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Beyond Health Insurance: Why Tanzania Needs Integrated Health Systems to Achieve Universal Health Coverage

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Opinion

As Tanzania operationalizes its Universal Health Insurance (UHI) policy, aiming to expand financial protection and move closer to Universal Health Coverage (UHC), there is a risk that emphasis on financial enrollment and insurance uptake alone may be interpreted as achievement of UHC. However, financial coverage without integration into an end-to-end health care delivery system, risks leaving fundamental barriers to access and quality unresolved, undermining health outcomes and equity.

UHC is defined by the World Health Organization as ensuring that all people and communities can use promotive, preventive, curative, rehabilitative, and palliative health services of sufficient quality while safeguarding against financial hardship [1]. While insurance expansion is a critical component of UHC, evidence from Tanzania and other low- and middle-income countries indicates that insurance coverage by itself does not guarantee responsive, quality care, especially when health systems remain weak and fragmented.

In Tanzania, the expansion of Community Health Funds (CHF), improved Community Health Fund (iCHF), and other insurance mechanisms has increased utilization among some insured groups, including elderly adults in rural areas, nevertheless, participants often reported dissatisfaction with the responsiveness of services due to limited benefits, restricted use of services, and constrained provider capacity [2]. These findings illustrate that financial protection must be coupled with a robust system capable of delivering quality, continuous care at all levels of service delivery.

Crucially, achieving an integrated health system requires more than pull factors such as insurance enrollment it requires strategic health financing and purchasing approaches that link pooled funds with actual delivery of appropriate services [3]. Strategic health purchasing is an evidence-informed mechanism that aligns provider incentives, defines clear benefit packages, contracts capable providers, and monitors performance toward population health goals. Research from Tanzania highlights the need for stronger purchasing arrangements across schemes like the National Health Insurance Fund (NHIF), Social Health Insurance Benefit, and iCHF to support equitable access to quality services under UHC [4].

The concept of integrated care, where services are coordinated across the continuum from primary prevention to advanced treatment, supports the premise of "end-to-end" systems. Health systems that function in siloes with fragmented financing, disconnected service delivery, or weak referral mechanisms often fail to deliver the quality outcomes that UHC aspires to achieve. Indeed, global evidence shows that quality of care remains suboptimal in many contexts pursuing UHC, and expansion of service coverage alone without quality integration is insufficient [5].

Primary health care (PHC) systems are central to this integration. PHC not only brings services closer to communities, but also serves as the entry point to higher levels of care when needed. A mixed-methods review across diverse country settings concludes that strengthening PHC services improves access and contributes to progress toward UHC by enhancing service delivery, workforce capacity, governance, and financing integration [6].

The Tanzanian reform context also requires explicit alignment of insurance benefits with a realistic and operationally defined care package, backed by capacity to deliver those services. Strategic purchasing must

therefore be designed so that insurance schemes systematically contract and pay providers based on population health needs, with mechanisms for performance monitoring that emphasize quality and equity. This approach enhances accountability and encourages investment in essential infrastructure and human resources elements necessary for effective end-to-end care.

Finally, the focus on integrated financing and service delivery resonates with global UHC frameworks that underscore comprehensive systems rather than isolated components. While financial risk protection is necessary, including prepayment and pooling mechanisms, it alone does not equate to universal access to needed care unless embedded within a functioning, responsive delivery system.

As Tanzania implements its Universal Health Insurance policy, it is imperative to ensure that expanded coverage is matched by a health system equipped to deliver continuous, high-quality care throughout the patient journey. Only then can the promise of UHC financial protection, access to needed services, and improved health outcomes for all Tanzanians be realized.

Author Contribution

Baraka M. Kalinga: conceptualization and writing; Hosea A. Mbwagha: writing and proofreading.

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