

THE INFLUENCE OF HEALTH INSURANCE SCHEMES ON ACCESS TO QUALITY HEALTH CARE SERVICES IN TANZANIA: A CASE STUDY OF NATIONAL HEALTH INSURANCE FUND

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Abstract: Health insurance services are increasingly recognized as a tool to finance health care provision in both developed and developing countries, and has the potential to increase utilization and better protection from high out-of-pocket medical costs among students, employees and retirees. This study determined the influence of the health insurance schemes on the access to quality health care services in Tanzania, taking National Health Insurance Fund as a case. The study was explanatory in nature and used case study design. Data were collected from 108 respondents out of a target population of 16034, using interview and questionnaires data collection techniques. The collected data were analyzed using descriptive and inferential statistics, frequencies, percentages and correlation techniques were used to examine the relationships between study variables. Correlation results show a positive relationship between students, retiree and employees' health insurance and access to quality health care services. Health insurance has improved access to quality health services through widening access to health services, protection from high out-of-pocket medical costs, increase in outpatient medical care utilization, decreased inequities in health spending, improved health services utilization, and expanding investment in facilities and equipment. The study concludes that health insurance services for retirees, students, public and private sector employees has contributed to good health and well-being for people.

Keywords: Students' health insurance, retirees' health insurance, employees' health insurance, quality health care services, access to health care

Introduction

Globally there is a growing movement to reduce financial barriers on the access to quality healthcare services, but with particular emphasis on students, employees and retirees. Health insurance services are increasingly recognized as a tool to finance health care provision in both developed and developing countries, and have the potential to increase utilization and better protection against high out-of-pocket medical costs (WHO, 2000; Liang, 2011; Research and Quality, 2014). More than 2 billion people in developing countries live with health systems afflicted by inefficiency, inequitable access, inadequate funding, and poor quality health services (World Health Report, 2016). These people account for 92% of global annual deaths from communicable diseases, 68% of deaths from non-communicable conditions, and 80% of deaths from injuries. The World Health Organization (WHO) estimates that more than 150 million of these people suffer financial catastrophe every year, having to make unexpected out-of-pocket expenditures for expensive emergency care (Akazili, 2010 & WHO, 2015).

The introduction of health insurance fund has a positive effect on enhancing utilization of health care services by removing significant financial barriers to access health services (Akazili, 2010). Major health and development organizations, such as the Gates Foundation, the World Bank Group, the World Health Organization, the Rockefeller Foundation, and The United Nations Children's Fund (UNICEF) and Oxfam, and the International Labour Organization. Consider health insurance as among the important tool for access to quality health services and eventually achieving health goal (Goal 3), "to ensure healthy lives and promote well-being at all ages" (Chapman, 2016).

In Tanzania, the government has put more emphasis for citizens to join health insurance funds including National Health Insurance Fund (NHIF) to ensure access to health services at any time (Liang, 2011). As such, increasing coverage and membership coupled with improvement in geographical access would promote better and overall health outcomes for the people of Tanzania (Ifakara Health Institute, 2012). In this context, how health insurance schemes has improved access to quality health care services among students, employees and retirees was the basis of this study.

Purpose

The purpose of the study was to determine the influence of the health insurance schemes on access to quality health care services, taking National Health Insurance Fund (NHIF) Tanzania as the study area. Specifically, the study examined the contribution of student health insurance package to the access of quality health services, explored the extent of retirees' health insurance package contribution to the access of quality health services and examined the contribution of public and private sector health insurance package to the access of quality health services.

Research Methodology

The study used case study research design to make detailed and extensive of the case to provide conclusion and recommendations. It also allowed in depth collection of information from a set of relationship to captures data and information from the assessment and responds to the research questions. The study covered 108 respondents drawn from a total population of 16,034.

Data collection was done using questionnaire with open and closed-ended questions and interviews. However, before embarking in data collection, pilot study was conducted to test questions and make improvements if any to reflect research objectives. In addition, validity of data was achieved by using triangulation technique, whereby data were collected using interviews and questionnaires. Reliability was ensured by pre-test of data collection tools before the actual data collection. In data analysis, both descriptive and inferential statistical tools were used in the data analysis, whereby descriptive statistical tools included frequencies and percentages and was used to determine and describe the status of the variables under study. In respect to inferential statistical tool was correction analysis which showed relationships between variables.

