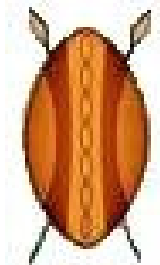


Out-of-pocket payments and health insurance in Tanzania

SHIELD Team - Tanzania

*Presentation to the DPGH
3rd March 2010 Dar es Salaam*

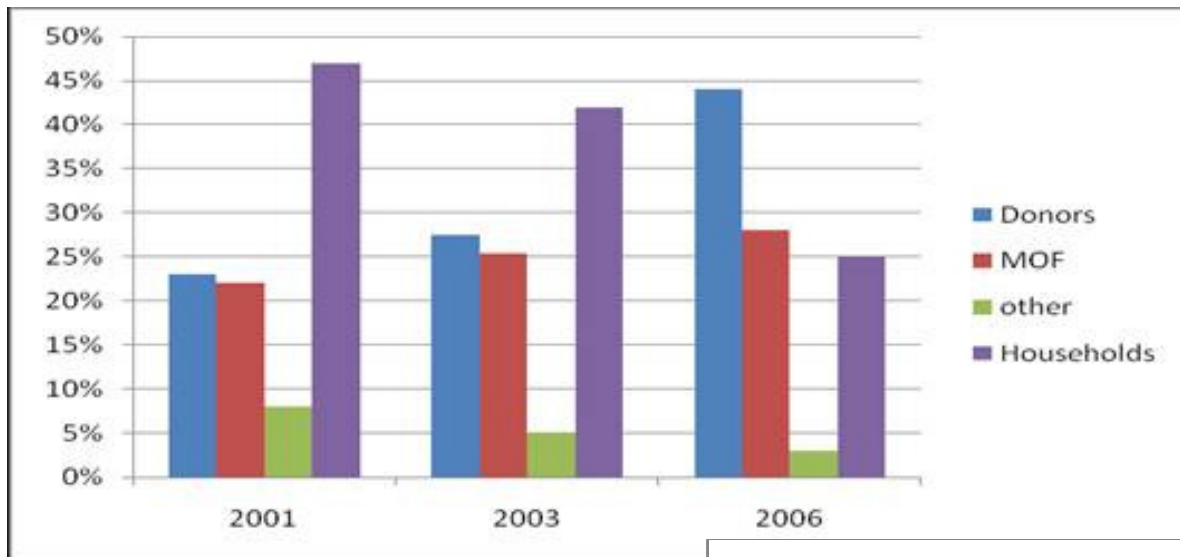


The SHIELD Project

- Aim
 - Assess **who pays** and **who benefits** from health care financing in Tanzania, Ghana & South Africa
 - Consider potential for social health insurance
- Funding
 - EU research funds (DG12) & IDRC
 - 2006 to 2010

