SHOPS PLUS

Supporting People Living with HIV in Tanzania to Purchase Private Health Insurance

Final Activity Report

USAID
FROM THE AMERICAN PEOPLE

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About SHOPS Plus: Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas. SHOPS Plus supports the achievement of US government priorities, including preventing child and maternal deaths, an AIDS-free generation, and supporting the goals of FP2020. The project improves the equity and quality of the total health system, accelerating progress toward universal health coverage.

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Supporting People Living with HIV in Tanzania to Purchase Private Health Insurance

Disclaimer: The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States government.

Contents

Acronyms

AOR	Agreement Officer Representative
CHF	Community Health Fund
COP	Country Operational Plan
FSDT	Financial Sector Deepening Trust
GOT	Government of Tanzania
HIV	Human Immunodeficiency Virus
NACOPHA	National Council of People living with HIV
NHIF	National Health Insurance Fund
NBS	National Bureau of Statistics
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
SFI	Sustainable Financing Initiative
USSD	Unstructured Supplementary Service Data

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Executive Summary

Background and Country Context

The Tanzania HIV Health Impact Survey 2016-2017 established that HIV prevalence among adults ages 15 to 64 years in Tanzania is 5.0 percent (6.5 percent among females and 3.5 percent among males). Other studies have found that HIV prevalence is higher among those employed (5.5 percent) vs. not employed (3.3 percent), living in urban areas (7.2 percent) vs. rural areas (4.3 percent), and among higher wealth groups with the middle, fourth and highest quintiles showing the highest prevalence at 5.0 percent, 5.3 percent and 6.6 percent respectively. This context, where PLHIV are more likely to be employed, in urban areas and in wealthier quintiles, presents an opportunity for fully or partially self-funded financing options for their HIV care and treatment. This client profile is also well suited to access and pay for services in the private sector. Health insurance is one way to organize the clients in an efficient pool, linking them to private health facilities to access care while minimizing the financial burden of direct out-of-pocket payments. This targeting can help raise domestic resources for HIV care and treatment from the private sector, while relieving pressure on public resources that can be better directed to those that need them the most.

The Response

Jamii is a cashless and paper-less mobile-enabled private health insurance product sponsored by Edgepoint (a digital intermediary) in partnership with Jubilee Insurance and Vodacom Telecom Company. This partnership aims to leverage Jubilee's strength and expertise in medical insurance, as well as Vodacom's network and 12 million member customer base to achieve the scale required for their breakeven point. Jamii does not have exclusions by disease or illness, so clients are able to access both inpatient and outpatient services for illnesses including HIV up to the benefit value of their policy. In an environment of low voluntary insurance uptake, and high HIV prevalence among upper income groups, Jamii insurance provides an opportunity for a low cost entry to health insurance among uninsured populations (including PLHIV) who are well suited to the private sector.

USAID/Washington's Office of HIV and AIDS engaged the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project to partner with Jamii to increase private health insurance coverage among people living with HIV (PLHIV) as a means of increasing access to HIV services in the private health sector. SHOPS Plus provided technical assistance to complement key partner and other donor support for a six month pilot implementation of Jamii education, sales and distribution activities with a focus on PLHIV populations. SHOPS Plus-supported activities were organized in three phases: pre-pilot, pilot and post-pilot.

Results

At the end of the six month pilot, SHOPS Plus activities contributed to $8,928 collected in premium payments, which translated to $68,008 leveraged in total benefit value. SHOPS Plus support contributed to 2,707 unique individuals enrolling in Jamii and 163 renewing their cover.

Jamii partners collected and analyzed call center call back data to understand utilization patterns. Ten percent of respondents indicated that they had sought a HIV-related service

(mainly testing) – the third most utilized service. 60 percent of clients accessing a HIV-related service were men.

Challenges

The Jamii pilot encountered several challenges that limited the reach of the program and delayed the national launch. These challenges included:

- **Limited sales agent capacity** – Despite training programs, Jamii sales agents had suboptimal competence and understanding of insurance generally and Jamii specifically which impacted ability to effectively educate target groups and sell Jamii.
- **Regulatory shift on SMS marketing** - During the pilot period the telecoms regulator prohibited push marketing and required all companies to utilize an opt-in approach. This reduced the anticipated reach of personalized SMS marketing for Jamii.
- **Lags in hospital/provider empanelment and education** – Setting up the supply side of health services was slower than Jamii demand creation activities. This created a lag where potential clients would enquire on facilities and find that there was not a facility close by, which would restrict uptake and sales.
- **Partnership management** – Maintaining partner traction and aligning implementation to different partner internal decision making cycles can be challenging. Misalignments occasioned delays in the pilot and national launch dates.

