



Medicus Mundi Symposium: Universal Health Coverage und die globale Gesundheit nach 2015

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The Reform of Community Health Funds in Dodoma Region, Tanzania

Health Promotion and System Strengthening project (HPSS)

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Swiss TPH



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Institut Tropical et de Santé Publique Suisse

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Development of the Re-organised CHF in Dodoma Region

- 2011: inter-governmental agreement between Tanzania and Switzerland includes mandate to develop and test innovations for the Community Health Funds (CHF) in Dodoma Region
- 2011 - 2012: The Swiss TPH together with Micro Insurance Academy develops the Re-organised CHF (CHF Iliyoboreshwa) within the “Health Promotion and System Strengthening Project” (HPSS)
- 2012: the Re-organised CHF is implemented in 7 districts of Dodoma Region, with 250 health facilities, incl. hospitals
- 2013 August: the CHF reaches a coverage of 20% of the population and provides health insurance for 400'000 people out of 2 million

Problems with the “old” CHF approach in Tanzania

- No separation of provider-purchaser role of health service
 - Overburdens CHF coordinators
 - No “voice” mechanism of the members towards DMO
- “Passive” enrolment
 - Enrolment at health facilities overburdens health staff
 - Enrolment depends on active individuals rather than an active enrolment workforce
- Limited portability of ID document
 - Only 1 primary level health facility at home village is accessible for members, hospitals not included, no cross-district health care included

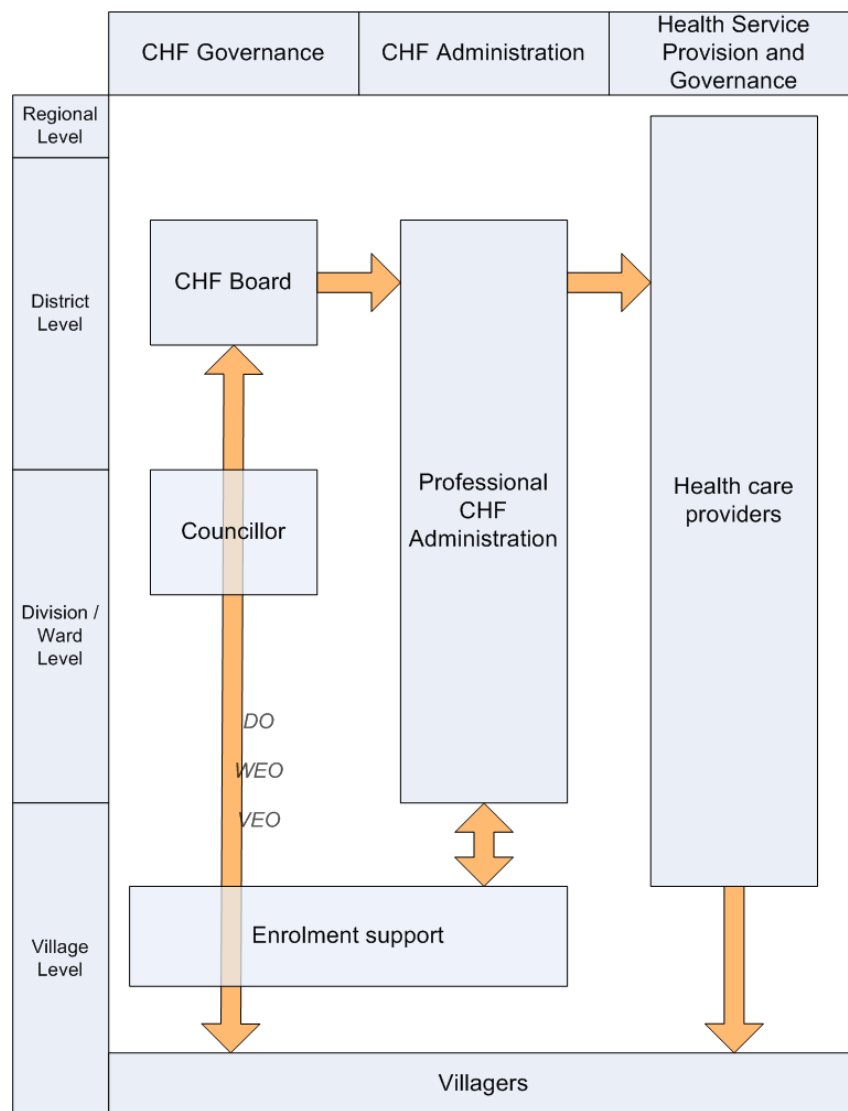
Problems with the “old” CHF approach in Tanzania contd.

