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The Effect of Elderly Exemption Policy on Access to and Utilization of Health Care Services in Tanzania

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Abstract
Exemption from and waiver of social service cost for elderly people have been implemented in Tanzania for the past three decades. In order to facilitate the exemption of the elderly from paying for health services, the then Ministry of Health directed all districts in Tanzania to issue identify cards (IDs) to the elderly in order to address the challenges already observed in the implementation of the exemption and waiver policy. Despite an increase in demand and popularity of the IDs among elderly people, it was not clear whether this new mechanism offered the elderly access to health services. This paper examines the implementation of this policy in Mbarali and Ubungo districts in Tanzania. The study adopted a mixed method approach using surveys (n=879) and semi-structured interviews (n=23). Quantitative data were analysed descriptively and qualitative data were analysed thematically. It was found that elderly identity cards have only improved physical access to health facilities through simplification of identification. Shortage of health care services, particularly medicines and medical supplies, long waiting time due to shortage of staff and the use of unfriendly language by the health care workers, have caused negative perceptions of the elderly towards the exemption policy. The use of elderly IDs has not solved the earlier observed challenges facing the exemption policy for the elderly population. It is recommended that the government needs to work more to improve the quality of health care services for the elderly in public health facilities.

Key Words: *Elderly Identity Cards, health care services, Tanzania*

Introduction: A general overview

While the elderly people constitute more than 12% of the world population, access to and utilization of health care services have been a major concern (WHO, 2015; HelpAge International, 2014). Whereas the major challenge in high-income countries, is how the allocated resource are utilized to improve access and use of health care services by elderly people (WHO, 2011; Jönsson et al., 2011), in low and middle-income countries (LMICs), poor financing and subsidization mechanisms for the elderly are typical features (Ricardo et al.,2003). For instance, Sweden is a good example of state-engineered scheme whereby health services for the elderly are publicly funded through tax revenue (Jönsson et al., 2011). In the USA, the state also provides MEDIC AID insurance that covers a limited number of services for the

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elderly aged 65 years and above (De-Nardi et al., 2016). In Japan, the Japan National Insurance covers almost 70% of the costs for health care services for the elderly (Yong & Saito, 2012). Bolivia offers similar arrangement to improve access to health services for its elderly population (Yaogo, 2017). Unlike Bolivia, many LMICs exempt some elderly people with certain characteristics rather than the whole group of elderly (Ricardo et al.,2003; Yong & Saito, 2012; Van-Der-Wielen et al., 2018). In the endeavour to improve access to and utilization of health services by elderly people in LMICs, countries such as Ghana and Thailand abandoned health fee exemption mechanism, and adopted universal health insurance coverage in which states finance insurance premiums for poor elderly people (Ricardo et al.,2003; Van-Der-Wielen et al., 2018; Fuertes, 2016).

In Tanzania, the National Health Policy of 2007 provides for health fee exemption as a formal protection for poor elderly people who cannot afford the cost of health service in the edge of implementing cost sharing policy since 1993 (URT, 2007). The Ageing Policy 2003underlines the need to facilitate provision and access to basic social services and resource including health services to elderly people insisting that 70% of them live below the poverty line (URT, 2003). Both the Ageing Policy and Health Policy define elderly as people aged 60 years or above. This study adopts this definition.

The experience of Tanzania

In Tanzania, elderly people constitute 5.6% of the total population (URT, 2012) and they are expected to reach 10.8% by 2050 (WHO, 2015; HelpAge International, 2014). Tanzania has been implementing health fee exemption since the introduction of user fees in 1993 (MoH, 1994). A number of studies on access to and utilization of health services by elderly people in the context of exemption policy (Munishi, 2010; Mamdan & Bangser, 2004; Sanga, 2013; Nzali, 2016) have significantly informed and influenced on-going improvements in implementing health service user fee exemption for the elderly in Tanzania.

Before 2016, service user fee exemption for the elderly was implemented exclusively by providing exemption letters. In order to acquire exemption, elderly people had to present their birth certificates indicating their age. Otherwise they had to get introduction letters from their respective community leaders as proof of their age and financial incapability. These documents had to be vetted by a social welfare officer before exemption was granted. In addition, these procedures had to be repeated every time an elderly person fell sick and wanted to access health care services (Malalika, 2016). Studies reported that this process of granting exemption to elderly people was complicated and characterized by too much bureaucratic red tape in local government offices (Malalika, 2016; Idd et al., 2013). There was also no universal guideline for determining poverty levels of the elderly (Idd et al., 2013). Likewise, it has been reported that the elderly felt stigmatized by the health care workers and also that some

health facilities did not give exemption to elderly people due to fear of loss of revenue (Nzali, 2016; Malalika, 2016; Idd et al., 2013; Frumence et al., 2017).