Lessons Learned

This experience demonstrated that there is a willingness to pay for health insurance coverage if an insurance product is able to provide value to its clients. The challenge is in ensuring the product delivers on the sales promise by providing positive client experience. Specific lessons to facilitate the successful roll out of new insurance products to benefit PLHIV include:

- **Health insurance can help private providers reach target populations with HIV services**. The Jamii pilot experience indicated that private health insurance has the potential to increase male access to HIV services (specifically testing).
- **Health insurance can support comprehensive care and treatment for HIV**. Private health insurance can help finance HIV-related services that are not covered directly by donors and governments. In Tanzania, these costs included clinician fees at private health facilities, co-trimoxazole for opportunistic infections, and laboratory investigations that are necessary for quality care and improved outcomes such as liver function tests and renal function tests.
- **Engage health facility owners and providers as a key audience**. During roll out of an insurance product, stakeholders should actively engage health care providers through trainings, communication and support. This will improve the customer product experience at the point of health service delivery.
- **Agent post training support is needed**. A single training of sales agents is not sufficient to build competence and confidence to sell insurance in an environment with a limited insurance culture.
- **Scaling private health microinsurance likely requires a longer term investment**. Building the numbers required for sustainability among a population that is new to insurance requires more than 6 – 12 months to achieve results.
- **Partnership principles still apply**. Consistent engagement is needed to engage and align on short, medium and long term objectives.

Background

Sustainable Financing Initiative Objectives

The U.S. Agency for International Development (USAID)'s Sustainable Financing Initiative (SFI) has the global goal of delivering an AIDS-free generation with shared financial responsibility from host countries, including governments and the private sector. Through SFI, USAID seeks to increase access to HIV services and strengthen financial protection, especially for vulnerable populations. Specifically, SFI supports activities related to advocacy, tax administration and policy reform, efficiency, and innovative financing to generate private sector domestic resources for HIV and AIDS.

When this activity began in 2016, the implementation of Tanzania's National Multi-Sectoral Strategic Framework for HIV and AIDS 2013/14 - 2017/18 relied heavily on funding from external donors such as President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFTAM). Funding from all sources, including other donors and the government, began to decline in 2015, contributing to an anticipated TZS 137 billion budget shortfall in 2016/17. New HIV/AIDS guidelines were also expected to increase the gap going forward. The 2015 treatment test and treat guidelines from the World Health Organization (WHO) would increase the number of people living with HIV (PLHIV) eligible to receive antiretroviral therapy (ART) and increase associated recurrent expenditures (e.g., ARV drugs, human resources for health, and transport). USAID/Washington's Office of HIV and AIDS engaged the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project to partner with Tanzanian corporate actors, civil society organizations, and government ministries, departments, and agencies to address these funding challenges in line with SFI guidelines. This report covers one of the SFI activities that SHOPS Plus implemented – provided targeted support to increase private health insurance coverage among PLHIV.

Country Context

Demographic/Country Data

Tanzania's total population stands at 50,144,175 (NBS, 2016). With a per capita Gross Domestic Income of $977, Tanzania is close to the World Bank threshold of $1,046 to qualify for lower middle income status. Once the country crosses this threshold, the Government of Tanzania (GOT) will face increased co-financing requirements for Global Fund and other donor platforms (up from 5 percent to 15 percent) (COP 2016). It is therefore imperative for the GOT to identify and leverage new sources of domestic revenue to prepare for this transition.

The HIV Burden, Insurance and Private Sector Contributions to the National Response

The Tanzania Health Impact Survey 2016-2017 established that annual incidence of HIV among adults aged 15 to 64 years in Tanzania is 0.29 percent (0.40 percent among females and 0.17 percent among males). This corresponds to approximately 81,000 new cases of HIV annually among adults, aged 15 to 64 years in Tanzania. Prevalence of HIV among adults, aged 15 to 64 years in Tanzania, is 5.0 percent (6.5 percent among females and 3.5 percent among males). This corresponds to approximately 1.4 million people living with HIV (PLHIV) aged 15 to 64 years in Tanzania. 52.2 percent of PLHIV aged 15 to 64 know their HIV positive status with more females (55.9 percent) than males (45.3 percent) aware of their status.

The HIV and Malaria Survey 2011/12 showed that the HIV prevalence is higher among those employed vs not employed (5.5 percent vs 3.3 percent), living in urban areas vs rural areas (7.2 percent vs 4.3 percent), and from higher wealth groups with the middle, fourth and highest quintiles showing the highest prevalence at 5.0 percent, 5.3 percent and 6.6 percent respectively. This suggests that HIV is disproportionally affecting middle-class Tanzanians and that future financing options should consider solutions that leverage the ability to pay of certain groups, even as vulnerable and poorer groups are financially protected (Lee, 2016).

As of early 2016, public and private health insurance schemes in Tanzania collectively covered around one-quarter (25.8 percent) of Tanzania's population. This includes lives covered by public schemes like the National Health Insurance Fund (NHIF), National Social Security Fund, Community Health Fund (CHF), as well as private health insurance. A scan of the existing insurance schemes that included HIV services found that two insurance companies – Strategies and Jubilee insurance had some cover for HIV services; further the scan established that whereas NHIF did not cover HIV services, the improved CHF public insurance provided for some HIV services (Lee, 2016). In an environment of low voluntary insurance uptake, and high HIV prevalence among upper income groups, Jamii insurance targeted a low cost entry to health insurance among uninsured population (including PLHIV) who are well suited to the private sector.

