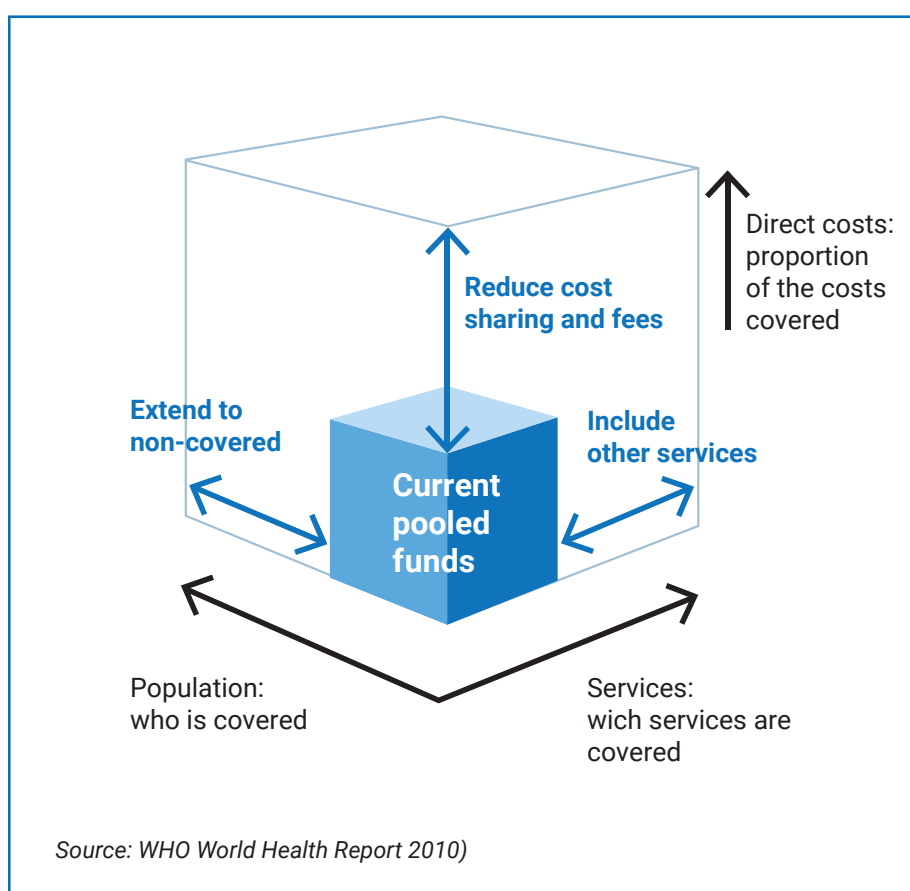
What UHC challenges is Tanzania facing?

The Government of Tanzania envisions a country where all citizens are entitled to quality health services. Universal health coverage (UHC) is a key driver for safeguarding access to needed healthcare. Achieving UHC requires expanded access to quality health services at an affordable cost for all. The political rationale behind is simple to explain: UHC will contribute to healthier, more productive populations, and better health makes people live longer and improves the well-being of families and society at large.

Social health protection is an important means for protecting people from the financial burden of disease. Currently, only one in every six Tanzanians enjoys health insurance coverage. More than 83% (45 million of the population) in East Africa's most populous country are forced to dig into their pockets when they need health services. Many Tanzanian households face high health expenditures or live in poverty due to high healthcare costs.

UHC is an important component of the Sustainable Development Goals (SDGs), particularly goal 3: to ensure healthy lives and promote wellbeing for all at all ages, which is a crucial requirement for development and economic growth. Better health outcomes demand for improvements in various fields of the health sector and beyond. Investments in sectors such as education, nutrition, shelter, human rights, and other relevant determinants of health are essential.

Dimensions to Universal Coverage



What does Tanzania need for achieving UHC?

The Government of Tanzania in its fourth Health Sector Strategic Plan (HSSP IV) formulated the ambitious aim of “Reaching all Households with Quality Health Care” by 2020. To this end, health insurance with effective risk-pooling and social protection is stated as a key element. For increasing equitable access to care and improving the quality of health services, the country has to overcome the existing lack of effectiveness and efficiency in its health-financing system. Particular challenges arise from the fact that most Tanzanians are working in the informal economy as self-employed farmers, service providers or craftspeople, not being on the payroll of an employer. For many years, Tanzania strived to implement health insurance for the informal sector. Since 1996, the Government established Community Health Funds (CHF) as voluntary, locally based pre-payment schemes to finance basic health services and complement public investments in health.

