

16th JOINT ANNUAL HEALTH SECTOR POLICY MEETING.

JOINT POLICY COMMITMENTS FOR 2016

KARIMJEE HALL

FEB 11TH 2016

PREAMBLE

The 16th Joint Annual Health Sector Technical Review meeting (TRM) took place at the National Institute for Medical Research on 26th and 27th November 2015. This will be followed by the Policy Meeting scheduled for 11th February 2016.

The TRM was chaired by the Permanent Secretary (PS) of MOHSW (now Ministry of Health, Community Development, Gender, Elders and Children, MOHCDEC) Dr Donan Mmbando, and co-chaired by the Deputy Permanent Secretary, PMO-RALG, (now President's Office – Regional Administration and Local Government, PO-RALG), Dr Deo Mtasiwa. Participants came from government, private sector, civil society and development partners. A list of participants is attached.

During the opening, the PS reminded TRM participants that Tanzania has signed up to the Sustainable Development Goals (SDGs), which now need to be internalised. These require the sector to take a holistic view of health, to consider equity (Universal Health Coverage) as central to the development agenda, and to build linkages with other sectors so as to address multi-determinants of health (health in all policies). The cholera crisis is an example of the urgency of strengthening multi-sectoral approaches. He also informed participants that Tanzania has recently been declared polio-free. As the sector begins implementation of Health Sector Strategic Plan IV, he called for greater accountability for results at all levels.

Priority actions, which were agreed following the various presentations and discussions, including contributions from the Government, development partners, the private sector and the civil society, during the meeting have been summarised and grouped into Eight thematic areas. These have been presented and discussed by health stakeholders at the Policy Meeting chaired by the Minister. The Conclusions will compose the joint 2016 policy priority Commitments (Aide Memoire). A Joint press release to the Public (media) and signing of the Commitments by the Health Partners in attendance is hereby proposed.

1. PREVENTION and COMMUNITY HEALTH

The TRM stressed the importance of preventive services and, related to this, the community health agenda. The Government of Tanzania was commended for having finalised the policy and strategic framework for the Community Based Health Programme and for having initiated training of a new cadre of Community Health Workers (CHWs). Key issues raised¹ included: definition of the Scheme of Service, including clear specification of basic curative services to be provided by CHWs; local recruitment and deployment of CHWs; and quality assurance of the training.

¹ See Priorities for advancing community health agenda as per HSSP IV

It was agreed that:

- The MOHCDGEC, PO-RALG and other core stakeholders will agree on the outstanding priority issues related to institutionalisation of the new CHW cadre by end of the first quarter of 2016, through a dedicated high level Round Table meeting.

2. EQUITY

The need to target disadvantaged areas, and to maintain the Health Sector Strategic Plan (HSSP) IV focus on equity throughout its implementation were agreed. The need to use the improved datasets in order to channel resources to priority services and geographical areas, which are lagging behind, was acknowledged. The importance of ensuring an equitable distribution of all available resources was stressed, noting that the existing formula applies only to selected sources, with off-budget allocations skewing the overall picture. The importance of harmonisation with social protection strategies in implementation of health financing strategy was also agreed, eg priority enrolment of the poor in the envisaged Single National Health Insurance (SNHI).

It was agreed that:

- A comprehensive geographic mapping of external resources will be undertaken by the end of 2016.

3. HEALTH FINANCING AND PUBLIC FINANCIAL MANAGEMENT

Discussions on health financing focussed on the need for approval of the Health Financing Strategy (HFS), advocacy for increased resources for the sector, and improved public financial management. Agreed actions reflect those identified in the roadmap for HFS implementation.

It was agreed that:

- MOHSW (now MOHCDGEC) will undertake a legislative review prior to development and submission of the SNHI Act for approval by the Parliament by June 2016
- MOHCDGEC will spearhead and advocate for the passing of the Single National Health Insurance legislation by Cabinet by end 2016
- MOHCDGEC, NHIF, and partners will harmonise different CHF/TIKA approaches by end of 2016 towards a single design, in terms of: improved health insurance membership, enrolment, and financial data management; increased focus on enrolment of the poor; and introduction of a clear purchaser-provider split.
- MOHCDGEC and partners will make an evidence-based case for an increase in domestic financing in the FY2016/17 budget cycle, to progress towards a target of **US\$ 54 per capita**, linked to impact of HSSP IV interventions and the need to subsidise the poor
- MOHCDGEC and PO-RALG will establish simple planning, budgeting and financial reporting mechanisms for health facilities by end 2016
- MOHCDGEC will lead the establishment of a cross-ministerial Public Financial Management Technical Working Group with a view to improving the efficient use of available financial resources by end June 2016.

4. GOVERNANCE AND LEADERSHIP

Discussions on governance and leadership focused on three key priority areas: the relationship between MOHCDGEC and PO-RALG; review of the Common Management Arrangements; and strengthening of Decentralisation by Devolution.

