Short Communication

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How Zanzibar's Health Services Fund Can Learn from Lower and Middle Income Countries to Achieve Universal Health Coverage: A Blueprint for Success

Mansour Maulid Mshenga^{1,2}, Farhat Jowhar Khalid³, Shaaban Hassan Haji⁴

¹Zanzibar Integrated HIV, Hepatitis, TB and Leprosy Programme, Ministry of Health, Zanzibar, Tanzania.

²School of Public Health, Southern Medical University, Guangzhou, Guangdong, China.

³Zanzibar Maisha Bora Foundation, Zanzibar, Tanzania.

⁴State University of Zanzibar, Zanzibar, Tanzania.

Corresponding Author: Mansour Maulid Mshenga

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ABSTRACT

In order to achieve universal health coverage, the newly established Zanzibar Health Services Fund require to stress the need of raising sufficient funds for financing health care as well as the necessity of efficient fund administration and control, community engagement and accountability measures, as well as strong monitoring and evaluation methods are also emphasized as being essential for tracking advancement and making defensible decisions. The key proposal to Zanzibar Health Services Fund including bolstering governance frameworks, expanding revenue streams, and creating channels for citizen. It is important to apply best practices locally and draw lessons from the experiences of other nation's health funds in lower and middle income countries to the recently established Zanzibar Health Services Fund to attaining Universal Health Coverage and enhancing medical results in Zanzibar.

Keywords: Health Fund, Sustainability, Equity, Universal Health.

BACKGROUND

Universal health coverage (UHC) is a goal that many countries strive to achieve particularly those in lower and middle income categories. The World Health Organization (WHO) defines universal health coverage, as all individuals and communities having access to any health services they require, of a sufficient quality to be effective, without experiencing financial hardship. (1)

The Zanzibar Archipelago consists of two main islands, located less than 100 kilometers east of mainland Tanzania has a population of 1.8 million. Through tourism, agriculture, fishing, and trade particularly through the export of agricultural products

and the import of items to satisfy local demand, Zanzibar's economy is mostly dependent on these four sources of income.

Since the country's independence in 1964, the Revolutionary Government of Zanzibar has offered free public healthcare to all citizens, with no out-of-pocket costs. On the other hand, getting primary and tertiary care in Zanzibar everyone is eligible for free healthcare, but the industry is overburdened by an ageing population and few revenue streams.⁽³⁾

Officially created by the act in March 2023, the Zanzibar Health Services Fund (ZHSF) is the nation's new universal health coverage programme, which commenced operations in July 2023 with the goal of achieving universal health coverage and improving health outcomes for the population of Zanzibar. The establishment of the Zanzibar Health Services Fund represents a significant step towards improving healthcare services in Zanzibar. (4)

Healthcare is a fundamental human right, and ensuring access to quality healthcare is a priority for every nation. Healthcare financing is a critical aspect of any country's healthcare system, particularly in lower and middle-income countries (LMICs) where resources are often limited.⁽⁵⁾

In recent years, many LMICs have established health funds to ensure equitable access to healthcare services and improve health outcomes. However, the success of such funds is contingent upon overcoming several challenges. To ensure its success, ZHSF can learn valuable lessons from the experiences of health funds in lower and middle income countries. These insights can serve as a guide to overcome challenges and maximize the impact of the fund. (6)

The Zanzibar Health Services Fund (ZHSF) can benefit from the insights provided in this commentary, which reviews health funds in low and middle income countries (LMICs) and makes recommendations for how to make it successful.

MAIN TEXT

Success of Lower and Middle Income Countries Health Funds

One of the primary objectives of health funds is to mobilize resources for healthcare financing. In many LMICs, health funds have successfully leveraged various mechanisms such as earmarked taxes, social health insurance contributions, and donor funding. For example, Ghana's National Health Insurance Scheme (NHIS) relies on contributions from formal sector employees and a 2.5% value-added tax on goods and services. (7)

Furthermore, by lowering out-of-pocket expenses and guaranteeing access to necessary healthcare treatments, health funds seek to protect people's finances.