Results and Discussion

Objective 1: The contribution of Student health insurance package to access of quality health services

The study revealed that NHIF offers health insurance to students of higher or any other learning institutions for the period he/she is a registered student. A student who is a member of NHIF accesses health services with his/her card at any accredited facility throughout Tanzania. This health insurance cover for students does not involve student's dependents. Students who are already beneficiaries of the Fund are restricted to register again under this category, and are thus required to submit their membership identity cards to NHIF's office for confirmation.

According to the study findings, an institution is responsible for collection of student's annual contributions (TZS 50,400/-) at the beginning of every academic year. As such, the registration procedure is as follows:

- i. The learning institution must apply and be registered to the Fund as an employer.
- ii. All students must be registered through their respective Institutions.
- iii. All students must fill the NHIF student's registration form for membership ID production.
- iv. Forms must be attached with one (1) recent colored passport size photo.
- v. The institution must collect all duly filled forms and submit them to the Fund accompanied by student contributions for further processes.
- vi. All student NHIF membership IDs shall be provided to that institution for distribution.

- vii. For learning institutions that are not registered with the Fund, the students may apply for membership in groups of not less than 50 students. All other requirements remain the same.

In addition, it was revealed that student membership ceases when circumstances occur such as discontinuation, dismissal, graduation and death. Students are required to surrender their IDs to their respective institutions or NHIF offices immediately after cessation of their membership.

The study shows that 70% (21) of respondents revealed that to a very large extent student health insurance has improved access to quality health services, followed by 27% (8) who revealed the extent to be large and the remaining considered it to be average (Table 1). Student health insurance health has improved access to quality health services.

Table 1: Extent to which student health insurance has improved access to quality health services

Extent	Frequency	Percent
Very large extent	21	70
Large extent	8	27
Average	1	3
Total	30	100

Moreover, the study carried out correlation analysis to determine the relationship between student health insurance cover and access to quality health services. The analysis indicate positive correlation between student health insurance cover and access to quality health services at 0.309 with P-value of 0.007 which is less than 0.05 (Table 2). Therefore, the students having health insurance cover has improved their access to health services.

Table 2: Correlation between student health insurance and access to quality health services

		Improved health services	Student health insurance
Improved health services	Pearson Correlation	1	.309
	Sig. (2-tailed)		.007
	N	30	30
Student health insurance	Pearson Correlation	.309	1
	Sig. (2-tailed)	.007	
	N	30	30

In addition, the study revealed that student health insurance has improved access to quality health services through widening access to health services, covering students' learning costs, reducing patients'/guardians' disturbances, reducing treatment costs, serving time of students in learning and improving access to quality health services (Table 3).

Table 3: Student health insurance and access to quality health services

Aspects	Level of agreement	
	Strongly agree	Agree
Widening access to health services	68%	32%
Covering students' learning costs	98%	2%
Reducing patients'/guardians' disturbances	78%	22%
Reducing treatment costs	100%	0
Serving time of students in learning	73%	27%

i. Widening access to health services

The findings indicate that 68% of respondents strongly agreed that student health insurance has widened access to health services while 32% agreed. Before NHIF introduced Student health insurance, students were covered by parents and sometimes by the institution itself. As such, the institution covered health services when students are in school. During their vacation, students could find other means. As such, the introduction of health insurance to students has enabled them to access health services anywhere, anytime. Widening access to health services implies that a student can travel to different hospitals to find different services which cannot be accessed at his/her home facility.

ii. Cover student learning costs

The study indicates that student insurance has covered student learning costs differently. It was revealed that the amount of money that could be invested or allocated to access health services is directed to learning, including buying books, payment of school fees, and payment for meals, accommodation and any other requirements. In addition, the study revealed that the funds budgeted by the university or college for improving access to health services for students is now allocated to other activities. These include construction of classrooms, buying teaching and learning materials with the overall aim of improving the students' learning environment. Student health insurance covering students' learning cost implies that the learning environment is improved and therefore the students concentrates on learning only, hence an improvement of student performance.

