

# Impact of insurance on use of care and financial protection

SHIELD Tanzania Team

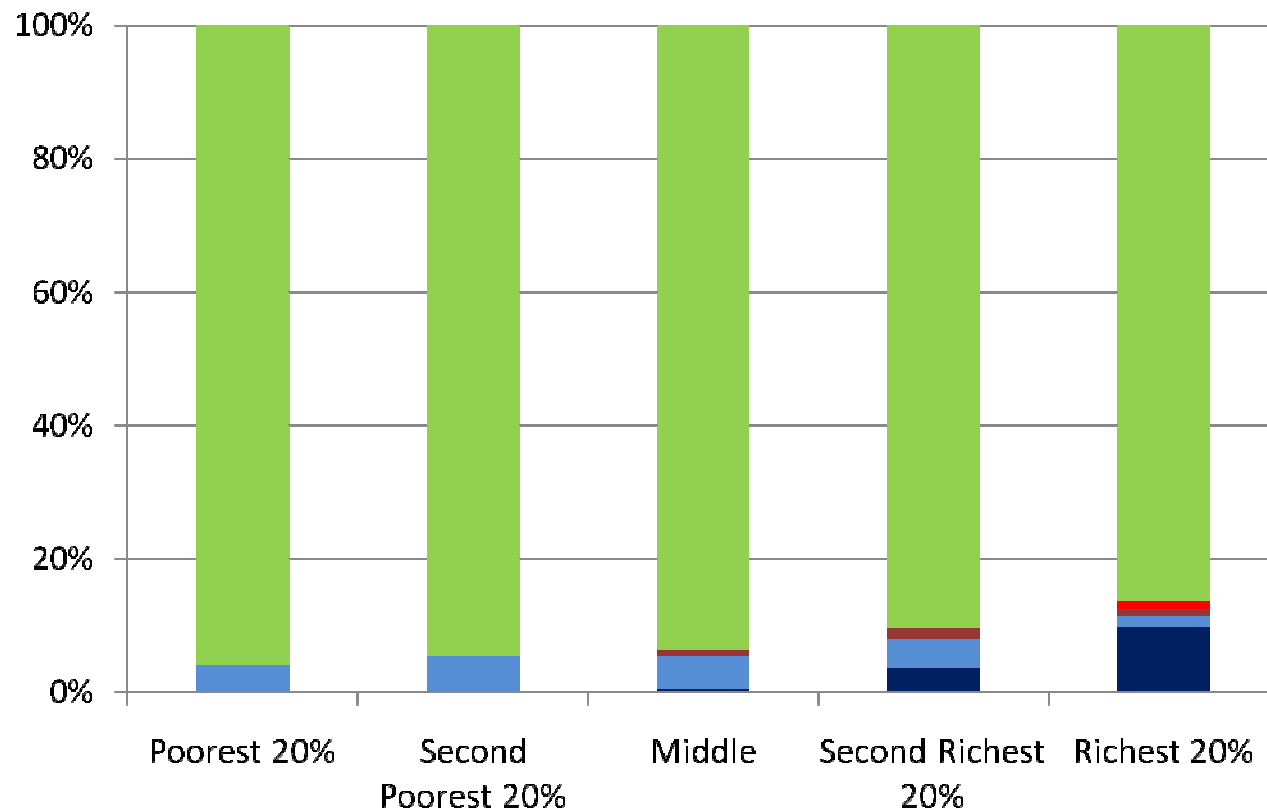
*Health Financing for Equity – A National Forum*  
*06<sup>th</sup> September 2010*

# Background

- Health insurance increasingly promoted to increase *use of health care* and offer *financial protection* in context of user fees
- Means to provide universal coverage
- Health insurance expansion in many African countries
- Limited evidence about the effects of health insurance in African context