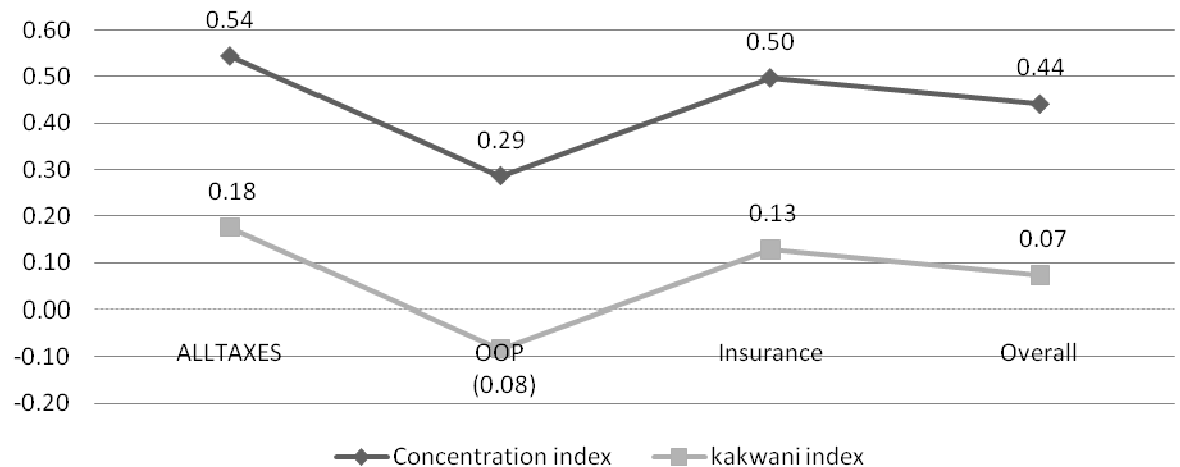


Out of Pocket Payments in Tanzania



- OOP significant proportion of health financing
- OOP **regressive**

Kakwani indices of Health Care Financing Sources



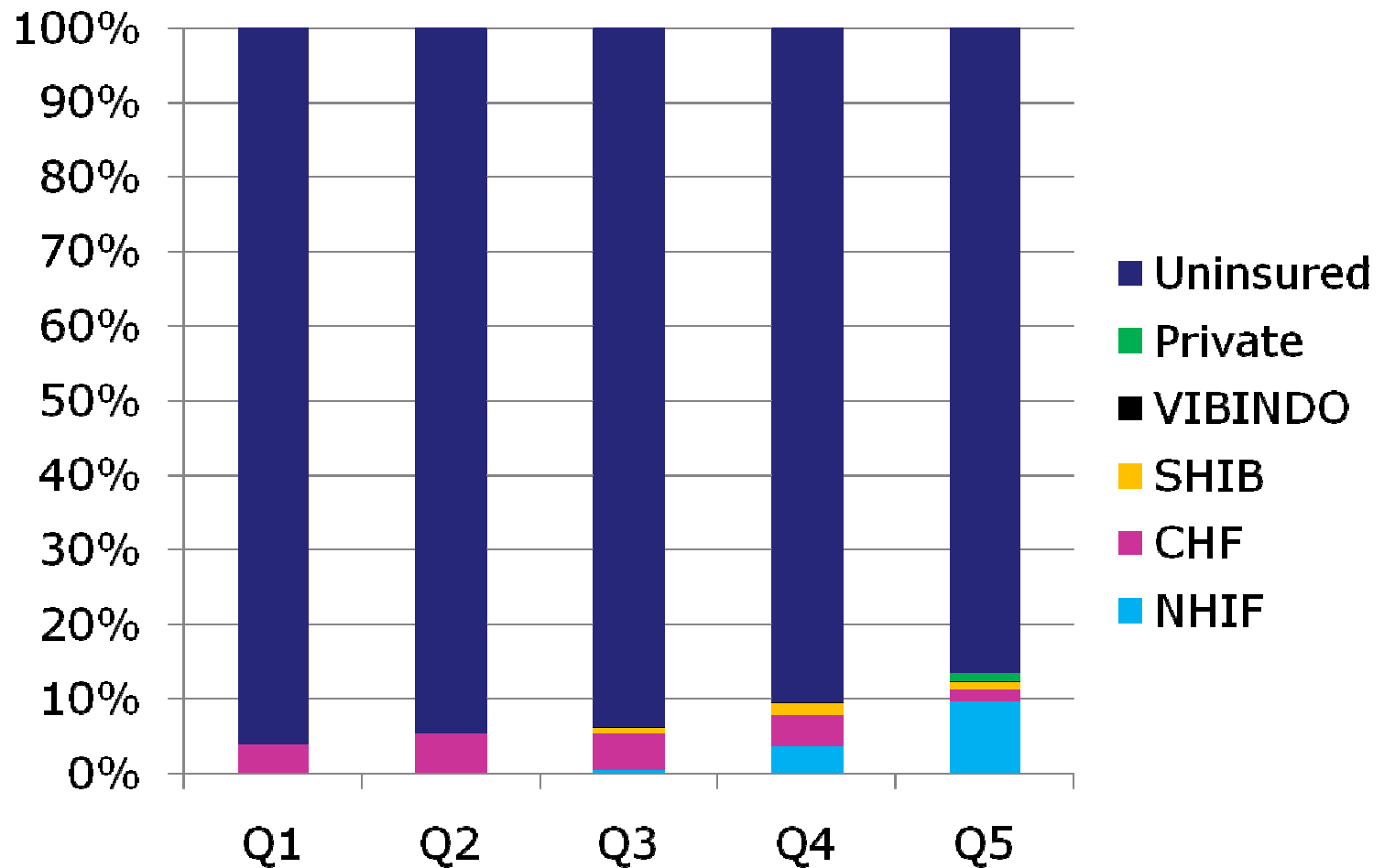
Objective

- What impact does health insurance have on **out of pocket payments** in Tanzania, and their distribution by SES?
 - Limited evidence from the African context

