

## **Effectiveness of Exemption Measure in Providing Healthcare Services among Old People in Tanzania: The case of Kasulu District**

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### **ABSTRACT**

*The study aimed at assessing effectiveness of exemption measure in providing healthcare services for old people in public hospitals in Tanzania. The study was conducted in rural and urban areas of Kasulu district in Kigoma using cross sectional descriptive research design. The total number of respondents engaged in this study was 323. These included 304 old people, four medical doctors, eight nurses, one district medical officer and six social workers. Data were collected by using questionnaire, interview, focus group discussion, observation and documentary review. Qualitative data was analyzed by using thematic method while quantitative data were analyzed by using Statistical Package for the Social Sciences (SPSS) to obtain frequencies, percentages and statistical measures for triangulation purposes. Study findings revealed that exemption measure was partially implemented and less effective. Healthcare services in public hospitals were not easily accessible for old people under exemption measure. The major challenges affecting exemption measure is lack of essential medicine, bureaucratic procedures in executing exemption process and unofficial payments. The study hereby recommends that the government should enact law to enforce implementation of exemption and increase budget allocation to the health sector so as to increase availability of medicine and diagnostic instruments in public hospitals. Further, since the scope of the study was limited to Kasulu district; there is a need to conduct country survey to assess effectiveness of exemption measure in providing healthcare services for old people in Tanzania.*

**Keywords:** *Effectiveness, Exemption, Health, healthcare Services, Old People*

## **INTRODUCTION**

Exemption for healthcare services is one of the global strategies adopted by different countries to promote Universal Health Coverage (UHC) for all people including old people (World Health Organization/World Bank, 2013; and Dake & Wielen, 2020). A number of countries adopted exemption policy within the health sector in order to meet health needs of increased number of old people in the world accompanied by diseases transition from Communicable to Non-Communicable Diseases (NCDs) that require long hospitalization, and on-going medications (Wan He, *et al.*, 2015). Population of old people is said to increase from 901 million in 2015, and it is projected to increase twofold, reaching 1.4 billion by 2050 across the world (United Nations Population Fund and Agriculture & HelpAge International, 2011 & United Nations, 2015). This increase is likely to constrain the provision of healthcare services for old people (Wan He, *et al.*, 2015; UN, 2015 and Dorothy and Estes, 2016). In order to implement exemption measure both developed and developing countries have responded differently by putting access to healthcare services for old people as one of the policy priorities. Developed countries such as German, USA, and Canada, have introduced universal health insurance as one of the initiatives to ensure health coverage to all (World Health Organization 2010; Grosse-Tebbe *et al.*, 2005). Besides, health financing is one of the major priorities within the national budget to ensure continuum supplies of medical care, diagnostic instruments and qualified doctors (Reinhard and Blume, 2014).

In sub-Saharan Africa a number of countries have implemented exemption policy within the midst of limited resources (Haazen, 2012). Despite the fact that African countries have been argued by the Abuja protocol in (2002) to spend 15% of their Growth Domestic product (GDP) in financing healthcare services, majority of the African countries have not attained this target due to weak economy, lack of policy priority and small budget allocation to purchase essential medicine for the diseases affecting old people. This situation further limits application of exemption policy for healthcare services for the most vulnerable population including old people. Apart from lack of financial viability to most African countries to implement exemption policy, the process of identifying those who qualify for exemption is another challenge (Marwa *et al.*, 2013).

Tanzania recognizes the fact that ensuring access to healthcare services for old people is one of the fundamental factors for ensuring their survival within the midst progression of diseases resulting from old age. In realizing this fact, the government of Tanzania hailed exemption as one of the strategies to offset the impact of user fee that was introduced in public hospitals in 1993 (Mubyazi, 2004). While user fee in public hospitals was meant to generate revenues for the purpose of improving the quality of healthcare services; on the other hand, it had reverting effects in terms of accessibility and affordability to healthcare services among low-income earners (Cowi *et al.*, 2007). Initially exemption targeted to protect children under five years, pregnant mothers, people with disabilities, patients suffering from chronic diseases such as Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS), diabetes, leprosy, tuberculosis (TB), polio, and cancer. However, in 1994 exemption was extended to all old people aged 60 years and above as a means of protecting them from the effect of user fee in public hospitals (Ministry of Health, Tanzania, 1994; Mmbuji *et al.*, 1996; Newbrander and Sacca, 1996 and Wang and Rosenberg, 2018). Along with exemption, Tanzania formulated the National Ageing Policy (2003) and National Health Policy (2007) respectively and both policies clearly state that old people should be exempted from user fee in public hospitals. Despite that exemption is a statutory government document that directs that all old people with the age above 60 years to receive free treatment in all public hospitals in Tanzania, a number of empirical evidence document that access to free healthcare services for old people in Tanzania is limited (Kuwawenaruwa and Borghi, 2012; Mackintosh and Mujinja, 2010; HAI, 2013 and Manyama, 2019). Whole HelpAge International (2013) projects that about 82 percent of all old people in Tanzania live in rural, it is estimated that 85% of old people living in rural areas have no access to free healthcare services from public hospitals. It not known why exemption measure has not managed to meet health needs of old people despite of its existence since 1993. Therefore, this study has significant contribution to policy makers, health practitioners and social workers in improving delivery of healthcare services to old people in Tanzania. Further, this study is one among the few studies conducted in the area of social work. Findings obtained are expected to add the existing knowledge gap in the area of gerontology and provision of specialized social work services for old people such as counseling, advocacy, empowerment in order to address spectrum of social, emotional and health needs of old people in Tanzania.

