MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCE (MUHAS)

RESEARCH PROPOSAL

SCHOOL OF PHARMACY

DEPARTMENT OF MEDICINAL CHEMISTRY

TITLE; SURVEY OF HEALTH INSURANCE SCHEMES IN DAR ES SALAAM

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ABSTRACT

Health insurance (HI) schemes are growing in importance in low-income settings, where health systems based on user fees have resulted in significant barriers to care for the poorest members of communities.Health insurance schemes refers to not-for-profit health insurance schemes developed for the informal sector and created on the basis of the ethic of mutual aid and collective pooling of health risks in which the members participate in its management.

Objective: Assessment of availability and performance of health insurance schemes in dar es salaam region.

Methods A cross sectional study was conducted using questionnaires. Iinformation obtained was analysed using computer software, Epi Info program me version 3.5. 1

Budget: A total estimated cost of 585000 Tshs was used.Such amount was used to

Cover stationary, transport,computer services expenses and others.

INTRODUCTION

The health system in Tanzania faces serious challenges,among them are:high poverty levels,high population growth rates and alarmingly high prevalence rates of HIV/AIDS coupled with under funding of the health sector.Introduction of user-fees is also another challenge.Today,the limitation of user fees are well established and they constitute a barrier to health care and are a cause of exclusion ,especially for poor population groups.[2]

Research frequently shows that the poorest members of society often fail to benefit from health care and social welfare programmes (Castro-Leal *et al.* 2000; Gwatkin 2000; World Bank 2004a,b), In a systematic review, Ekman (2004) concluded that CHI schemes reduce out-of-pocket payment and increase access to health care in low-income countries, but the poorest were still excluded, resulting in low levels of both vertical and horizontal equity.

Health insurance (HI) schemes are growing in importance in low-income settings, where health systems based on user fees have resulted in significant barriers to care for the poorest members of communities. They increase revenue, access and financial protection, but concerns have been expressed about the equity of such schemes and their ability to reach the poorest. Few programmes routinely evaluate equity impacts, even though this is usually a key objective. This lack of evidence is related to the difficulties in collecting reliable data on utilization and socio-economic status[4].

Hence there is a felt need in the State to provide medical assistance to families living below poverty line for the treatment of serious ailments such as cancer, kidney failure, heart and neurosurgical diseases etc., requiring hospitalization and surgery. Available network of government hospitals do not have the requisite equipment or the facility or the specialist pool of doctors to meet the state wide requirement for the treatment of such diseases. Large proportions of people, especially below poverty line borrow money or sell assets to pay for hospitalization

Community health insurance refers to not-for-profit health insurance schemes developed for the informal sector and created on the basis of the ethic of mutual aid and collective pooling of health risks in which the members participate in its management.In this study the focus is on HI schemes that have community rating of the premium and to varying extents have community participation in conception,implementation,or management.Pre-payment schemes that do not rely upon a collective pooling mechanism of funds,for profit schemes and mandatory social health insurance schemes are excluded.

Community health insurance is taken as an improvement in comparison to user fees.The health report 2000 pointed out that in those countries with a small formal sector,one viable way of promoting pooling of financial reserves is at the community level.The objective of the study is to assess the availability and performance of health insurance schemes in Dar Es Salaam region.

LITERATURE REVIEW

1. . Evaluations have demonstrated that Oxfam's schemes have contributed to improving access and quality of care, primarily through rehabilitation of local HPs, providing basic equipment, training of nurses, and ensuring HPs are well-stocked with appropriate drugs (Oxfam 2000; Sloggett 2002; Poletti and Balabanova 2006). The schemes are now major providers of health care in rural communities [4] despite the promotion of Community Health Insurance (CHI) in Uganda in the second half of the 90's, mainly under the impetus of external aid organizations, overall membership has remained low. Today, some 30,000 persons are enrolled in about a dozen different schemes located in Central and Southern Uganda. Moreover, most of these schemes were created some 10 years ago but since then, only one or two new schemes have been launched [14].
   Impacts Of Community Health. Insurance Schemes On Health Care Provision In Rural Tanzania In 1996 the Tanzanian government initiated community health insurance schemes to improve the access to health care and to protect people against the financial cost of illness in an environment with shrinking budgets for the health sector. This study aims to evaluate the role of the community health funds (CHF) in lowering the barriers to access health care. Three important results emerge from this study: First, the results show that income is amongst the most important factors determining household participation in the schemes. This means that despite exemption mechanisms, the poorest of the poor within the society are not reached as they can not afford to pay regular insurance premiums. Secondly, though we find no significant differences between members and non-members in the overall amount of health expenditure and in the use of preventive measures, sick individuals in member households were 15 percentage points more likely to get treatment than those in non-member households. Hence, being insured leads to an increase in the effective demand for health care. Third, the analysis reveals that members of the CHF are better financially protected against health shocks than non members. The result of this work provides further evidence of the important role that micro insurance schemes can play in the risk management of people in developing countries by Jutting et al [15].