Growing concerns from stakeholders forced the government to introduce elderly identity cards from 2016 offered and managed by district authorities (Frumence et al.,2017; Geofrey, 2017; Ukerewe District Council, 2019; Dodoma City Council, 2019). To acquire identity card, elderly people are supposed to apply to local community leaders by submitting passport size photos and proof of attainment of the age of 60 years. If local community leaders are satisfied that the person cannot afford health care services, the documents are forwarded to social welfare officers for review and approval prior to granting the identity cards (Frumence et al., 2017). Although thousands of elderly identity cards have been issued (Geofrey, 2017; Ukerewe District Council, 2019; Dodoma City Council, 2019), there is paucity of literature on the experience of elderly people in the utilization of health services in public health facilities in Tanzania. In particular, it is not clear as to whether this new mechanism offers elderly people access to and effective utilization of health services. In order to respond to this gap, this paper examines the implementation of this policy in two districts in Tanzania.

Methods

This study was conducted in Ubungo and Mbarali districts in Tanzania. The study used a mixed method approach and adopted multiple case study design (Creswell, 2014). The design was useful in comparing and contrasting findings between the cases in this study. Data were collected from July 2019 to September 2019 by one of the authors as part of his PhD programme in Development Studies at the University of Dar es Salaam. Convenient sampling technique was used to recruit 879 elderly people found in health facilities on the day of the survey. Purposive sampling technique was used to recruit 23 key informants. The key informants included policy makers, district health managers, district social welfare officers and health workers in Public health facilities (dispensaries, health centres and a district hospital).

Others were social welfare officers in district hospitals, local community leaders, district elderly committee leaders and stakeholders from NGOs. Interviews lasted between 30 and 60 minutes. Interviews were conducted in Kiswahili and were digitally recorded. Verbatim transcription of interview material was done and then transcripts were translated to English language by a language professional. NVIVO 12 software facilitated coding and thematic analysis of data. Codes and sub – codes that were derived directly from the transcripts were used as a guideline during the coding of the data. New themes that emerged during coding were added simultaneously. Survey data collected through Kobo collect were downloaded and cleaned. The SPSS 25 software was used to aid descriptive statistics. Table 1 provides a summary of the key informants.

Table 1: Types of respondents involved in the study

S/N	Level of interview	Respondents	Number of interviews
1	National Level	Ministry of health officials	3
2	District Level	District Medical Officers	2
		District Social Welfare Officers	2
		District elderly committee leaders	2
		Non-governmental organizations	2
3	Health facility level	Health care workers	7
		Social welfare officers	3
		Community leaders	2
	TOTAL		**23**

Findings

This section presents the key findings of the study as organized in four major themes, namely issuance of identity cards, perceptions of elderly people on the identity cards, experience of elderly people in utilizing health services and factors affecting access to and utilization of health services by elderly people.

Issuance of identity cards

Interviews with all categories of respondents in both districts confirmed that elderly people had and used identity cards to access health care services in public health facilities. It was unveiled that by August 2019, Mbarali District had issued 21,470 cards to elderly people while Ubungo District had issued 12,053 cards. The findings also revealed that while Ubungo District used digitally printed identity cards, in Mbarali District identity cards were manual with hand-written names of the eligible elderly people. It was also found that Mbarali District received support from non-governmental organizations in preparing and issuing identity cards as illustrated by the District Social Welfare Officer;

> "We collabourate with our partner NGOs who fund printing and lamination of the identity cards. But the district prepares and does final verification, including stamping and ensures proper recording" (Social Welfare Officer, Mbarali District).

Elderly people could either collect their identity cards from the District Social Welfare Office in person or be represented by their community leaders. However, they had to present documents to verify their age and area of residence, including introduction letters from the community leaders and a copy of the voter registration card or national identity card.

Perceptions of elders on the use of identity cards

In both districts, elderly people had the view that identity cards have improved physical access to public health facilities since they are no longer required to ask for introduction letters from the community leaders as it was the case in the previous exemption approach. It was further explained that the new system has simplified the

process of identification, has increased respect and dignity for elderly people, and has reduced disturbance in health facilities as illustrated by some respondents.