## **THEORETICAL FRAMEWORK**

The study was guided by Durkheim's theory of Structural Functionalism. The theory was relevant to the study as it provided a gauge on how different social structures function to maintain social order and stability in meeting health needs of the society (Durkheim, 1932; Boundless, 2013). The main assumptions underlying functionalist theory is that society is made up of different social structures that are interlinked and work collectively to fulfill social and emotional needs so as to maintain a balance and keep the whole society functioning (Boundless, 2013). Pioneers of functionalist theory such as Talcott Parsons, Max Weber, Émile Durkheim, and others view poor healthcare provision as the outcome of dysfunction of different social structures (Genove, 2014). Such structures that are responsible for meeting health needs of old people include the family, government structures through its established policies, laws, and guidelines. For instance, family as one of the social structure has an important role to provide nutritional and psycho-social support (Mabeyo & Kiwelu, 2019); while the government on the other hand has a role to ensure that laws, policies and guidelines established are effectively implemented to ensure that old people have access to free healthcare services as the exemption guideline, the Tanzania National Ageing Policy (2003) and Tanzania National Health Policy (2007) directs in all levels of health facilities from dispensaries, healthcare centers, district hospitals, designated regional hospitals and the national referral hospital. It is therefore assumed that exemption for healthcare services for old people can be effective if all the government structures such as the parent Ministry of Health, Community Development, Gender, Elderly and Children and social welfare department on the other hand the family and the community as a whole should play significant roles to ensure different needs of old people are met including access to healthcare services in public hospitals.

## **METHODOLOGY**

The study employed cross-sectional descriptive research design informed by pragmatic philosophical assumptions. The choice of this type of design was to allow collection both qualitative and quantitative data from a large sample at specific point in time (Creswell, 2014 & Klenke, 2016). Mixed approach was adopted to avoid biases that each method has in data collection. The use of qualitative and quantitative approach was meant to offset the flaw that could result from using one method. While quantitative data was presented in terms of frequencies and percentages to

determine occurrence and magnitude of the problem, qualitative data was used to provide in-depth information such as feelings, views, and opinions that cannot be captured through quantitative measures.

The study was conducted in Kasulu district in Kigoma region. Kasulu district is predominantly rural occupied by the 'waha' as the main ethnic group and their economic activity is subsistence farming and at a small-scale commercial activity. The choice of Kasulu district was based on the fact that it is among the peripheral districts in Kigoma region with low economic growth accompanied with poor infrastructure development that reduces its capacity to provide healthcare services to old people (Kigoma Regional Profile, 2012). Again, the National Census report of 2012 indicated that number of old people in the district is low (4.8%) as compared to the national average of 5.6% of the total population. Low number of old people suggested high pre-mature deaths among the old people resulting from poor nutrition, lack of social support and good health services to treat old age-related disease in the district.

Respondents were obtained from six wards of Kasulu both urban and rural namely Murubona, Kimobwa, Rusesa, Nyakitonto, Nyenge and Nyachenda by using simple random and purposeful sampling procedures. The target population in this study were old people, district medical officer, social workers, medical doctors and nurses. Sample size in the quantitative part covered 323 drawn from Kasulu district rural and urban. This included 304 old people aged 60 years and above, six Social Workers, one District Medical Officer (DMO), four Medical Doctors and eight Nurses were selected by using simple random sampling method. Sample size in the quantitative part (old people) was calculated using Taro Yamane's formula {i.e.  $S = n / [1 + n (e)^2]$  at 5% margin error (Ahuja, 2001) where S = Sample Size, n = number of respondents and e = Margin Error. In the qualitative part, sample size was reached at the saturation point. This point was reached at 57 informants participated in interview and focus group discussion. Saturation points or redundancy was reached when no additional information was obtained from other informants (Mason, 2002; Creswell, 2014). Collection of data was done by using combination of instruments such as in-depth interview for DMO, Medical doctors, nurses, old people and social workers; questionnaire for old people, DMO, Medical doctors, nurses and social workers; field observation; two meetings for focus group discussion (FGDs) for old people and documentary review. Different instruments of data collection

were used in order to capture relevant and quality information as suggested by (Yin, 2003) that the use of multiple methods of data collection in the same study reduces the weaknesses that can be encountered in another instrument; thus, providing relevant and quality data. Both qualitative and quantitative data were collected and analyzed separately. Qualitative data were analyzed by using thematic method. Data were sorted, categorized and organized into themes while quantitative data were analyzed using SPSS to obtain frequencies and percentages and statistical figures for triangulation purposes.

