Responsibility: Is Health a Global Value?

Chair: Lisa Kelly, Chief Operating Officer, Nottingham University Hospitals

Speakers:
- Sam Clarke, Communications Manager, Standing Voice
- Abi Deivanayagam, Associate Researcher, Institute of Health and Society, Newcastle University

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Skin Cancer Prevention for People with Albinism in Africa
A Model of Intervention
Who we are
Defending the rights of people with albinism across Africa
Health
Education
Advocacy
Community
Skin Cancer Prevention Programme

96% patient attendance rate in Tanzania

643 registered patients in Tanzania

43% reduction in rates of actinic (solar) erythema in Malawi since 2017

6% patients using sunscreen

91% TANZANIA

89% MALAWI

5 people with albinism supported in dermatological health

% of national population of people with albinism reached in Tanzania
Reduction in presentations of skin cancer and conditions associated with its development

**Average Prevalence of Skin Conditions (%)**

**Tanzania**

**Malawi**

- **Cheilitis**
- **Erythema**
- **Lentigines**
- **Actinic keratoses**
- **Suspected malignancy**
- **Average**

2017 2018 2019
Behavioural changes in people with albinism demonstrating increased capacity to adopt self care prevention measures.
What are the financial barriers to accessing healthcare for older people in rural Tanzania? An assessment of policy implementation

Dr Abi Deivanayagam
Dr Grace Lewis
Professor Richard Walker

Dr Sarah Urasa
Dr John Kissima
Dr Irene Haule
1. Background
Is health a global value?

First Expression of the Right to Health
The WHO Constitution (1946)

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition (...)

“UNIVERSAL HEALTH COVERAGE: THE SINGLE MOST POWERFUL CONCEPT THAT PUBLIC HEALTH HAS TO OFFER.”
A history of health financing in Tanzania

1. The introduction of user fees
2. Emergence of exemptions and waivers
3. Poor implementation of exemption policies
4. Implementation science
2. Purpose of research

AIMS

1. To investigate the barriers to achieving UHC in Hai District
2. To explore solutions to achieving UHC in Hai District

RESEARCH QUESTIONS

- What are the advantages and disadvantages of user fees in Hai?
- Is the exemption policy failing in Hai? Why?
- What are the solutions in the short term and long term?
- How can we set priorities for access to healthcare in this setting of limited financial resources?
3. Methodology

Design

- Mixed methods - qualitative and quantitative

Collection

- Feb-March 2019
- Questionnaires, focus group discussions and interviews
- In Swahili and English, transcribed in Swahili then translated to English

Analysis

- Descriptive statistics
- Thematic analysis using an inductive, open coding approach
- Transcripts were coded separately by two researchers and final themes agreed upon through consensus
4a. Main results - quantitative

N=204

68% of people in the sample were aware of the exemption policy for adults aged >60 years.

Did you know that all people over the age of 60 years are exempt from paying for healthcare?

Variability of awareness across villages:
Exemption vs. Out of pocket payments (OOPs)

- Health insurance status - 24.62 (95% CI 17.4-31.8). N=234
- Average number of times paid for healthcare in last 12 months
- Range of OOPs in last 12 months: 0-439 USD
- OOP Median = 36.42 USD
- Exemption granted:
  - Mungushi: x1 disease-specific exemption
  - Mashua: x1 exemption card, x2 ad-hoc letters
  - Kimashuku: x1 letter
  - Lemira Kati: nil
  - Shiri Mgungani: nil
## 4b. Main results - qualitative

<table>
<thead>
<tr>
<th>Theme</th>
<th>Example quote</th>
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<tbody>
<tr>
<td>&quot;Nalipia tu&quot; (I just pay)</td>
<td>&quot;It is true. If you do not have money, when you reach the hospital, no one listens to you. You are left there on the chair [...] You wait and others are being treated. You are left there.&quot; (62 year-old male with Polio)</td>
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<td>&quot;Kama sio watoto&quot; (If it weren't for the children)</td>
<td>&quot;Because the treatments have taken everything. When you have no chickens to sell, you remain the way you are.&quot; (50 year-old female village committee member)</td>
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| "Zinajulikana" (They are known) | "There are those with more problems and those with less problems." (84 year-old female)  
"If we are there, there will be no bias because they are known." (64 year-old female) |
## 5. Strengths and Limitations

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<th><strong>Strengths</strong></th>
<th><strong>Limitations</strong></th>
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<tr>
<td>Mixed methods</td>
<td>Fear of disclosing opinion</td>
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<td>Triangulation</td>
<td>Enumerators undertaking questionnaires</td>
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<td>Focussed research question based on existing data</td>
<td>Solution is specific to Tanzania, or to this region - cultural specificity is present within East Africa</td>
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5. Conclusions

1. The policy is poorly implemented
2. User fees along with exemption aren’t working
3. Short term solutions
4. Long term solutions
5. Policies need to be pro-poor, targeting the most vulnerable
Thank you!

*Old age is not a disease - it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials and illnesses.*

-- Maggie Kuhn, activist against ageism, Founder of the Grey Panthers Movement.

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