To-date Tanzanian households provide the greatest proportion of health care financing. Out-of-pocket payments are gradually becoming less popular in urban centers, as people are now enrolling in Insurance schemes.i.e. Moving from cash payments to card payments (at the point of receiving health service) Cash payments are tricky modes especially for the poor[16]

The study done by Robert B, Criel B,George P,What are the emerging features of community health insurance schemes in East Africa concluded that the majority of the schemes have been in existence for a relatively short time of less than 10 years and their number remains small. There is need for further research to identify what is the mix and weight of factors that cause people to refrain from joining schemes. Specific issues that could also be addressed in subsequent studies are whether the current schemes provide financial protection, increase access to quality of care and impact on the equity of health services financing and delivery[2]

PROBLEM STATEMENT

- Currently in many developing countries HI schemes are playing a significant role in providing quality health care services.
- However not much is known about health insurance schemes in Tanzania due to small coverage among the existing HI schemes.
- Therefore there is a great importance of conducting needs assessment researches in availability and performance of health insurance schemes in order to sensitize the community to join the local HI schemes.

RATIONALE

- This study will assist the government to plan for health care financing especially paying for the poorest.
- The results of this study will guide the government on how to increase the quality of health care.
- To the society, the study will enable people to choose the best HI scheme to join in order to access quality health care services.

OBJECTIVES

Broad objectives

Assessment of availability and performance of health insurance schemes in dar es salaam region.

Specific objectives

- **To identify the existing health insurance schemes.**
- **To determine factor attracting people to join and/or refrain from joining**
- **To find out if these health insurance schemes provide financial protection in emergencies and increase access to quality health care services.**

METHODOLOGY

STUDY DESIGN

A prospective and cross sectional study involving interviewing key informants from various schemes and beneficiaries of schemes from public and private hospital.

STUDY AREA

This study was conducted in Dar es salaam region in public and private hospitals.

SAMPLING TECHNIQUE

The sample size of 200 individuals were involved in the study and were obtained through convenient sampling.

DATA COLLECTION

Data were collected by using questionnaires and filled by key informants and beneficiaries of different HI schemes.

SAMPLE SIZE CALCULATION

P= Prevalence

E= Error

Z= Confidence interval

N= Sample size

P=50%

E=0.07

Z=1.96

$$N=\frac{Z^2.P.(1-P)}{E^2}$$

$$N=\frac{(1.96)^2\times 0.5(1-0.5)}{(0.04)^2}$$

N=200

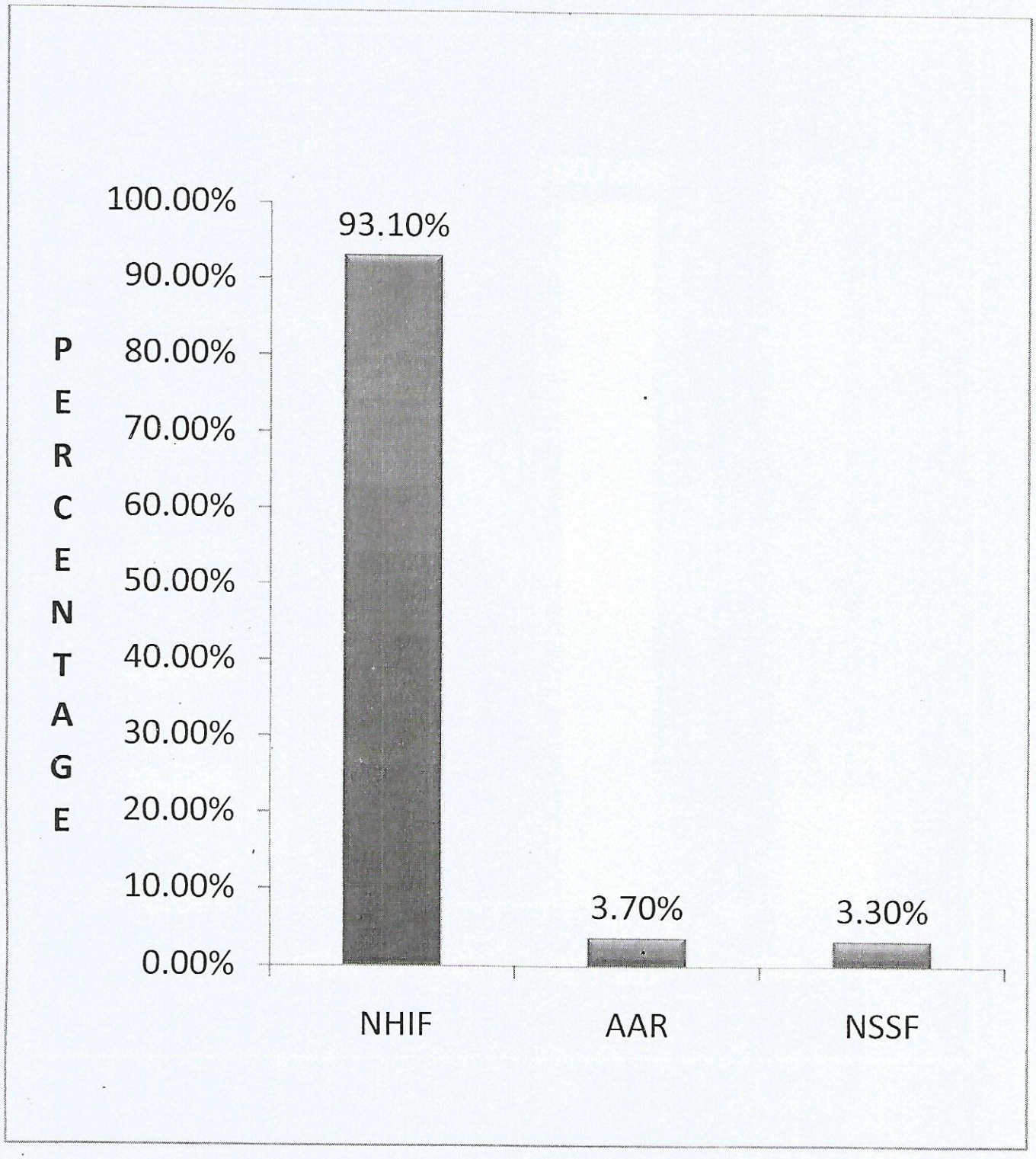
Therefore 200 participants of different HI schemes will be interviewed