# Health insurance cover and wealth

■ NHIF ■ CHF ■ SHIB ■ Micro schemes ■ Private ■ Uninsured



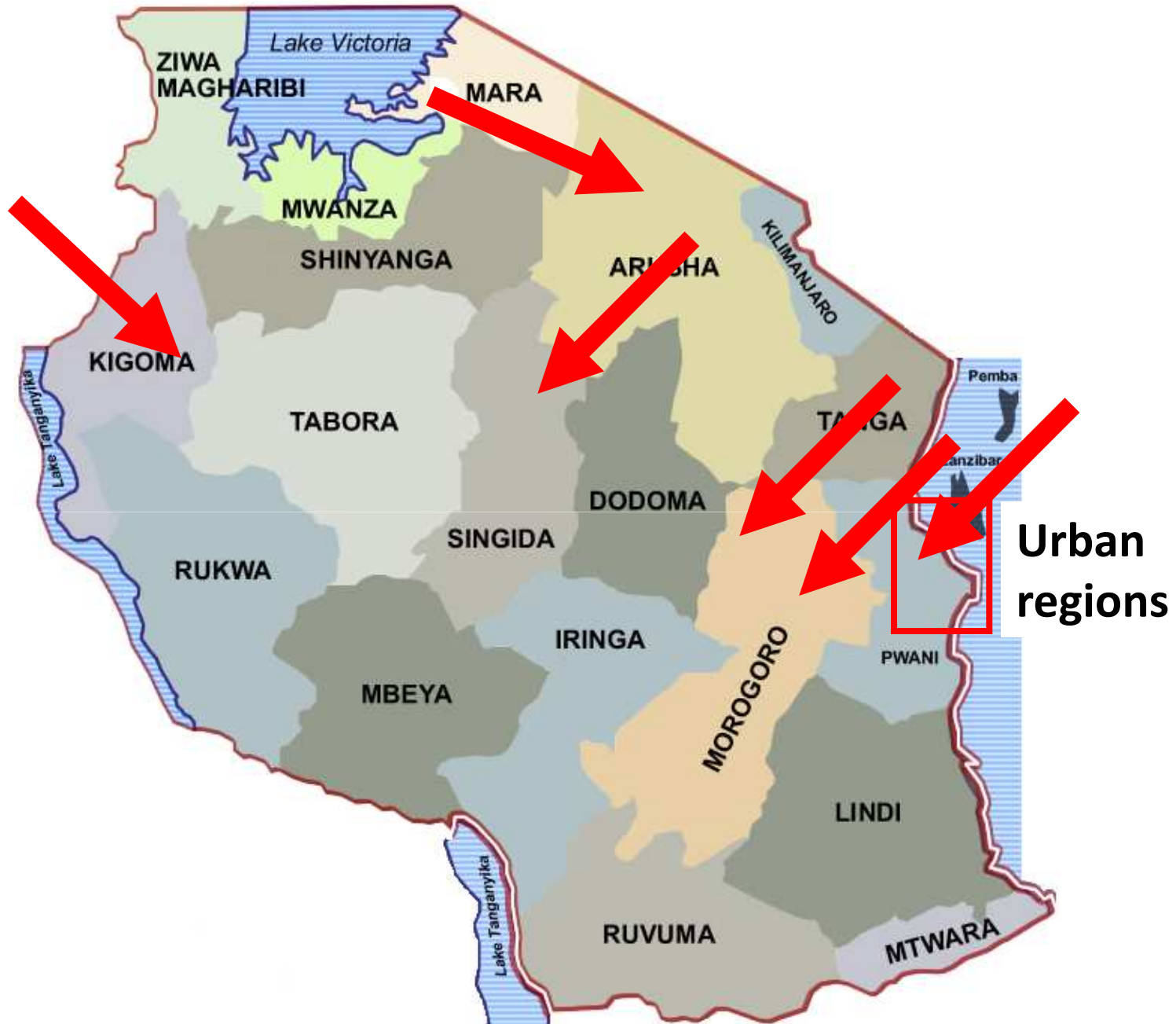
# Objective

- Assess impact of health insurance on use of care and OOP in Tanzania
- Consider effect of two largest schemes
  - National Health Insurance Fund
  - Community Health Fund / TIKA

