

A CLOSER LOOK AT THE HEALTHCARE SYSTEM IN TANZANIA

POLICY MISSION

Mission: Committed to facilitate the provision of basic health services that are good quality, equitable, accessible, affordable, sustainable and gender sensitive.

Source: <http://www.moh.go.tz/index.php/about-us/mission-and-vision>

POLICY VISION

Vision: To have a healthy society with improved social well being that will contribute effectively to individual and national development.



HEALTHCARE FINANCING

	TANZANIA (2014)	SSA
Health expenditure:		
per capita (current US\$)	\$52	\$98
total (% of GDP)	5.6%	5.5%
public (% of government expenditure)	12.3%	...
public (% of total health expenditure)	46.4%	42.6%
External resources for health (% of total expenditure on health)	35.9%	11.2%
Out-of-pocket (% of total expenditure on health)	23.2%	34.5%

(World Bank, July 2016)

POPULATION

	TANZANIA (2015)	SSA
Total (in million)	53.5	1001.0
Ages 0-14 (% of total)	45.2%	42.9%
Ages 15-64 (% of total)	51.6%	54.0%
Rural (% of total population)	68.4%	62.3%

HEALTH OUTCOMES

	TANZANIA (2014)	SSA
Life expectancy at birth, total (years)	64.9%	58.6
Maternal mortality ratio (modeled estimate, per 100,000 live births)	398.0	547.0
Mortality rate, infant (per 1,000 live births)	35.2	56.4
Fertility rate, total (births per woman)	5.1 (2014)	5.0

(World Bank, downloaded July 2016)

MOBILE CELLULAR SUBSCRIPTIONS (PER 100 PEOPLE)
World Bank Oct 2016



TANZANIA
62.8 (2014)

SSA
71.0

HEALTH INSURANCE

16.1% Types of insurance / saving products (estimation of beneficiaries as % of the population)

5.6% **National Health Insurance Fund (Public):** benefit package includes basic lab tests, outpatient services, in-patient and specialist care; open to formal public and other sector employees and specific groups (e.g. students, children below 18 yrs & registered economic activities groups), 6% payroll tax apply for those in formal sector.

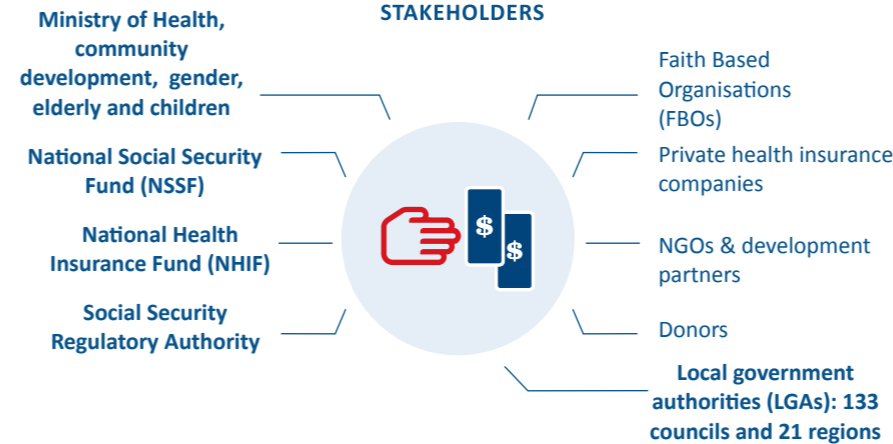
0.1% **Social Health Insurance Benefits of National Social Security Fund (NSSF-SHIB) (public):** benefit package for members of National Social Security Fund, open to formal and informal sector. No premium charged after contributing 10% income as pension serving.

8.4% **CHF / TibaKwaKadi (TIKA) (public):** basis healthcare coverage to low-income households informal sector; fixed premium rates

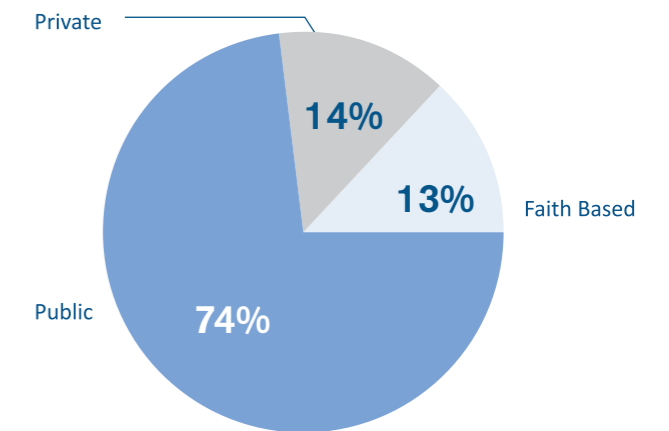
1.0% **Private Health Insurance (PHI):** various packages and various fixed premiums

1.0% **Community Based Health Insurance / Micro Insurance:** (private) covers primary and hospital care; informal sector; various fixed premiums