It was agreed that:

- MOHCDGEC, PO-RALG and partners will endorse the (Sector Wide Approach) SWAp Code of Conduct and finalise the review of the Common Management Arrangements, to include clear accountability framework for MOHCDGEC and PO-RALG, and to promote multi-sectoral collaboration, by end of March 2016
- MOHCDGEC will reach agreement with the Ministry of Finance (MOF) on piloting of direct facility funding – both for Health Basket Fund as per 2015/16 Side Agreement, and for Results Based Financing (RBF) - by end of March 2016
- MOHCDGEC, PO-RALG and partners will clarify relationships between sector and other governance structures at sub-district level, in relation to health planning, budgeting and financial management by end March 2016, and ensure dissemination of the information to all levels
- MOHCDGEC and PO-RALG will advise LGAs to ensure and verify that health facility governing committee members input into, review and approve health facility plans in the 2016/17 planning round during their regularly scheduled quarterly meetings
- MOHCDGEC and PO-RALG will (through relevant local authorities) instruct the in-charges of health facilities to share information with their communities on: facility plans, revenues, expenditure, availability and stock out of medicines, and progress of implementation reports, in agreement with health facility governing committees, as per Open Government Partnership (OGP) by end March 2016.

5. HUMAN RESOURCE FOR HEALTH

Discussions on Human Resource for Health (HRH) identified key priority areas including: the operationalisation of the Pay and Incentive Policy; task-sharing; and continuous professional development (CPD). The need to expedite policy reform required to implement HRH BRN initiatives in order to make progress towards more HRH distribution was acknowledged.

It was agreed that:

- MOHCDGEC, PO-PSM, PO-RALG and DPs will take action by end March 2016 to implement amendments to policies and processes required to achieve HRH BRN targets
- MOHCDGEC will issue a directive to LGAs, through PO-RALG, regarding planning and budgeting for operationalisation of the Pay and Incentive Policy within their 2017/18 CCHPs
- MOHCDGEC will finalise the draft HRH Task Sharing Policy Guideline by end of June 2016, with the incorporation of clear specifications on the role of each cadre against the Tanzanian National Essential Health Care Intervention Package, including the basic curative services to be delivered by CHWs; and an implementation plan

- MOHCDGEC will finalise the national Continued Professional Development guidelines by end of June 2016, for approval by the statutory regulatory bodies.

6.COMMODITIES

Improved management and governance of health commodities at health facilities and at district council level is a priority under BRN and within HSSP IV. Absolute funding constraints mean that available resources must be used efficiently, and additional means of financing medicines and other essential commodities must be found.

The following actions were agreed:

- MOHCDGEC will share the roadmap for implementation of the Global Fund assessment recommendations, including debt repayment, as a means of improving MSD performance and efficiency, with the SWAp committee by end February 2016
- MOHCDGEC and PO-RALG will ensure that both existing and new resources for logistics/commodities are channelled towards agreed priority BRN initiatives within the 2016/17 plans and budgets at all levels
- MOHCDGEC will issue clear policy guidelines, through PO-RALG, outlining one clear model for complementary procurement of essential medicines and health commodities by LGAs and health facilities, by end of March 2016.

7. MONITORING & EVALUATION and DATA MANAGEMENT

The significant improvement in Health Management Information Systems, and the potential of DHIS2, was lauded by TRM participants. However, challenges remain in terms of the completeness, timeliness and accuracy of data submitted by LGAs. Three priority areas emerged: further strengthening of health information systems; transitioning to electronic systems; and use of data for decision-making.

The following actions were agreed:


- MOHCDGEC will finalise the Health M&E Strengthening Plan by end of March 2016, including a roadmap for evolution from paper to electronic systems, as well as for increased harmonisation and inter-operability of data systems, including financial data
- MOHCDGEC and PO-RALG will disseminate findings of national assessments and relevant data to LGAs and other users in a timely manner, and in relevant, user-friendly formats to inform service planning and decision-making.

8.SERVICE DELIVERY

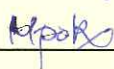
Discussion focused on the agreed standards for health and social welfare facilities, the star-rating assessment of primary level facilities, strengthening supportive supervision, and accreditation of higher-level facilities.

The following actions were agreed:

- PO-RALG will disseminate the Basic Standards for Health and Social Welfare Facilities (Volume 1-5) to all regions and LGAs by end of March 2016

- 
- MOHCDGEC and PO-RALG will ensure that, as findings of the Star-Rating Assessment of all primary health facilities become available, they are translated into costed, facility-specific quality improvement interventions captured within the CCHPs, for follow-up through supportive supervision, starting with BRN regions, by June 2016
 - MOHCDGEC will revise the supervision guidelines to separate inspection and supervision functions, and to effect a move away from the current checklist approach towards a harmonised mentoring and coaching model, by end of December 2016
 - MOHCDGEC will develop a roadmap for expansion of accreditation for regional, referral, zonal, specialised and national health facilities, using agreed standards, by June 2016

Signed, this 11th day of February, 2016



Dr Mpoki Ulisubisya

Permanent Secretary, MOHCDGEC



Dr Deo Mtasiwa

Deputy Permanent Secretary, PO-RALG



Carol Hannon

Chair, DPG-Health Troika