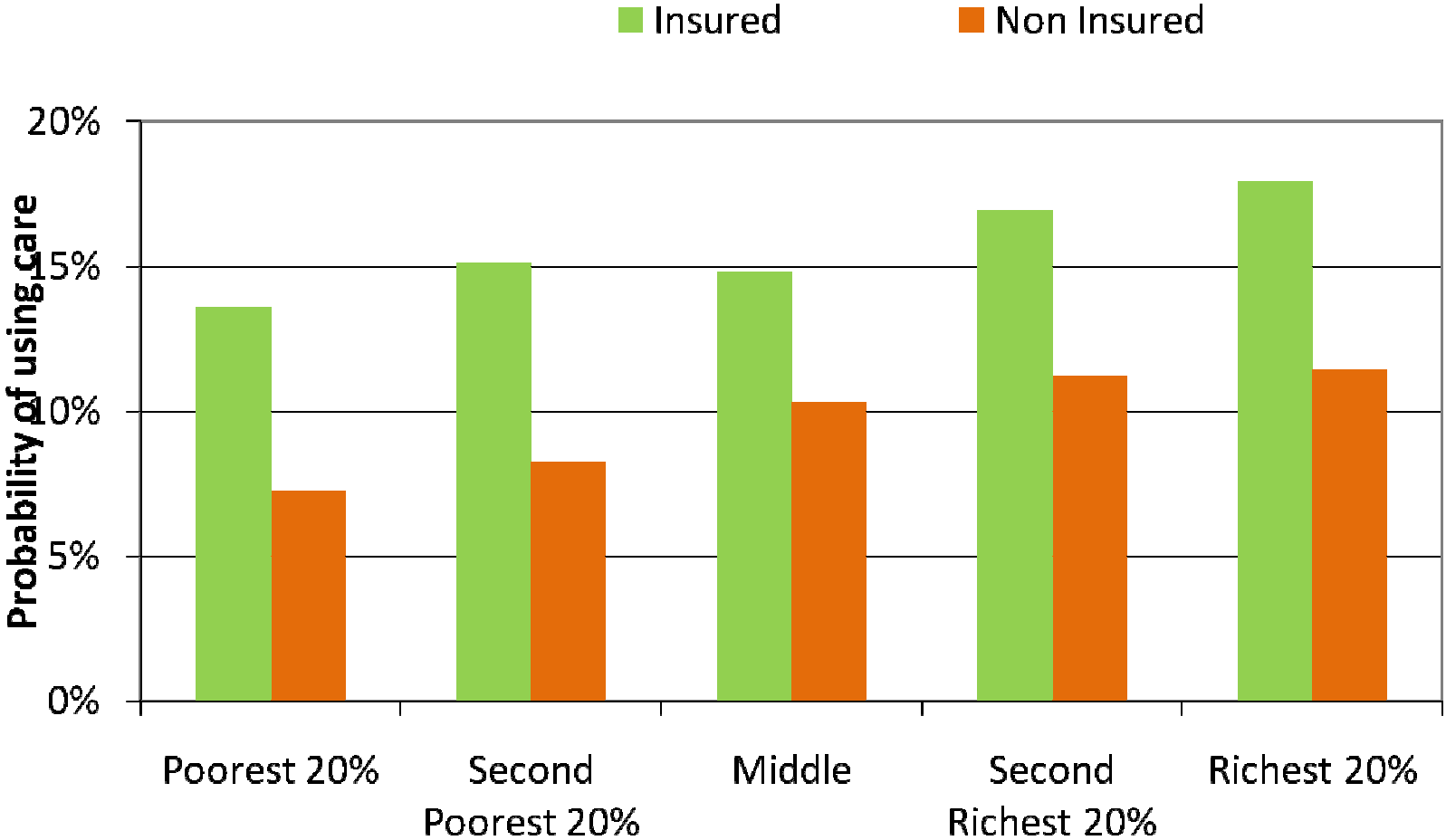
## Methods

- Household survey in 2008
  - 2,234 households and 12,201 individuals
  - In 7 districts/councils
- Care seeking behaviour and OOP by insurance status, and socio-economic status
- Data weighted to ensure national representation