DATA PROCESSING AND ANALYSIS

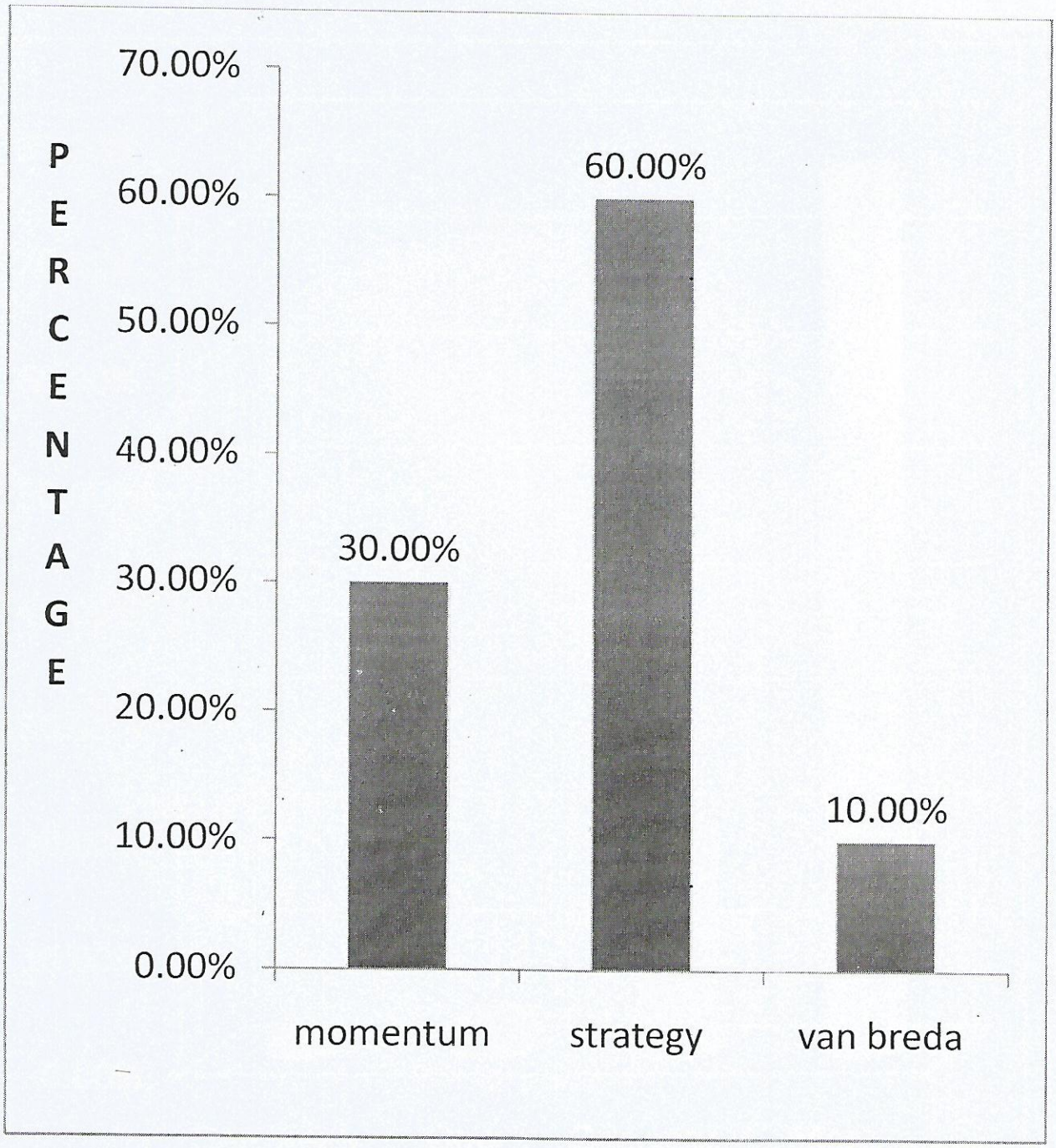
The data will be analyzed using the Epi Info programme version 3.4.