In Tanzania, core HIV services are officially provided free of charge to clients through HIV-specialized government- and donor-supported facilities. However, if a client procures HIV services from private sector facilities, providers at these facilities may charge a user fee while offering the commodities for free.[1] Under this arrangement, private providers access ARV drugs, HIV test kits, and other essential commodities at no cost from the donor and government supply chains, which they pass along to the client at no charge. For other services that are necessary to manage HIV infections, (e.g. liver function tests, renal function tests, full blood count and opportunistic infection), private providers have to finance the input costs on their own; they then pass these costs on to the client. PLHIV clients also have to finance the cost of transport, informal payments at the facility, and any costs associated with buying commodities when public or donor supplied pharmacies face stock-outs.

This context, where PLHIV are more likely to be employed, in urban areas, and in wealthier quintiles, presents an opportunity for fully or partially self-funded financing options for their HIV care and treatment. This client profile is also well suited to access and pay for services in the private sector. Health insurance is one way to organize the clients in an efficient pool, linking them to private health facilities to access care. This targeting will help raise domestic resources for HIV care and treatment while relieving pressure on public resources that can be better directed to those that need them the most.

[1] In cases where private providers are not classified as an HIV-specialized facility.

Response

Jamii Description

Jamii is a mobile-enabled private health insurance product that targets low-income individuals sponsored by Edgepoint (a digital intermediary) in partnership with Jubilee Insurance and Vodacom Telecom Company.

Between January and December 2015, the three partners tested on a small scale an insurance product called 'Bima ya Afya'. With learnings from this period, the partners received technical assistance from IDEO.org (through the Bill and Melinda Gates Foundation), Barclays accelerator program, and the Financial Services Deeping Trust (FSDT) to review lessons learned and complete a design for a pilot phase. Table 1 provides an overview of partners and their responsibilities.

Table 1: Jamii partner responsibilities

Partner		Responsibilities
vodacom | m-pesa	Vodacom mobile telecommunication company	1. Provide customer database 2. Mobile money payment solution – through integrated Jamii/M-Pesa menu 3. Distribution of the product to existing client base 4. SMS Marketing to existing customers
Jubilee INSURANCE	Jubilee Insurance company	1. Underwriting by bearing financial risk for profits and losses associated with the product 2. Health facility recruitment and management 3. Claims payment
Jamii ngao ya afya	Edgepoint Digital – Digital solutions provider	1. Client registration technology platform 2. Hospital claim management platform 3. Support benefits and health facilities information access 4. Manage customer call center

This partnership targeted Jamii reaching Vodacom's 12 million customers to achieve the scale required for their breakeven point for sustainability (100,000 customers in the first year).

Jamii Features

Jamii microinsurance is a flexible product with options on enrollment period, number of beneficiaries, and number of policies held at the same time. It covers the cost of services, up to a specified benefit limit, at empaneled facilities for inpatient and outpatient services, including for HIV-related services. Table 2 provides additional detail on the Jamii product period and member options. Table 3 outlines the different Jamii premium costs and related benefit packages.

Table 2: Jamii period and member options

Feature	Details
Period of Cover	3, 6 and 12 month options
Number of members covered per policy	Principal member plus up to three covered on one policy
Concurrent policies per member	Multiple concurrent policies allowed

Table 3: Jamii premium and benefit schedule

Jamii Premium and Benefit Schedule					Premium (USD)
Members	Period	Benefits per member (USD)			
		In-patient	Outpatient	Total Benefit	
Member	3 months	23	7	30	3
	6 months	46	7	53	11
	12 months	55	9	64	20
Member plus one	3 months	23	7	30	6
	6 months	46	7	53	19
	12 months	55	9	64	36
Member plus two	3 months	23	7	30	8
	6 months	46	7	53	25
	12 months	55	9	64	47
Member plus three	3 months	23	7	30	10
	6 months	46	7	53	30
	12 months	55	9	64	58