Vietnam's Social Health Insurance Fund (SHIF) has done a great job of implementing this by providing a wide range of treatments, including preventive care, it has successfully reduced the financial burden on households. (8)

Conversely, health funds have contributed significantly to the development of LMIC healthcare systems. The Community-Based Health Insurance (CBHI) programme in Rwanda has created a network of community health professionals, which has greatly increased access to healthcare services in rural areas. (9,10)

For health funds to be successful, efficient governance and accountability systems are essential. Under Thailand's Universal Coverage Scheme (UCS), civil society organizations have been involved and oversight committees have been established to guarantee accountability and transparency. (11)

Challenges Faced by Lower and Middle Income Countries Health Funds

While health funds have achieved considerable success in LMICs, they have also faced challenges. One of the primary challenges faced by health funds is ensuring adequate and sustainable funding. Many lower and middle-income countries struggle with limited financial resources, making it difficult to allocate sufficient funds to healthcare. (12)

Developing and maintaining a robust healthcare infrastructure is crucial for any health fund to succeed. Lower and middle-income countries often face challenges in terms of inadequate healthcare facilities and equipment.⁽¹³⁾

The poor coverage rate of the health insurance system in LMICs is one among of its main challenge. For instance over the last two decades since it was implemented, Tanzania's insurance coverage on the mainland has remained relatively low. By the end of 2021, just 9.1 million Tanzanians, or 15% of the country's 61.3 million citizens (8% through NHIF), had health insurance. (14)

Ensuring the provision of high-quality healthcare services is a key challenge faced by health funds. Lower and middle-income countries often struggle with human resources issues such as a shortage of skilled healthcare professionals, inadequate training, and poor service delivery. (15)

Additionally, a major obstacle facing health funds working in lower- and middle-income nations is achieving equity in healthcare. LMICs health funds' performance are hampered by differences in access to healthcare services depending on variables including gender, region, and poverty. (16)

Recommendations for Empowering Zanzibar Health Services Fund

ZHSF is strongly advised to investigate additional revenue streams, including taxes, investments, collaborations with other organizations, and outside funding sources, in order to increase fund generation. In this way, the fund's influence on the healthcare system may be increased and its reach can be optimized. (17)(18)

Additionally, the fund should focus on strengthening health systems, including infrastructure, human resources, and information management. This will enable effective delivery of healthcare services and ensure sustainability in the long run. (19)(20)(21)

In addition, it is advised that the Zanzibar Health Services Fund give top priority to achieving a high coverage rate by interacting with marginalized people and making sure that healthcare services are affordable and available to everybody in order to stop health inequities. (22)

The ZHSF must also guarantee accountability and openness in the fund's administration. Regular audits and the release of financial reports can help achieve this. By doing this, the fund can increase credibility and confidence among participants. (23)

Furthermore, it is essential to engage with communities and involve them in decisionmaking processes. This can be done through community consultations, feedback mechanisms, and the establishment of community health committees. By involving the community, the fund can better understand their needs and tailor services accordingly. (24–26)

The allocation of resources is a further crucial factor. LMICs have not done a good job of funding preventative and primary care. Establishing a unique package for preventative measures assessments for its members and giving priority to funding for primary care's basic health services are imperative. In the long run, this can lessen the strain on the tertiary healthcare system by improving health outcomes and detecting the disease in its early stages. (27)

CONCLUSION

The Zanzibar Health Services Fund can successfully navigate challenges and work towards achieving universal health coverage by learning from the health funds in lowand middle-income countries. Findings of health funds in lower and middle class countries have shown that successful health funds place a high value on long-term financial stability, efficiency, coverage with equity, transparency and accountability. Consequently, for the Zanzibar Health Services Fund to be extremely effective, it needs a strong health system, adequate and well-defined financing, policy objectives.

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REFERENCES

1. Durizzo K, Harttgen K, Tediosi F, Sahu M, Kuwawenaruwa A, Salari P, et al. Toward mandatory health insurance in low-income countries? An analysis of claims data in Tanzania. Heal Econ (United Kingdom). 2022;31(10):2187–207.

- 2. Statician O of the CG. Administrative Units Population Distribution Report, Zanzibar. Angew Chemie Int Ed 6(11), 951–952. 2023;2013–5.
- 3. Brief B. Education Budget Brief Key messages and recommendations. 2017;1–20.
- 4. Note P. Conditionality for Developing Readiness of Universal Health Insurance (UHI) in Zanzibar Prepared by: 2023;1:1–5.
- 5. Obrist B, Dillip A, Kalolo A, Mayumana IM, Rutishauser M, Simon VT. Savings Groups for Social Health Protection: A Social Resilience Study in Rural Tanzania. Diseases. 2022;10(3):63.
- 6. Kigume R, Maluka S. The failure of community-based health insurance schemes in Tanzania: opening the black box of the implementation process. BMC Health Serv Res. 2021;21(1):646.
- 7. Christmals C Dela, Aidam K. Implementation of the national health insurance scheme (NHIS) in Ghana: Lessons for south africa and low-and middle-income countries. Risk Manag Healthc Policy. 2020;13:1879–904.
- 8. Axelson H, Bales S, Minh PD, Ekman B, Gerdtham UG. Health financing for the poor produces promising short-term effects on utilization and out-of-pocket expenditure: Evidence from Vietnam. Int J Equity Health. 2009:8.
- Eze P, Ilechukwu S, Lawani LO. Impact of community-based health insurance in lowand middle-income countries: A systematic review and meta-analysis [Internet]. Vol. 18, PLoS ONE. 2023. 1–47 p. Available from:
 - http://dx.doi.org/10.1371/journal.pone.0287
- 10. Health MOF. Rwanda Community Based Health Insurance Policy Kigali, April 2010. Heal (San Fr. 2010; (April):1–19.
- 11. Kantamaturapoj K, Kulthanmanusorn A, Witthayapipopsakul W, Viriyathorn S, Patcharanarumol W, Kanchanachitra C, et al. Legislating for public accountability in universal health coverage, Thailand. Bull World Health Organ. 2020;98(2):117–25.
- 12. Kodali PB. Achieving Universal Health Coverage in Low-and Middle-Income Countries: Challenges for Policy Post-Pandemic and Beyond. Risk Manag Healthc Policy. 2023;16(April):607–21.
- 13. Umeh CA. Challenges toward achieving universal health coverage in Ghana, Kenya,