RESULTS AND DISCUSSIONS

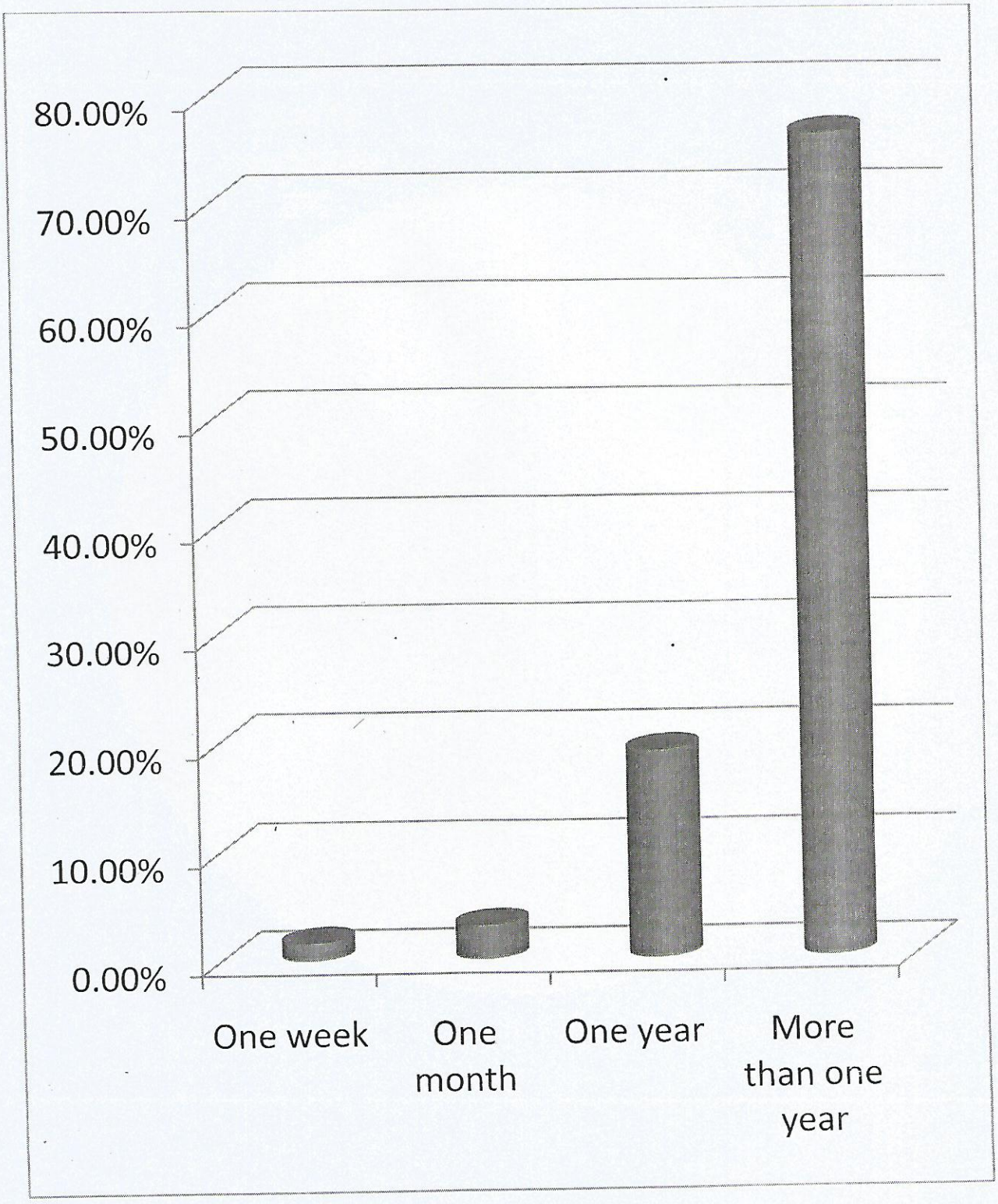
PROPORTION OF MEMBERS OF NHIF,AAR AND NSSF



