ORIGINAL RESEARCH PAPER

Volume - 12 | Issue - 06 | June - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

# NATIONAL HEALTH INSURANCE COVERAGE FOR PROSTHETIC AND ORTHOTIC SERVICES IN TANZANIA.

Clinical Research

**E.J. Mwigirwa*** *Corresponding Author

## KEYWORDS

Prosthetics, Orthotics, Health insurance.

## BACKGROUND

Despite the growing commitment in developing countries to achieve the "universal health coverage" the situation has not been better among vulnerable physically disabled groups when seeking for their specialized health care. The cost for assistive technologies particularly Prosthetic and Orthotic services remains catastrophic and way beyond the accessibility scope for average Tanzanians with mobility related disabilities. Besides, financial related constraints have been rarely discussed in studies researching for barriers to healthcare faced by people with disabilities.

## AIM

This paper intends to address the status of National health insurance coverage for Prosthetic and Orthotic services in Tanzania. The paper finally shows how financial related factors are critical barriers to optimal assistive technology in developing countries.

## METHODS

A cross-sectional descriptive hospital-based study was conducted at Kilimanjaro Christian Medical Center (KCMC) which serves as a zonal consulting hospital in northern Tanzania. Having met the inclusion criteria a total of 100 participants with mobility related disabilities (as defined by the WHO-ICF classification of 2001) were selected using a non-probability convenient sampling procedure.

Pretested semi-structured questionnaires were distributed following attainment of participant's consent/assent then filled and returned thereafter. Ethical approval was granted by the Faculty of Rehabilitation Medicine ethical committee of Kilimanjaro Christian Medical University College (KCMUCo) followed by permission from the office of the Executive Director of KCMC. The collected data was cleaned and descriptive statistics was used to summarize the data in frequencies and percentages.

## RESULTS

The uptake of National Health Insurance Fund (NHIF) is still low among people with mobility disabilities as 63% of participants were not even members of NHIF. This is inevitable since only off-shell low profile Orthoses accounting for 3% of the required mobility assistive devices were found to be covered. **There was no single custom made Orthosis nor a Prosthesis** that was covered by such a predominant National scheme. Prostheses were clearly mentioned to be excluded in the very first Parliamentary Act back in 1999 when the scheme itself was founded. Having a private sponsor and lack of knowledge were the main factors hindering the uptake of NHIF-Scheme. 49 (49%) participants reported Prosthetic and Orthotic services to be very expensive. A total of 47 (47%) participants depend on private sponsorship. Out of pocket payment system is still significant and was used to fund 36 (36%) prescriptions. 25 (25%) participants holding NHIF cards claimed that the scheme was not helpful at all with regard to Prosthetic and Orthotic services.

## DISCUSSION AND CONCLUSION

The coverage for Prosthetic and Orthotic services in the NHIF-scheme is very close to negligible. The out-of-pocket payment system still exposes people with mobility disabilities to catastrophic expenditures when seeking for assistive devices, which to majority the risk and hence the need is throughout their lifetime. Therefore, it is high time especially in developing countries to recheck and amend the National healthcare policies so as to realize the "universal health coverage" for people with mobility related disabilities.

## REFERENCES

1. National Health Insurance Fund Act, 1999.
2. WHO (2007). International Classification of Functioning, Disability and Health, Children and Youth version. *WHO press, World Health Organization 20 Avenue Appia 1211 Geneva 27, Switzerland.*
3. UN (2006). Convention on the rights of persons with disabilities and Optional Protocal. *UN, General Assembly, 76th Plenary meeting, 13 December 20006, Resolution A/RES/61/106.*
4. WHO (2015). WHO Global Disability action plan 2014-2020: Better health for all people with disability. *WHO Press, World health organization 20 Avenue Appia 1211 Geneva 27, Switzerland.*
5. Vilcu I, Probst L, Dorjsuren B, Mathauer I (2016). Subsidized health insurance coverage of people in the informal sector and vulnerable population groups: Trends in Institutional Design in Asia. *International Journal of Equity in Health* 15, 165
6. Badu E, Agyei-Baffour P, Opoku MP (2016). AccessBarriersto Health Care amongPeople with Disabilities in the Kumasi Metropolis of Ghana. *Canadian Journal of Disability Studies 5(2), 131-151.*
7. Badu E, Opoku MP, Appiah SCY, Agyei-Okyere E (2015). Financial Access to health care among persons with disabilities in the Kumas Metropolis, Ghana. *Disability CBR and Inclusive Development Journal* 26(2), 47-64
8. Borg J, Lindstrom A, Larsson S (2011). Assistivetechnologyindeveloping countries: A review from the perspective of the Convention on the Rights of Persons with Disabilities. *Prosthetic and Orthotic International 35(1), 20-29.*
9. Harkings CS, McGarry A, Buis A (2012). Provision of Prosthetics and Orthotics services in low-income countries: A review of literature. *Prosthetics and Orthotics International 37(5), 353-361.*
10. Meng Q, Yuan B, Jia L, Wang J, Yu B, Gao J, Garner P (2011). Expanding health insurance coverage in Vulnerable groups: A systematicreview. *HealthPolicya n d Planning* 26, 93-104.