Despite relatively low contributions augmented by government subsidies, the expectation to enrol most Tanzanians for the past ten years has not come true. CHF penetration rarely exceeded 10 % of the population. This was mainly due to the fact that the benefit package was restricted to primary care available in the nearest dispensary. CHF cards were distributed by health facilities, and people could enrol in case of need in order to avoid user fees. With the support of international partners, among them the Swiss Agency for Development and Cooperation, the Government of Tanzania assessed the situation of social health protection and developed an innovative strategy for reforming the CHFs, which is currently being implemented.



What has the HPSS project contributed to achieving universal coverage?

The Health Promotion and System Strengthening (HPSS) project supports a complex array of interventions in different fields of the health sector and beyond. Contributing to universal health coverage is an important pillar of the project. The HPSS project health financing activities focus on strengthening the national health-related fund flows, public financial management of health facilities and particularly on developing and testing a reformed Community Health Fund model attractive for the Tanzanian population. The Swiss-funded project effectively contributed to the development and design of the national model of an “improved Community Health Fund” (CHF *Iliyoboreshwa*) working closely with the Government of Tanzania and other development partners.

Following its participatory approach, the HPSS project attached great importance to listening to and working with community members. The rationale behind it was to understand people’s knowledge of health insurance in Tanzania and take into account their needs and expectations for formulating a new model. At the same time, the HPSS project has strongly invested in capacity building in the health sector, supporting the government in the development of human resources, organisations, institutions and regulatory frameworks. Meanwhile, the HPSS project has become a strong contributor to health-financing and social-health-protection reforms in Tanzania.



Key achievements of CHF *Iliyoboreshwa* in Dodoma, Shinyanga and Morogoro Regions

- 2,238 enrolment officers across villages in 23 districts are in place and functioning
- Over 1 million people enjoy portability of their CHF cards and can access services in 2290 health facilities (spread across 9 regions of Tanzania)
- 1,812,614 individuals registered in IMIS having enrolled for CHF at some time
- TZS 3,087,254,942 (appr. USD 1.3 million) paid out as claims payment up to July 2018 since the introduction of CHF *Iliyoboreshwa* in 2012.

What is new about the “new” CHF *Iliyoboreshwa*?

Today, the country strives for mandatory health insurance for all citizens as a key driver for better health and as a health financing strategy of the health sector. As a part of its endeavour to achieve universal health coverage by 2020, the Government of Tanzania thoroughly reassessed the initial CHF approach and decided to further develop it into a fully operational and effective social health insurance scheme. The HPSS project CHF model has generated knowledge and extensive experience from three regions that has contributed to important design features for the national roll out of the improved Community Health Fund (CHF *Iliyoboreshwa*). Standard Operating Procedures and Financial Management Guidelines elaborated by the HPSS project in supporting the CHF *Iliyoboreshwa* in the three regions of Dodoma, Shinyanga and Morogoro were endorsed by the President's Office – Regional Administration and Local Government and are now employed by the CHF *Iliyoboreshwa* nationally.



Key features of CHF *Iliyoboreshwa*:

- Purchaser-provider split: Management shifts from health facilities to specialised local-government structures
- Enrolment at community level close to the people
- Affordable contributions, with option of payment by mobile money
- Broadened benefit package: Services at primary-care facilities, secondary and tertiary care hospitals covered
- Portability of entitlement: Access to health services at any healthcare provider in the network nationally
- Mixed provider payment: Combination of capitation and performance-based payment
- Improved financial and administrative management capacities at insurance and provider levels
- Efficiency and transparency enabled by a robust IT system

For details see chf-iliyoboreshwa.or.tz.

One important step of the improved CHF is the enrolment that it is now taking place at the household level and this has greatly reduced the cost of travel to the point of enrolment. It is envisaged that with the introduction of mobile phone payment and enrolment, this will be another path breaking innovation of improved CHF. This innovation will make health insurance easily accessible, reduce operational costs, promote professional governance and strengthen administrative structures for CHF.

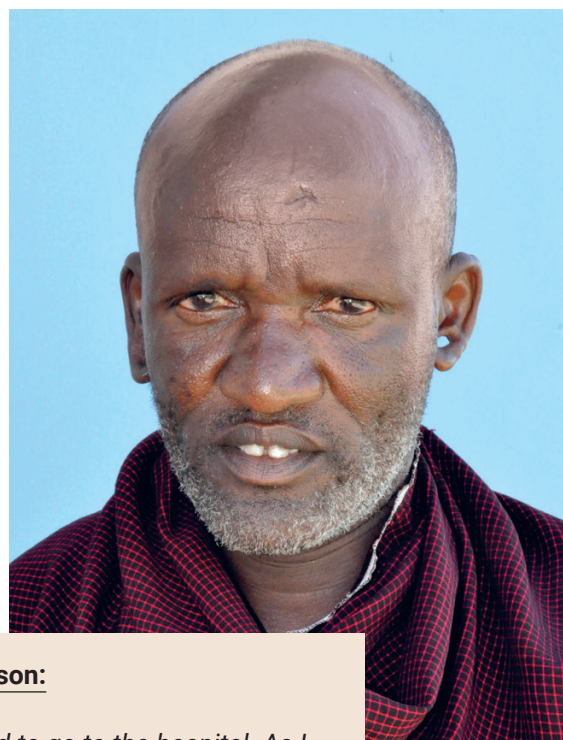
The CHF *Iliyoboreshwa* today covers a much broader benefit package including hospital care in public facilities. Users highly appreciate the liberty to utilize health services for a moderate insurance contribution at any accredited health facility in the country.