- Family based ID card
 1. Expensive cards as family photos have to be paid for
 2. 1 card holder only – leaves family members in vulnerable situations
- No incentive for health facilities to treat CHF members
 1. CHF funds stayed at district level; Health facilities did not receive reimbursements based on enrolled or treated CHF members
- Weak data collection and utilization
 - Weak recording of membership data resulted in problems for monitoring and for requesting “matching funds” from the Government

Key features of the new CHF in Dodoma Region

- Builds on professional CHF staff
- Uses active enrolment and a wider “enrolment task force” – Enrolment Officers at each village, equipped with mobile phone
- Creates individual ID cards, portable across the district and including hospital level
- Uses patient feedback to inform the health system
- Establishes dedicated CHF board
- Establishes responsibilities of Village Executive Officers for CHF enrolment, answerable to the District Administration

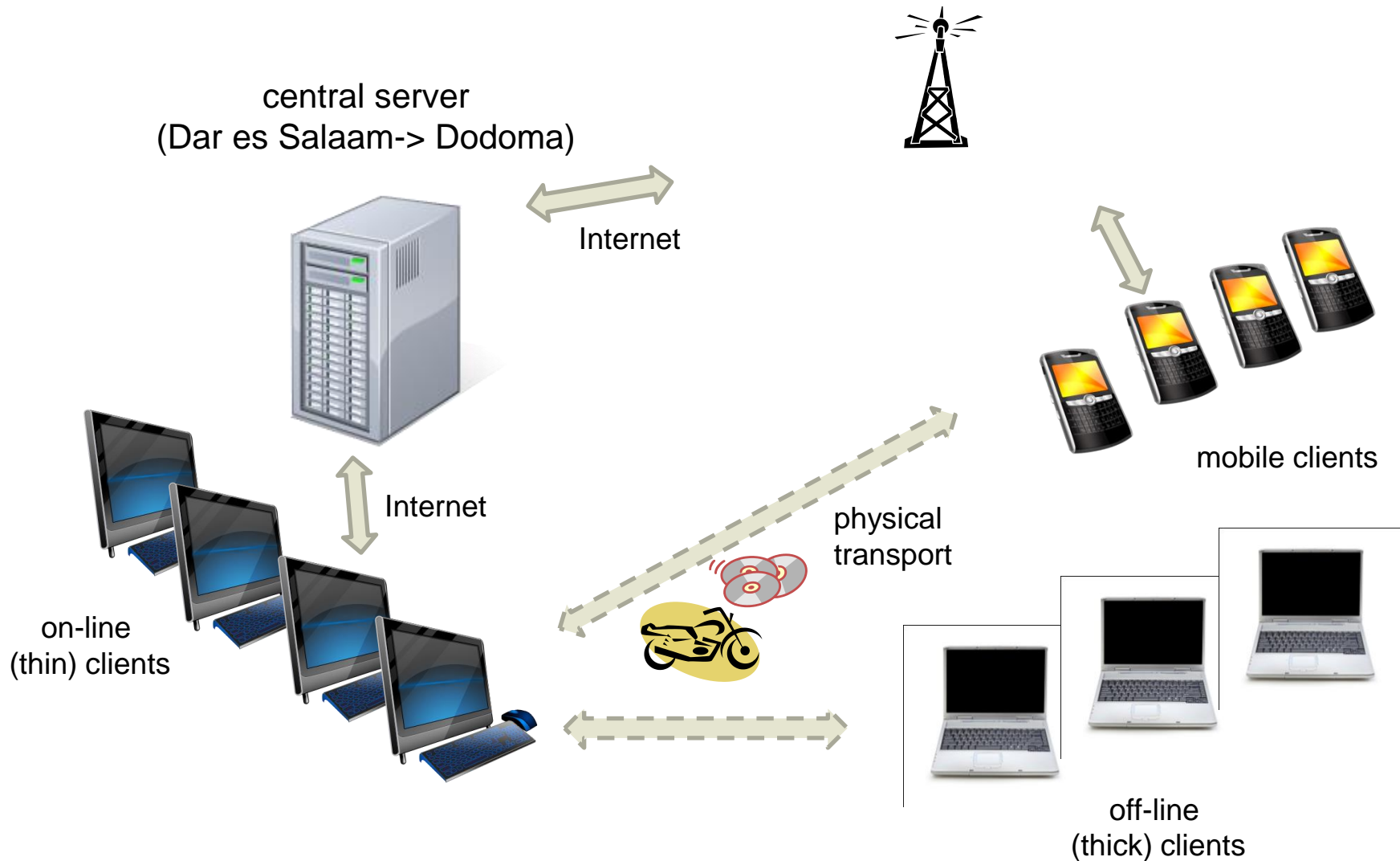
Schematic overview of new CHF structure



A strong Insurance Management Information System (IMIS) for supporting data management

- centralized system allowing for independent operations of district CHF schemes
- support for intra-district and cross-district provision of health care (portability)
- easily expandable to all districts in Tanzania without major investments
- both on-line and off-line communication with partners in the field (enrolment officers, health facilities)
- flexibility in definition of insurance products according to needs of district schemes
- on-line and off-line verification of insurance status and identity of patients

Communication within IMIS



Expanding health insurance coverage in rural areas



- Premium of TZS 10'000 (CHF 5.50)/year → free services for a whole family

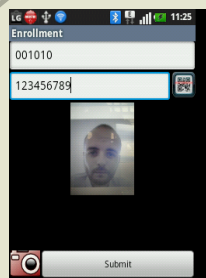




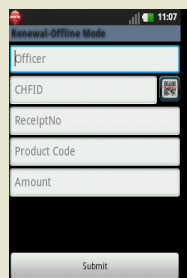


Mobile phone applications

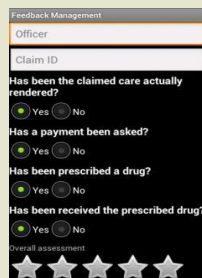
for enrolment officers (VEO)



