
Assessment of current application and future potential of user fee exemptions and waivers in the Dar es Salaam Public Health Delivery System

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Introduction

- User fee introduction in Dar es Salaam, with parallel exemption mechanism in 1994
- How have exemptions and waivers worked?
- Study aims
 - Present the strengths and weaknesses of the exemption and waiver mechanism in Dar es Salaam
 - Propose ways of improving the exemption and waiver mechanism



Study methods

- Data collection
 - Interviews and group discussions with health authorities, health providers and patients at
 - 3 District Medical Offices
 - 3 district hospitals
 - 3 health centres
 - 6 dispensaries
 - 52 clients
 - Document and statistical review

Findings

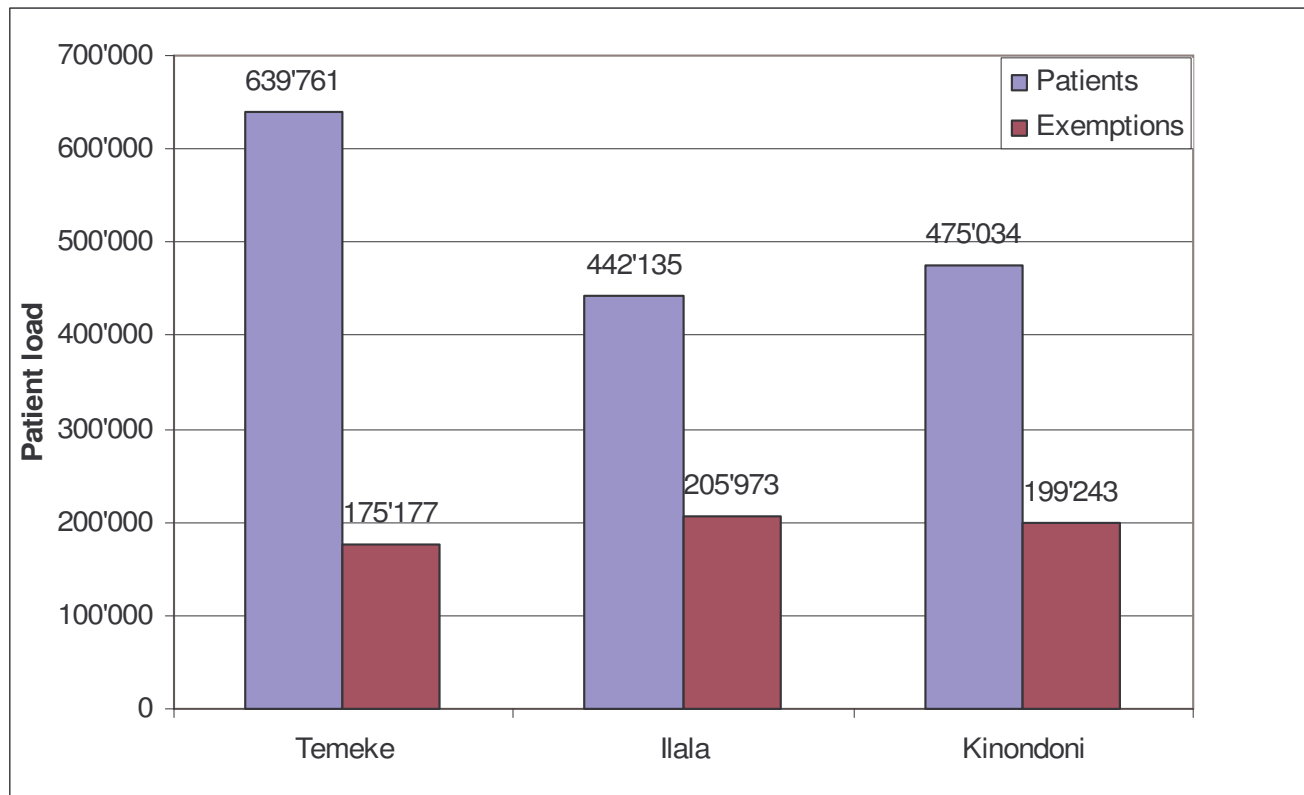
- Comparing exemption policy and practice