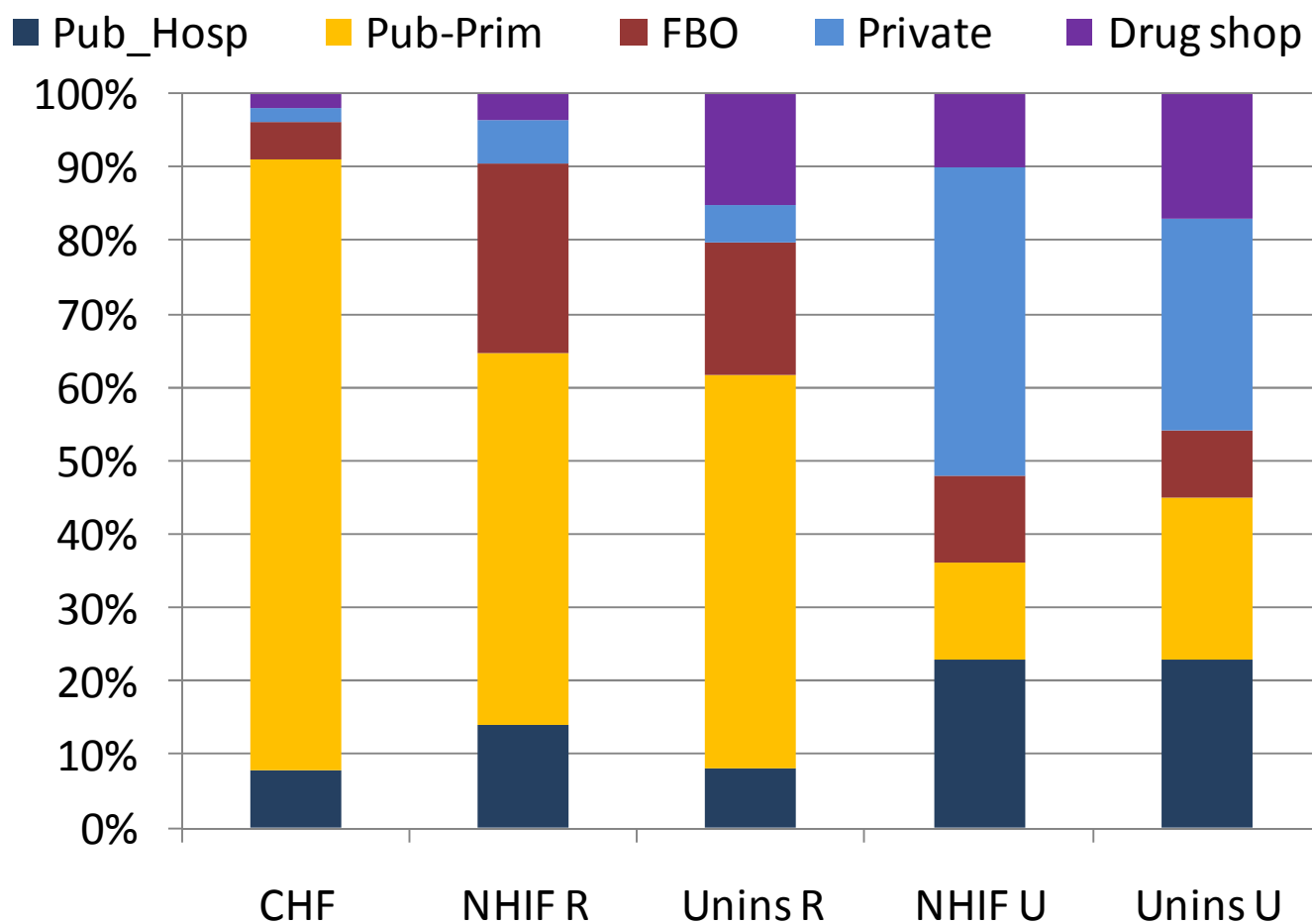
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# Health insurance increases use of care