iii. It has reduced patients'/guardians' disturbances

The study revealed that student health insurance has reduced patients'/guardians' disturbances and burden. It is the responsibility of the guardian/parents to take care of their children (students) when they are sick by covering all costs of accessing health services. Since students have health insurance cover, their parents or guardians are not burdened by the medical costs when they are at college or university for learning. Before introducing health insurance, sick students obliged the parents/guardian to incur the burden of taking loans from friends, SACCOs, and others. Sometimes, they even had to sell their assets like land, furniture, and livestock, among others just to get money to pay for health services. Therefore, introduction of student health insurance has made parents/guardian comfortable and allowed them to focus on other productive activities.

iv. It saves time for students to learn

The study indicates that student health insurance has saved time for students to learn different situations. Student health insurance cover has enabled students to access health services on time compared to the uninsured counterparts because they do not need to request for money from parents or guardians to go to hospital. This has enabled students to visit health facilities on time, recover very fast and proceed with studies. In addition, student health insurance has enabled students to access health services in different hospitals/health centers, which was difficult before, including remaining in hospital even if there is no health services recommended or health services are not satisfactory. Health insurance to help students to save time for learning imply that they can get enough time for learning and eventually improve their performance.

v. It has reduced treatment costs

The study indicates that student health insurance has reduced treatment costs associated with direct or out of pocket payments from students. Out of pocket mode of payment is very expensive compared to pre-paid mode of payments exercised under the health insurance. Sickness can cost more than the amount contributed (TZS. 50,400). But this does not mean that since the cost is higher than cost of services, then services are not provided. Basically, for students, it is difficult to save money for treatment when they are sick. Since for some of them, even money for meals and accommodation is not enough, it becomes easy when they are covered by insurance.

Objective 2: The contribution of Retiree Health Insurance Package to access of Quality Health Services among Retirees

The study found out that the National Health Insurance Fund began to provide medical benefit for retirees since July 1, 2009. These benefits apply to retirees who were members of the Fund and their legal partners (wife or husband) to get medical care for the rest of their lives. However, this benefit does not include other dependents. This insurance package is for an employee (from public or private institution registered by the Fund) who has been a member of NHIF not less than 10 years before retirement.

In addition, findings show that it does not include private members, the clergy and mutual group members. Members must be 55 years old for voluntary retirement or statutory retirement age of 60 years. They must have contributed to the Scheme for a minimum of 120 months. Members who retire voluntarily or by law before attaining 120 months of subscription shall top up the remaining months in order to gain access to the retirees benefits package and must equally be active members at the time of retirement.

The study revealed the following registration process:

- i. A retired member shall return all the original NHIF identity cards which, includes his/hers, spouse and other dependents, to the nearest NHIF offices nearest.
- ii. A retired member shall fill in the Retiree membership registration form.
- iii. Retirees shall submit one recent passport size photographs of him and his/her spouse for ID card process.
- iv. Retirees shall submit a letter of retirement to confirm their cessation of service. For councilors, they must present their certificate of service.
- v. Retired members who have lost their identity cards will be required to fill the form of oath of the Court (affidavit), provide police loss report and pay Tshs 20,000 as fee for the loss of each identity.

The study revealed the contributions of the following NHIF package to the access of quality health services among retirees including; access to health care (30%), protection from high out-of-pocket medical costs and high medical costs (45%) and increase in outpatient medical care utilization (25%) (Figure 1)