Methods

- Household survey in 2008
 - 2,234 households and 12,201 individuals
 - In 6 districts
- Care seeking behaviour and OOP by insurance status, and socio-economic status
 - CHF, NHIF, SHIB, Vibindo, Private Health Ins
- Weight generated to adjust data for national representation (adjustment made for urban-rural; insurance status)

SES & Type of Health Insurance



Proportions making payments for **outpatient care** by wealth group and insurance status

	Insured		Non-insured	
	Inside	Outside	Inside	Outside
Q1	12	15	65	39
Q2	8	25	73	25
Q3	7	13	75	29
Q4	17	16	80	38
Q5	29	23	81	33
All	24	21	72	36

N.B. Formal providers only

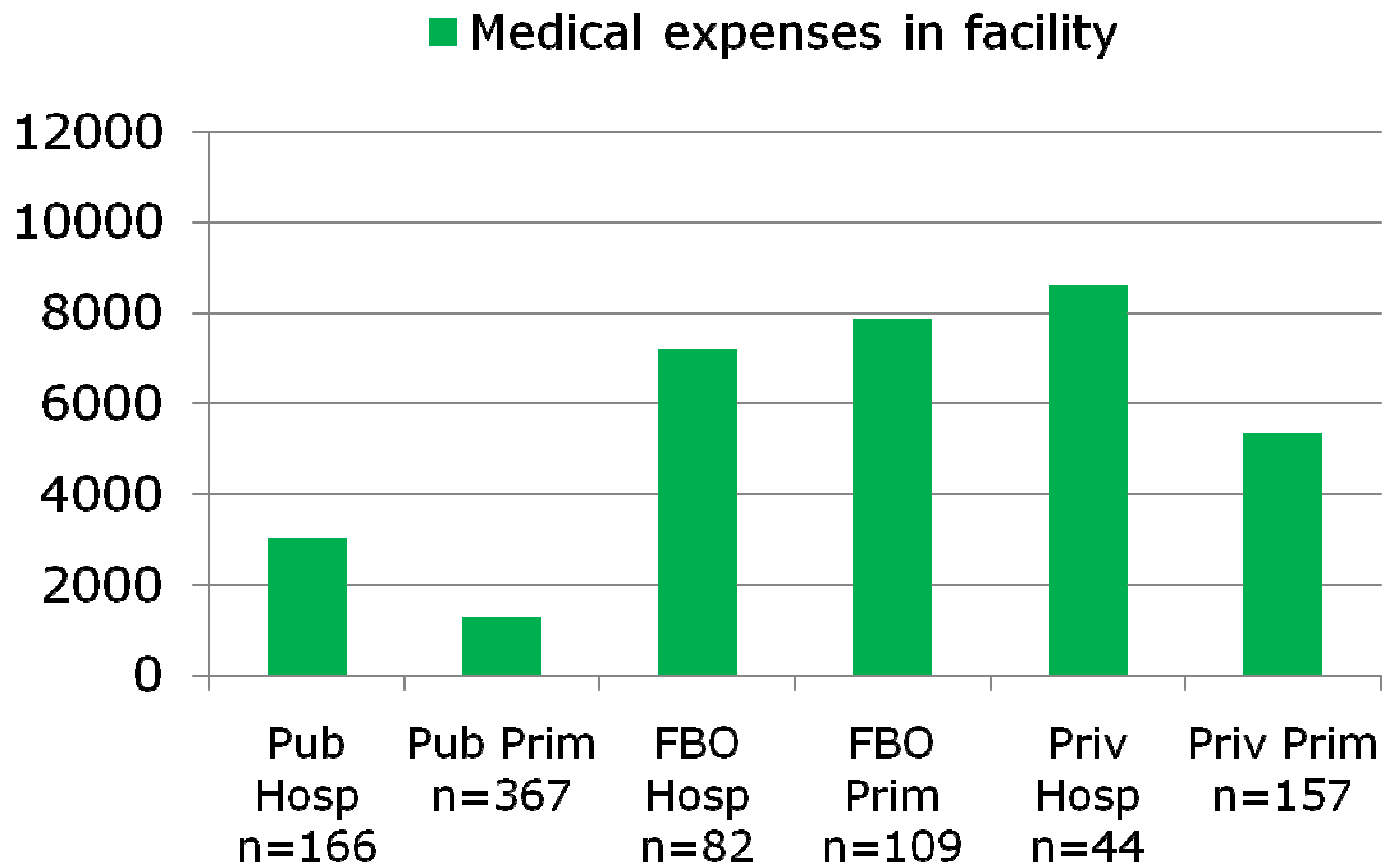
Proportions making payment for **outpatient care** by type of provider and insurance status