# Impact of insurance on where people go for care

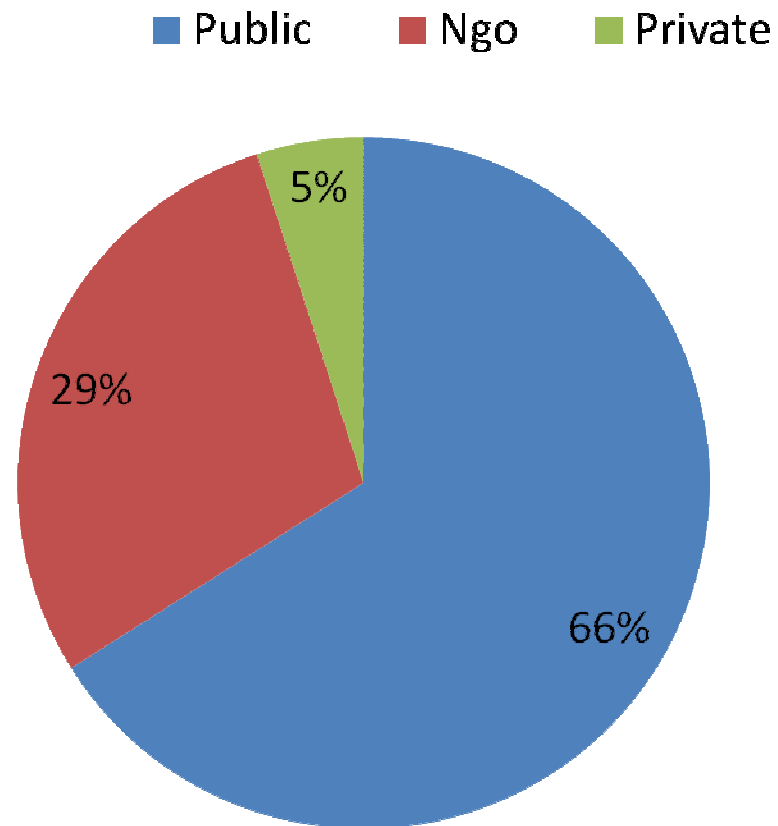




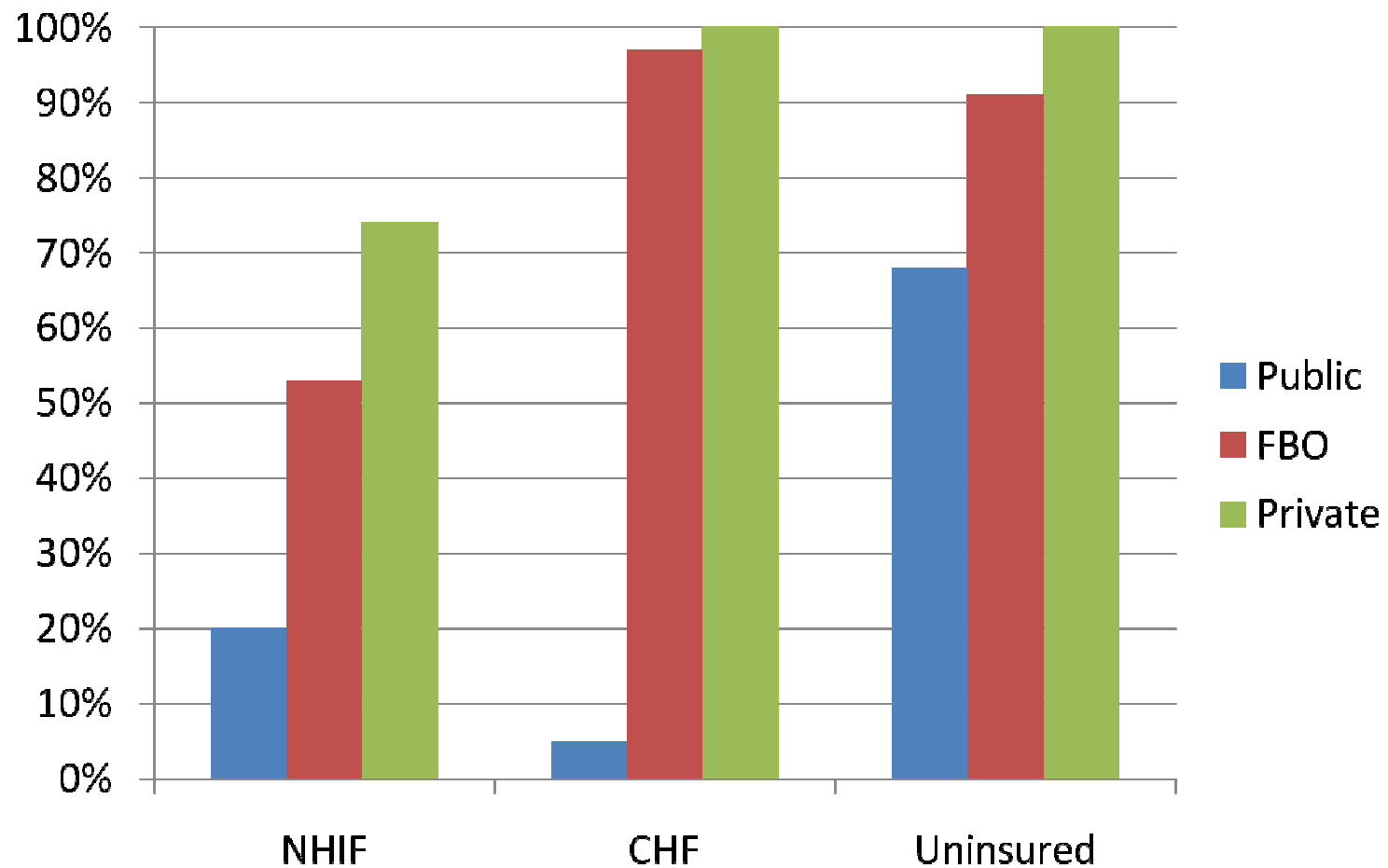
## Determinants of where people go for outpatient care

