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Exploring the impact of introducing user charges for reproductive health services in Archipelago Zanzibar: Challenges and opportunities

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Goal: To assess the major – physical, economic; gender and socio-cultural factors that impede access to quality reproductive health services (from both the providers and users perspective) with a special focus on user fee and cost sharing in archipelago Zanzibar.

Objectives: Review existing cost sharing practices for reproductive health services; assess household willingness and ability to pay for reproductive health services throughout the Zanzibar islands. The study also explored on existence of weaver/exemption mechanisms for the socio-economically vulnerable groups while analyzing the impact of user fees on reproductive health service utilization.

Methods: The study mainly involved review of existing documents on cost sharing and reproductive health services in Zanzibar and also primary qualitative and quantitative data collection. A total of five data collection tools were designed and used for primary data collection. These included structured and semi-structured questionnaires for households, health facility users and health workers. Others were FGDs guide, facility checklist and questionnaires for program managers and key health policy makers. Primary data collection points were carried out at Households, Facility exit interviews, Health workers, Policy and program managers and finally community level through FGDs.

Five districts were sampled based on socio-economic status and also geographical locations to constitute the primary data collection sources. These were, Urban, North A and Central Districts in Unguja Island, and Chakechake and Micheweni districts in Pemba Island. Ten health facilities were randomly selected from each of the districts of which at least two were health centers or hospitals. For each district, 10 shehias were sampled for inclusion into the study of which 10 households were interviewed and at least two FGDs were held in each shehia.

Findings: Less than 50% of child bearing age women interviewed had attended ANC or delivered at formal health facilities whereas 51.4% said they had delivered while at home through TBAs. Despite the fact that to date there is no formal policy on cost sharing practices in Zanzibar, reproductive health services were provided at cost and user charges were widely reported to be collected at most public health facilities. Over 86% of respondents interviewed said they paid for reproductive healthcare services. Reproductive health services charged include those related to purchase of surgical gloves and other hygienic supplies needed during delivery at health facilities. Other payments related to child registration cards, laboratory services, admission at MCH wards etc. There were no standard payment schemes and the rates mentioned varied from across places and people.

Majority of respondents were willing to pay for perceived life threatening services like caesarean section and post abortion care. Over 60% of those interviewed were less willing to pay for ANC or post natal services, child vaccination or family planning services. The amount of money the reproductive health care users were willing to pay varied from place to place and often mirrored the rates already being charged to obtain similar services in both Pemba and Unguja.

Conclusion: Utilization of reproductive health service in Zanzibar remains low for many reasons. The major ones being informal cost sharing practices leading to sporadic cost fluctuations making it difficult for service users to predict the actual costs they will be faced with. Quality of care remains another major obstacle to use of reproductive health services in the island with feeble reproductive health service delivery at frontline health facilities coupled by lack of trained health personnel as well as lack of drugs and medical supplies.

In order for millennium development goals to be realized, there is need to address reproductive health care service bottlenecks so as to reduce maternal and child mortality especially in resource constrained settings like Zanzibar.