	Public		Private		FBO	
	In	Out	In	Out	In	Out
NHIF	17	27	69	32	53	17
CHF	4	17	100	29	97	20
No insurance	68	41	92	23	91	14

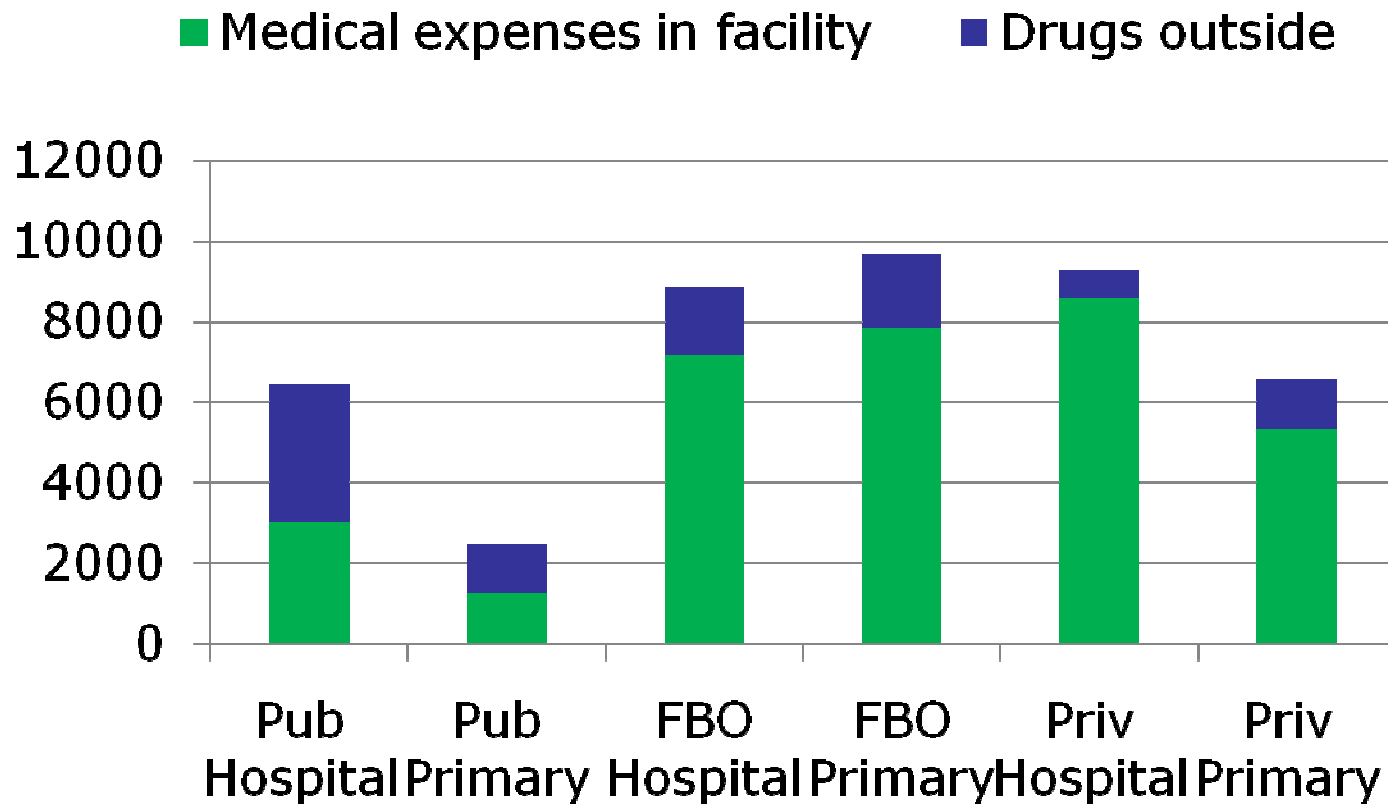
Determinants of OOP for outpatient

Variables	General	Public
Insurance status	(-) 70%	(-) 72%
NHIF	(-) 68%	(-) 61%
CHF	(-) 66%	(-) 68%
SHIB	(-) 73%	
Private	(-) 86%	
Exempt		(-) 48%
Married	(-) 18%	
Age	(-) 2%	
Urban	(+) 20%	(+) 33%
Private	(+) 14%	
FBO	(+) 28%	
Income		(-) 3%
Insurance x income	(+) 0.4%	(+) 5%
Poor health	(+) 12%	