In the new model, funds are no longer managed by the District Medical Offices (DMO) but go directly to CHF *Iliyoboreshwa* offices managed by the regional Administration. For health care providers, the implementation of the CHF *Iliyoboreshwa* reduces the administrative workload: They receive reliable and effective payment according to population covered and services delivered. Following its systems approach, experience gained during the implementation of the HPSS project-supported CHF *Iliyoboreshwa* has significantly contributed to the adjusted national CHF *Iliyoboreshwa* model.

Albeit slow, population coverage started to increase more than ever since the implementation of the CHF *Iliyoboreshwa* in the HPSS project region. For example, in Kondo district, actual coverage increased from 2.3 % in 2011 to over 18 % in 2018. Until now, however, the coverage rate still offers room for improvement, particularly in view of the national goal to achieve universal health coverage.

Why is an Insurance Management Information System needed?

Performance and success of health insurance requires strong and effective data management. Powerful IT systems are indispensable for managing the complex set of data on beneficiaries, contributions, services, providers, fund flows and others. One of the most evident and transcending contributions of the HPSS project to social health protection was the development of the Insurance Management Information System (IMIS). Initiated in 2012, the HPSS project has developed a fully operative management tool for the reformed CHF. As a result, CHF *Iliyoboreshwa* now has a robust,



Expensive lesson:

"Last year I had to go to the hospital. As I did not have my CHF card with me, I had to pay TSh 200,000 for the treatment. I will never again leave my CHF card at home."

Baraka Ngenai, 52 years, enrolled through his employer in Dodoma

tailor-made IT system at its disposal. IMIS supports all business processes of the CHF *Iliyoboreshwa* scheme, to ensure availability and precision of information, to accelerate operations, and to create transparency and reduce fraud. The Government of Tanzania decided to implement IMIS for operating the national CHF *Iliyoboreshwa*.

The centralised IMIS is also crucial for another essential innovation – portability of CHF *Iliyoboreshwa* membership. Today, beneficiaries can access health services at any health facility within the CHF *Iliyoboreshwa* network.



Unforgettable experience

"Last year I underwent a surgery at Kondo Hospital. Seeing CHF covering the whole cost of surgery was an unforgettable situation in my life. I wish to see all these CHF services extended to national coverage even if the contribution has to increase."

Jaa Issa Waziri, 51 years, Wisikwantisi Village, CHF member since 2014

Development of IMIS:

- Since 2012: Development of IMIS by Swiss TPH with funds from the Swiss Agency for Development and Cooperation (SDC)
- 2013: Application of IMIS to a MISEREOR-funded Community based Health Insurance run by the Catholic Church in Cameroon
- 2014: Adoption of IMIS by the Ministry of Health and Population in Nepal for the nation-wide social health insurance scheme, with support of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- 2017: Release of IMIS under open-source license and formation of an international openIMIS initiative funded by the Swiss and German Governments
- 2017: Pilot of a French version in 8 CBHI funds in South Kivu, Democratic Republic of Congo, under an SDC-funded programme
- 2018: Pilot implementation under an SDC funded Community-based Health Insurance programme in Chad
<https://www.swisstph.ch/en/about/scih/sysu/health-economics-and-financing/imis/>

What are the key features of IMIS?

IMIS is a comprehensive system for managing and standardising crucial performance operations of health insurance. Starting from enrolment and renewal of membership, the system is ready to process claims and provider payment as well as all other management tasks. The system distinguishes itself through the use of easily accessible and implementable smartphone technology taking processes closer to clients and making health insurance more inclusive, particularly for the informal sector. The system reduces bureaucracy and cuts down transaction time. IMIS distinguishes itself with its innovative features:

