

An equity analysis on the costs of access to and use of health services in Tanzania

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Introduction

- Several barriers hinder households from access to and use of health services in low-and middle-income countries (LMICs).
- Cost of access to and use is one of the barriers:
 - Direct (money) costs of transport and service use
 - Indirect costs of labour productivity loss
- Both direct and indirect costs contribute to welfare loss and catastrophic spending especially among the poor.
- Although direct costs have been documented in literature, **little is known** on the burden of direct and direct costs, and how these costs are distributed across patients' subgroups, especially in setting with poor health systems.

Objective

To assess the burden of direct and indirect costs of accessing and using health services, and how these costs are distributed among socioeconomic groups in Tanzania.

Methods

- We conducted exit interviews with 1407 patients in 150 facilities from 11 districts in Tanzania, in January 2012.
- We collected information on indirect costs (time costs of travelling, waiting and consultation time) and direct costs (medical and travel costs)
- For equity analysis, all costs were disaggregated by patients' socioeconomic quintiles and place of residence.
- Three measures of inequity were used: equity gap, equity ratio and concentration index.

Results:

Indirect costs –Travel time



- Poorest and rural patients travelled longer

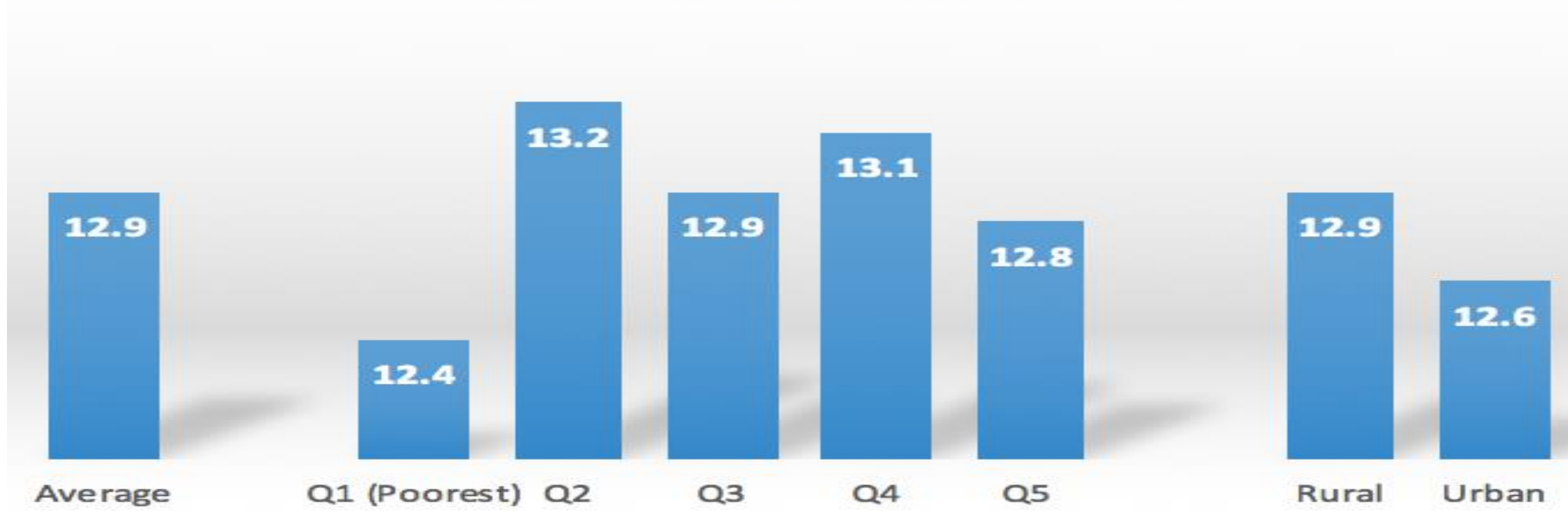
Indirect costs –waiting & consultation time

Waiting time (min)



- Poorest and rural patients waited longer

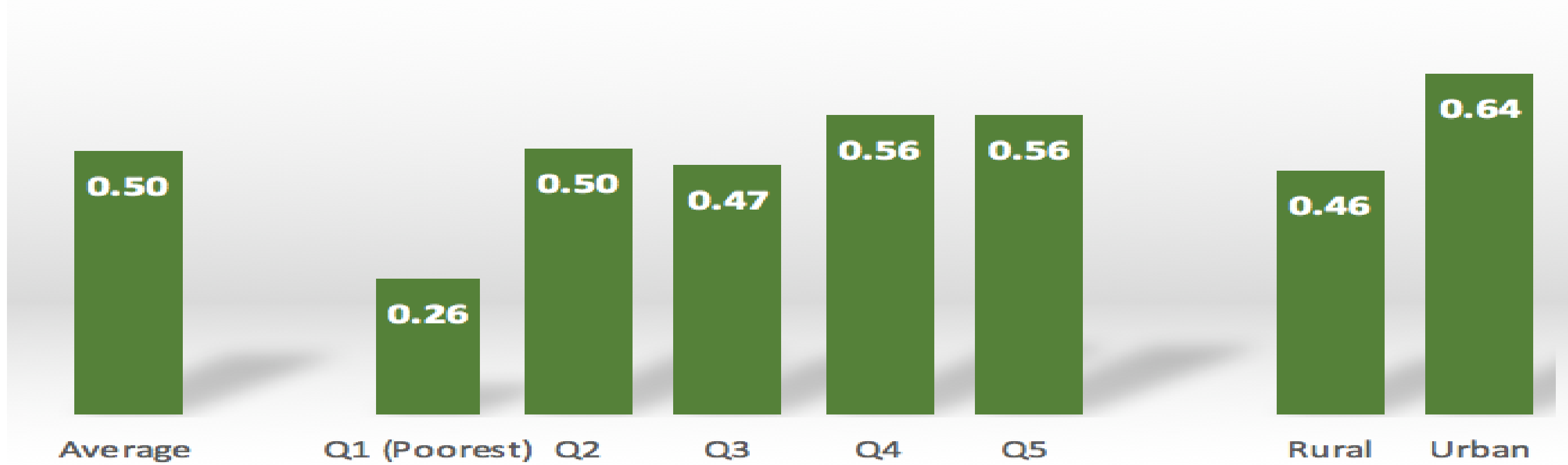
Consultation time (min)



- Consultation time was similar across patients' subgroups

Direct costs –travel costs

Travel cost (USD)



- Median travel costs was 0.23 USD.
- Higher burden among the least poor and urban patients

Direct costs –medical costs

Medical cost (USD)



- 17.8% of patients paid for healthcare
- Higher burden among the least poor and urban patients

Conclusions

- Tanzanian health system should ensure equitable healthcare access and use to all people for universal coverage.
- While exemptions seem to be effective at reducing the burden of direct medical costs among the least poor, strategies are needed to tackle indirect costs which are borne more by poorer groups.
- Such strategies could include: the establishment of maternity waiting homes, transport vouchers, incentivising providers to target the poor, increase outreach and social protection measures.
- Other responses are beyond the health sector and needs a cross-sector collaboration.

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