Average OOP for outpatient care by type of provider [1]

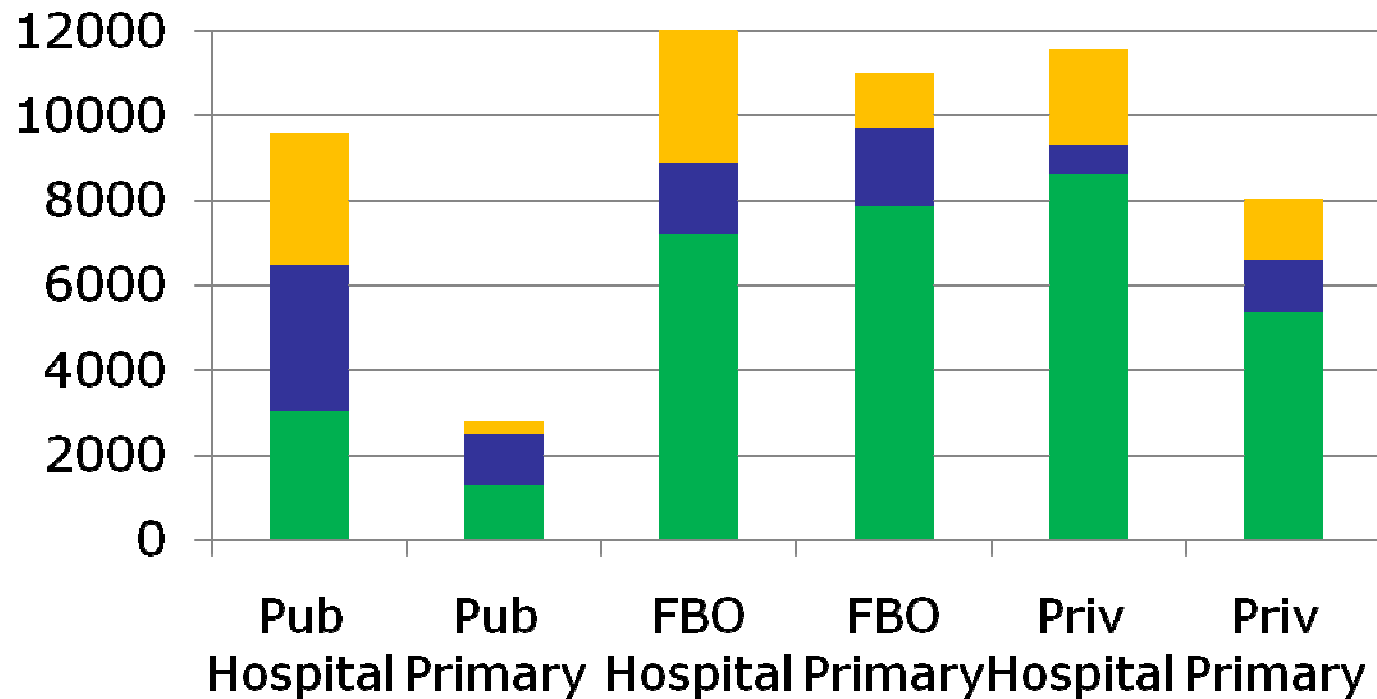


Average OOP for outpatient care by type of provider [2]



Average OOP for outpatient care by type of provider [3]

