



Informal sector health insurance schemes in low & middle income country settings: a case from Tanzania

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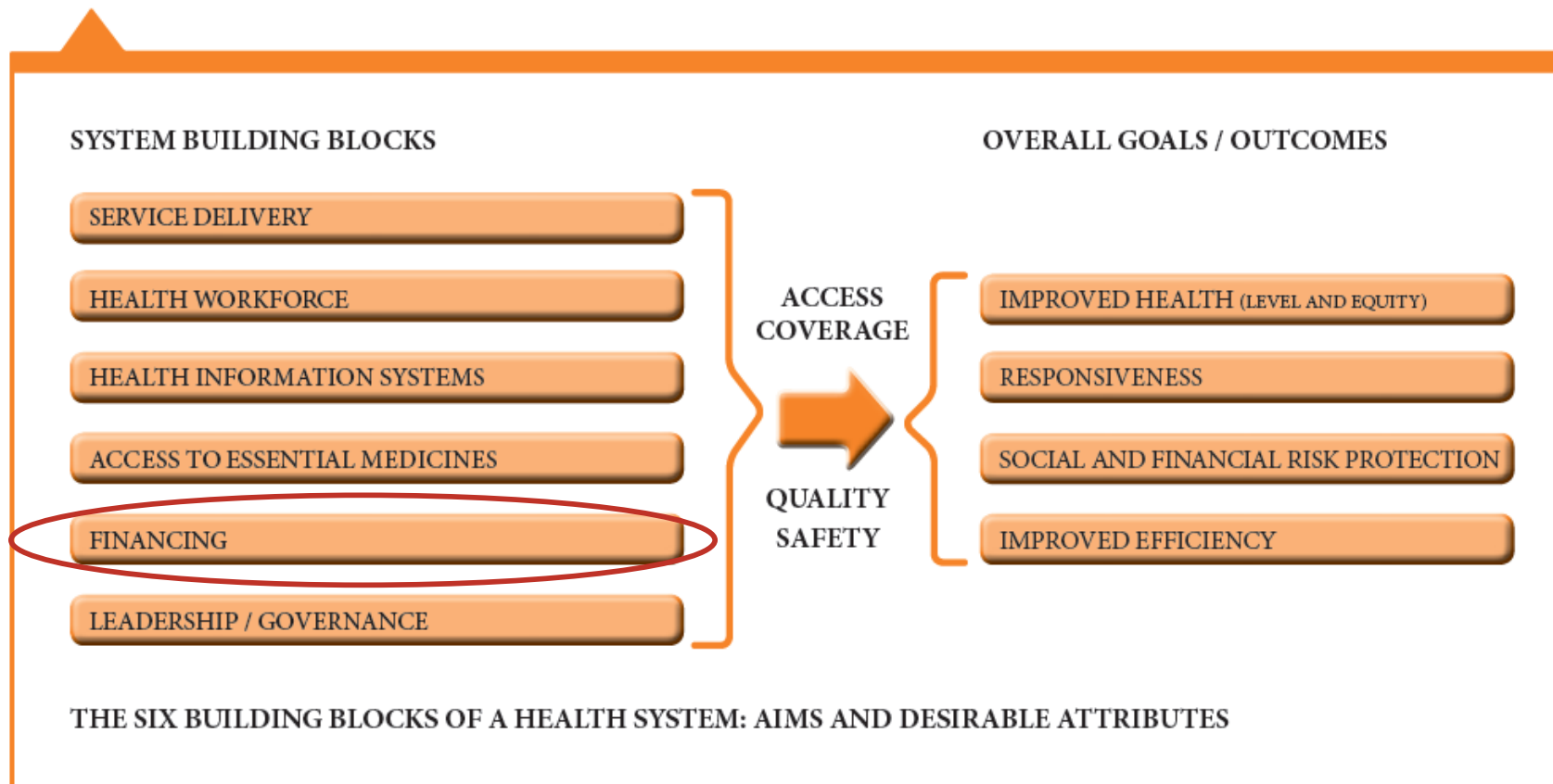
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Swiss Tropical and Public Health Institute