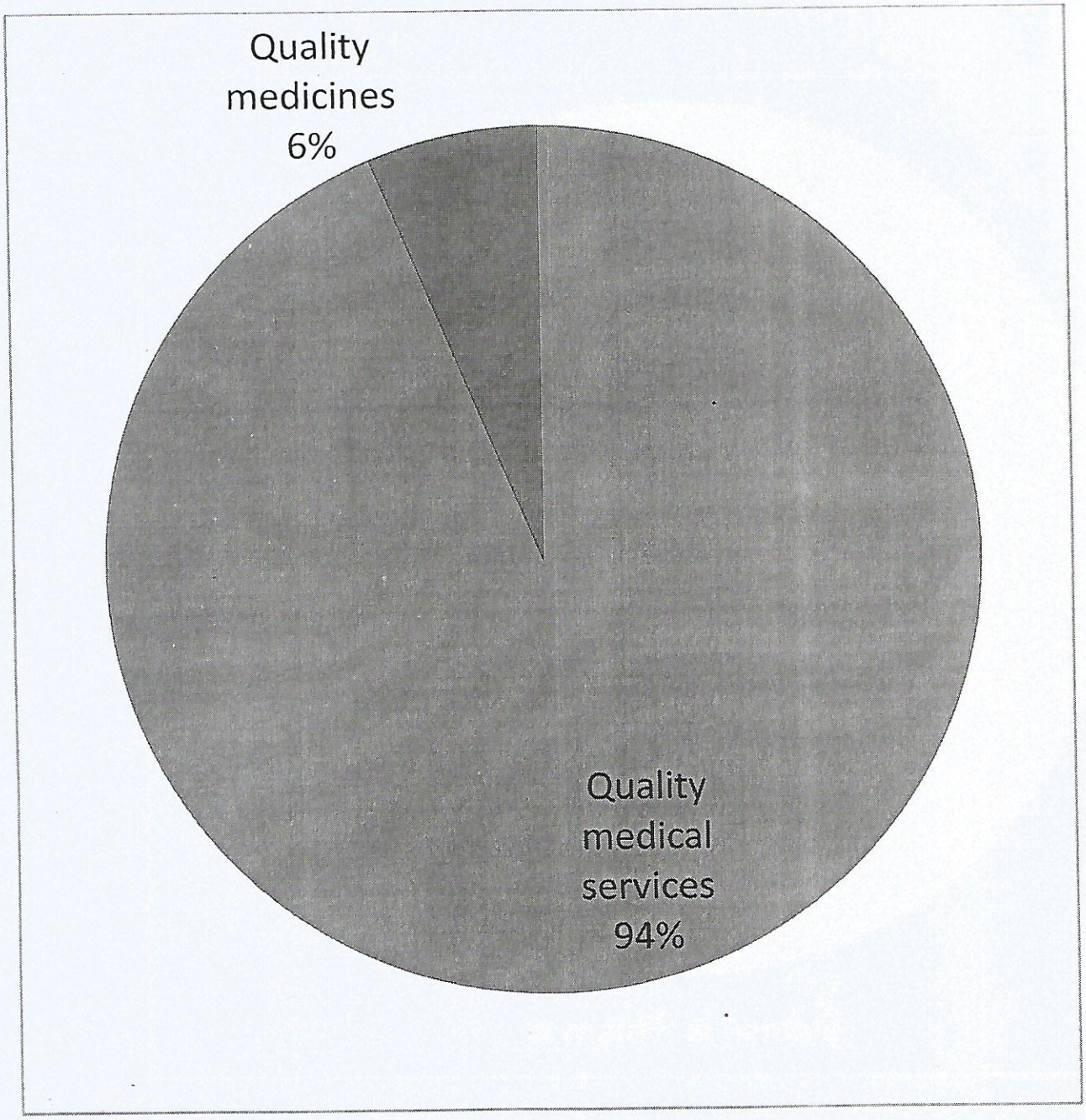
PROPORTIONS OF MEMBERS OF OTHER SCHEMES



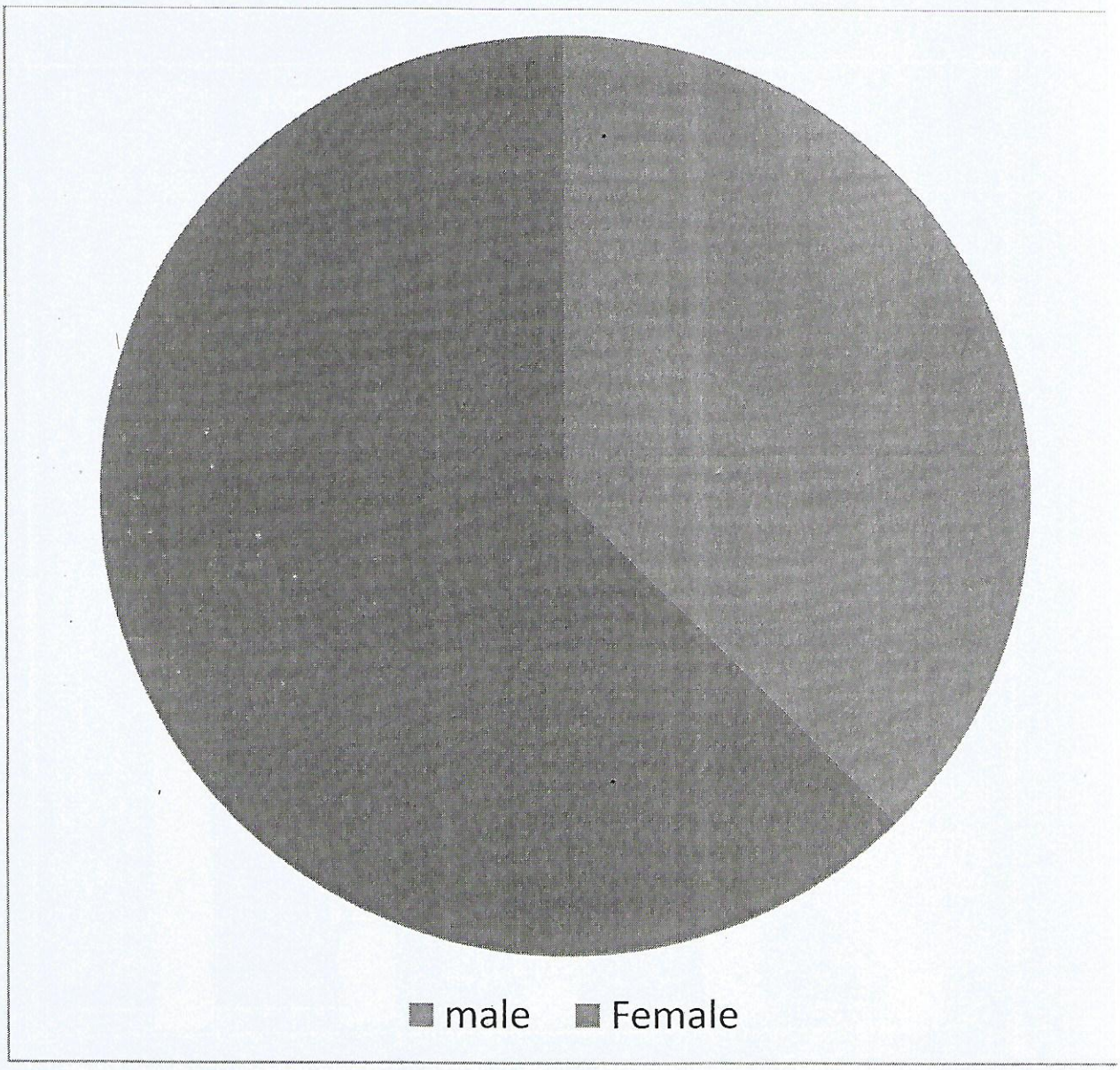