### **Study Limitations**

It is rarely to conduct a study without coming across certain limitations. In this study a number of limitations were encountered. The first limitation was the method of data collection used in collecting data from old people. Majority of the old people are illiterate who can't read and write thus making the process of filling in the questionnaire difficult. A lot of time was spent in reading for them and filling in their responses.

The second limitation was the geographical location of Kasulu district. Being one of the remote districts in Tanzania, during the data collection some of the wards were reached with difficulties due to poor transport infrastructures within the areas. In order in order to address this challenge, motor cycle transport was used in areas which were not served by cars.

The third limitation was communication barrier. Majority of old people in Kasulu speak their native language (Kiha) and could not express themselves in Kiswahili. Henceforth, the use of local research assistant who was familiar in Kiha was essential in order to get the right interpretations of the responses. Despite these limitations, the entire research process was successfully done without affecting the quality of information.

### **Findings and Discussion**

Findings are presented based on three thematic areas that is; Identification and Exemption Procedures, access to health care services and effectiveness of exemption measure in providing healthcare services as discussed here under;

#### **Identification and Exemption Procedures for Old People**

This part highlights different procedures used to identify old people as well as exemption procedures. Study findings indicated that

identification for old people and exemption procedures are not systematically applied. The concept of who is an old person is still a paradox to among the government officials and health practitioners. Age criteria are challenged by lack of evidence to prove the right age for health exemption. While the use of birth certificate or voter's registration cards is commonly used by health practitioners to identify those with the right age for exemption, questionnaire findings revealed that majority of 189 (62.2%) out of 304 of the old people had neither birth certificates nor exemption card as evidence to prove their age. Old people further reported that procedures used to identify is slow and is being affected by unnecessary bureaucratic procedures such as being requested to produce introduction letter from village executive officers (VEO) and exemption letter from social workers. Regarding exemption procedures respondents during the focus group discussion respondents had the following to say:

“Procedures set by the Kasulu district to obtain exemption card is very difficult for us old people who have limited mobility. First you need to be identified by the ten cell- leader, village executive officer then you go to the ward executive officer to prove your age, and then your document is sent to the district level. In all those stages you need to go in person. Now how do I manage with this condition you see (62 years old man from Kimobwa Ward)

This implies that the process of identifying old people is challenged by lack of evidence to prove their right age and bureaucratic procedures and a big number of old people fail to process health exemption cards. However, other old people retaliate that sometimes those who deserve health exemption are denied services with the view that they look younger than their age. This is evidence is also provided by one old man who said that;

“Exemption is not applicable for all of us, sometimes when you go to the hospital, doctors deny exemption with the view that you still look young and therefore you don't fall under exemption category” (64 years old man from Kimobwa Ward)

Though social workers in collaboration with medical doctors play a great role to ensure all old people receive healthcare services, they lack specific criteria to use when granting health exemption. As a result, the social workers or medical doctors use their own discretion to grant exemption. While other old people reported that due to life hardship and hazardous work done in rural areas, health condition of old people deteriorate at the tender age thus looking older than their chronological age. This condition



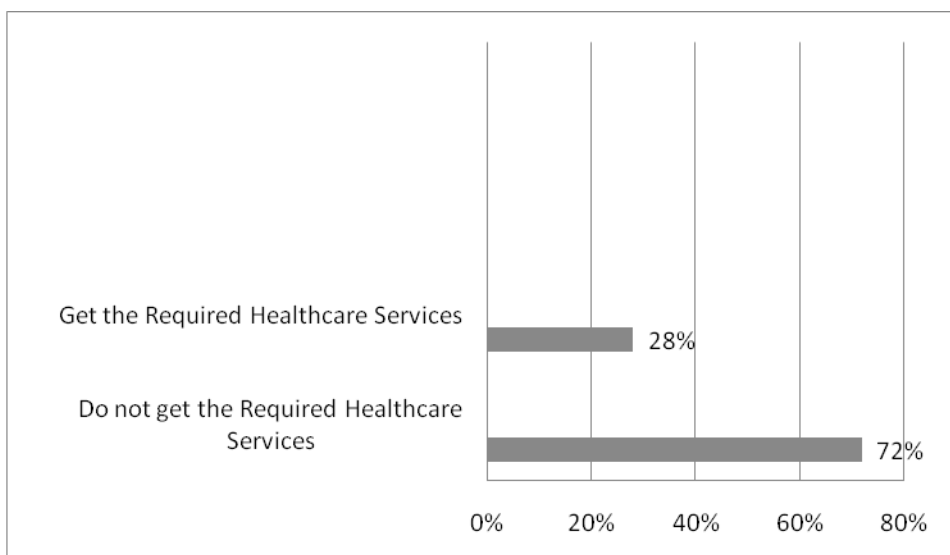
adds difficulties in accessing healthcare services under exemption measure in most of the public health facilities. This finding coincides by other studies (Maluka, 2013; Ka Ousseynou *et al.*, 2017 and Manyama, 2019) found that potentially exemption is ineffective since procedures used to identify old people who qualify for exemption are not clearly defined and each practitioner used his or her own criteria. Bureaucratic procedures and lack of criteria to identify old people who qualify for exemption were of the factors that impede implementation of exemption for healthcare services in public hospitals.