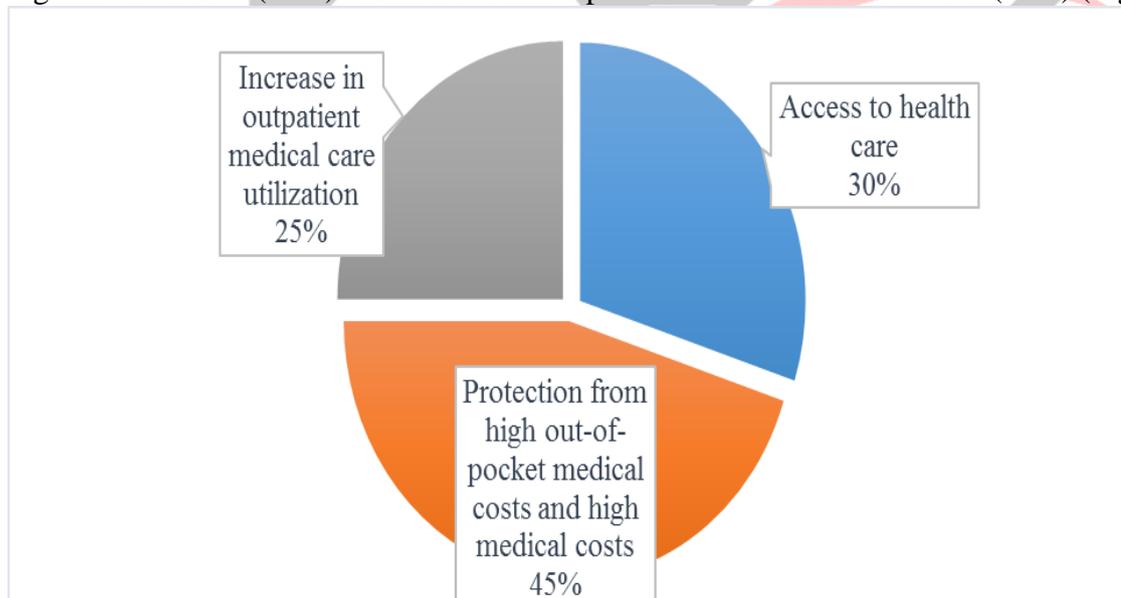


Figure 1: Contribution of retiree health insurance to access of quality health services among retirees

i. Access to health care

Retiree health insurance cover enables them to make timely use of personal health services, achieve the best health outcomes and have good health status (30% [9]). Retirees revealed that people of their age who have no health insurance cover are seriously affected by health and stability issues because in most cases, they

don't have money to access the services. Retiree health insurance enables retirees to seek such care on time with no direct cost involved. Even if they have no money, it does not affect them from receiving health services. Agency for Healthcare Research and Quality (2014) supports that lack of health insurance for retirees is dangerous to their health, since prolonged periods of uninsurance can have a particularly serious impact on a person's health and stability. Uninsured retirees often postpone seeking care, have difficulty obtaining care when they ultimately seek it, and may have to bear the full brunt of health care costs, which is not common for retirees with health insurance.

In addition, access to health care among retiree means that in any economic condition, retirees are sure of getting health care. Lacking health care among retirees is risky to their health stability because at they are more vulnerable at their age. This primarily stem from the fact that they experience a trend of decreasing immunity as they get older. As such, at that age close and frequent body checkups are important. Kapur and Rogowski (2007) support that the availability of health insurance for retiree is important because the prevalence of poor health and chronic disease rises with age, and the near-elderly have higher expected medical expenses than younger cohorts. For instance, average annual health care expenditures for persons aged 45–64 are 85% higher than for persons age 18–44. Also, WHO (2015) supports that as people age, their health needs tend to become more complex with a general trend towards declining capacity and the increased likelihood of having one or more chronic diseases.

Furthermore, despite the fact that retiree health insurance ensure access to health care, the WHO still see the importance of countries, especially developing countries to formulate health policies that incorporate the needs of retirees and older people in general. As such, WHO provides technical assistance and support to countries to develop evidence-based policies.

ii. Protection from high out-of-pocket medical costs and high medical costs

According to the study findings, 45% (14) of respondents revealed that retiree health insurance has reduced medical cost among retirees. Medical costs for retirees are higher compared to the younger group or people below the age of 45. As such, without health insurance, retirees incur more cost than what has been contributed to NHIF. In addition, old people normally have no productive activities that can generate monthly income. This makes them highly dependent on their children and other supporters in the community. Based on these facts, out-of-pocket payment for health services is expensive and they will not have money all the time or be prepared to access health services. According to Dutta (2015) and Kiprof (2017), Africa's health care market is worth about \$35 billion, with half of the continent's expenditure coming from out-of-pocket payments. In Tanzania, out-of-pocket (OOP) spending increased by 7% percentage points to 32 percent, compared with 25 percent in Kenya.