- NHIF members 5% more likely to go to public facilities than the non-insured
- CHF members 6% more likely to go to public facilities than the non-insured and 3% less likely to go to drug shops
- People eligible for exemptions 5% more likely to go to public facilities than those not eligible
- The least poor were 14% more likely to seek care from private provider and 1.6% less likely to seek care from public facilities compared to poorest

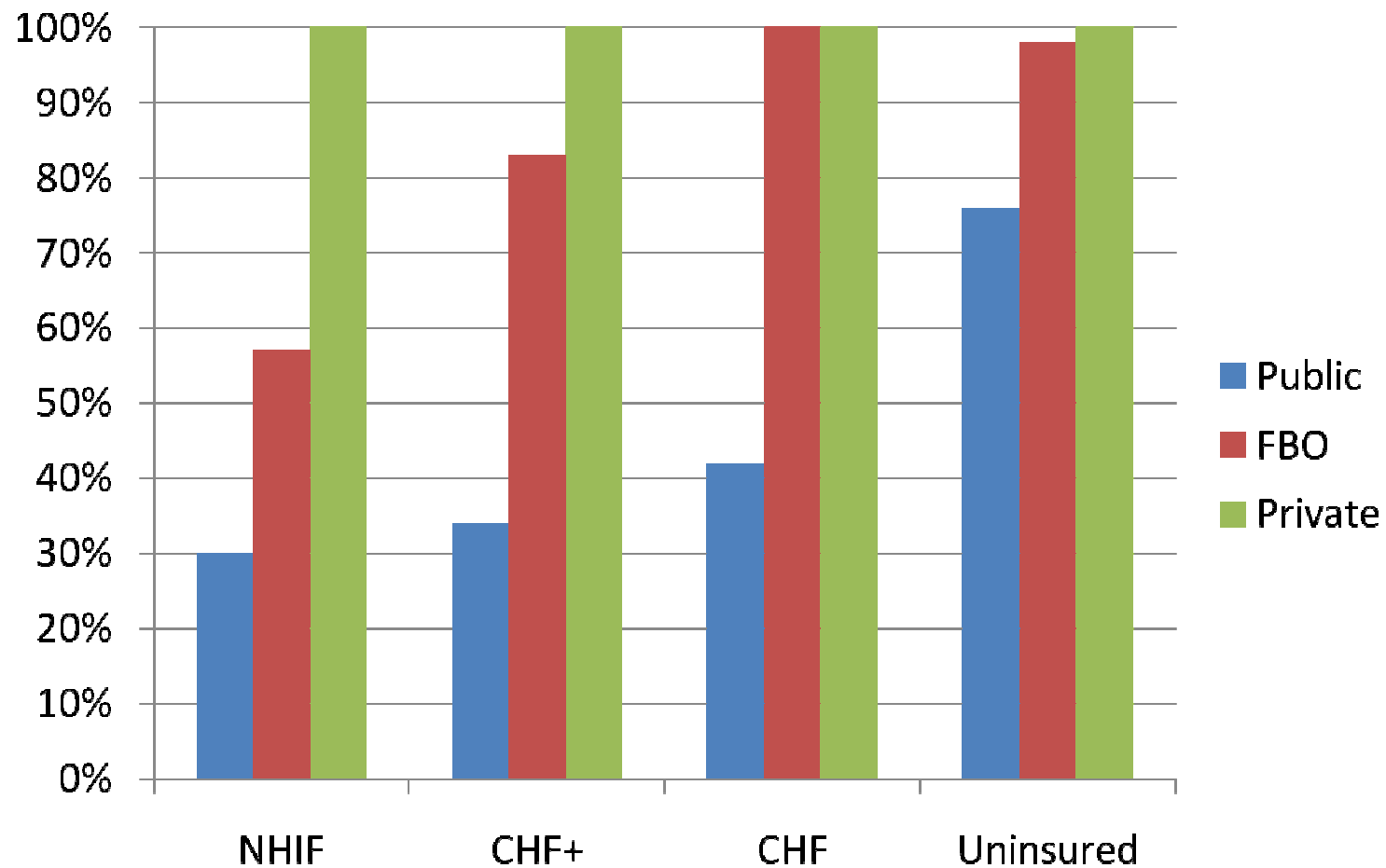
## *Where do people go for inpatient care?*