PROPORTIONS OF BENEFICIERIES AND TIME ELAPSED SINCE JOINED THE SCHEMES



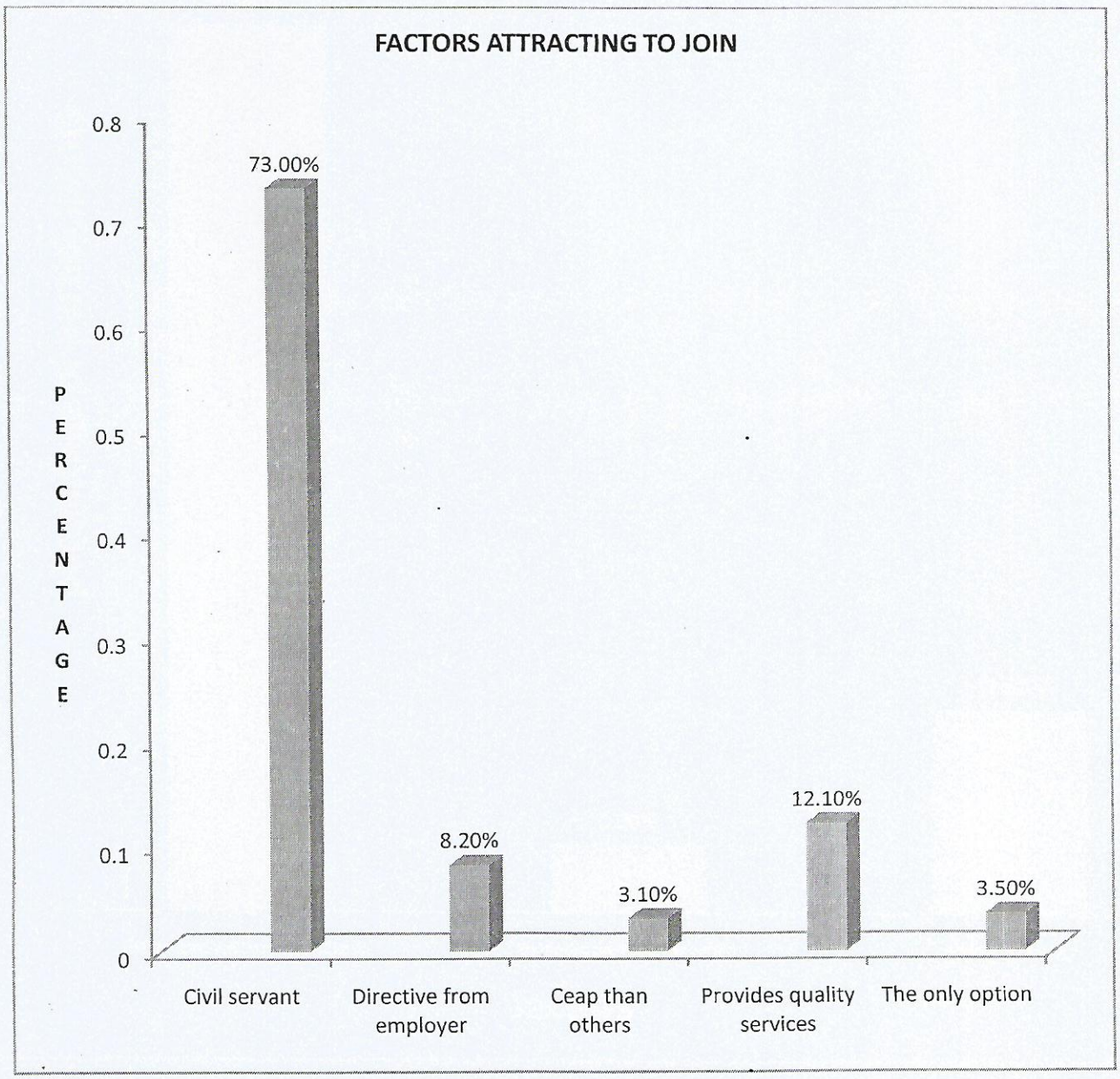