On the other hand, during with the in-depth interview with the District Medical Officer (DMO), it was reported that, the government has created a good environment for all old people to process health exemption cards without overcoming difficulties. For instance, it was revealed that, old people with limited movement, processing of exemption card is done at their homes so as to ease the process. The big challenge in this process is low awareness among the old people especially those living in rural areas to utilise health services available in public hospitals. Further it was revealed that, old people are treated whenever they visit health facility even if they do not have exemption cards. On the other hand, one of the social workers at Kasulu district hospital added that, all people deserve to be treated including old people. Therefore, those who do not have exemption cards and are not able to pay for medical services we grant them exemption letter that qualify them to receive free treatment at that specific health facility.

#### **Extent to which Old People get the Required Healthcare Services under Exemption Measure**

Questionnaire findings indicate that access to free healthcare services under exemption measure in public hospitals is still one of the major challenges for old people. Figure 1 summarizes the findings (n=304)





As presented by Figure 1, majority of the old people said that they do not get the required healthcare services while others said that they get the required health services. Among the challenges they revealed was lack of medicine in public hospitals and exemption does not extend in private hospitals to provide wider choice of health seeking. Further, during the focus group discussion, old people revealed that exemption is not granted in full. They still pay to some of the complicated diagnosis such as Magnetic Resonance Imaging (MRI), Computed Tomography-Scan (CT-Scan) and medicine of specialisation as revealed by one of the respondents who said that;

“Health exemption does not provide a guarantee to old people to get all the healthcare services in public hospitals. Some of the medical services prescribed doctors are not covered by exemption..... Further, old people have multiple problems that need high specialisation which are also not covered by exemption” (68 years old man from Nyakitonto ward)

This narration explains that old people are not getting proper medical services as they are forced to pay to some of the medical services that are potentially fall under exemption. Also, exemption policy addresses medical needs instead of focusing on other needs that promote quality of health such as nutrition, shelter, and psychosocial support. Nevertheless, findings show that exemption favored those who had the ability to access healthcare services through other mechanisms such as the use of National Insurance Cards (NHIF) and out pocket payments outside the hospital in

case medicine are not available within the public hospital. This is asserted by one respondent during the focus group discussion who revealed that those using NHIF to access healthcare services have better advantages compared to those depending on exemption alone;

Old people who have NHIF cards have a freedom to choose either to go for public hospitals or private hospitals. As for me, I have NHIF card and I do not get problems in getting medicine that are out of the hospital facility. In case one type of medicine is not available in public hospitals, I can still get it from the pharmacies in town by using NHIF card. (66 years old woman from Kimobwa Ward)

This implies that NHIF is more effective than exemption cards provided by the district authorities. It was observed that old people with NHIF cards can access medical services in all health facilities including private health facilities. It was also noted that old people living urban areas are more advantaged to access healthcare services compared to those living in rural areas under exemption measure. They opined that health facilities in urban areas are more developed compared to rural areas. For instance, about 167 (89%) of 188 old people living the four rural wards of Kasulu, (Rusesa, Nyachenda, Nyange, and Nyakitonto wards) expressed similar feelings that in principle operation of exemption has a limited coverage. While others complained of poor health facilities such as diagnostic instruments, others argued that health facilities located in rural areas lack medicine and doctors specialized to treat health problems facing old people. In expressing this situation, one old man said;

“I think the government has forgotten these health centres in our villages. Even if they say that we old people receive exemption, now what are we being exempted if there are no medicine? .... Those who have access to district hospital are in a better position because they can access improved medical services including specialist doctors” (82 years old man from Nyange ward)