Prices in USD 1 $ = Tzs 2,200

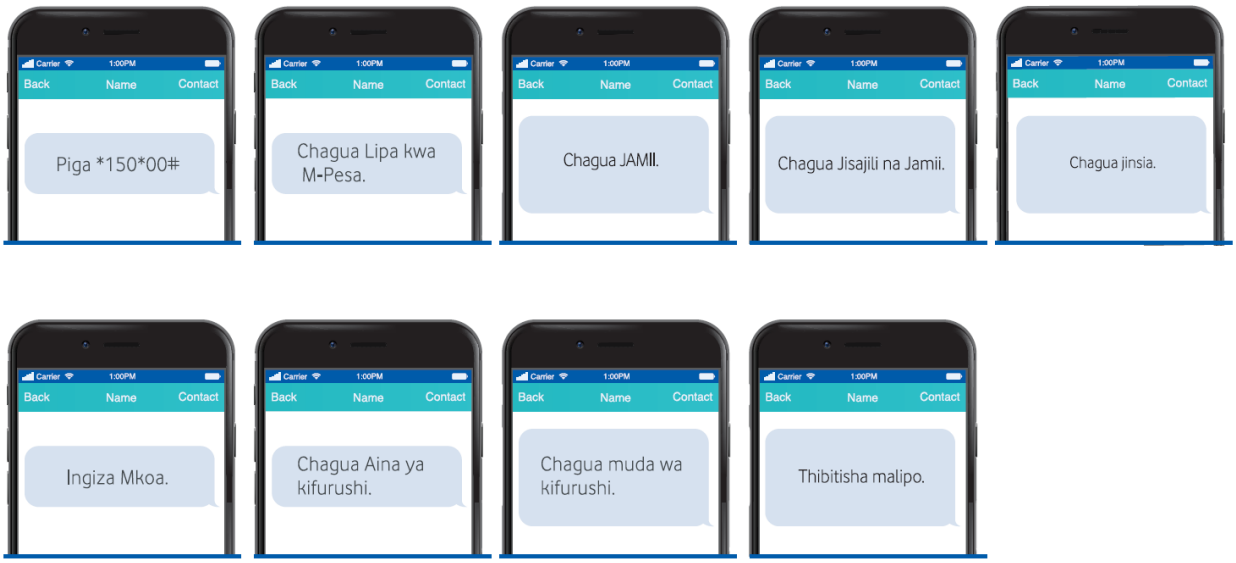
How it works

Registration

The registration process for Jamii is entirely mobile based. From their mobile phone, the customer accesses the Jamii menu options via USSD code, registers their details and selects a package cover option. The customer finalizes the registration process by completing payment via their M-Pesa account. Once payment is confirmed, a customer policy is generated and activated. Figure 1 outlines the step by step registration process illustrated by screenshot mock-ups (Figure 2).

Figure 1: Jamii registration process

Figure 2: Mock-ups of Jamii registration process



Accessing Services on Jamii

Jamii members accessed services completely through the mobile platform. Upon policy activation, customers had a 72 hour wait period before they could access services. Once the waiting period had passed, customers could use a USSD code to identify empaneled facilities in their region. At the facility the customer would provide their unique Jamii ID number (a short code on their phone) and an accompanying photo ID. Once positively identified, the customer could access services up to their available benefit limit. The health facility would generate an invoice for services rendered and submit their invoice to Jubilee for payment via the health facility module on the mobile-based Jamii system. The health facility receives payment via their M-Pesa account while the client can check their available balance at any time. Figure 3 provides an overview of this process.

Figure 3: Accessing services at the health facility

Mobile-enabled disruptive features

Jamii mobile enabled microinsurance design brought significant disruption to the processes of client registration and provider payment. In both aspects it significantly reduced time taken and improved process efficiencies. Figure 4 and Figure 5 compare the two different processes.