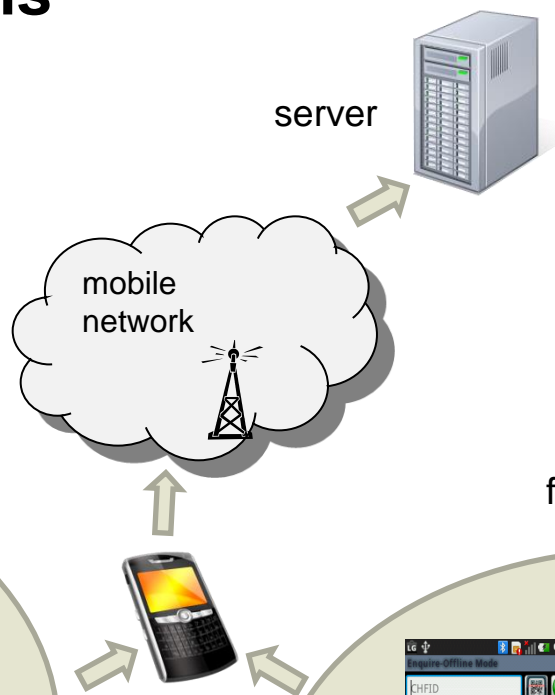
acquiring of
photos



renewal
of a policy



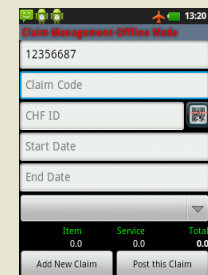
acquiring
of feedbacks



for health facilities



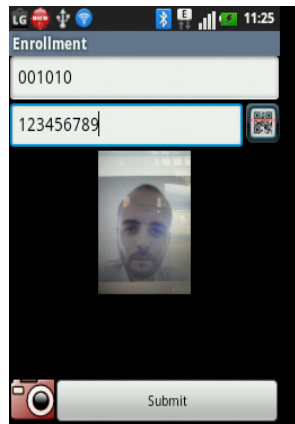
retrieving
of coverage



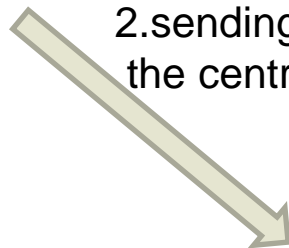
submission
of bills

Mobile phone applications

1. acquiring of a photo of an insuree by a mobile phone



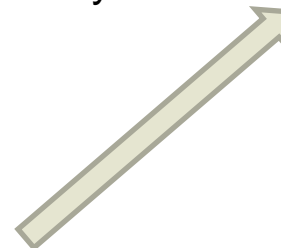
2. sending it on the central server



3. assigning it to the record of the insuree (automatically)




4. retrieving photo and information on coverage by a mobile phone of staff of a health facility



Using of Quick Response codes for efficient data entry

- insuree's CHF number represented as QR code on insuree's card

CHF membership card

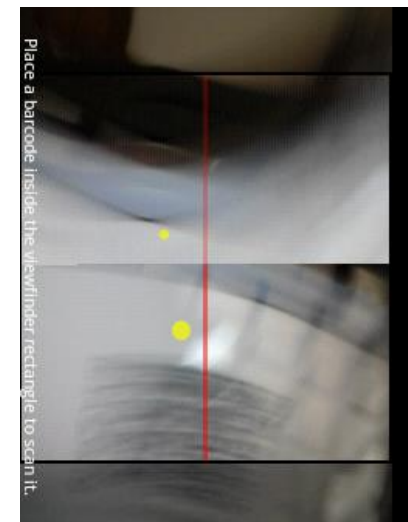
 District name:
Last name :
Other names :
Village :
Date of birth :
Sex: ☐ male ☐ female
Start date __ / __ / 20