■ Medical expenses in facility ■ Drugs outside ■ Transport



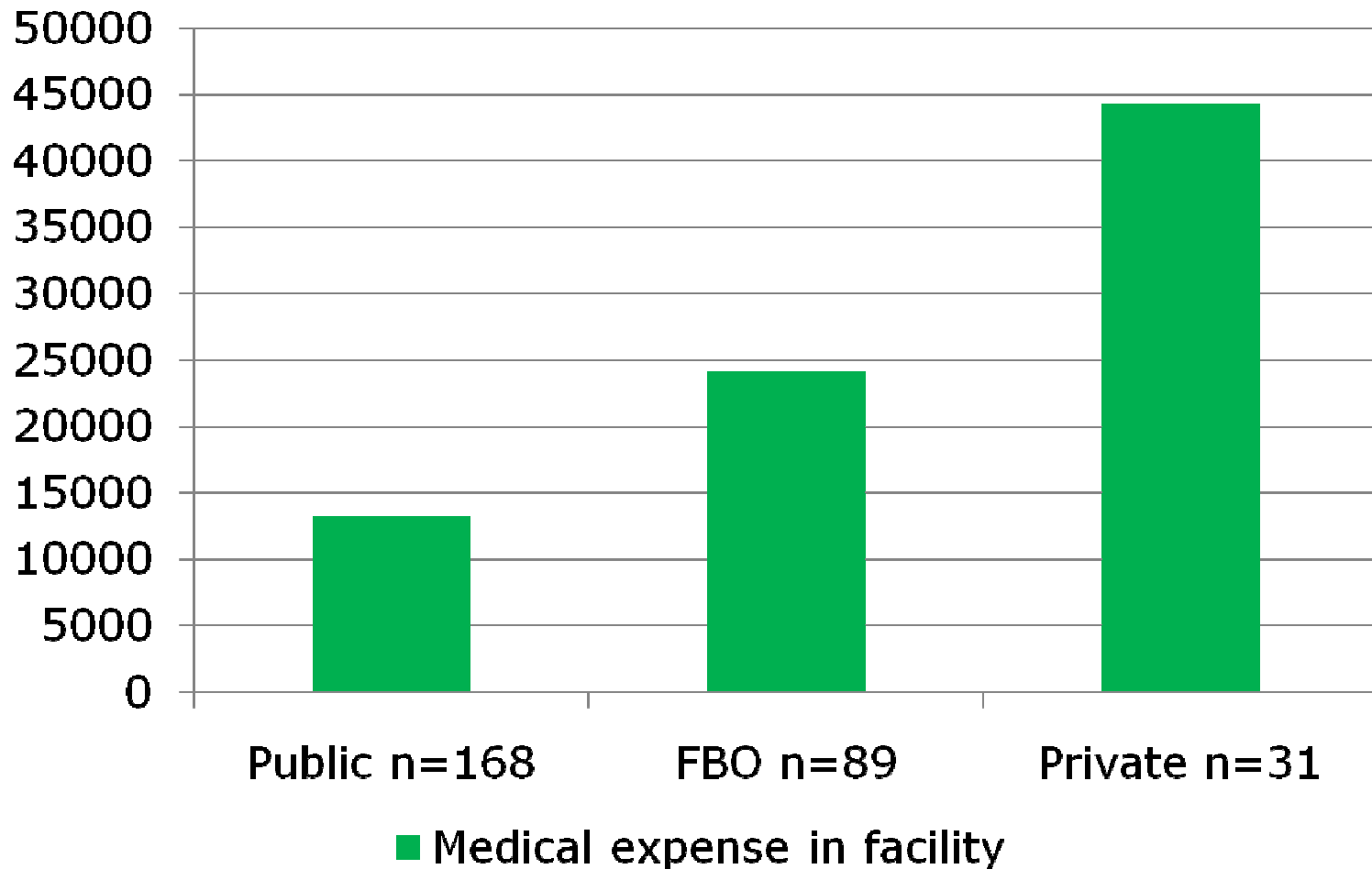
Proportions making payments to the facility for **inpatient care** by wealth group and insurance status