- Nigeria, and Tanzania. Int J Health Plann Manage. 2018 Oct;33(4):794–805.
- 14. Mori AT. Mandatory Health Insurance for the Informal Sector in Tanzania-Has it Worked Anywhere! Front Heal Serv. 2023;(October):1–5.
- 15. Oleribe OO, Momoh J, Uzochukwu BSC, Mbofana F, Adebiyi A, Barbera T, et al. Identifying key challenges facing healthcare systems in Africa and potential solutions. Int J Gen Med. 2019;12:395–403.
- 16. Binyaruka P, Kuwawenaruwa A, Ally M, Piatti M, Mtei G. Assessment of equity in healthcare financing and benefits distribution in Tanzania: A cross-sectional study protocol. BMJ Open. 2021;11(9):1–8.
- 17. Hanson K, Brikci N, Erlangga D, Alebachew A, De Allegri M, Balabanova D, et al. The Lancet Global Health Commission on financing primary health care: putting people at the centre. Lancet Glob Heal [Internet]. 2022;10(5):e715–72. Available from: http://dx.doi.org/10.1016/S2214-109X(22)00005-5
- 18. Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Glob Heal. 2018;6(11):e1196–252.
- 19. Sirili N, Frumence G, Kiwara A, Mwangu M, Goicolea I, Hurtig AK. Public private partnership in the training of doctors after the 1990s' health sector reforms: The case of Tanzania. Hum Resour Health. 2019;17(1):1–11.
- 20. German CC, Kinyenje ES, Yahya TA, Hokororo JC, Nungu S, Mohamed MA, et al. The Use of Data for Planning and Services Improvement in Tanzanian Primary Healthcare Facilities: Experience from Star Rating Assessment. J Serv Sci Manag. 2023;16(02):144–60.
- 21. Holst C, Isabwe GMN, Sukums F, Ngowi H, Kajuna F, Radovanović D, et al. Development of Digital Health Messages for Rural Populations in Tanzania: Multiand Interdisciplinary Approach. JMIR mHealth uHealth. 2021 Sep;9(9):e25558.
- 22. Kitole FA, Lihawa RM, Mkuna E. Equity in the public social healthcare protection in Tanzania: does it matter on household healthcare financing? Int J Equity Health

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- [Internet]. 2023;22(1):1–14. Available from: https://doi.org/10.1186/s12939-023-01855-0
- 23. Ruhago GM, Ngalesoni FN, Kapologwe NA, Kengia JT, Ngocho J, Kabusi SM, et al. Strengthening financial management systems at primary health care: Performance assessment of the Facility Financial Accounting and Reporting System (FFARS) in Tanzania. Front Heal Serv. 2023;2(January):1–8.
- 24. Krist AH, Tong ST, Aycock RA, Longo DR. Engaging Patients in Decision-Making and Behavior Change to Promote Prevention. Stud Health Technol Inform. 2017; 240:284–302.
- 25. Andermann A. Taking action on the social determinants of health in clinical practice: A framework for health professionals. Cmaj. 2016;188(17–18):E474–83.
- 26. Ravaghi H, Guisset AL, Elfeky S, Nasir N, Khani S, Ahmadnezhad E, et al. A scoping review of community health needs and

- assets assessment: concepts, rationale, tools and uses. BMC Health Serv Res [Internet]. 2023;23(1):1–20. Available from: https://doi.org/10.1186/s12913-022-08983-3
- 27. Chubykalo AE. On the necessity to reconsider the role of "Action-at-a-distance" in the problem of the electro-magnetic field radiation produced by a charge moving with an acceleration along an axis. An Fis. 1997;93(2):65–8.

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