As such, there is a need for developing countries like Tanzania to achieve the goals of the 2001 Abuja Declaration to allocate at least 15 per cent of their annual budget to the health sector, thereby contributing to achieving Sustainable Development Goal 3 of "Good Health and Well-Being for people". Therefore, retiree health insurance is essential for protection from high out-of-pocket medical cost. Strumpf (2010) argues in favour of findings that there is strong evidence that retiree health insurance provides significant protection from high out-of-pocket medical costs and also offers moderate increases of outpatient medical care utilization. Agency for Healthcare Research and Quality (2014) supports Strumpf (2010) that health insurance protects retirees from the burden of high health care costs. Out-of-pocket payments are a significant barrier to accessing much-needed medical treatment and preventive care among poor retirees.

iii. Increase in outpatient medical care utilization

Retiree health insurance has helped to increase outpatient medical care utilization (25% [8]). In this context, outpatient's medical care is when a patient is not hospitalized overnight but pay a day visits to the hospital, clinic or associated facility for diagnosis and treatment. The rate of hospitalization has increased since retirees have insurance cover and visit the hospital at any time they feel in poor condition because no any costs incurred. This implies that their rate of recovery is higher and takes measures to control diseases before being serious. Also, retiree health insurance enables retirees to check their health condition

frequently without waiting for the onset of illness. Since no medical cost is incurred, they can receive health care compared to elders of the same age who are not covered by health insurance (60 years and above) and who got to hospital only when they are sick, due to limited funds to cover health services cost. This situation poses health risk to latter category.

In addition, the study carried out correlation analysis to determine the relationship between retiree health insurance cover and access to quality health services. The analysis indicated a positive correlation between retiree health insurance cover and access to quality health services, since p-value was 0.004 which is less than 0.05 (Table 4). Therefore, retirees with health insurance cover have improved their access to health services.

Table 4: Correlations between retiree health insurance and access to quality health services

		Improved health services	Retiree health insurance
Improved health services	Pearson Correlation	1	.514
	Sig. (2-tailed)		.004
	N	30	30
Retiree health insurance	Pearson Correlation	.514	1
	Sig. (2-tailed)	.004	
	N	30	30

On retirees, the findings indicate that they seek outpatient services more frequently than their counterparts who have no health insurance. Strumpf (2010) points out that retiree health insurance increases hospitalization rates and makes improvements in some measures of health status, but has small negative effects or no effects on mortality. Dou *et al.* (2015) support Strumpf (2010) argument that retirees who had insurance were more likely to use outpatient services than those who had no health insurance (57.0 % versus 41.4 %). In this context, therefore, health insurance status is associated with outpatient care utilization and retirees with health insurance use more services than those without health insurance.

Furthermore, Yip and Hsiao (2009) express a precaution that in China, insurance schemes may not adequately protect people against the long-term outpatient costs associated with chronic diseases. This scenario is similar to the Tanzanian context whereby, not all hospitals accept health insurance. In big hospitals, the owners and management of hospitals charge higher amounts of money for people to access health services, due to the higher quality services they provide. Additionally, these costs cannot be paid by NHIF since it is higher and cannot be available in other hospitals at lower costs. This calls for government to come up with the control of health services provision, especially in private hospitals, as this will enable the majority of people to acquire high quality health services.