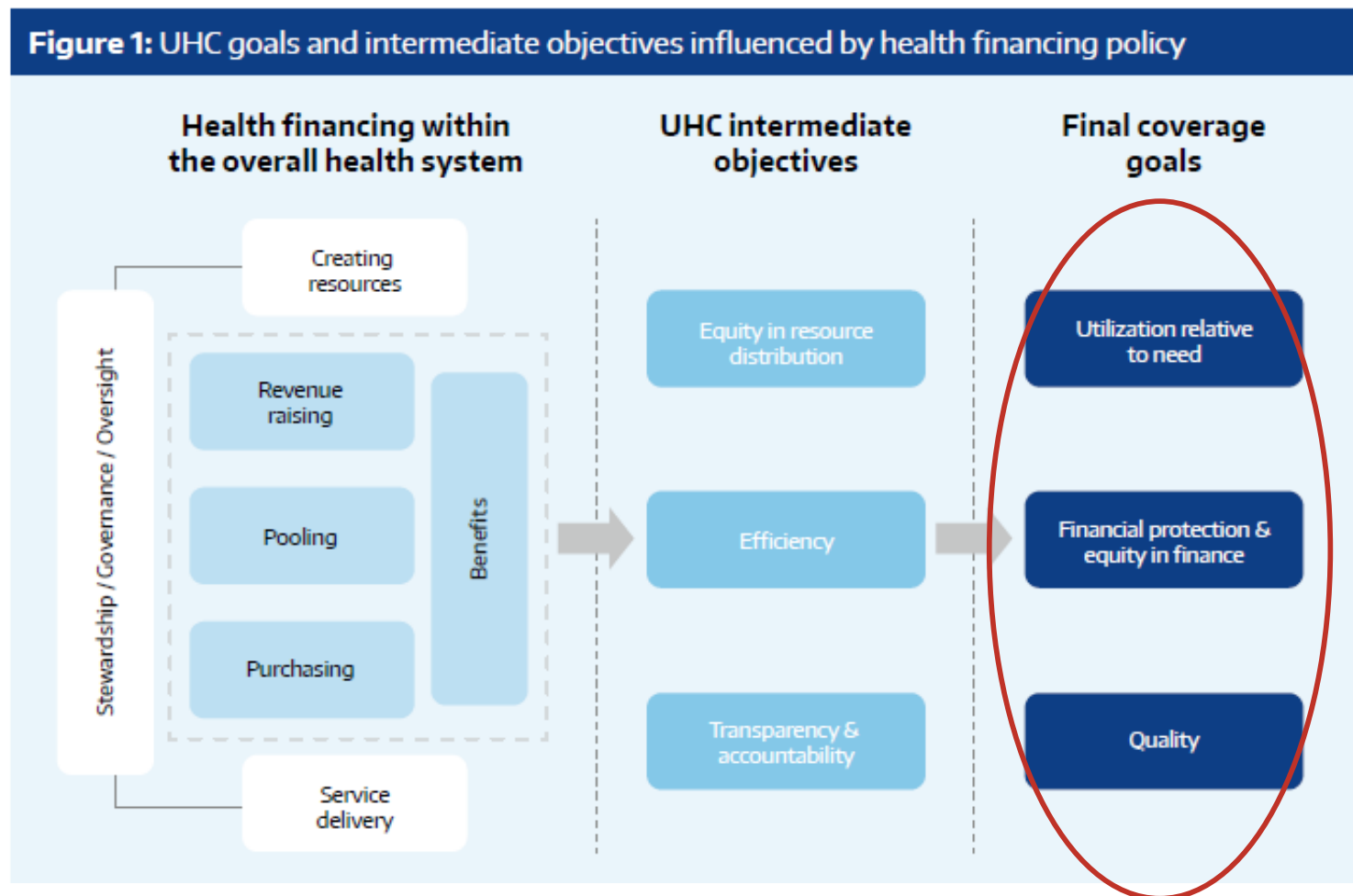
- Role of health financing within health systems
- Health financing mechanisms
- Evolution of insurance models in Tanzania
- Evolution of Insurance information systems
- Key figures