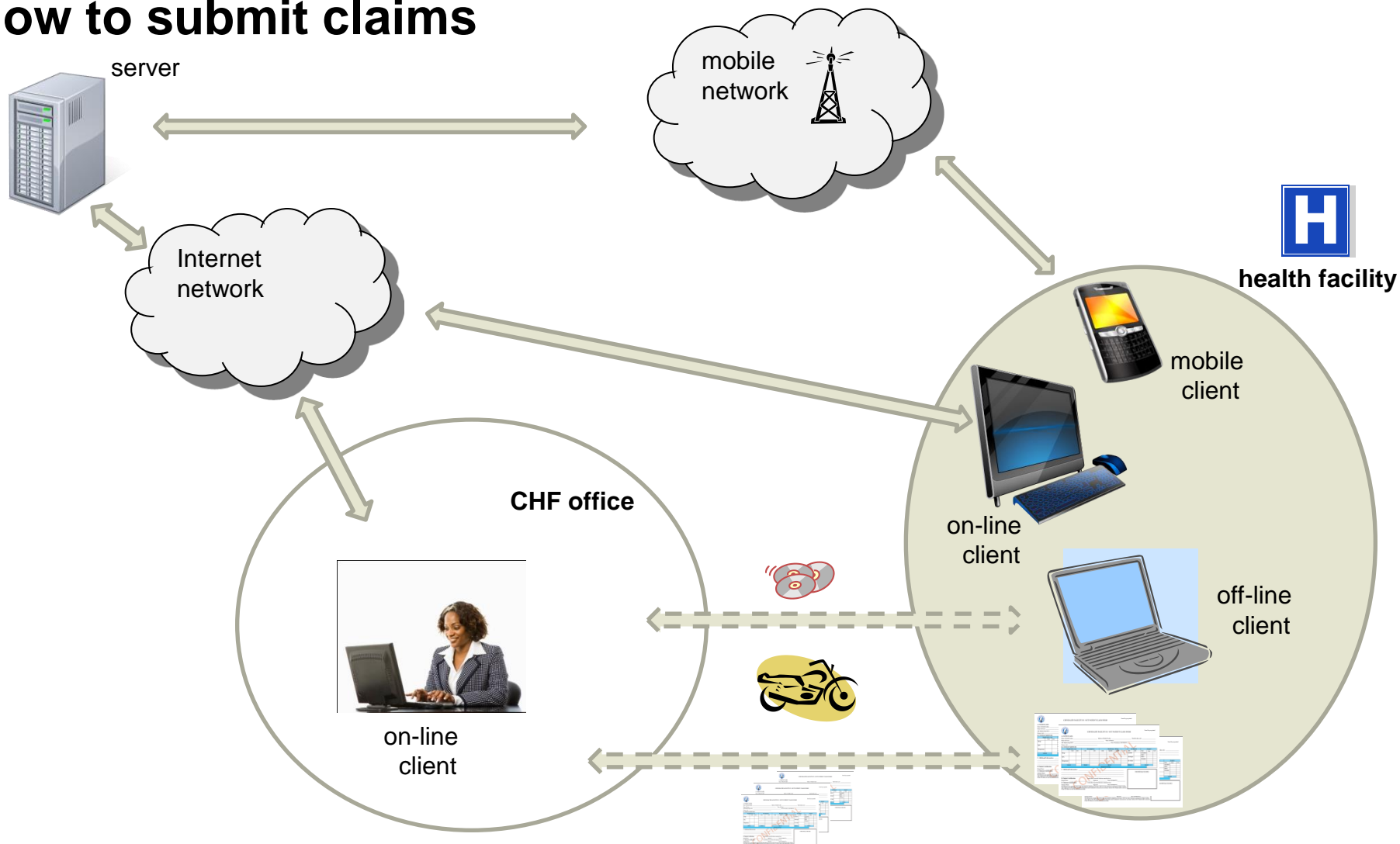
ID no (Pre printed)

ALWAYS SHOW THIS CARD WHEN VISITING
A HEALTH FACILITY

- QR codes are read by mobile phone applications to speed up data entry and eliminate errors