Figure 4: Conventional versus mobile client registration

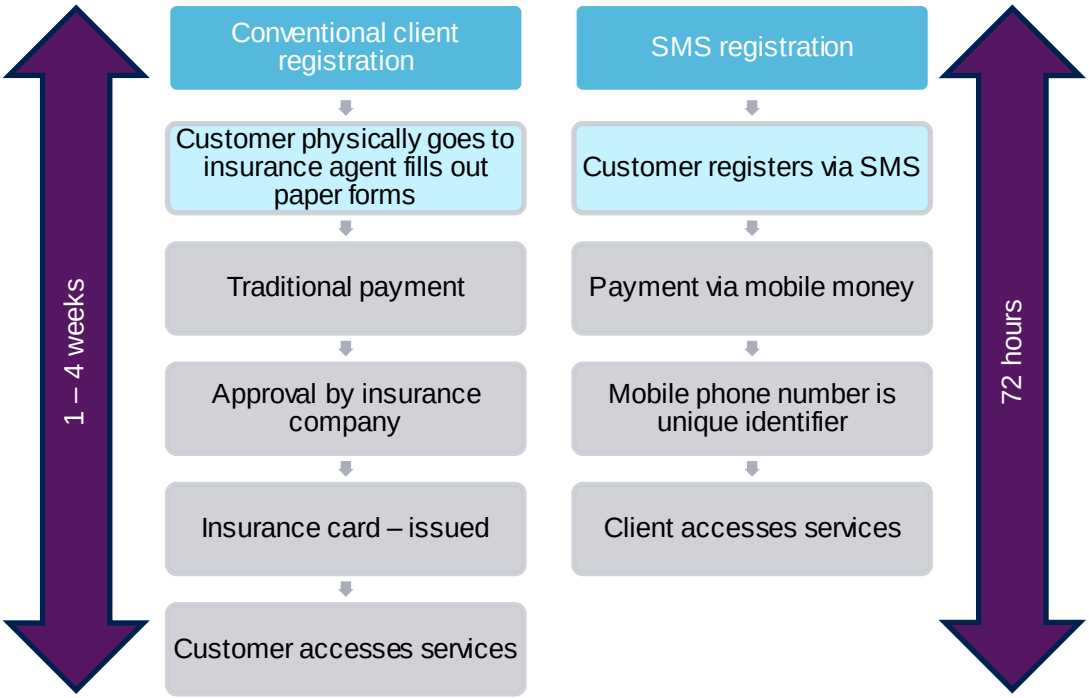
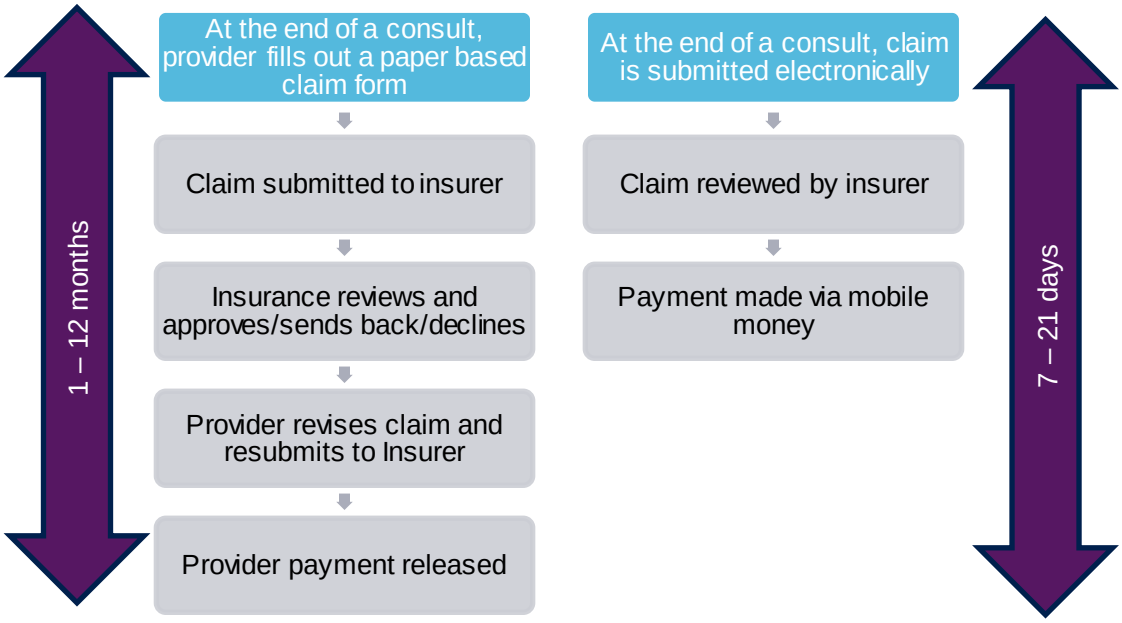


Figure 5: Conventional versus mobile provider payment



SHOPS Plus Support

SHOPS Plus designed technical assistance support after a consideration of market information that pointed to the potential for high impact in the number of lives covered and dollars leveraged from private health insurance to support Tanzania's HIV response. Factors that highlighted this as a good opportunity included:

Strong and Committed Partners

There are qualified, committed professional partners who are applying lessons learned from the Bima ya Afya pilot to improve client value and streamline administration.

Jubilee insurance is a leading health insurance company in the region and in Tanzania, and is committed to growing the health micro insurance market as a business growth strategy. The company was already exploring other micro insurance products with savings groups and was working with the Tanzania Insurance Regulatory Authority to create an enabling environment for micro insurance by advocating for a separate class of non-traditional insurance agents and alternative distribution mechanisms.

Vodacom is a leading telecommunications company in Tanzania with an estimated 45 percent market share of voice and 60 percent market share in mobile money. Vodacom expressed commitment to health micro insurance in line with their business values to transform lives. In addition Vodacom had experience with a savings and credit financial solution and a nationwide network of M-Pesa agents that could be leveraged as a distribution channel for Jamii. Vodacom's large customer base and 'trustworthiness' in the client eyes was a key strength to be leveraged to achieve the scale needed for financial viability.

Edgepoint digital had experience in design and implementation of the digital solution through the earlier pilot of 'Bima ya Afya'. Edgepoint was incorporating lessons learned from the pilot phase to improve the Jamii client experience on the digital interface. As a digital solutions provider Edgepoint was committed to developing responsive and lasting digital solutions for Jamii as part of their core business.