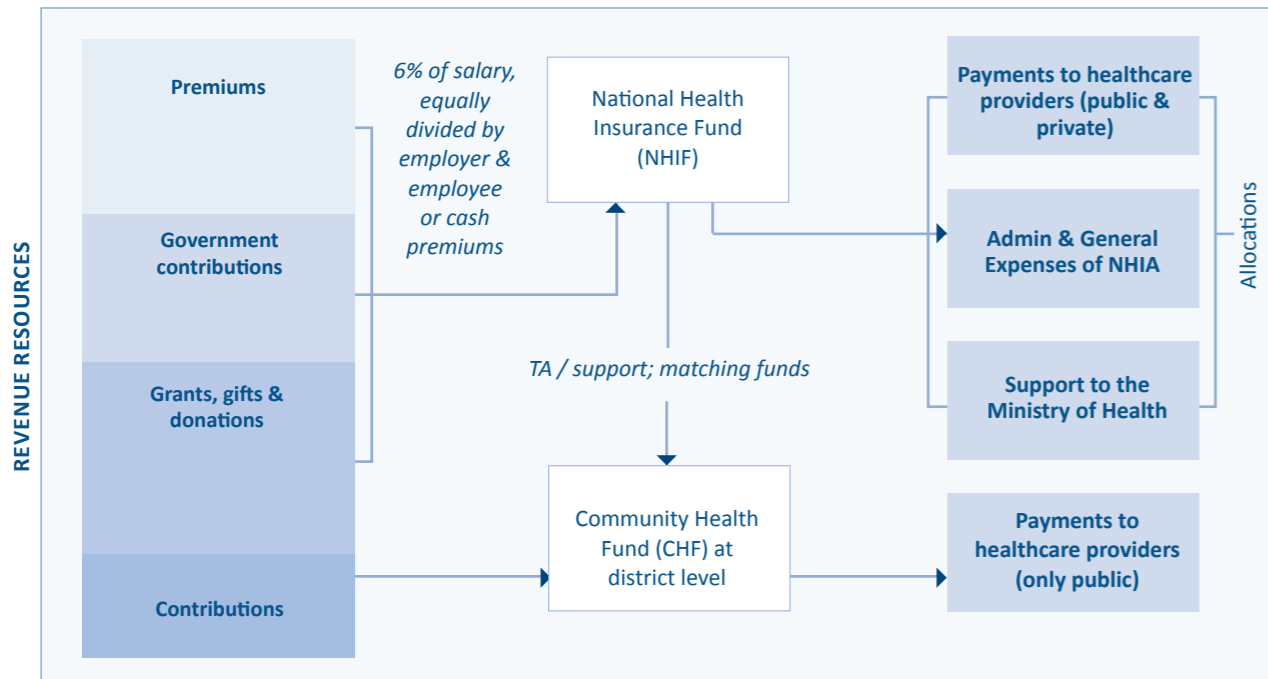
Source: based on Bultman, Mushi (2013), Options for Health Insurance Market Structuring and interviews local experts



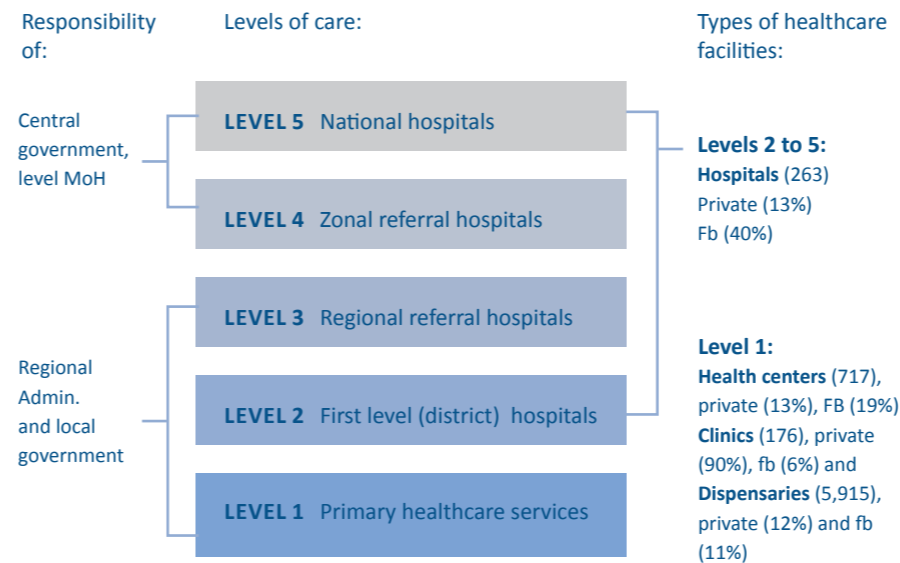
37% of private institutions is based in Dar es Salaam, followed by Arusha (9%)



ORGANIZATION OF NHIF: SOURCES AND EXPENDITURES



LEVELS OF CARE AND RESPONSIBILITIES



Source: numbers of healthcare facilities are based on <http://opendata.go.tz/dataset/list-of-health-facilities-with-geographical-location> and edited by PharmAccess