This explains how unequal distributions of health services between rural and urban areas affect old people. From the respondent’s exposition it can be remarked that, though exemption exists in every level of health facility, availability of healthcare services varies significantly. It was seen that shortage of medicine, diagnostic instruments and specialist doctors are the main challenges affecting provision of healthcare services in rural areas. Apart from that, old people form the part of the population especially in rural areas with low income (Helmet *et al.*, 2009). For

instance, findings from the questionnaire indicate that about 156 (51%) of the rural old people had a monthly income of less than 10,000/=. This situation affects ability to afford both medical and nutrition in terms of quality and quantity. These findings are in line with Braveman, *et al.*, (2011) points out those financial problems reduce the ability to access important healthcare services such as medicine, good nutrition shelter, and transport and health insurance scheme. In contrast, old people revealed that though the government has played its part to construct health facilities in every ward, however, needs of old people cannot be met by the government alone. Using Durkheim's theory of structural functionalist theory, meeting health needs should be a community concern. For instance, the family, clan, religious institutions have the roles to ensure that health, nutrition and emotional needs are met. Further, there is a need to integrate health exemption for old people in private hospitals so as to widen access to medical services.

Apart from financial problems, gender issues were also mentioned to affect access to healthcare services in public hospitals. This problem emanates from the discourse of patriarchy system that deny women to access and own family resource. Evidence from the field indicates that majority (89%) of old women living in rural areas do not own family resources such as land, income and family asset. So, when an old woman becomes sick, she solely depends on assistance from the husband or other family members afford cost associated with healthcare. To describe this situation on old women had the following to say:

“...last year I was taken to hospital after my condition had become very worse. Whenever I complained to my husband that I am sick, he was not listening to me. I told him to sell one of the goats we are keeping here but he refused..... In most cases we depend on men to take us in hospital when we become sick” (79 years old woman from Nyachenda)

From this argument, it is evident that apart from lack of access to resources, they also don't have power to make decision when to access healthcare services. It is the man who decides when a woman should attend health facilities. These findings are in line with other studies such as (HAI, 2001; Andrew *et al.*, 2003 and Wairiuko, 2014) who also pointed out that gender affect accessibility and utilization of healthcare due to the outcome of patriarchy system that empowers men to own family resources and power in terms of decision making. In terms of

illness, women seek permission from their husbands/men to go to seek for health facilities.

On the other hand, while number of problems related exemption of health care services in rural areas have been documented, old people living the urban context ought to be better due to the coverage of public hospitals and dispensaries. However, respondents in Murubona and Kimobwa wards which are located in Kasulu urban had similar experiences on exemption policy. During the focus group discussion, one of the respondents illustrated the situation by saying that;

“The government has shown a good concern on exempting us old people from paying. But the problem is that when we go to hospital, we are told that there is no medicine. This is one of the big problems that affect us”  
(72 years old woman from Kimobwa)

This further indicates that the main challenge facing execution of exemption measure is shortage of medicine in most of the public health facilities located in rural areas. Therefore, there is a need for the government to purchase and distribute essential medicine for old people. This call is echoed by another respondent during the in-depth interview who recommended that;

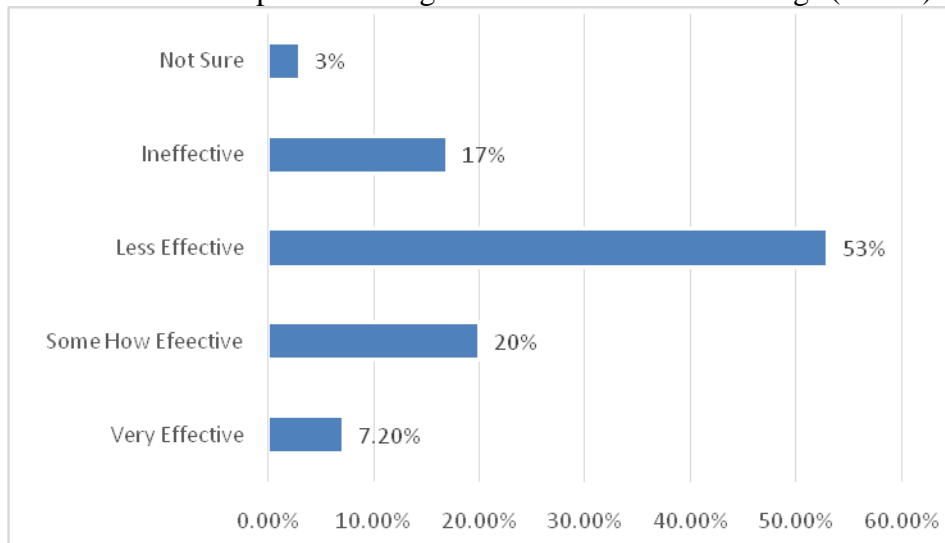
“In order to extend its coverage, I think the government should extend exemption in private hospitals and this will reduce the problem of shortage of medicine in public hospitals” (81 years old woman from Kimobwa)

Therefore, it can be realized that, in order to improve access to healthcare services among the old people, there is a need to integrate exemption measure with other health providers such as the private sector. Further from the functionalist view, all social structures involved in the care and support for old people should work in collaboration with the government efforts to ensure health and nutrition needs for old people is met.