	All Insured	Non-insured
Q1	54	73
Q2	28	82
Q3	55	85
Q4	55	88
Q5	39	80
All	44	83

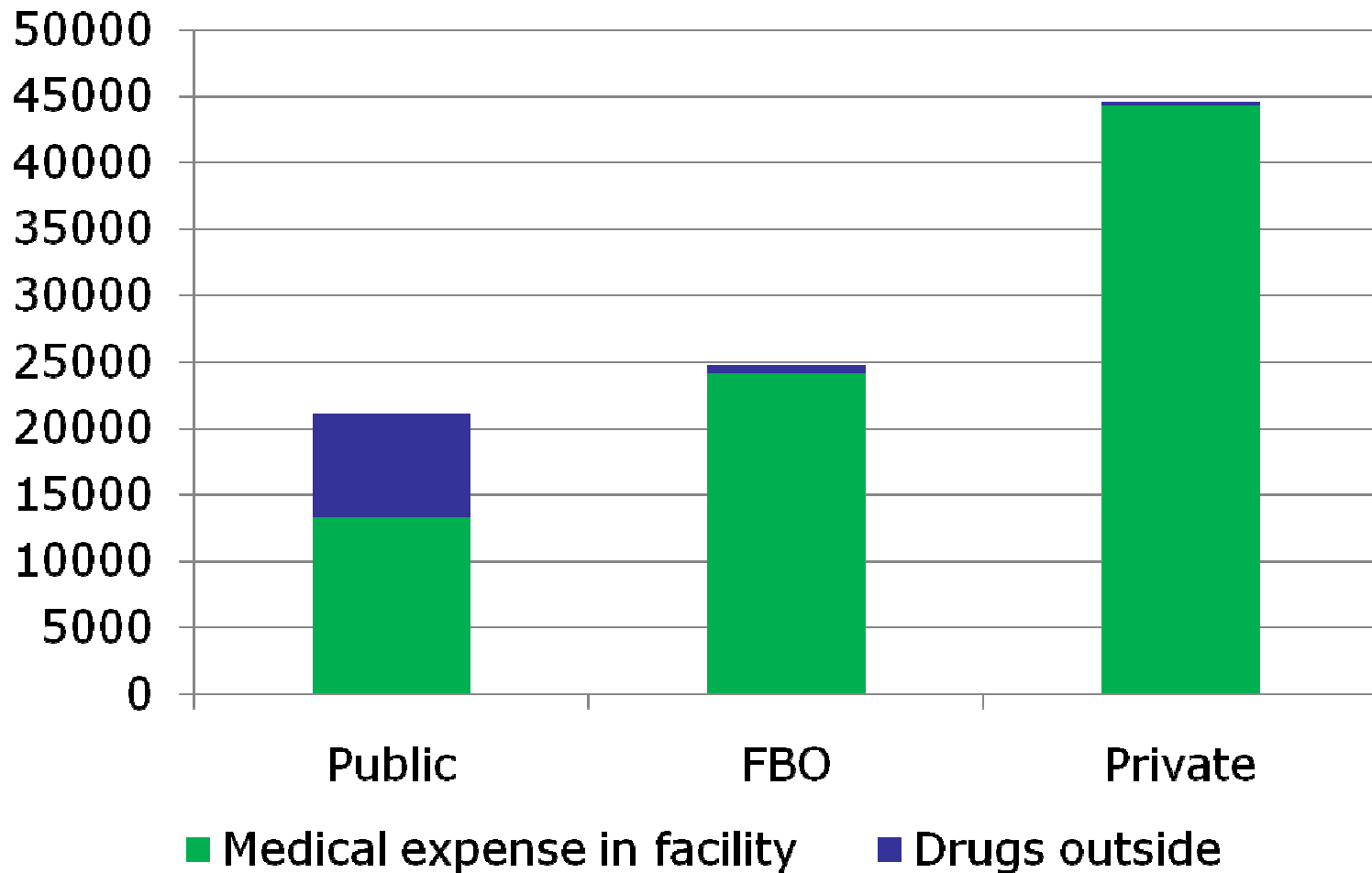
Proportions making payment for **inpatient care** by type of provider and insurance status

	Public		Private		FBO	
	In	Out	In	Out	In	Out
NHIF	30	54	100	26	57	12
CHF Mbulu	34	17	100	0	83	0
CHF Kigoma	42	39	100	0	100	0
No insurance	76	39	100	0	98	2