Role of health financing within health systems

Figure 1. The WHO Health Systems Framework

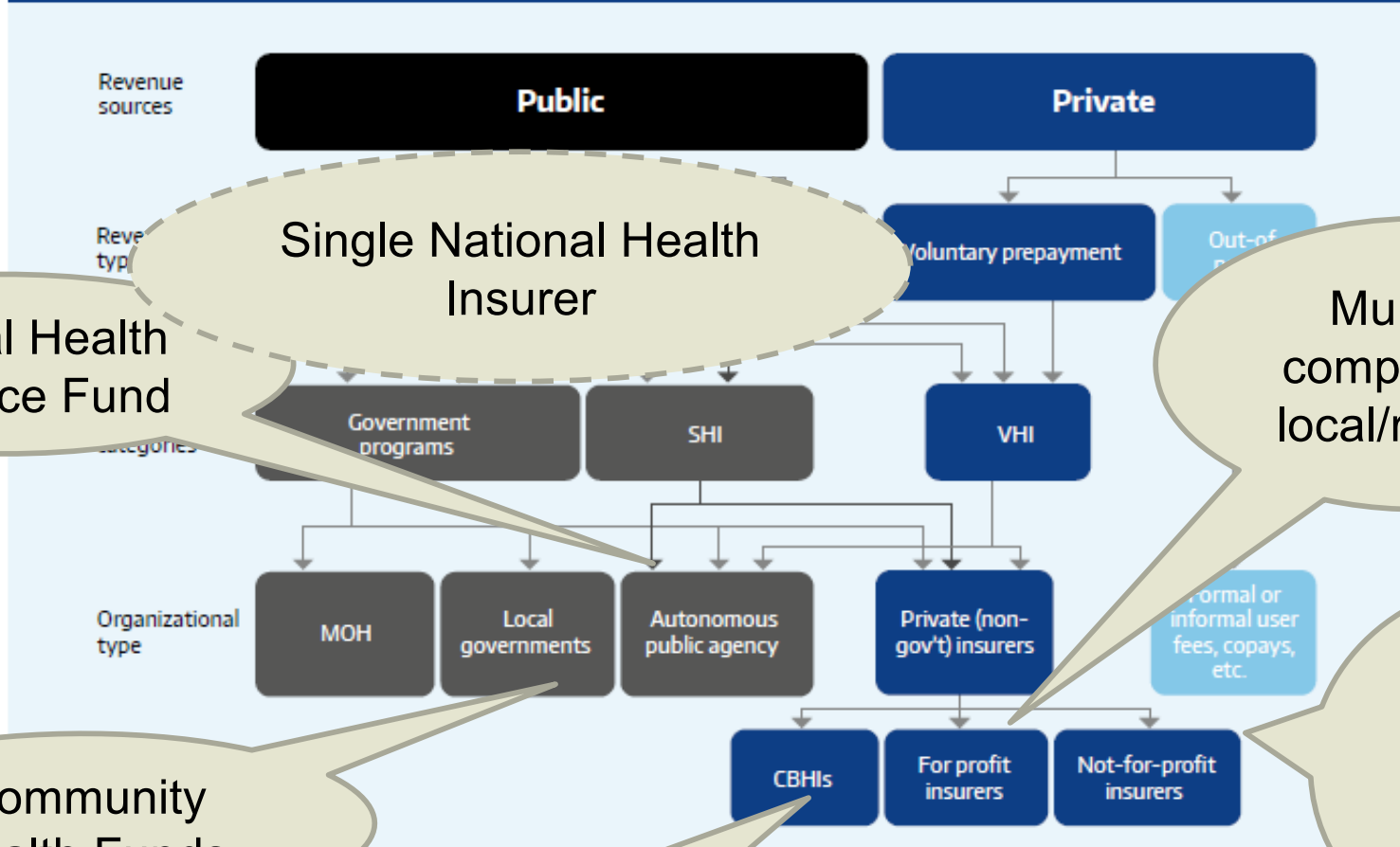


Health financing link to overall health system goals



Tanzanian setting health insurance schemes evolution

Figure 5: Common revenue flows from sources to pooling entities



National Health Insurance Fund

Multiple: companies – local/regional

Community Health Funds

NGO based, savings groups, etc

Church based, Charitable health facilities, etc.

Community Health Fund (CHF)

- Piloted in 1996
- CHFs are “voluntary community-based financing scheme in which households pay contributions to finance part of their basic health care services to compliment the government health financing efforts.”
- Managed by Local Government Authorities (Districts) and supported by the National Health Insurance Fund (NHIF)
- Household enrolment with a predefined household size of 6 – targeting primarily the informal sector
- Enrolment for a period of 12 months
- Annual household contribution between 5,000 – 15,000 TZs (2.2 – 6.6 CHF) per household and government subsidizes the CHF schemes with matching fund contributions.
- Benefits mainly covered primary care and rarely secondary care
- Performance was broadly low

Reformed CHF approach (CHF Iliyoboreshwa)

