

Insurance – Tanzania

Fewer risks for mothers and children

In Tanzania thousands of women are now benefiting from mother-and-child health insurance specifically addressing poor pregnant women. Whereas women were previously exposed to major risks when giving birth, thanks to this insurance they can now deliver their babies in an appropriately equipped health facility – and in the presence of trained staff. This lowers the mortality rate of mothers and infants, while also reducing women’s anxieties about potential health risks associated with pregnancy and childbirth. The scheme has proven so successful that many thousands of women have joined. The programme could also form the core of a national health insurance scheme, which the government of Tanzania is planning to develop.

Background

Despite impressive economic progress in recent years, Tanzania remains one of the world's poorest countries. In 2015 Tanzania ranked 151 out of 188 countries on the United Nations' Human Development Index. One of the major issues facing this African nation is its health system and the general health condition of the population, which is improving only gradually. To achieve the aim of comprehensive health care, as stipulated in the UN's Sustainable Development Goals (SDGs), the government plans to, among other measures, build up a system of national health insurance. The basis for this could form a health insurance scheme for pregnant women, with which Tanzania has made very positive experience in two districts. Until now, it was precisely expectant women who were exposed to particular health risks if they did not have sufficient money to pay out of their own pockets for preliminary check-ups and the childbirth itself. To help solve this problem, mother-and-child health insurance aimed at poor pregnant women has been established with the support of KfW.

The coverage allows these women to have their babies at a health clinic or hospital.

Project approach

Since the insurance program started in the Tanga and Mbeya regions of Tanzania in 2012, Germany’s Federal Ministry for Economic Cooperation and Development, through KfW Development Bank, contributed EUR 13 million to its costs. During the same period Tanzania contributed EUR 6 million. The Tanzanian-German project aims at improving the access of poor pregnant women to adequate health services in order to considerably reduce maternal and newborn mortality rates. They currently stand at 432 deaths per 100,000 births compared to 4 deaths of mothers per 100,000 births in Germany.

Project name	Health insurance for poor expectant women
Commissioned by	Federal Ministry of Economic Cooperation and Development
Country/region	Tanzania
Project-executing agency	National Health Insurance Fund (NHIF)





A pregnant woman proudly shows her health insurance card. Photo: GFA / Wanda Welker

Specifically, KfW supports the public health insurance provider, the “National Health Insurance Fund” (NHIF) in administering this scheme. Every pregnant woman who has a NHIF registration number on her antenatal card is eligible for receiving all medical services of the benefit package for free, starting from her first visit and ending six months after the delivery. Soon this will be extended to the first full year of the baby's life. The cost per woman and baby averages at 40 euros. The program also covers the enrolment fee in the so-called community health funds for the women's whole family too – for a whole year.

Facilities which are accredited partners of the insurance scheme receive payments for the services provided to enrolled mothers and babies directly from the NHIF. This increases the facilities' revenue and allows them to further improve their services. At the same time they are gradually introducing state-of-the-art information and communication technology for patient registration, patient records and insurance claims as part of the program. This creates several benefits: it makes processes much more transparent, saves a lot of time and trains medical personnel. In addition, insurance claims are processed, and reimbursed, much more quickly than before.

One practical innovation has been the registration of new members via mobile phone. If they subscribe to Ministry of Health's the "Wazazi Nipendeni" ("Love me, my parents!") programme they receive messages reminding them of their antenatal appointments and texts with pregnancy- and delivery-related advice, tailor-made to the specific stage of their pregnancy. This also

contributes to mitigating health risks among expectant women.

Impacts

The demand for mother-and-child insurance has risen rapidly in just a short time. The insurance scheme initially reached 20.000 women in early 2013. In the meantime more than 450,000 women have enrolled – every single month an average of around 11,500 more join. At present, approximately half of all pregnant women in both regions are already covered, beating all expectations. Due to this success, the government of Tanzania decided to extend the scheme to two more regions. In a second phase, KfW will by 2018 contribute a further EUR 20 million, which is intended to result in a larger number of participants as well as further developing information technology and extending the possibility to register by text message.

The government would like to introduce national and mandatory health insurance in Tanzania into which both the insurance scheme for poor pregnant women and the community health funds will be integrated. The experience with the existing mother-and-child programme may provide valuable help with this.



Contact

KfW Group
KfW Development Bank
Palmengartenstrasse 5–9
60325 Frankfurt

Competence Centre Sustainable Economic Development,
Education and Healthcare
Dr. Patrick Rudolph
Patrick.rudolph@kfw.de

Health, education, social protection East Africa
Dr. Elke Hellstern
Elke.hellstern@kfw.de