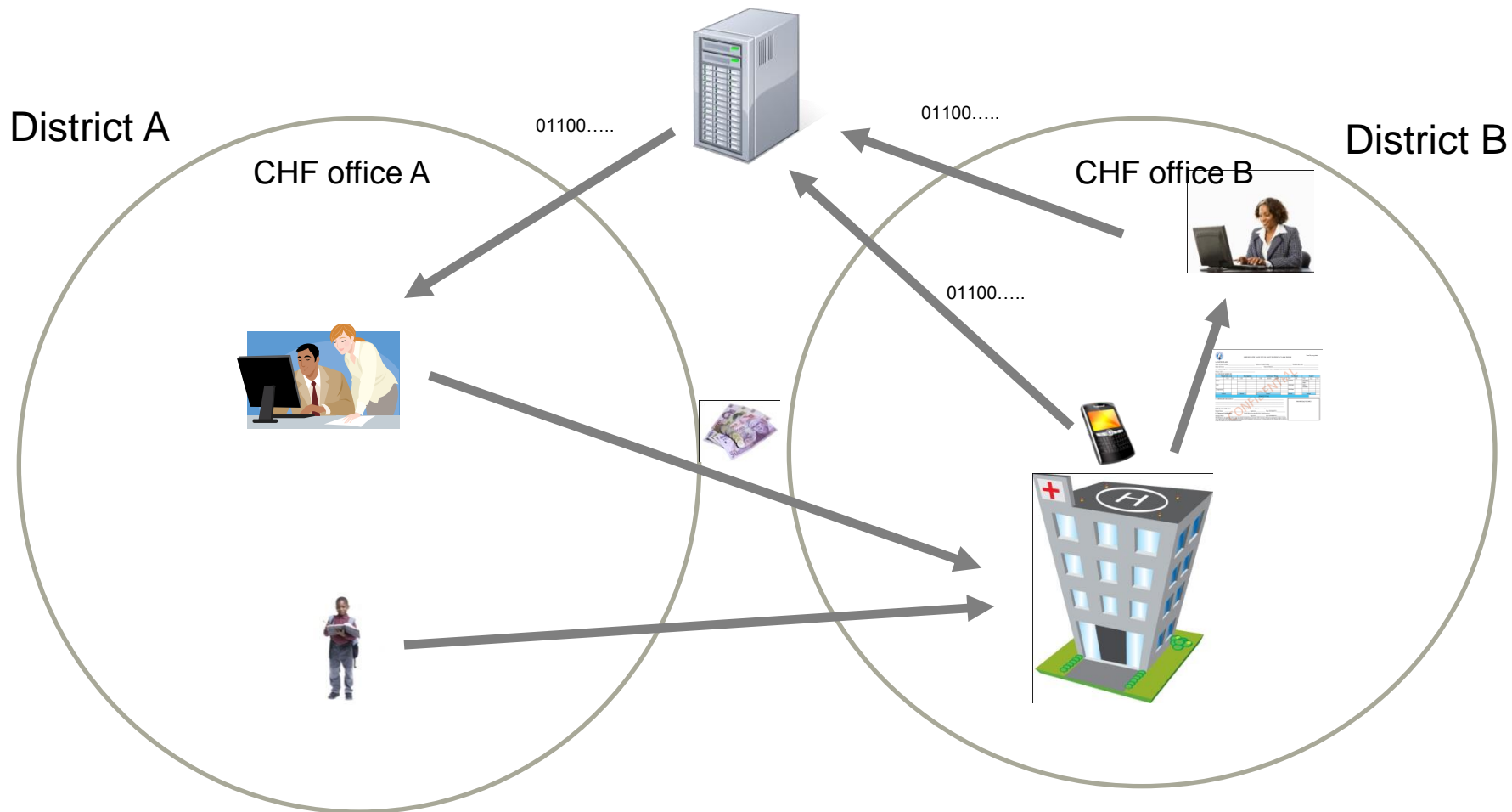
How to submit claims



Principles of cross-district provision of health care

- insurees can visit any facility within the CHF network
- the insurance product of an insuree is “charged” wherever he/she seeks for health care
- prices of the health facility that provided health care are used in any case
- the health facility is remunerated by the CHF office of insuree’s residence

Cross district health care



User interface of IMIS

- easily understandable
- uniform handling rules
- effective usage
- each user can select his/her own language:
 1. Swahili
 2. English

Example: screen for definition of insurance products

[Home](#)
[Insurees and Policies](#)
[Claims](#)
[Administration](#)
[Tools](#)
[Logout](#)

Insurance Product Details

Product Code

Product Name

District -- Select a District--

Date From

Date To

Conversion --Select Product--

Lump Sum

No. Of Members

Premium Adult

Premium Child

Insurance Period

Grace Period

☐ Check All

Medical Items

CODE	NAME	TYPE	PRODUCT	PRICE	LIMIT	ORIGIN	ADULT	CHILD
<input type="checkbox"/> 00001	Paracetamol	Drug	0	1200.00	F	P	0.00	0.00
<input type="checkbox"/> 00001	Test	Drug	Box	1200.00	F	P	0.00	0.00

☐ Check All

Medical Services

CODE	NAME	TYPE	LEVEL	PRICE	LIMIT	ORIGIN	ADULT	CHILD
<input type="checkbox"/> X01	Consultation in primary health care	Curative	Simple Service	800.00	F	P	0.00	0.00
<input type="checkbox"/> X02	Prescription in primary care	Curative	Simple Service	200.00	F	P	0.00	0.00
<input type="checkbox"/> X03	LabTest	Curative	Simple Service	200.00	F	P	0.00	0.00