PROPORTIONS OF SUGGESIONS OF PARTICIPANTS ON QUALITIES



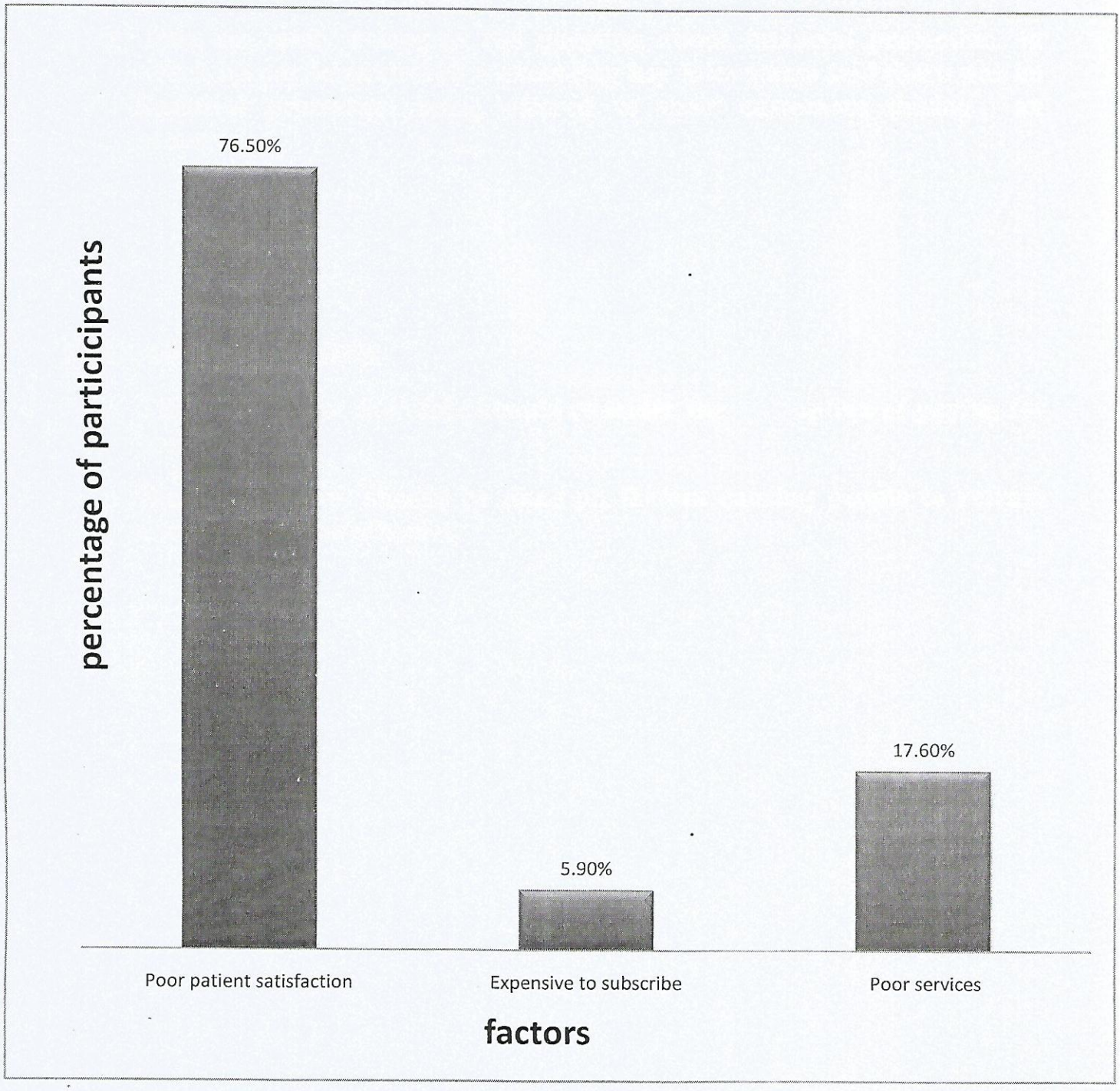
PROPORTIONS OF MALE(37%) AND FEMALE(63%)