### **Effectiveness of Exemption Measure in Providing Healthcare Services for Old People**

The aim of exemption policy was to relieve old people from the burden of user fee in all public hospitals as a way of avoiding exclusion and promote equality in accessing health services (Mamdani and Bangser, 2004). In order to measure effectiveness, different indicators were used.

Such indicators included; availability of geriatrician, medicine, diagnostic instruments and time spent to seek healthcare services. Findings emanated from questionnaire that was administered to 304 old people and healthcare services providers. Figure 2 summarizes the findings (n=304)



**Figure: 2.: Effectiveness of Exemption in Providing Healthcare Services for Old People**

As revealed by Figure 2, respondents had different opinions regarding effectiveness of exemption measure in providing healthcare services for old people. Differences in response were due to diversity nature of old people based on how they view the healthcare services provided in public hospitals. However, findings revealed that majority of the old people reported that exemption is less effective while others said that it is ineffective in providing healthcare services.

Those who argued that exemption is less effective had the view that though the goal was to provide healthcare services without incurring financial expenses within the public hospitals, the major challenge was that exemption not granted in full. Old people are still using out pocket payments to access medical services of high specialisation. Further, bureaucratic procedures and lack of systematic way of identifying old people make exemption less effective. However, those who said that exemption is not effective revealed that public hospitals are lacking essential medicine at different levels of health facilities, insufficient number of geriatricians who are trained to address complex health

problems facing old people and unofficial or official payments. Further old people also pointed out that the scope of exemption is limited only to public hospitals. Therefore, they lacked freedom to access medical services from private hospitals where they believed that healthcare services are better than the public hospitals. Study findings are in line with studies conducted by (Maluka, 2013 and Ka Ousseynou *et al.*, 2017). Findings of these studies revealed that exemption is not effectively implemented because of low funding, mismanagement of the fund and unnecessary bureaucratic procedures of the exemption procedures.

Despite that exemption aimed at relieving them from the impact of hospital user fee in order to promote access to healthcare services among the vulnerable and marginalised groups such as children, pregnant women, and old people; the current practice shows that; it has not met the intended goal. Evidence from empirical studies such as (Nhongo, 2005; Spitzer *et al.*, 2009; Mujinja and Kida, 2014) further confirm that, implementation of exemption is still challenged by number of constraints such as poor allocation of fund and mismanagement, bureaucratic procedures as well as reluctance of health service providers and local government officials to adequately deliver to old people their entitled services. Again, despite rigorous efforts and initiatives by the government of Tanzania to ensure health coverage for all old people under exemption scheme, field findings indicated that, its implementation is limited in some specific health services such as medical consultations, diagnosis and pain killer medicine.

In line with this finding, another study conducted by Ka Ousseynou *et al.*, (2017) also revealed that major medicine envisioned for the treatment of the chronic illness such as arterial high blood pressure, diabetes and other medicines of speciality are not available in the pharmacies of the public health centres. Findings further illustrated geriatric medicines do not appear on the list of essential medicine which is guaranteed by exemption. During the in-depth interview and focus group discussion respondents voiced that lack of essential medicine, poor diagnostic instruments, long waiting hours, transport problems due to their mobility problems. Experience shows that exemption policy in public hospitals has not met the intended goal of providing wider health coverage to old people as they are still experiencing difficulties in accessing healthcare services. One respondent during the in-depth interview narrated that;

“Despite that the government is trying to create good environment for us old people to get free healthcare services, truth of the thing is that healthcare services for old people is not free as others think. If you go to hospital, you must carry money to buy medicine and other un-described charges. When you go to the hospital, doctors and nurses receive you well, but medicine prescribed by doctors when you go to the hospital pharmacy, they tell you that this medicine is not available..... you will hear them telling you that go to Mr. Tupatupa (private pharmacy) in town to buy medicine” (75 years old woman from Nyachenda ward)

Though old people acknowledge that the government has committed resources to ensure that old people get healthcare services, their outcry is still on the availability of medicine. As a result, they are forced to use out pocket payments to access medical in private health facilities. This has negative consequences to majority of the poor old people who can't afford the cost and they end up selling their personal asserts as she revealed further that;

“Last year I was attacked by asthma and I had a severe chest cough as you can see my health condition, I have not fully recovered yet. I went to mlimani hospital (Kasulu District Hospital). After taking an X-ray, the doctor wrote for me medicine. When I went to the pharmacy, they told me that these medicines are not available. The only medicine I got was Panadol which did not help me. I survived with my illness till I sold my two goats to get money for buying those medicines”