Category	Policy (1994)	Practice (2005)
Chronic diseases	Exemption	Exempted
Children < 5 years	Exemption with MCH card	Exempted
Pregnant women	Exemption	Exempted
Poor people	Waiver, with documentation	Waiver provided with documentation and for most deserving cases
Emergency patients	Temporary waiver, to be paid later	Waiver provided, with repayment
Health workers	Waiver	Paid by National Health Insurance Fund
Prisoners	Temporary waiver, paid by Ministry of Home Affairs	Waiver provided, MOH not reimbursed
Disabled	Waiver	Waiver
Elderly	Waiver for those not able to pay	Waiver, proof of age, sometimes proof not able to pay



Findings

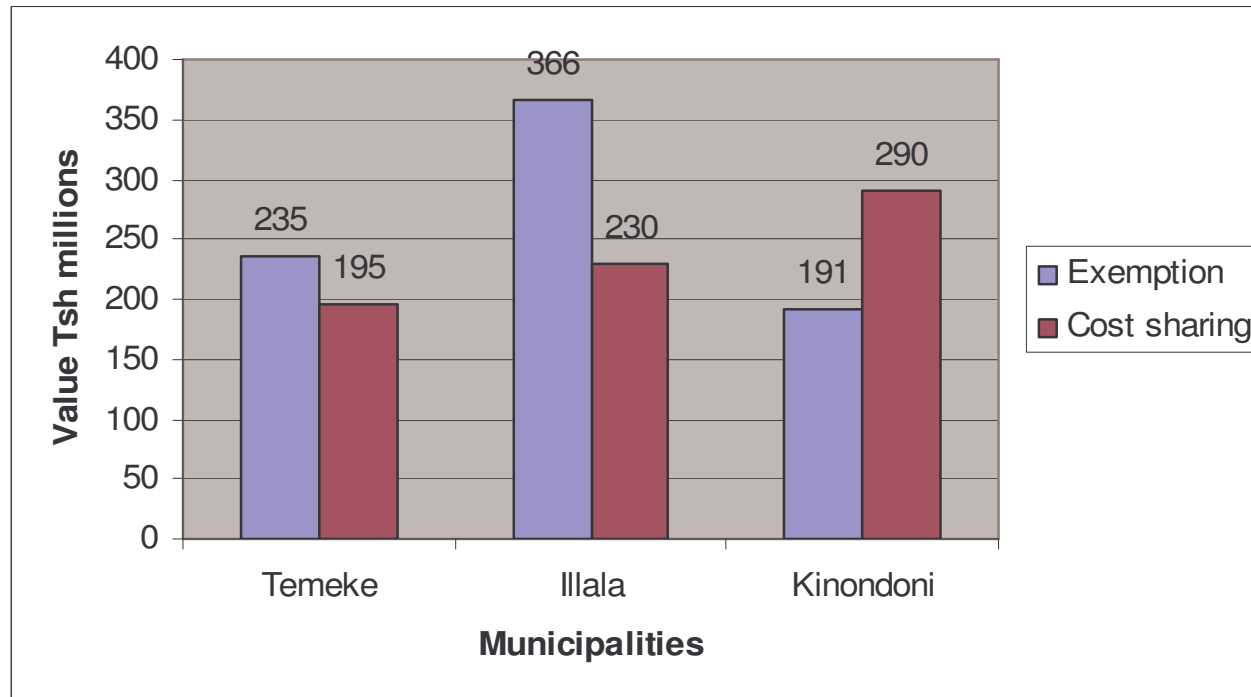
- Numbers of patients exempted: 575,000 in 2004