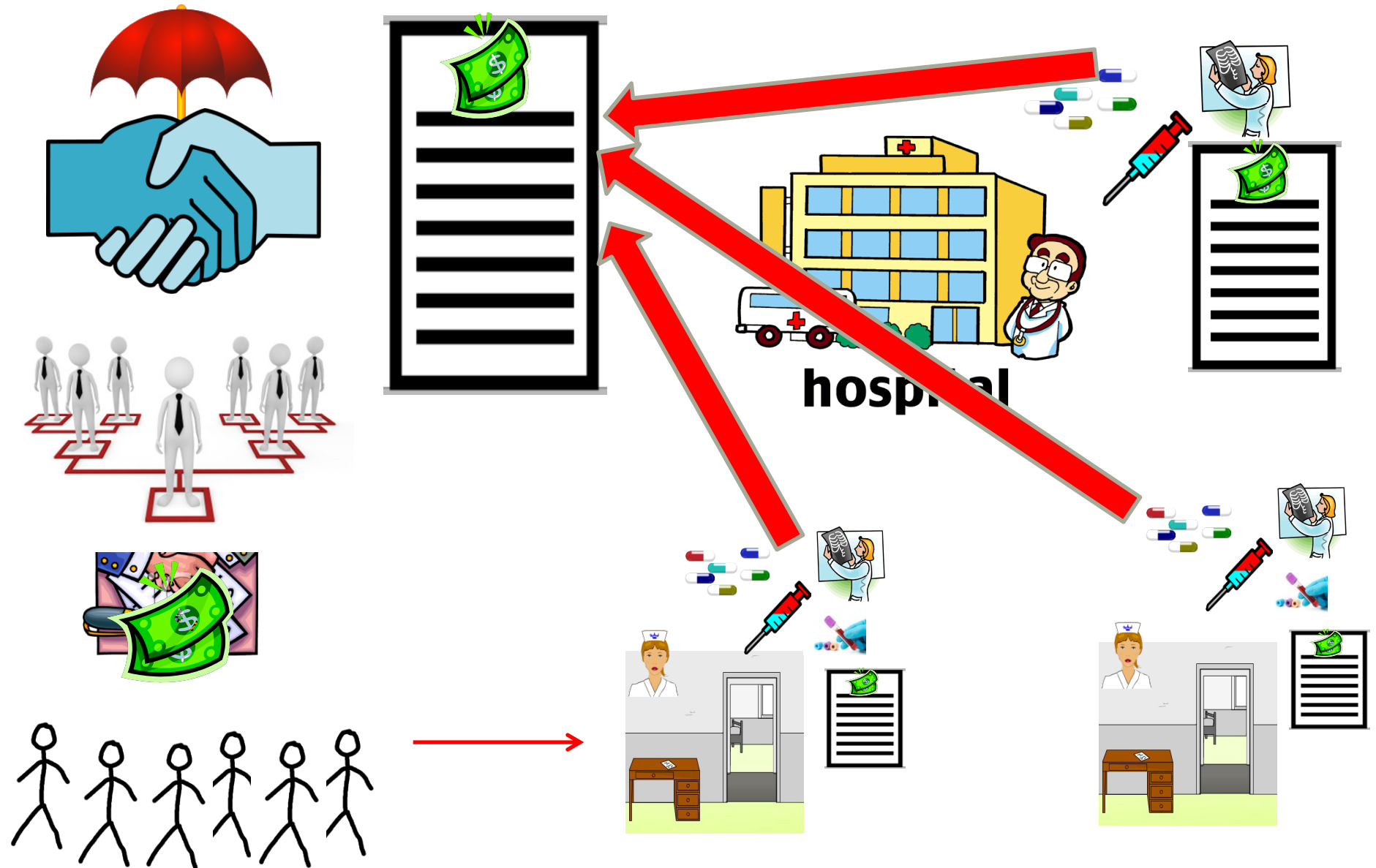
- Different donor supported efforts to improve and pilot different models
- Swiss Development Corporation (SDC) since 2011 funds under the Health Promotion and Systems Strengthening (HPSS) project reform of the CHF
- Reformed approach designed and implemented by Swiss TPH since 2012
- Overhaul of the governance, provider payment mechanism, benefit package, processes and operational structure including the development of Insurance Management Information System (IMIS)



Insurance Management Information Systems (IMIS)

- Swiss TPH worked with a local Tanzanian company to develop a comprehensive insurance management information system
- Mobile phones (android apps) used to support enrolment, renewals, client enquiry, claims and feedback processes
- Flexibility to accommodate different insurance models, organizational structures, processes, products and provider payment mechanisms
- Currently supporting district based government (Tanzania – moving to regional/national), centralized government (Nepal) and mutuelle (Cameroon and Congo) health insurance models
- The system was shared with all countries under a free of cost license granted by SDC
- Now released as an Open Source application (Affero GPL license) under the “OpenIMIS initiative” funded by SDC and BMZ focussing on provision of a low cost, interoperable and modular health insurance information system.
- In Tanzania govt. wants to use IMIS for national roll out of new CHF

IMIS – Data captured



Evolution of the technology

- Driven heavily by implementation needs
- Highly dynamic and tech savy environment
- Jump to mobile based solutions – more acceptable by users (agents, health facility and clients), easy to further innovate on and relevant skills are available locally
- Large number of pilots and solutions lead to fragmented IT landscape and hence emphasis on interoperability to ensure systems talk to each other
- Government leading initiatives to bring in standardization and cut down costs
 - Mobile payment gateways
 - SMS gateways
 - USSD technology

Key figures from CHF Iliyoboreshwa

- 22 schemes (districts)
- 1.47 million individuals reached till date
- Over 756,000 individuals actively covered (close to 15% of population) at the end of October 2017
- 847 health facilities (primary and higher level)
- 2458 enrolment officers at village level

2017 end line survey in one intervention region (Dodoma):

- Insured households incurred 37 percent less annual out of pocket expenditure than uninsured households
- 2.9% of the surveyed population incurred catastrophic health expenditure with about 72 percent of these belonging to the uninsured group

Thank you for your attention!

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