Objective 3: Contribution of Private and Public Sector Health Insurance to Access Quality Health Services

The study indicates that NHIF provides an opportunity for private companies to register their employees and their dependents in the same manner as government institutions in Tanzania. Private company seeking to register its employees with the National Health Insurance Fund shall consider the following:

- Should have not less than ten (10) permanently employed workers;
- It should have operated for at least two years;
- Minimum salary for the lowest paid employee should not be less than the minimum wage set by the Government;
- Should submit an official application letter explaining the company's activities;

- e) Should submit copies of all legal documents such as registration certificate, Memorandum and Articles of Associations, and Business License;
- f) Should attach documents proving tax payment to the government, TIN Certificate and VAT Registration Certificate;
- g) Only permanently employed workers will be registered. Employees on contract will be registered if they have a contract lasting for one or more years; and
- h) Comply with rules, regulations and laws of the National Health Insurance Fund.

Interviews with key informants revealed that the system of contribution for employees in private companies does not differ from those of employees in the public sector. In this group, an employee contributes 3% of his/her monthly salary and the employer contributes 3% of the same amount. The key informants revealed that a private company will cease membership due to bankruptcy, failing to meet its obligations as stated in the contract and laws of the Fund, and command of the court.

Employee of a private company who are members of the National Health Insurance Fund will cease membership due to death, resignation or termination, cessation of operation of the company he/she was employed in and retirement (if they have not qualified for the retiree benefit).

Procedures and conditions of private sector health insurance package imply that NHIF have introduced these procedures to improve access to health services for majority of the people and eventually achieve the Sustainable Development Goal number 3 on “Good Health and Well-Being for people”. Besides, the private sector has a room for selecting their health insurance providers. White *et al.* (2013) point out that to date Tanzania has about six registered insurance companies, of which five have a health insurance component, covering approximately 120,000 people, i.e. less than 1 percent of the total population.

Interviews with key informants from NHIF revealed that NHIF provides affordable and accessible health services to public employees in various institutions. According to the NHIF Act, all employers and employees in the public sector must register themselves and not more than five (5) of their respective legal dependents. On registration, the employee should:

- (i) Fill the membership registration form that he/she will be given by their employer;
- (ii) Submit a colored passport size photo of him/herself, spouse and dependents; and
- (iii) Submit their check numbers

Members from the public sector are obliged to contribute to the Fund a total of 6% of their monthly basic salary which is equally shared between the employer and the employee. The employee will pay 3% of his/her monthly salary, while the remaining 3% of the same amount is contributed by the employer. Contributions shall be remitted not later than 30 days from the month in question, failing which the employee shall be regarded as inactive and may not receive health benefits.

The study indicates that an employee in the public sector will cease membership in a number of circumstances, including: death, termination, retirement, dismissal or any other act that may terminate their employment of a member.

However, a person who was a beneficiary of the Fund shall be entitled to the benefits package for a period of three months after the occurrence of any of the above circumstances.

Procedures and conditions for public sector health insurance package are related to those of the private sector. These procedures for public sector members differ from those of private sector members due to different rules and regulations used in employment and establishing these organizations. This highlights the need to create awareness amongst companies who have not yet registered with any insurance company. They need to do so to improve access for their employees to health services.

The study carried out correlation analysis to determine the relationship between private and public sector employee health insurance cover and access to quality health services. The analysis indicated a positive correlation between private and public sector employees health insurance cover and access to quality health

services, since p-value was 0.005 which is less than 0.05 (Table 5). Therefore, private and public sector employees with health insurance cover have improved their access to health services.

Table 5: Correlations between private and public sector employee health insurance and access to quality health services

		Improved health services	Private and public sector employee health insurance
Improved health services	Pearson Correlation	1	.119
	Sig. (2-tailed)		.005
	N	40	40
Private and public sector employee health insurance	Pearson Correlation	.119	1
	Sig. (2-tailed)	.005	
	N	40	40

In addition, the findings also show that the benefits provided by NHIF to public and private sector employee are the same. As such services enjoyed by both are the same and thus their contributions cannot be separated since they are closely interrelated. The study reveals that private and public sector health insurance contributes to access of quality health services by reducing the burden of health service costs (40%), addressing inequities in health spending (20%), improving health service utilization (25%) and expanding investment in facilities and equipment (15%). For details, refer to Figure 2.