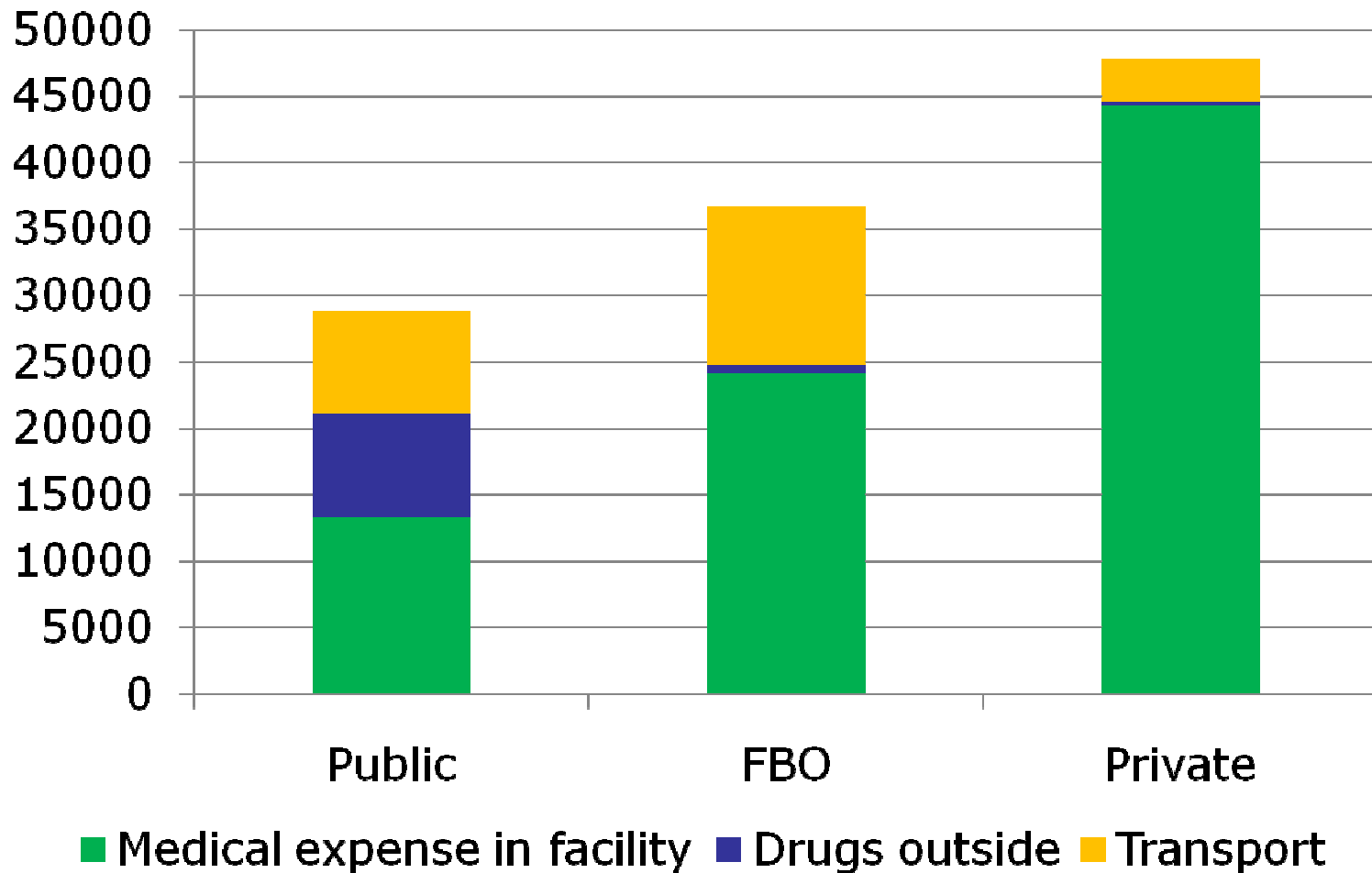
Average OOP for inpatient care by type of provider [1]



Average OOP for inpatient care by type of provider [2]



Average OOP for inpatient care by type of provider [3]



Exemptions and OOP

SES	Exempt group
Q1	20%
Q2	19%
Q3	20%
Q4	16%
Q5	25%

Category	Paid for outpatient	Paid for inpatient
Exempt	42%	66%
Non-exempt	73%	74%

Main Conclusions

- Insurance reduces the likelihood of paying for outpatient & to lesser extent inpatient care
 - + effects of expansion of CHF benefit package
- Insurance protects poor more than rich for outpatient but not for inpatient
- No effect of insurance on amount paid

Further conclusions

- OOP higher
 - In private and FBO rather than public facilities
 - Inpatient rather than outpatient
- But insurance offers greater protection in public facilities for outpatient care
- Exemptions reduce likelihood of paying, particularly for outpatient care

Policy considerations

- For fuller financial protection need for broader benefit package including:
 - Inpatient care
 - Private and FBO care
 - 'External' costs incurred in public facilities



Asante Sana