> "Identity cards have simplified identification in health facilities. We are no longer required to go to the community leaders to ask for introduction letters when visiting health facilities" (Female respondent, Kimara in Ubungo District).

> "These cards have brought respect and dignity to elderly people. We now go to hospital with confidence" (Male respondent, Ubaruku in Mbarali District).

Experience of elderly people in utilizing health services

The findings show that 237 elderly people (76.2%) in Ubungo District visit dispensaries as compared to 297 (86.9%) in Mbarali District. Proximity of the facility to places of residence is among the factors that influence elderly people in Ubungo to visit health centres and dispensaries. In Mbarali District, on the other hand, elderly people visit the District Hospital due to the desire to get more comprehensive health care services. In addition, it was revealed that in Mbarali District, identity cards were, in most cases, issued at the District Hospital. This also makes many elderly people to visit the hospital more than health centres and dispensaries.

In terms of satisfaction with health care services, 283 (70.7%) elderly people in Mbarali District were satisfied. Conversely, 176 (70.4%) of elderly people in Ubungo District were dissatisfied. The major reason for dissatisfaction was found to be the perceived quality of health care services. For example, when asked about availability of medicines and medical supplies, only 53 (12.1%) elderly people in Ubungo District showed satisfaction while more than half (59.4%) of elderly people in Mbarali District were satisfied.

However, district health managers had different views regarding the availability of medicines in public health facilities. They reported that availability of essential medicines in dispensaries and health centres was more than 80% as illustrated by one respondent:

> "Our district doesn't have drug shortage. Availability of essential medicine is more than 80%." (District Health Manager, Ubungo).

Similarly, while 284 (63.9%) of elderly people in Mbarali District were satisfied with the reception offered by health workers, 210 (79.5%) of elderly people in Ubungo District were not sure what to say about the attitude of health care workers towards elderly people.

In both districts, the study witnessed special windows designated for elderly people. In many health facilities, there were notices on the doors or notice boards indicating that elderly people should be prioritized in health care services. However, there were mixed feelings among elderly people on the effectiveness of the special windows designated for the elderly. For example, 202 (46.3%) of elderly people in Ubungo District were dissatisfied with the efficiency of elderly service windows while 248 (56%) in Mbarali

were satisfied with the efficiency of elderly service windows. The finding corroborates interview results as elabourated by some respondents:

> "Registration takes long time in spite of the existence of elderly service windows. The queue to the doctor's consultation room is long. Health workers are also few compared to patients" (Female respondent, Ubungo District).

Another respondent added:

> "In some facilities there are elderly service windows or posters indicating that elderly people should be given priority but there are no essential services in the facilities such as labouratory tests and drugs" (Male respondent, Mbarali District).

This finding was supported by interviews with district health managers and health workers who reported that special windows for elderly people are found only at the District Hospital; and not in health centres and dispensaries mainly due to shortage of health workers and limited physical space in many health centres and dispensaries. This is, illustrated by one respondent:

> "We have been told to allocate one window to serve elderly patients but we don't have room or staff to serve in that dedicated window. So, what we did is to put a poster that requires other users to give priority to elderly patients. In rare occasions, the elderly people have to wait in queue in case of emergency". (Health worker at Msewe Dispensary, Ubungo District).

Factors affecting access to health care services by elderly people

Interviews with health providers and district health managers in both districts indicated that there was no any special training provided to health care workers to enable them to effectively attend elderly people, as exemplified by one respondent:

> "We don't have any staff who is specifically trained or who has received on job training on handling elderly patients. But it is usually emphasized during our weekly meetings that health care workers should attend elderly patients with extra care" (Health Manager, Ubungo District).

Other respondents added:

> "May be sometimes the staff we have don't give the desired attention to elderly people. I don't think they can intentionally offer bad services to them. Maybe it is just because they don't know how best to handle them. None of the staff has received training in that area" (Health Manager, Mbarali District).

> "As you grow old you start behaving like a child somehow so attending elderly clients is complicated and sometimes frustrating since some don't behave as you expect. To be honest, it needs a lot of understanding to serve them well" (Health worker Sinza-Palestina Hospital, Ubungo).

In terms of existence of informal payments charged on elderly people, the study found that in Mbarali District elderly people were not charged for any health care services accessed and utilized, as exemplified by one respondent:

> "Elderly people are not asked to contribute/pay for health services. But if an elderly person has health insurance, he/she is asked to use the insurance." (Social Welfare Officer, Mbarali District).

