Implementation of Community Health Fund in Tanzania: Why do some districts perform better than others?

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SUMMARY

In early 1990s, Tanzania, like other African countries, introduced user fees in public health systems. Although user fees were considered important in promoting health, they appear to reduce people's access to health services. To counteract the detrimental effects of the user fees, various types of health insurances were introduced, including the Community Health Fund (CHF). Drawing from the review of minutes, health facility visits and key informant interviews, this study explored why implementation of the CHF in Tanzania has been more successful in some districts than in others.

The findings indicate that in Lindi district, the enrolment rate for the CHF was very low. This was attributed to high premium rates, frequent drug stock-out, lack of trust by the community members to the health providers, low incentives and local politics. In contrast, in Iramba district, the performance was better. Availability of drugs in the health facilities, effective supervision, commitment of the top district-level officials and incentives to the health facility committees were the main factors that facilitated good performance of the fund in Iramba district.

The focus of the implementation needs to be placed on the active engagement of the local-level leaders and politicians who are responsible for the implementation of the policy. Equally important is the availability of quality health services in the health facilities.

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