Account Code(Remuneration)

Account Code(Premium)

Deductible

Ceiling

Deductable (Hospital) Ceiling

Deductable (Non-Hospital) Ceiling

Treatment

Insuree

Policy

Distribution

NONE

Period

Percent

Treatment

Insuree

Policy

Distribution

NONE

Period

Percent

Treatment

Insuree

Policy

Distribution

NONE

Period

Percent

Save

Cancel

20

Example: screen for entering/modification of data on insurees

[Home](#)
[Insurees and Policies](#)
[Claims](#)
[Administration](#)
[Tools](#)
[Logout](#)

Family Details

CHF Number	000000081	District	Bahi
Last Name	Zahi	Ward	Makanda
Other Names	Iro	Village	Makanda
Phone Number		Has Poverty Status?	<input type="checkbox"/>

Insuree

Last Name	<input type="text"/>
Other Names	<input type="text"/>
Birth Date	<input type="text"/> <input type="button" value=""/>
Gender	-- Select Gender --
Marital Status	-- Select Status --
CHF Number	<input type="text"/>
Card	-- Select Yes/No --
Phone Number	<input type="text"/>
Passport Number	<input type="text"/>

Example: screen for entering/modification of data on claims

[Home](#)
[Insurees and Policies](#)
[Claims](#)
[Administration](#)
[Tools](#)
[Logout](#)

HF Code
001C109 - Health Cent
CHF Number
Name
Visit Date From

ICD
-- ICDCode --
Claim Code
Claim Date
Visit Date To

Claim Total
0.00

Services
5

SERVICE CODE	QUANTITY	VALUE	EXPLANATION

Items
5

ITEM CODE	QUANTITY	VALUE	EXPLANATION

Explanation

Implementation so far (November 2013)

- The “Improved CHF” (“CHF Iliyoboreshwa”) for Dodoma region is operational, including Insurance Management Information System IMIS
- CHF Boards of the seven districts of Dodoma region have been installed
- SOPs, Training materials and IEC materials for new CHF are available
- 1300 Enrolment Officers in the region were trained
- CHF teams, Council Health Management Teams, CHF Boards, Village Executive Officers and other stakeholders have been trained and oriented on new CHF

Implementation so far (October 2013)