The situation was different for the case of Ubungo District which offered exemption with subsidization that required an elderly person to contribute a certain percentage of cost of health services or fully pay for some health services, as illustrated by one respondent:

> "Though elderly people are exempted and have identity cards, there are some services for which they have to contribute/share cost" (Social Welfare Officer, Ubungo District).

Discussion

This study examined the experience of the elderly people in access to and utilization of health care services within the context of elderly exemption policy in Mbarali and Ubungo districts. The study has shown that the central government and district authorities have made efforts to improve access to and utilization of health services by elderly people. Among these improvements include introducing elderly identity cards for identifying exempted elderly people and introducing regulations that require elderly people to be served first to reduce waiting time. Despite these efforts, our study found that access to and utilization of health services by elderly people was affected by lack of elderly-friendly health services in public health facilities. Other factors that affect access to and use of health services by elderly people are informal payments for some medicines and labouratory tests and long waiting time.

While earlier studies in Tanzania (Malalika, 2016; Idd et al., 2013) reported that elders perceived identity cards as a system to identify and exempt eligible elderly people, in this study, elderly people perceived the function of identity card beyond identifying mechanism. Specifically, elderly people perceived identity cards not in the same way as health workers recognize and accept them, but rather in terms of access and utilization of health services in public health facilities. It is in this regard that elderly people in Ubungo District had the view that elderly identity cards were not useful in public health facilities. In our study, unacceptability of identity cards had to do with nature of provision of health services rather than the way they were used to determine if an elderly qualified for exemption. The vast majority of elderly people considered undesirable experience in relation to health services access and utilization as the reason for the unacceptability of the identity cards.

This study found further that lack of elderly-friendly health services in public health facilities negatively affected elderly people's perception of the cards. This finding concurs with the observation made in earlier studies (Sanga, 2013; Nzali, 2016; Idd et al., 2013; Njogopa, 2018). Like in the earlier studies, this study found that shortage of health workers and physical space made special elderly service windows inefficient. However, this finding contradicts an earlier study that reported health managers and providers hypothesizing that the introduction of elderly service windows would fast-track access to and use of health services by elderly people in public health facilities (Frumence et al., 2017). This contradiction could be due to the fact that the earlier study was carried out in the early days of introducing elderly identity cards and thus

the policy had not been effectively implemented on the ground. Thus, the assumptions of the authors (Frumence et al., 2017) and policy makers (Geofrey, 2017; Ukerewe District Council, 2019; Dodoma City Council, 2019) were not based on the reality of policy implementation in the public health facilities in Tanzania.

While generally the implementation of the new exemption mechanisms for elderly in both districts was reportedly ineffective, there were minor differences in the two districts. The policy was relatively perceived more positively in rural Mbarali District than in urban Ubungo District. It was apparent that in Mbarali District, more people felt satisfied with access to and use of health care services than in Ubungo District. This could be due to the fact that in urban areas there were many options to access health services where elderly people could make comparison compared to the rural areas where options were extremely limited. Generally, while the new exemption mechanism through identity cards has improved physical access to health facilities by reducing challenges related to identification of elderly people in the health facilities, the policy has not solved the key challenges that the old exemption policy was facing. For instance, health facilities were still facing the challenges documented in earlier studies; including shortage of health workers, lack of essential medicines and medical supplies, long waiting time and existence of informal payments by the exempted elderly people. These factors were the major source of dissatisfaction among elderly people on the exemption policy.

Conclusion

The efforts made by the central government and district authorities to issue identity cards and provide special treatment windows for elderly people have significantly reduced the challenges associated with identification of exempted elderly people in public health facilities. However, the combination of health system factors; including availability of medicines, shortage of health workers, and health workers' improper attitude and inadequate skills in serving elderly patients negatively affect elderly people's access to and utilization of health care services. In order to achieve universal health coverage, the central government needs to invest more in the improvement of the quality of health care service in public health facilities. More specifically, the government needs to increase the budget for medicines and medical supplies; and recruit more qualified health care workers in public health facilities. This will increase access to and use of health care services by the elderly people thereby contribute to achieving universal health coverage.

This paper adds an important methodological aspect of comparison of experiences of the elderly people in rural and urban settings. The two districts provided a good comparison of elderly people's experience regarding access to and utilization of health care services between rural and urban settings. However, given that the study was conducted in only two districts, the results cannot be generalized for the entire country. There is need to conduct more studies in order to further draw policy relevant lessons on the implementation of the new exemption policy for elderly people in Tanzania.

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