# Probability of paying out of pocket for outpatient care by provider and insurance status



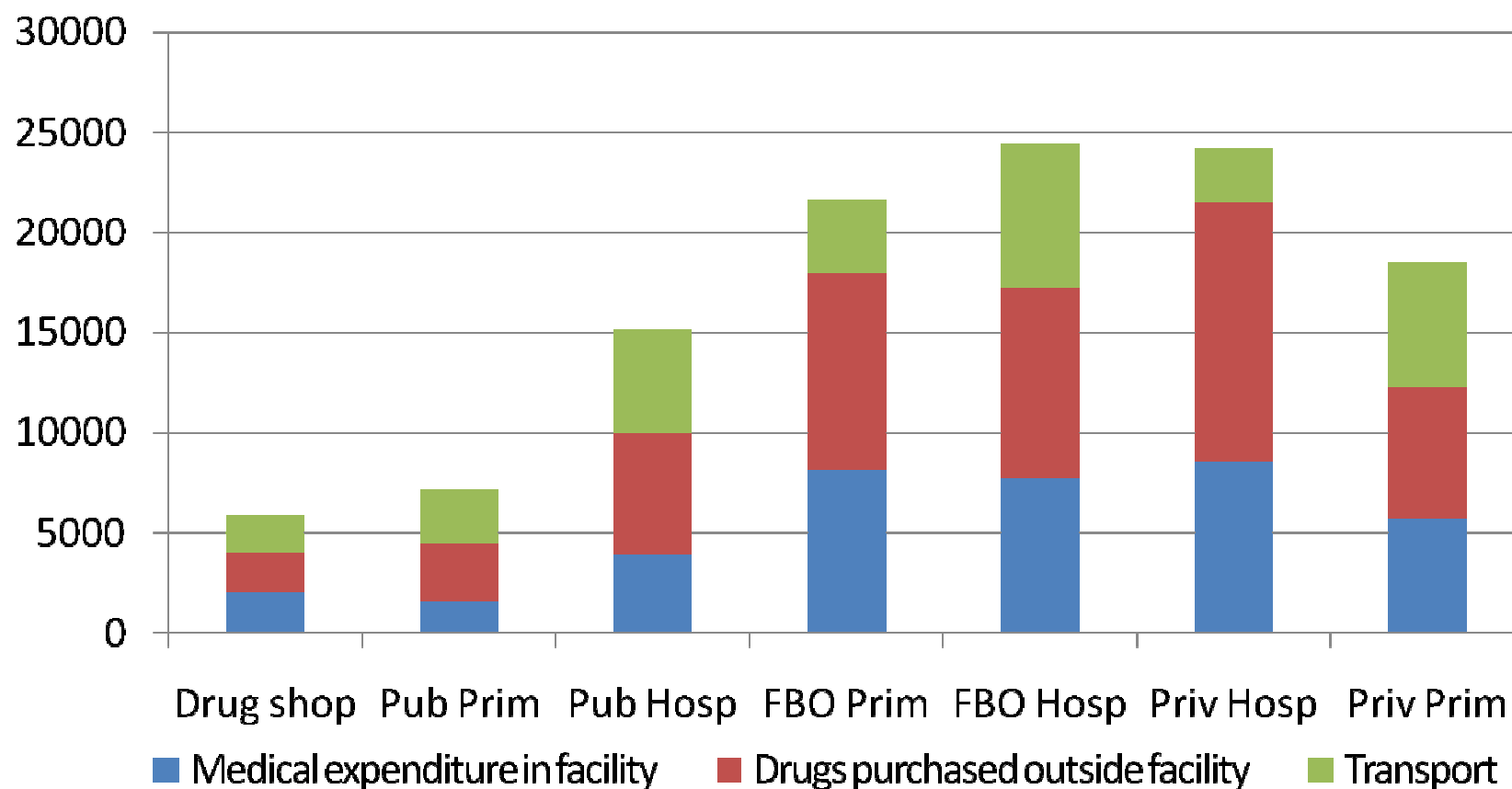
# Probability of paying out of pocket for inpatient care by provider and insurance status



