

EXEMPTIONS AND WAIVERS

A POLICY STUDY
SIKIKI

INTRODUCTION

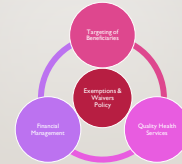
- Exemptions & Waivers Policy was introduced in 1994
- Goal is to reduce the financial burden on people who need health care services yet cannot afford
- Eligibility criteria: Chronic or epidemical diseases, pregnancy, children under 5 years and poor/vulnerable and people involved in accidents or emergencies
- Challenges associated with the implementation of the policy?

STUDY OBJECTIVES

- Why are policy beneficiaries access quality health care at the primary health facilities?
- Objectives:
 - (based on principal areas of the policy)
 - Policy/regulation vs policy implementation at different levels
 - Targeting beneficiaries
 - Awareness of the Policy
 - Compliance with the policy
 - Assessment of financial and administrative burden of the policy
 - Financial Cost of the Policy
 - Financial Compensation
 - Governance of the UHC
 - How policy affects quality of services provision
 - Health commodities
 - Beneficiaries

CONCEPTUAL FRAMEWORK OF THE STUDY

FIGURE 1: CONCEPTUAL FRAMEWORK OF THIS POLICY STUDY



METHODOLOGY

- Study Design: Explorative Survey
- Sample size: 2 districts (Kilolo and Kinondoni)
 - 10 public health facilities (7 disps, 2 HC and 1 hosp.)
 - Patients 107
 - Local government officers (ward and villages)
- Methods:
 - Desk review – Institutional & Fiscal Framework
 - Survey with policy implementers and beneficiaries

LIMITATION

- Small sample size
 - Neither generalization nor conclusive
 - Insights for further large sample studies and influence discussion towards UHC
- Missing information from the higher level stakeholders
 - Responsible for the formulation, financing & controlling of the policy

SURVEY FINDINGS – IMPLEMENTATION OF THE POLICY

Targeting of Beneficiaries - Awareness of the Policy

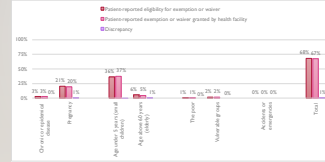
Figure 2: Awareness of the Policy



SURVEY FINDINGS – IMPLEMENTATION OF THE POLICY

Targeting of Beneficiaries - Compliance with the Policy

Figure 3: Compliance with the Policy



SURVEY FINDINGS – FINANCIAL COST OF THE POLICY

FIGURE 4: DISTRIBUTION OF EXEMPTED AND NOT EXEMPTED PATIENTS BY REFERRAL LEVEL



SURVEY FINDINGS – FINANCIAL COMPENSATION OF HEALTH FACILITY

- Overall, health facilities received very little or no compensatory payments for treating eligible patients
- The 5 sampled health facilities in the rural district of Kilolo received an average amount of 311 TSH per OPD attendance for the treatment of the elderly from the council's own sources
- From the 5 sampled health facilities in the urban district of Kinondoni, only one hospital received a lump sum amount of 798 TSH per eligible patient*
- The other 4 sampled health facilities in the district did not receive any compensatory payments at all

SURVEY FINDINGS – QUALITY HEALTH SERVICES

Effect of the Policy on Beneficiaries

Table 1: Correlation Between Exemptions and Reduced Access to Medicines

Exempted	Received all prescribed medicines	Received some or no prescribed medicine	Total
Not Exempted Pts.	27 (31%)	4 (4%)	31 (35%)
Exempted Pts.	31 (35%)	26 (30%)	57 (65%)
Total	58 (66%)	30 (34%)	88 (100%)

CONCLUSION

- Overall awareness and compliance with the Policy have improved
 - inefficient in targeting of the poor
- The Policy is not supported by a sustainable financial management framework
 - compensates health facilities for treating exempted patients
- Health facilities are discriminating against exempted patients when they are dispensing medicines that are short in supply

RECOMMENDATIONS

- Targeting Beneficiaries
 - Government to revert to the established Exemptions and Waivers Policy to protect its beneficiaries in particular poor and accidents and emergencies
- Financial Management
 - MOH should conduct a survey to find out
 - the true number of patients that meet the various eligibility conditions
 - the costs of compensating health facilities for treating exempted patients.
 - PORALG should:
 - revise the CCHP Planning Guidelines to ensure that local government health budgets are aligned with the needs of beneficiaries
 - Ensure health facilities are clear on modalities for compensation for treating beneficiaries both within and outside the catchment areas

RECOMMENDATION

Quality of Services

- MOH & PORALG should:
 - review, monitor and enforce guidelines for the dispensing of medicines to avoid health facilities discriminate against beneficiaries
 - communicate to the public how patients can lodge complaints if they experience discrimination at health facilities and which laws provide the basis for a complaint

ASANTENI