It was also realised that exemption measure is limited to simple illness. When it comes to complicated ill-health conditions that require medical services of high specialisation, its coverage is almost insignificant. This implies that exemption measure has not been translated into clear plans that are realistic to address health needs of old people. Exemption directives remain in theory. Cooksey (2016) agrees that among the problems facing health initiatives in developing countries such as Tanzania is that politicians endorse policies and programs that are not realistic in implementation and does not consider social-economic conditions prevailing at the moment. Additionally, (Spitzer *et al.*, 2009) also echoes similar findings by proposing that existing plans by governments in most of African countries do not link with needs of the people including old people. During the in-depth, old people expressed their sentiment that implementation of exemption is hindered by lack of



political will and commitments by government officials. One old man remarked by saying that.

“.....exemption for old people is being used by politicians to gain popularity. When there is no election coming, you won't see any leader coming to listen to our problems. As for now election is near and you will see them being close. But what they address to the general public is different from the reality....., if you go to the hospital, you will witness yourself how old people are struggling to get healthcare services. Our leaders don't show any commitment or being concerned” (68 years old man from Kimobwa ward)

It can also be stated that lack of political will, accountability and commitment is among the factors that hinder effective utilization of exemption services for old people. Study by (Kanukisya, 2008) argues that political-will was ranked top ten as a necessary condition for implementation of any policy. Basing on these findings, it can be concluded that if the government commits itself to provide healthcare services to all old people in Tanzania, health problems experienced by old people will be minimized.

Findings again are in line with study by (Kwesigabo *et al.*, 2012) and Mackintosh *et al.*, 2010). These scholars argue that major challenges for implementing exemption within the health sector is shortage of essential medicine and unnecessary hospital charges. Other results (Mmbuji, *et al.*, 1996) found that, there is mismatch between the existing policies and plans to meet the growing needs of the old people. Again, respondents expressed their deep concern that the government doesn't give priority to old people and they are neglected. They argued that high priority is given to pregnant women and children under five. For instance, one old man his feelings that;

“.... the government see old people as people who don't contribute anything to the nation. That's why they don't consider our needs. You will hear different programs for children, pregnant mothers and youth but not for us old people. So even the issue of exemption it is not for us because we don't see real commitment of the government” (81 years old woman from Nyakitonto ward)

However, social workers had different opinions from old people. They claimed that old people are treated with dignity and they are being treated equally like other patients. However, they pointed out that exemption for

old people is very crucial as their income to purchase medicine declines. One of the big challenges is noted by social worker were the way medical officials especially at the pharmacy section are treating them. Doctor may prescribe medicine but when they go to the window, they are told that this medicine is out of store. This was strongly supported by one of the social workers who pointed out that;

“The initiatives by the government to introduce exemption for old people are a good measure. It has reduced the problem of old people walking with letters from village executive officer begging for contribution to buy medicine. The big challenge now is medicine. .... It is common for old person to go to the pharmacy and miss medicine. But those who pay directly to the cashier they get medicine” (health social worker at Kasulu district hospital)

In order to gain further insight about this problem, during an in-depth interview one of the government officials clarified that;

“...It is not true that we do not give priority to old people. We value them and honour their contribution; however, old people have generative problems in nature and cannot be addressed at once. So, in case we face crisis in medical supply, we give priority to children and pregnant women because they can lose their life for delay. Old people can wait or can come another day” (DMO- Kasulu)

From the aforementioned quotation, it can be concluded that among other factors that contribute to ineffective of the exemption is less priority given to address health needs of old people. This echoes findings by (Haazen, 2012) that found that advancing health coverage in most African countries is being hindered by lack of policy priority to its people including old people.

Another factor that affects implementation of exemption is low awareness on exemption among old people. Findings further indicate that some of the old people were not aware of the free services under exemption scheme. For instance, 3% of the respondent could not be able to tell whether exemption exists in public hospitals. Despite that exemption has been in operation since 1994 in Tanzania, little has been done to create awareness among the old people especially those living in rural areas. It was observed that majority of the old people do not visit hospitals because they are not aware of the free healthcare services provided under exemption. However, even those who managed to visit hospitals could

not demand for their entitlement of medicine. These findings correspond to findings by Ka Ousseynou *et al.*, (2017) in Senegal that revealed existence of low awareness among the old people on exemption. Another study by Musa, (2016) on the implementation of the ageing policy in Morogoro points out that the policy was not well implemented as there is a gap between what the policy directs and the real practice on the ground. Also, the same study revealed out that about 35% of the old people were not aware on the policy content, procedures and its implementation. During focus group discussion, old people voiced that there is low awareness among them is one of the factors that affect implementation of exemption. Others don't know if they deserve to be treated free. They think free healthcare services are for children only. For instance, regarding low awareness among old people, one respondent had the following to say;

“I do not know if we are not supposed to pay for healthcare services. Because when I go to hospital, they still ask me to pay 500 for opening file. I think exemption is only for children and not us old people” (67 years old woman from Rusesa Ward)

This explains that old people are still asked to pay some amount of money. For instance, when opening personal file, they are being charged Tsh. 500, buying medicine that are not available in public hospitals and other unofficial payments such as transport from home to health facility as it was revealed by one respondent. Again, old people expressed their concern that medical doctors and nurses do not give them special attention as compared to children. So when it comes to access free healthcare services, they become second option.