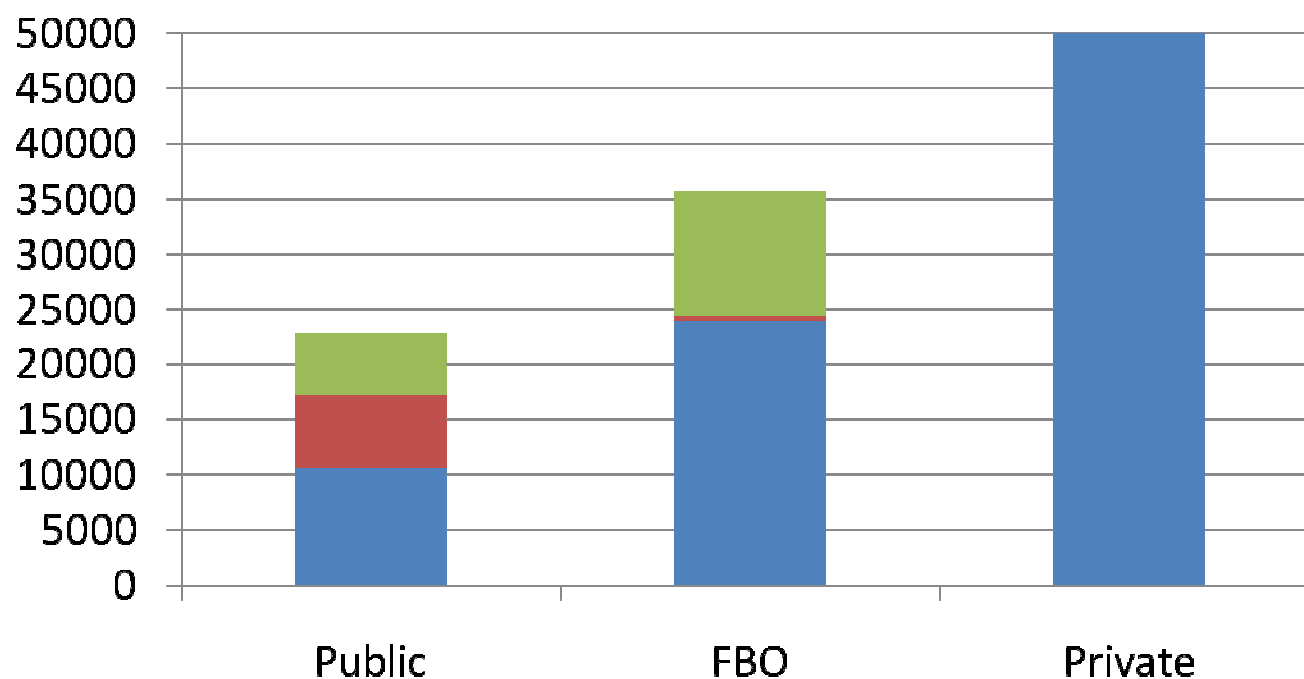
## Determinants of making a payment for outpatient care

- NHIF members were 55% less likely to pay than the uninsured at public facilities and 40% less likely to pay at faith-based facilities
- CHF members with an expanded benefit package were 64% less likely to pay in public facilities than the uninsured
- People who were eligible for exemptions were 42% less likely to pay than those not eligible in public facilities
- People in urban areas were 23% more likely to pay in public facilities than people in rural areas

## How much are people paying for outpatient care (in Tsh 2008)?



## How much are people paying for inpatient care (in Tsh 2008)?



- Medical expenditure at the facility
- Drugs purchased outside the facility
- Transport

## Conclusions

- Health insurance increases use of formal care among all wealth groups and reduces use of drug shops
- Insurance increases use of services covered
- Regional inequities due to service availability
- Insurance reduces OOP but people still paying due to limited benefit package (CHF/TIKA), limited accredited facilities (NHIF), external drug payments
- Insurance provide some protection against the likelihood of making payments for inpatient care but significant proportion still making payments for inpatient care



## Recommendations for achieving UC

- Broaden benefit package for informal sector (include inpatient care)
- Increase number of accredited facilities (NHIF)
- Ensure provision for drug reimbursement (public facilities)
- Exemptions offering financial protection but need for more comprehensive protection of the uninsured

Thanks