HIV Prevalence Data

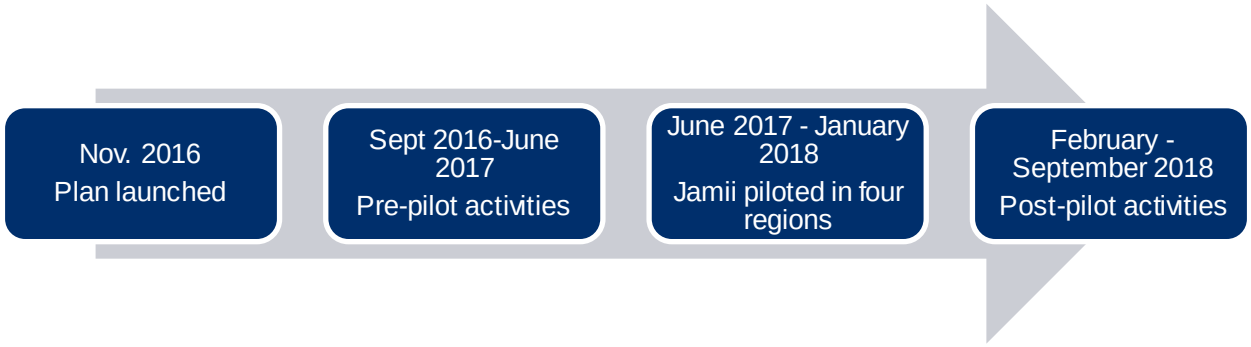
As highlighted earlier, PLHIV are more likely to be employed, in urban areas and in wealthier quintiles. This presented an ideal client segment that had the need and could pay for a health insurance product that provides access to HIV care and treatment in the private sector. Even though Jamii was targeted at a low-income population, its low premium price point offered a sound value for money proposition for upper income, uninsured clients (including PLHIV), looking for an affordable insurance product.

Jamii Product Design

Jamii as a health insurance product was designed without disease specific exclusions; instead it was designed to allow access to care for any condition up to the benefit limit for both in and outpatient services. This meant that clients could access HIV-related services at private facilities, thereby reducing out of pocket costs for PLHIV who want to access HIV services there.

With these considerations, SHOPS Plus supported a suite of responsive activities targeted at successful pilot implementation of Jamii with a focus on enrolling PLHIV in Jamii. Further detail is provided in the following sections.

Figure 6: Timeline of SHOPS Plus Jamii support



Preparatory Work – Pre-Pilot Launch Phase

This phase covered the period after Bima ya Afya and before Jamii launch. It was centered on understanding lessons from Bima ya Afya implementation and making changes to inform the Jamii launch and roll out. Changes were targeted to improve customer value and positive customer experience. During this phase, partners also focused on outlining their responsibilities, obtaining internal approvals, and securing funds to carry out their responsibilities. SHOPS Plus played a facilitator role by reviewing and providing technical input to launch plans. SHOPS Plus convened regular partner coordination meetings that culminated in a signed MoU that captured the contribution of SHOPS Plus, Edgepoint and Jubilee Insurance. The MoU provided the basis to develop a detailed technical assistance plan that responded to areas of need to secure a successful launch of Jamii by partners. The detailed TA plan and funding commitment from SHOPS Plus was used by partners to secure additional funding from FSDT to support the Jamii pilot launch.

Specific highlighted activities that SHOPS Plus conducted in this period include:

1. Developed a prioritization list for USAID support. The project identifed geographic areas that overlap with Jamii launch plan, provider presence, target populations, and PLHIV; to focus SFI investments, refine and align targets.
2. Reached out to existing USAID partners—including Deloitte, Jhpiego, Elizabeth Glaiser Pediatric AIDS Foundation, CARE, and Catholic Relief Services—that work with organized groups to gather information on their current presence in the pilot regions and the objectives of groups. SHOPS Plus sought to prioritize groups that had a savings/financial component to reach more financially savvy PLHIV. These groups were linked with Jamii partners to explore group members purchasing Jamii.
3. Brought partners together to develop a joint creative brief for the overall marketing campaign. This creative brief guided communication development for above the line radio communication, below the line material development, experiential activations and training material product messaging on Jamii.
4. Linked Jamii partners with donor supported health facilities that receive some sort of quality assurance assistance for empanelment discussions. These included Marie Stopes Tanzania to link to their health centers, Population Services International Tanzania to link to their *Familia* supported sites and DKT to link to their Trust health facilities and franchises. All of these partners support the delivery of HIV-related services at health facilities within their network.

Pilot Phase

Jamii partners officially launched the sales, communication and distribution activities in a phased manner beginning with Mwanza and Mbeya regions in the month of June 2017, followed by Arusha and Kilimanjaro in the month of August. Partners focused on rolling out Jamii and learning for a six month pilot period through to December 2017. The partners sourced funding from various sources and the pilot phase included the following components:

1. Above the line – radio advertising
2. Below the line – print and experiential activations
3. SMS advertising to existing Vodacom and M-pesa clients
4. Sales agents
5. Call center – to support clients and providers

SHOPS Plus supported specific pilot activities outlined below:

- **Printed communication material** including educational and promotional materials, as well as point of care signs to identify participating providers.
- **Supported experiential activations** in the Mwanza region, including contracting the experiential agency and financing the development and production of communication materials for the community-based campaign. Experiential activities consisted of community engagement at different touch points where small groups and larger groups of community members were engaged and educated on Jamii. These included: busy market days, village community bank meetings, and motorcycle taxi bus stops amongst others. Key messages focused on Jamii features (e.g. Jamii covers all conditions up to the purchased benefit limit; Jamii has different cover options by duration and cost; Jamii is a convenient paperless and cashless system; Jamii is backed by strong credible partners in Tanzania). The experiential agency staff were able to assist community members to sign up or direct them on how to sign up on their own. Overall the community displayed significant interest and registered for Jamii. However policy sales were lower than targeted.
- **Sales agents capacity building**, that included developing training materials and training experiential teams and all sales agents in Mwanza, Mbeya, Arusha and Kilimanjaro regions.
- **PLHIV group agent's capacity building**, specifically SHOPS Plus trained and supported members of the National Council of People Living with HIV (NACOPHA) as sales agents in pilot regions. These agents had a priority focus on PLHIV groups that they work with by:
  - Working with NACOPHA leadership to reach PLHIV directly in peer group meetings.
  - Working with NACOPHA to mobilize PLHIV to attend experiential agency activations within their communities in Mwanza region.
- Triggered Jamii and Edgepoint to successfully **leverage additional funds for Jamii** from FSDT based on the signed MOU between SHOPS Plus, Jubilee and Edgepoint.

In discussions on the key communications messages, partners expressed reservations on specific messaging that linked Jamii to accessing HIV services –especially on mass media. The partners expressed concerns that this messaging would stigmatize the product as 'insurance for PLHIV' and make the general population shun the product. With this consideration in mind the partners agreed that HIV nuanced messaging would be kept to below the line activities and would state that Jamii covers all illnesses including HIV up to the benefit limit purchased. Despite this concern, Jamii partners did not express reservations about targeting PLHIV specifically to purchase coverage as part of a larger demand creation effort.

Results

At the end of the six month pilot, Jamii enrolled 5,114 unique individuals. Of these numbers, SHOPS Plus support contributed to 2,707 unique individuals enrolling in Jamii and 163 renewing their cover. During the period, the gross collected premium for Jamii was $17,350. Of this premium SHOPS Plus support contributed to $8,928 collected as premiums, which translated to $68,008 dollars leveraged as benefit value; in addition $519 was collected as renewal premiums prior to the end of the pilot period, which translated to an additional benefit value of $4,890. However with this performance there was a higher than expected claims loss ratio overall on Jamii.

Call center call back data was collected from clients who had accessed a service and analyzed to understand utilization patterns. Of all answered calls 10 percent of respondents indicated that they had sought a HIV related service (mainly testing) and that 60 percent of those that sought a HIV service were men. The HIV services analysis suggest that Jamii helped reached more men to get a HIV related service – the bulk of which related to testing services. As Tanzania does not allow providers to charge for free commodities related to HIV (including test kits, ARVs, etc.), the HIV category captures mainly consultation fees at private facilities.

Challenges During Implementation

Sales agent capacity - the challenges faced by the agents centered on their understanding of insurance in general and Jamii specifically to a level of proficiency to educate target groups. Some of the areas of confusion included understanding benefit limits and empanelled facilities where services could be accessed.

Regulatory shift on SMS marketing - Part of the assumptions at the design and launch period was that Jamii could be marketed through 'push' SMS to existing Vodacom M pesa clients. However, during the pilot period the telecoms regulator prohibited push marketing and required all companies to utilize an opt in approach. This reduced the intended reach of personalized SMS marketing.

Hospital/provider empanelment and education – The component of setting up the supply side of health services was slower than the demand creation activities. This created a lag where potential clients would enquire on facilities and find that there was not a facility close by and this would restrict uptake and sales. Also noted as a challenge was competence of hospital staff with Jamii in some hospitals. This meant that patients could get turned away or would not be able to access services in some instances.

Partnership management – Maintaining partner traction and aligning to different partner internal decision making cycles can be challenging. This misalignment occasioned delays in pilot and national launch dates. However, there was sub-optimal partner support at the regional level. Partner regional offices were not always aware of their head office key performance indicators and liabilities in relation to Jamii.

Post-Pilot Phase

Following the pilot phase, SHOPS Plus initially committed to support the national launch of Jamii, scheduled to commence in early 2018. To that end, SHOPS Plus support in the initial post-pilot phase focused on:

- **Completing a review and analysis of HIV services to understand the product's impact on access to and use of HIV services**. Jamii collected call back data from clients who had accessed a service and analyzed it to understand utilization patterns. Of all answered calls 10 percent of respondents indicated that they had sought an HIV-related service (mainly testing) and that 60 percent of those that sought a HIV service were men. As Tanzania does not allow providers to charge for free commodities related to HIV (including test kits, ARVs, etc.), the HIV category captures mainly consultation fees at private facilities. This data suggests that a product like Jamii that addresses financial barriers to HIV services in the private sector may help reach populations that are harder to reach through traditional PEPFAR service delivery programs by allowing them greater choice in where they can access a sensitive service like HIV testing from a confidential provider whom they trust.
- **Supporting a broader Jamii pilot period performance review**. Jubilee reported a higher than anticipated claims loss ratio during the pilot. Partners identified several potential reasons behind this development, including adverse client selection and suspected fraud, including patients and providers utilizing inpatient benefit for an outatient service, and providers overcharging for services. A pricing and product features review is expected before the national launch to make Jamii financially sustainable.

