What are the health financing needs of mobile populations in East Africa? The case of long distance truck drivers in East Africa

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Background: Landlocked countries Burundi, Rwanda, Uganda, South Sudan of the East Africa Community (EAC) rely on the trucking industry through Kenya and Tanzania for imports and exports. Long distance truck drivers (LDTD) spend long periods on the road and away from home, which tends to come with certain health risks such as abuse of alcohol and other stimulants, and high risk sexual activity. This study sought to understand LDTD’s mobility characteristics, healthcare needs and means for paying for healthcare while on work related travel, and ability and willingness to pay for a portable health insurance product that would cover health expenses across all EAC countries during work travel.

Methods: USAID funded Cross-Border Health Integrated Partnerships Project conducted 361 LDTD interviews, as part of a larger study, between November 2016 and February 2017 from three cross-border areas: Malaba Kenya-Malaba Uganda, Holili Tanzania-Taveta Kenya, and Gatuna Rwanda-Katuna Uganda. LDTD were recruited while in transit at cross-border towns. Data was analyzed with STATA to generate descriptive statistics and multivariate models were used to estimate the impact of various individual level factors on ability and willingness to pay for portable health insurance.

Results: LDTD reported 20-30 work related trips in the past year with a median duration of one to two weeks. 19.1% reported using a health facility while on their most recent work trip of whom half reported expenses outside their home country. 85.5% of LDTD reported paying out-of-pocket (OOP) for health expenses incurred during work travel. OOP expenses were as high as 40% of monthly income. 42.4% of respondents reported owning health insurance but only 16.3% with health insurance reported it could be used beyond their home country (portable benefits). 75% of respondents agreed a portable health insurance product was relevant to their health needs. Average household income varied between USD 120-415 across cross-border areas. 54.9% of respondents stated they were willing to pay USD 9.2 (2.6% of the lowest monthly income reported) quarterly for portable health benefits of whom 52% agreed they were willing to pay the higher price of USD 11.5 (3.2% of the lowest monthly income reported).

Discussion: These results demonstrate that LDTD are highly mobile, require access to health services outside their home country, face high OOP costs, and are currently under served with portable health insurance. As next steps, the results will be disseminated to public and private insurers within the region to inform design of portable health insurance for mobile populations.