PROPORTIONS OF PARTICIPANTS AND FACTORS ATRACTING TO JOIN



PROPORTION OF PARTICIPANTS AND FACTORS FOR REFRAINING



CONCLUSIONS

- **The study shows that 94% of the participants agreed that the health insurance schemes increase access to quality medical services.**
- **Also the study answered the question about financial protection, in which all participants(100%)including key informants said there was no financial protection being offered to their customers during an emergence.**

RECOMMENDATIONS

- **The government therefore should consider the option of paying for the poorest.**
- **More researches should be done on factors causing people to refrain from joining the schemes.**

SUMMARY OF BUDGET

Number	Item	Index	Total
1.	Proposal preparation a)computer and internet services b)Typing and proposal printing SUBTOTAL	100,000 20,000	
2.	Stationary a)2 rims of plain papers b)20 pens c)1 flash disk d)photocopying e)manila paper SUBTOTAL	@5,000 @ 300 50,000 @ 100 @ 1000	
3.	Data analysis and report writing a)computer time and services b)photocopying services	 150,000 50,000	
4.	Transport fees	125,000	
5.	Contingency	30,000	
	TOTAL	585000	

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17. by (power point).....**Social Health Insurance in Tanzania**

QUESTIONNAIRE FOR HEALTH INSURANCE USERS

Name of hospital.....

Number of questionnaire;.....

Date.....

1.Gender

(a) Male( )
(b) Female( )

2.Level of education

(a)None( )
(b)Secondary( )
(c)Post secondary( )

3.Are you a member of any health insurance scheme?

(a)Yes( )
(b)No( )

4.If the answer is yes to the question above;

Give the name of your h/insurance scheme

(a)NHIF
(B)NSSF
(C)AAR
(d)Others(mention.....)

5.For how long did you joined the health scheme?

(a)One week( )
(b)One month( )
(c)One year( )
(d)More than one year( )

6.Why did you opted to join this particular H/insurance scheme?(tick which is appropriately)

(a)I am civil servant

(b)Directive from my employer

(c)It is cheap to subscribe than others

(d)It provides quality services

(e)I am not a civil servant and the only option was this scheme

(f)Others(mention.....)

7.Do you know anybody who has refrained from joining this particular scheme?Tick YES( ) OR NO( )

8.If question 7 above is Yes.What do you think could be reason(s) for refraining from joining?

(a)Poor patient satisfaction

(b)Expensive to subscribe

(c)Poor services

9.Do you sometimes fail to obtain some of the medical services and medicines through your scheme?Tick YES( ) OR NO( )

10.In case that some of the medical services/medicines are not available through your scheme,is there any financial protection (support) provided in such events.Tick YES( ) OR NO( )

11.If question 10 above is YES,mention the financial support you normally get.....

12.What is your opinion.Are these H/insurance schemes in Tanzania increasing access to:

(a)Quality medical services?YES( ) OR NO( )

(b)Quality medicines?YES( ) OR NO( )