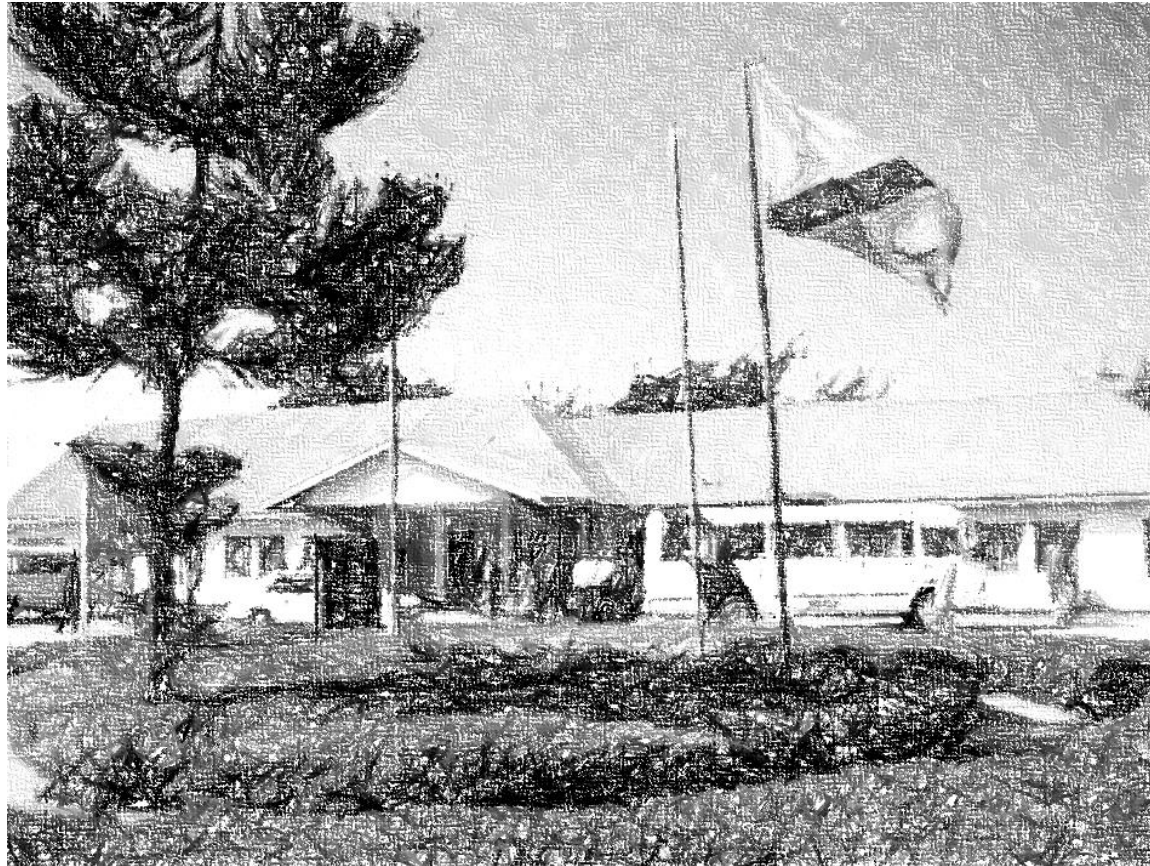
- CHF funds are being managed according to the government policy
- Districts conduct CHF sensitization, are supported with IEC materials; involvement of local FM radios, television, newspapers
- Plans for providing subsidized CHF cards to the poor, in cooperation with TASAF
- Participation of HPSS in a study on “Inclusion of the Poor – Option Paper for Informing the New Health Financing Strategy”, mandated by MoHSW / SDC on behalf of the Interministerial Steering Committee

CHF enrolment status as per 30th September 2013

DODOMA REGION: Enrolment into the Community Health Fund CHF as per 30th Sept. 2013												
S/N	District	Popn	HH Size	No. of HH	Baseline data - June 2012		Target-20%; December 2014		Actual Results : Sept 2013			
	1	2		3	Active HH	%	Target No. of HH		No. of HH enrolled with new CHF	Total HH (old + new)	%	Members-popn(old + new) %
1	Dodoma	410'956	4.4	93'399	1'412	1.5	18'680		2'841	4'253	4.6	18'715 4.6
2	Chamwino	330'543	4.5	73'454	8'865	12.1	14'691		3'891	12'756	17.4	57'403 17.4
3	Kongwa	309'973	5.0	61'995	1'866	3.0	12'399		7'672	9'538	15.4	47'690 15.4
4	Mpwapwa	305'056	4.6	66'317	1'289	1.9	13'263		8'825	10'114	15.3	46'524 15.3
5	Kondoa	269'704	4.8	56'188	718	1.3	11'238		1'094	1'812	3.2	8'698 3.2
6	Chemba	235'711	4.7	50'151	129	0.3	10'030		1'315	1'444	2.9	6'787 2.9
7	Bahi	221'645	4.5	49'254	3'845	7.8	9'851		4'287	8'132	16.5	36'593 16.5
		2'083'588		450'758	18'124	4.0	90'152		29'925	48'049	10.7	222'410 10.7

Outlook

- Achievements per Sept 2013: 11% enrolment (222'000 persons)
- Target for Dodoma Region:
 - until Dec. 2014: 20% enrolment
 - Until Dec 2015: 30% enrolment
- Presently the «Interministerial Steering Committee» assesses options for the new health financing strategy in Tanzania, among others of a national roll-out of the CHF Iliyoboreshwa
- IMIS could be interesting for other countries as well. A first know-how transfer takes place in Cameroon with Faith-based mutualities.



Ahsanteni sana kunizikiliza

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