



Governance Facilitators and Challenges in the Implementation of the Health Financing Strategy in Tanzania

– Authors: Sally Mtenga | Fabrizio Tediosi | Doris Oseiafriyie | Brady Hooley | Grace Mhalu –

Executive Summary

> The R4D study was conducted in 2019 by Ifakara Health Institute in collaboration with the Swiss TPH with funding from the Swiss National Science Foundation to understand the governance facilitators and challenges in the implementation of the new health financing strategy in Tanzania.

> R4D study conducted in-depth interviews with stakeholders in three regions to assess the implementation of the health financing strategy and social health financing schemes. Governance indicators and normalization process theory (NPT) provided a framework for the inquiry.

> Governance facilitators include: coherence among government stakeholders in understanding the current health financing arrangement; a shared strategic vision on the health financing strategy; perceived benefit of the health financing strategy; and perceived responsiveness of the health system.

> Governance challenges include: misunderstanding and miscommunication about health insurance and beneficiaries' entitlements; limited resources for sensitization activities at community level; and poor accountability of collected premiums at community level.

> The researchers conclude: Enacting the national strategic health financing policies successfully could be facilitated by a multidimensional approach to governance and implementation. They argue that expanding health insurance coverage alone may not be adequate for achieving universal health coverage in Tanzania. They recommend the inclusion of local communities, by both government and non-government stakeholders, for the successful implementation of the health financing strategy.

2019

Year the
R4D study
was
conducted

3

Number of
partners
involved

The study sought to understand governance facilitators and challenges in the implementation of the new health financing strategy in Tanzania.

Governance indicators and the Normalization Process Theory (NPT) provided the framework for the study inquiry.

Aim

The aim of the study was to understand the governance facilitators and challenges regarding the implementation of the new health financing strategy in Tanzania.

Methods

In 2019, the R4D2 project conducted 36 in-depth interviews (IDIs) with multiple stakeholders from the government/Ministry of Health in Tanzania, and representatives from a non-government organization, district and regional officials and local communities. The interviews were conducted in the regions of Dodoma, Dar es Salaam and Kilimanjaro.

The field work was preceded with context mapping (CM) to gain a deeper understanding of who to interview based on their direct and indirect involvement in the implementation of the health financing strategy and social health financing schemes. Governance indicators and the Normalization Process Theory (NPT) provided the framework for the study inquiry.

36

Number of in-depth interviews conducted with stakeholders

Results

Some factors that emerged as governance facilitators

> Coherence in understanding the current health financing arrangement

Generally, there was a good understanding of the current health financing system by the interviewed stakeholders. Those at the higher levels of the health system and policy makers seemed to know the policies better.

> Shared strategic vision of the health financing strategy in the country

Stakeholders had a shared opinion on the strategic vision of the country and were in support of a mandatory single national health insurance. They explained that making universal health coverage a reality for all Tanzanians would need a law to make health insurance mandatory. This is important for the enactment of essential plans towards the anticipated policies.

NHIF is compulsory for public servants; it is not compulsory to private institutions or to individuals. We wish insurance would be mandatory for everyone. The government must intervene to make it mandatory (NHIF personnel).

> Perceived benefit of the health financing strategy

Most stakeholders considered mandatory health insurance to be a critical component of health financing in the country and mentioned that achieving the 'buy-in' for health insurance, particularly the Improved Community Health Fund (iCHF), would be effective in reaching vulnerable groups and extending their access to care.

> Perceived responsiveness of the health system

Stakeholders perceived the health system to be responsive to the needs of communities because of the expansion of the iCHF benefit package to include services at the regional level. Stakeholders mentioned this policy change was due to the complaints from the communities. Beneficiaries who were interviewed expressed their satisfaction with the scheme in addressing their needs.

> Participation and consensus

Participants at higher levels mentioned that it was a standard procedure to involve communities in developing national policies. They indicated the iCHF policy changes as evidence that community members' 'voices counted in decision-making.' Others also mentioned the HFGC, which includes community members, as a way to involve communities in decision-making.

Stakeholders had a shared opinion on the strategic vision of the country and were in support of a mandatory single national health insurance.

Some factors that emerged as governance challenges

> Misunderstanding and miscommunication about health insurance and beneficiaries' entitlements among the local communities

It appeared that there was a limited understanding and awareness about the broader functionality of health insurance, and the benefits offered to iCHF beneficiaries. This was partly due to miscommunication by policymakers, including politicians sending the message of 'free services' to communities.

> Limited resources for sensitization activities at the community level

Most stakeholders at health facilities mentioned that there are limited resources available to conduct health insurance sensitization activities at the community level. This is likely to affect sustainability of enrolment into the health insurance schemes and understanding of the health financing strategy among the local communities.

> Poor accountability of collected premiums at the community level

At the health facility and community level, stakeholders involved in managing premiums collected by enrolment officers lamented their difficulties in balancing revenues received with their costs incurred for providing services to beneficiaries. This was a critical issue for health facility managers, as the scheme is also facing challenges in receiving and distributing matching funds from the central government.

> Health system challenges

Stakeholders mentioned health system challenges such as the poor availability of medicines, lack of human resources and inadequate infrastructure as negatively affecting the successful implementation of the health financing strategy. They explained that addressing those issues is important for building beneficiaries' trust in the health insurance system.