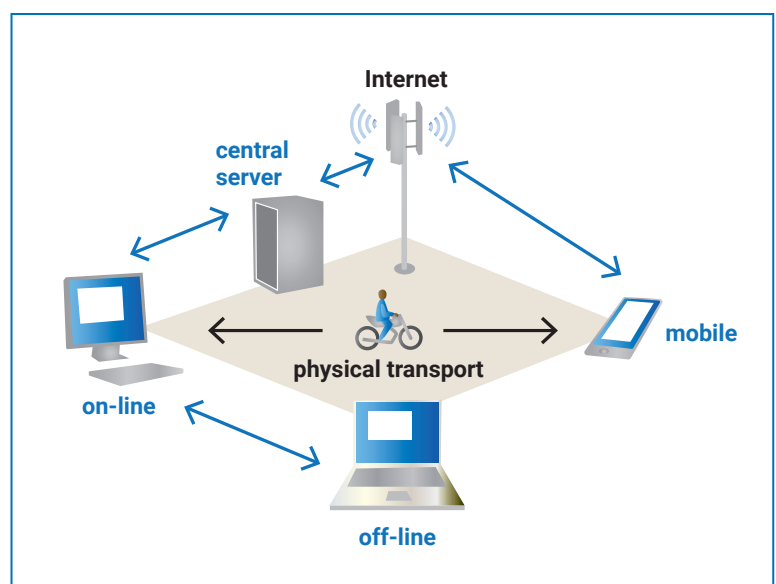
- Client friendly, easy to access and user friendly
- Lower processing cost and time
- Centralised web-based, paperless application for enrolment, renewals, identification enquiry, contribution collection, claiming, provider payment and feedback collection features
- Cost effective identification using simple Quick-Response codes for identifying individual beneficiaries
- Off-line installation synchronised with the central database whenever internet is available or manually through data storage devices
- Applicability to different types of health insurance schemes (community-based, district, regional or national schemes), encompassing different enrolment modalities, benefit packages and provider payment mechanisms
- Technical basis for implementing portability of benefits across different insurance schemes and locations
- Unique feedback app for increasing social accountability
- Support of different languages (e. g. Tanzania IMIS is in English and Kiswahili, Nepal in English and Nepali, and in DRC and Chad in French and English.
- License-free software and continuous development by the global open-source community.



How does IMIS work?

IMIS produces operational reports to track all activities and the performance of insurance schemes according to specified criteria. Additionally, the system encompasses a data warehouse based on a multidimensional model where aggregated data is extracted regularly from the central database for dynamic analysis and reporting. Data are accessible for remote access through front-end tools like excel sheets.

IMIS is a fully functional, licensed open-source application compatible with other technologies catering to Universal Health Coverage, such as the national HMIS (DHIS 2) in Tanzania. The software source code is publicly available creating a global community of developers and users around IMIS, which will be able to further enhance and evolve the system functionality according to upcoming requirements from its application sites. This will ensure better modularity and continuous system growth driven by implementation needs and technology advances.



What will be the impact of CHF *Iliyoboreshwa* on the people?

The HPSS project actively and effectively supported the further development of Community Health Funds and their transformation into a proper health insurance. The rationale behind is to provide a health insurance package which offers reliable financial protection and is attractive for the Tanzanian population. This is particularly challenging in an environment where people are not familiar with the concept of health insurance. CHF *Iliyoboreshwa* has a huge potential to contribute to a better understanding and uptake of health insurance in Tanzania. This is essentially due to the fact that

- CHF *Iliyoboreshwa* is affordable and easy to join
- enrolment is simple, fast, easy to do and user friendly
- coverage includes primary and higher levels of care
- benefits are portable and thus accessible at all accredited facilities in the country.

It has to be pointed out that quality health services are key to people for enrolling into health insurance. So far, unavailability of medicines and poor treatment were among the main reasons for households to not renew their CHF membership.

For this reason, the HPSS project has applied a multi-level approach complementing the promotion of CHF *Iliyoboreshwa* by other measures. In particular, better availability of medicines, operational medical devices, improved treatment guidelines, and overall better clinical procedures are crucial for a health insurance to be successful and persuasive. Health promotion in the long run reduces avoidable cases of disease and thus contributes to making health insurance affordable. Health

insurance coverage protects lives and enables families to invest their resources into improving their well-being and not to worry about the costs of catastrophic events of ill-health.

In a nutshell, the HPSS project has provided tailor-made support to Tanzania's drive towards Universal Health Coverage.



Impressive experience

"I was impressed to join CHF. Now I have the chance to see a doctor, and to get check-ups and medicines, which I cannot afford out of my own pocket.

Whenever I use a health facility, all costs are covered, and I receive equal treatment as those who pay cash."

**Mariam Issa, 27 years, Mnenia Village,
CHF beneficiary and enrolment officer,
TASAF beneficiary for 2017**




**Rationale behind HPSS-supported
CHF Iliyoboreshwa:***

- Uninsured households pay almost 70 % more out of their own pockets for outpatient care compared to CHF-enrolled households
- Inpatient care exposes uncovered households to four times higher annual out-of-pocket expenditures than insured households
- One in every 35 households incurs catastrophic health expenditures - most of them do not have CHF.

* Findings of the HPSS follow up survey performed by the University of Dar es Salaam



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