Introduction:

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. Good health allows children to learn and adults to earn, helps people escape from poverty and provides the basis for long-term economic development. Similarly, healthy population leads to productive population. UHC reduces the risk that people will be pushed into poverty because unexpected illness requires them to use their life savings, sell assets, or borrows – destroying their futures and often those of their children.

Financing for UHC:

According to World Bank data, in Tanzania out of pocket expenditure as a share of total health expenditure decreased from 43.2 percent in 2002 to 24.1 percent in 2012 before it began to increase and has remained at 26.1 percent since 2014. WHO country data shows that about 10 percent of the population incurs more than 10 percent of their income on health expenditure; this is almost twice that of Kenya at 5.8 percent.

Out of pocket expenditures\(^2\) shown in Figure 7 often constitute a major barrier to access needed health care. The percentage of out of pocket expenditure has not shown a steady decrease; the highest was in 2002 when it was 43.2 percent then decreased to 26 percent in 2006.

![Figure 7: Out of pocket spending on health for Tanzania over years](http://apps.who.int/nha/database/Select/Indicators/en)

\(^2\)Out-of-pocket payments (OOPs) are defined as direct payments made by individuals to health care providers at the time of service use.
Health benefits of UHC:
There is conclusive evidence that UHC improves population health indicators. In a special edition of “The Lancet- Does progress towards universal health coverage improve population health?”, researchers from Imperial College London using longitudinal data from over one hundred and fifty countries found that: “broader health coverage generally leads to better access to necessary care and improved population health, with the largest gains accruing to poorer people.” Specifically, they found that a 10 percent increase in pooled, government health spending led to a reduction of 7.9 deaths per 1,000 children under-five. Conversely, higher proportions of out-of-pocket health expenditures resulted in higher levels of adult mortality.

Moreover, evidence demonstrates that UHC reforms can be a very effective way of reducing health inequalities within populations. For instance, a study of Thailand’s famous Universal Coverage programme, tax-financed free universal healthcare launched in 2002, found that in addition to contributing to reducing national infant mortality rates, the differences between rich and poor provinces practically disappeared. In 1988 Brazil initiated health reforms to leave no one behind and the result was that infant mortality which fell from 46 per 1000 live births in 1990 to 17.3 per 1000 live births in 2010. Life expectancy at birth has also improved, reaching 73 years in 2010 compared to 70 years just a decade earlier.

Conclusion and recommendation:
Health policymakers can, therefore, be confident that implementing UHC reforms is likely to result in significant improvements in the health of their populations and reduce disparities between population groups as well. Government should put in place health funding policies that promote equity, efficiency and effectiveness, and ensure that the rights of the most vulnerable are not forgotten.

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