Stakeholders felt that the partners and partnerships was a key strength of the Jamii product. In addition the Jubilee and Jamii brands gained brand exposure that helped achieve registrations and policy purchases. Based on this, partners were still interested in moving forward with a national launch. However, delays in partner agreements on the new product design and price extended beyond the life of the project support. Jamii partners continue to engage and negotiate on a workable product and pricing design to take to national launch. Various configurations have been considered including reducing the benefit package to in-patient only, increasing premiums, and increasing the wait time before utilization of services and before settling of provider invoices. These negotiations continue beyond the period of SHOPS Plus support. To wrap up its involvement in the partnership, SHOPS Plus therefore helped develop version 2.0 of the Jamii sales agents training materials that focused on increasing agent competence and confidence in Jamii sales.

Lessons Learned and Conclusion

This experience demonstrated that there is a willingness to pay for health insurance coverage if an insurance product is able to demonstrate value to its clients. The challenge is in ensuring the product delivers on the sales promise by providing positive client experience. Specific lessons to facilitate the successful roll out of new insurance products to benefit PLHIV include:

- **Health insurance can help private providers reach target populations with HIV services**. The Jamii pilot experience indicated that private health insurance has the potential to increase male access to HIV services (specifically testing), potentially by reducing out of pocket costs at facilities that they would prefer to go. Data from the call backs showed a higher number of males accessing HIV services
- **Health insurance can support comprehensive care and treatment for HIV**. Private health insurance can help finance HIV-related services that are not covered directly by donors and governments. In Tanzania, these costs included clinician fees at private health facilities, co-trimoxazole for opportunistic infections, and laboratory investigations that are necessary for quality care and improved outcomes such as liver function tests and renal function tests. Feedback from the health center level in Mwanza indicated that providers appreciated that their patients could access treatment for opportunistic infections without a financial barrier. However it was also noted that there was "over treatment" of some patients by providers because the patients had an insurance cover. Some PLHIV group members indicated that Jamii was helpful in securing access to co-trimoxazole which was often out of stock at the HIV-specialized government- and donor-supported facilities where they accessed their ARVs.
- **Engage health facility owners and providers as a key audience**. During roll out of an insurance product, stakeholders should actively engage health care providers through trainings, communication and support. This will improve the customer product experience at the point of health service delivery. Ensuring that health care provider as a secondary user has a positive experience will increase the positive experience of the primary user (the paying client), which will in turn increase numbers enrolled to make products more sustainable. Effective early engagement of health facilities will facilitate the achievement of a larger network of empaneled facilities to deliver services by the time customers are looking to access services.
- **Agent post -training support is needed**. A single training of sales agents is not sufficient to build competence and confidence to sell insurance in an environment with a limited insurance culture. Post-training visits to agents in the field and virtual support via telephone can boost sales agents' understanding of insurance in general and the specific product they are selling to levels sufficient to support effective sales.
- **Scaling private health microinsurance likely requires a longer term investment**. Building the numbers required for sustainability among a population that is new to insurance requires more than 6 – 12 months to achieve results. This is a challenge when working with private sector partners that need to give shareholder reports every 12 months. This learning is similar to other studies that have found that partners must be willing to allow and invest in the necessary changes to improve client value proposition and viability of products (Leach,A; Menon,A ;Naube, S, 2014)
- **Partnership principles still apply**. Consistent engagement is needed to initially engage and align on short, medium and long term objectives; monitor that progress towards the objectives is aligned for all partners; and identify and resolve challenges early and as they come up.

Jamii is a new and innovative health micro insurance product with qualified, committed professional partners who are applying lessons learned from the pilot to improve client value and streamline administration. However the ultimate viability test would be positive client experience ***and*** positive financial results. To truly achieve this would require running the activity for a longer period to allow for client experiences and growth. Finding the right balance between running the scheme for 'long enough' while reporting back to company boards and shareholders annually is a balance that would need to be achieved for scale to be realized.

References

Lee, B., A. Kahwa, A. Dutta, and R. Silaa. 2015 *Potential for Financing HIV Services Through Health Insurance Schemes in Tanzania.* Washington, DC: Futures Group, Health Policy Project.

Leach, A; Menon, A; Naube, S. 2015 *Achieving Scale and Efficiency in Microinsurance Through Retail and Banking Correspondents)*. ILO, Impact Insurance Facility

National Bureau of Statistics. 2017. *Tanzania in Figures (2016)*. Dar es Salaam. https://www.nbs.go.tz/nbs/takwimu/references/Tanzania_in_Figures_2016.pdf

National Bureau of Statistics and ICAP. 2018. *Tanzania HIV Impact Survey (THIS 2016- 2017) Summary Sheet.* Dar es Salaam. http://www.nbs.go.tz/nbs/takwimu/this2016-17/Tanzania_SummarySheet_English.pdf

Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF International. 2013. *Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12*. Dar es Salaam, Tanzania: TACAIDS, ZAC, NBS, OCGS, and ICF International.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