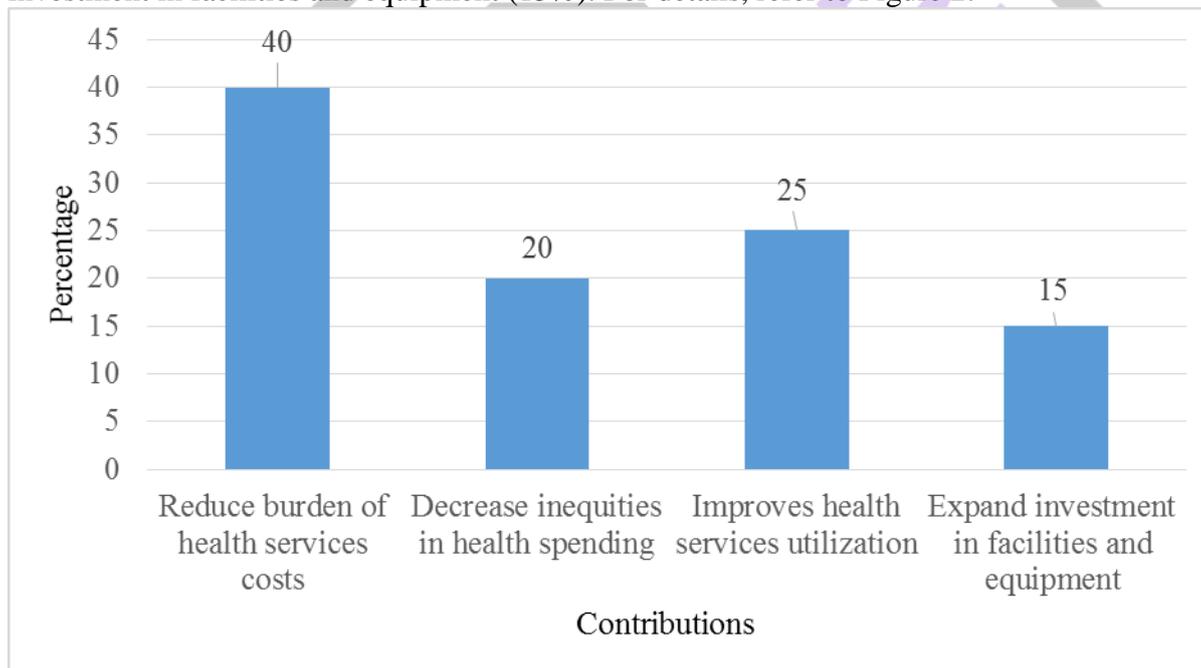


Figure 2: Contributions of private and public sector health insurance to access quality health services

i. Decrease inequities in health spending

According to the study findings, 20% of respondents revealed that private sector health insurance has decreased inequities in health spending. Before introduction of health insurance to protect households from catastrophic financing, there were inequities in health spending in the community. Introduction of private and public sector insurance has decreased the inequities that existed before. The 2015 Employment and Earnings Survey (EES) results show that there were 0.7 million persons employed in the public sector and 1.6 million persons employed in the private sector (NBS, 2016). Persons employed in public sector and

some of those in the private sector have health insurance, which has contributed to lessen inequities in health spending and out-of-pocket payments.

ii. Expand investment in facilities and equipment

Health insurance has expanded investment in facilities and equipment (15%). NHIF and health facilities depend on each other. NHIF need their beneficiaries to access quality health services, while health facilities need patients to access quality health services. In this respect, health facilities with poor infrastructure and equipment have been supported by NHIF through supply of equipment and improvement of infrastructures, with agreement to pay these costs later.

iii. Health services utilization

In addition, the study found health insurance to public and private employees has contributed to health services utilization (25%). WHO (2015) reports that 400 million people do not have access to essential health services and 6% of people in low- and middle-income countries are tipped into or pushed further into extreme poverty because of health spending. This shows that health insurance is an important strategy to reduce this burden and ensure access to health services to majority of the people. Health services utilization is vital to improving the health of family members and the wellbeing of the people.