Another respondent shared his sentiments by remarking that:

“...in the absence of medicine, special priority is given to pregnant women and children and not us old people. When you ask them why they say that you are not sick and at the end they end up giving you pain killer to please you.” (64 years man from Rusesa Ward)

This evidence suggests that, in case of scarcity of medicine, old people are affected greatly. There is no special medicine set to treat old people are a result they consume what is available at that particular moment. Long queue by old people was also observed in Kasulu district hospital

especially during diabetes clinic. The slogan “*mpishe mzee kwanza*” existed in the doors of doctors but in principle it was not implemented and some old people didn’t know if they are being given such priority.

On the contrary, other small segment of the respondents 22(7.2 %) claimed that exemption measure introduced by the government is very effective. Old people revealed that, currently the government is effectively implementing health programs that foster effective provision of health services to all people including old people as revealed by one of the respondents;

Un like in the past, nowadays exemption is very effective. If you go to the hospital, the bureaucracy we used to get is no longer there. Health workers are now responsive to their work. If you go to mlimani hospital (Kasulu district hospital) and other health centres like Murubona you can see that medical doctors and nurses are ready to help. I think under the current present Magufuli, health care services to us old people are improved and medicine is available. (62 years old woman from Murubona Ward)

However, it was observed that those who were in favour that exemption is effectively implanted were those who had financial ability access medicine beyond public hospitals. Others were using NHIF cards to access health services. For instance, one respondent reveals that the following when she becomes sick;

I prefer going to public hospitals when I become sick and they are no big delay. But in case I don’t get the required services or if I am told to buy medicine that are not available in public hospitals, I use my NHIF card to get medicine from private pharmacies that accept the cards. .... We who have cards especially government retirees are in a better position to get medicine either private or public hospital. (68 years old woman from Murubona Ward)

It is worth noting that, beneficiaries of exemption especially old people can enjoy free health services if they are linked with other health services that are provided by private sectors so as to provide free choice and wider coverage. Drawing theoretical assumptions from functionalist theory, it should be noted that exemptions can only be effective if it is implemented in collaboration with other stakeholders such as the family, private hospitals and other none governmental organisations that cater for needs of old people including healthcare services. Apart from that, it is assumed that individual’s and family income potentially play a great role in

enhancing access to healthcare services; hence there is a need for the government and none governmental organisations to empower families living with old people so as to increase nutritional and financial access to healthcare services. Evidence from the field suggests that old people with stable family income had a choice to access healthcare services from public hospitals or private hospitals that seem to have better healthcare services. Findings are in line with study conducted by Ka Ousseynou *et al.*, (2017) which found that Despite that old people are exempted from hospital charges, exemption is limited to essential medicines and those medicine of speciality and major operations are not covered under exemption; hence old people and their families are obliged access in the private pharmacies with high cost.

## **CONCLUSION**

This paper concludes by holding the view that; exemption for healthcare services among the old people in public hospitals is ineffectively implemented. At different levels of health facilities, exemption is not systematically applied and, in some cases, old people are forced to use out pocket payments to access medical services that are not available within the public hospitals. The scope of exemption is also limited to medical services in public hospitals only, excluding private hospitals. Further, there is a need for the government to integrate health needs of old people with other existing social structures such as the family, community, religious institutions so as meet health, economic and social support to old people. This condition calls for immediate measures such as family empowerment to address the problems so as to improve delivery of healthcare services to old people especially those with low income and living in rural areas.

## **RECOMMENDATIONS**

Introduction of health exemption in public hospitals for old people in Tanzania was one of the important government initiatives in promoting healthcare services for old people especially those with low income and living in rural areas. However, the process is challenged both budgetary allocation and scope of its operation. Therefore, study recommends the following in order to promote access to healthcare services for old people through exemption measure. The current practice shows that health exemption for old people is limited within the public hospitals only. There is a need to extend exemption in private hospitals so as to widen choice and scope in accessing healthcare survives for old people. Also,

there is a need for the government through the parent Ministry of Health, Community Development, Gender, Elderly and Children drawing reference from Tanzania Social Action Fund (TASAF) program; to empower households' families with old people through fund transfer so as to increase access nutrition and medical facilities that are not available in public hospitals.

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