% cases exempted	27%	47%	42%
Population size	772,000	668,000	2,498,000

Findings

- Value of patients exempted: ~ 800 million Tsh. in 2004



% total value
of services
exempted

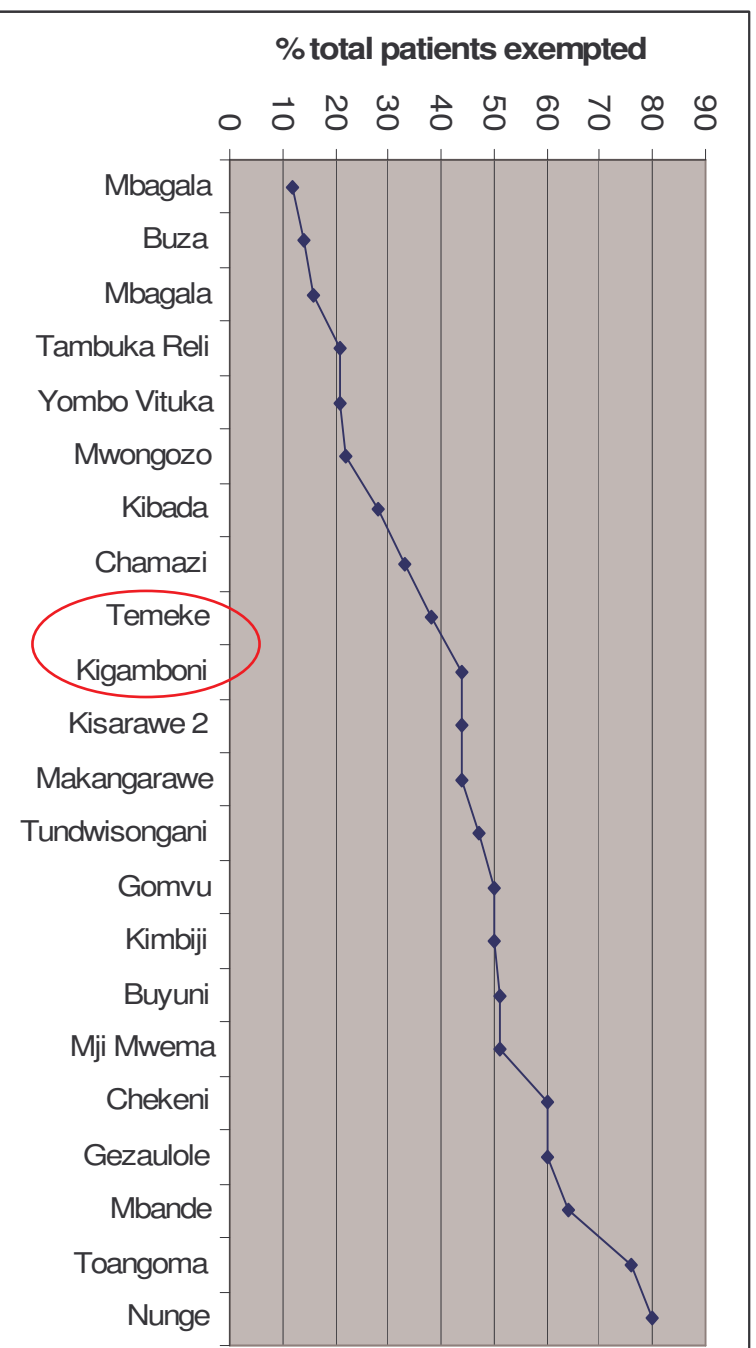
55%

61%

40%

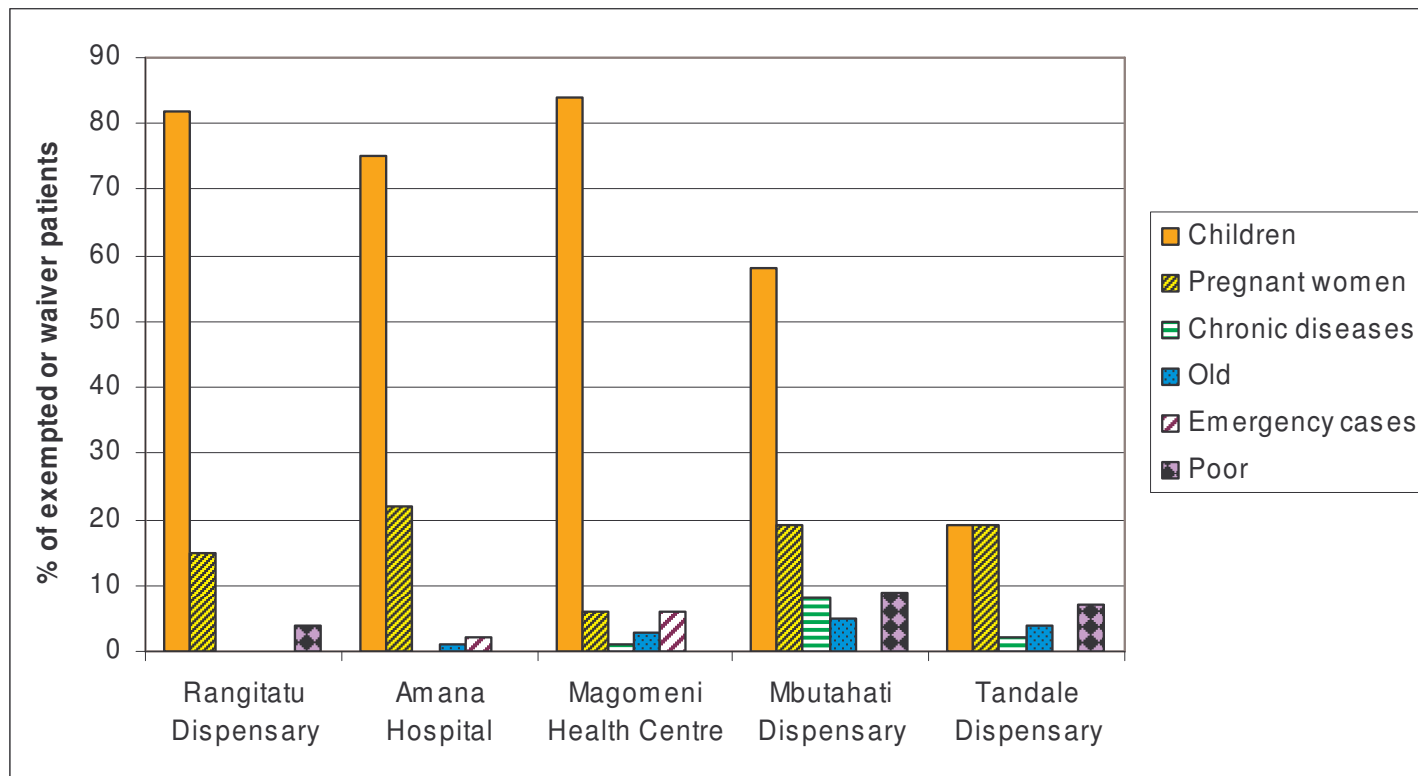
Findings

- Variation by facility in % total patients exempted (Temeke District, 2004)



Findings

- Proportion exempt / waiver patients by category



Findings

- **Health staff information sources/knowledge**

- ❑ 1994 policy guidelines
- ❑ Irregular distribution of documents and workshops
- ❑ Routine meetings
- ❑ On-the-job sensitization (Social Welfare Officer)
- ❑ Information letters DMOs

- **Patient and community information sources/knowledge**

- ❑ Community representatives Health Board
- ❑ Health facility visit
- ❑ Health facility bulletin boards
- ❑ Community outreach
- ❑ Media – television, radio, posters



Findings

- **Obtaining, recording and reporting of exemptions and waivers**
 - Common procedure for obtaining exemptions and waivers
 - Variation in exemption registers
 - Variation in summary forms used for reports
 - Incomplete records at DMO level
 - Limited feedback and follow-up of missing data

Recommendations

1. Further refine exemption and waiver policies

- Define categories
- Specify services
- Set targets at ward level waivers

Recommendations

2. Communicate policies to health staff and population

- Further training for staff and community representatives
- Strengthen social welfare units in hospitals
- Strengthen the communication channels

Recommendations

3. Ensure access to all free services for exempt and waiver categories

- Increase budget for drug kits, or prioritise among exempt cases
- More efficient use of money spent on drugs: adopt indent drug system
- Simplification of waiver procedures
- Identity (with photo) card for the poor?
- Expand services offered (e.g. home visiting?)



Recommendations

4. Standardisation of approach

- Examine differences in practices and outcomes across facilities
 - Provide regular feedback
 - Ensure health facilities use same template for recording and compiling information

Acknowledgements

- Regional/City Medical Office for Health
- District Medical Offices
- Health facility staff interviewed
- Patients interviewed
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ASANTE SANA!



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