It was revealed that before health insurance, many people were not able to afford the costs of health care services due to high costs associated with out of pocket payment. But now, they can access health services easily without out-of-pocket payment, hence they can visit health facilities frequently and at any time for checkup. This is supported by Saksena *et al.*, (2010) that health insurance is strongly associated with a reduction in unmet needs and risk of catastrophic expenditure as well as increased utilization of health services when they are needed. Indeed, people with health insurance used health services twice as much as those that had no insurance coverage. This implies that beneficiaries are in a better position to prevent diseases and disability, detect and treat illnesses that could lead to death. Also, it increases quality of life which reduces the likelihood of early death and hence increases of life expectancy.

iv. Reduce burden of health service costs

The study indicates that health insurance to public and private sector employees has reduced the burden of health services (40%). It also reveals that before introduction of health insurance, employees and their families incurred more costs to access health care services. With health insurance, the burden has reduced health services can be accessed without out-of-pocket payment. Illness is unplanned and it can be experienced at any time. But with health insurance, there is less fear of this condition than before when people could go as far as contracting loans to finance health services.

In addition, the study findings show that health insurance contributions by employees are done monthly through direct deductions from their salaries. Thus, it has been like a routine and when one wants to access health services, there is no burden of finding money and sometimes incurring some of the expenses to finance health services. Furthermore, reducing the burden on employees also implies that they can work comfortably with virtually no worry about the need for health services.

Conclusions

Student health insurance is important for students in academic institutions to access health services. Student access to health services using health insurance cover has widened access to health services, improved students' learning costs, reduced patients'/guardians' disturbances, reduced treatment costs, saved learning time for students and improved access to quality health services. As such, improving student health insurance by registering students and providing identity cards on time is important for improving access to health services.

Retiree health insurance has changed the life of retirees by improving access to health care, protecting them from high out-of-pocket medical costs and high medical costs, and increasing outpatient medical care

utilization. Access to health services for retirees is important compared to youth and elders less than 60 years. Therefore, retiree health insurance is important as a strategy for promoting and maintaining health, reducing unnecessary premature deaths and eventually increasing the life expectancy of retirees.

NHIF services to public and private sector employees are the same. Their difference is in procedures and conditions of memberships, which depend more on rules and regulations used in employment and establishing governing public and private organizations. Health insurance has improved access to health services by reducing the burden of health service costs, lowering inequities in health spending, improving health services utilization, and expanding investment in facilities and equipment. Therefore, health insurance services for retirees, students, public and private sector employees is a government strategy to achieve the Sustainable Development Goal number 3 on “Good Health and Well-Being for people”. Therefore, the study concludes that access to health services is ensured by taking out health insurance coverage for students, public and private sector employees together with dependents. This offers an opportunity to access health services anytime and anywhere in the country, provided the facility accepts NHIF cards.

Recommendations

Based on the findings, the study recommends the following to government, health facilities, NHIF and private sectors to invest more on the improvement of the quality health care services and make conducive environment and facilitate more access to the services by the bearer of health insurance cover.

Not all private employers are registered for health insurance despite the fact that they have the options to choose the organization to provide health insurance services to their employees. Therefore, the government needs to formulate policies, rules and regulations requiring all organizations in the private sector to subscribe health insurance for their employees. The study found that not all hospitals in Tanzania especially private hospitals accept NHIF identity cards. As such, the government should discuss with private hospitals and see how to accommodate health insurance in providing health services to the public. The government should also employ more health service professionals to cope with the increasing population at public health facilities to improve the provision of health services.

The study found out that NHIF does not provide identity cards to students in learning institutions in a timely manner, compelling them to resort to out-of-pocket payments despite being NHIF members. NHIF should make sure students get their identity cards immediately after payment of health insurance or look for alternatives to provide temporary identity cards or attestation letters while processing the original cards. Also NHIF should come up with tailor-made products to attract more individual members to join the scheme. They should equally roll out attractive products with more benefits to cater for different members. Due to the limited number of private organizations registered at NHIF, there is a need to create more awareness among companies on the importance of enrolling to health insurance, procedures and conditions involved in the enrollment. Lastly, private organizations should enroll to health insurance schemes to enable their employees to get more access to health services. This could also be used as part of staff motivation strategy.

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