Note: In this study, we found that most governance factors that emerged as facilitators and challenges to health financing implementation can be explained within the framework of normalization process theory and the governance indicators.

"I have faith in this fund, so much faith, and it's 100%. It will be so effective if everyone will be responsible in their positions. People are depending on us, so we have to tell them the advantages of this fund and ask them to embrace it. I trust this fund because it targets people who are with low income (Social Worker)."

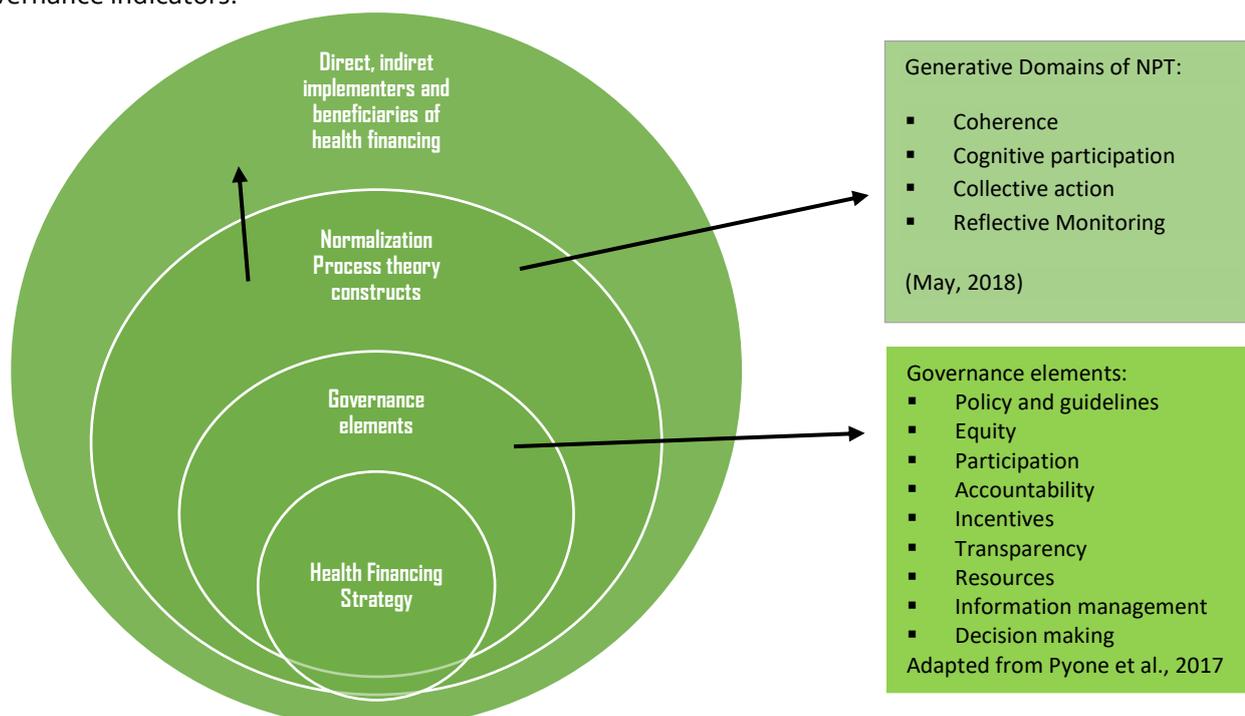


Figure 1: Framework to understand the facilitators and challenges to implementing health financing strategy in Tanzania (Adapted from Pyone et al, 2017; and May, 2018).

Conclusions & Recommendations

Policy and Program Implications

To achieve a successful enactment of health financing strategy in Tanzania, policymakers and respective government officials can use multidimensional approaches that encourage:

*"The responsibility of the people should go hand in hand with funding resources because it is difficult to assign a staff to go more than 50 km for sensitization campaign without providing him/her a transport, fare, funds for accommodation and so on."
(CHMT member)*

- > Governance practices that enhance a shared strategic vision among stakeholders, especially local communities, on the national health financing strategy
- > Good understanding of health financing and strategic milestones among local communities/beneficiaries.
- > A universal approach that involves non-governmental organizations, private sector, civil society organizations, and local community structures in the development and implementation of health financing strategic milestones.
- > Responsiveness to the health care concerns and needs of communities through periodic evaluation of the impact of the health financing strategy on access to quality of care, especially by vulnerable and poor groups.

Based on the positive opinion from most stakeholders regarding the institutionalization of mandatory single health insurance, efforts should be made to ensure the timely implementation of such a policy in Tanzania.

Finally, the findings suggest that expanding health insurance coverage alone may not be adequate for achieving universal health coverage in Tanzania. Governance-related challenges, such as empowering communities in decision-making that relate to health financing mechanisms and availability of financial and human resources at the health facilities are crucial to the effort.

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R4D research team members: Dr. Sally Mtenga - IHI (Co-Principal Investigator); Prof. Fabrizio Tediosi - Swiss TPH (Co-Principal Investigator); Dr. Grace Mhalu - IHI (Project Leader); and Doris Oseiafrinyie and Brady Hooley (Swiss TPH).