



DOCUMENTATION OF LESSONS LEARNT FROM PARTNERSHIP THROUGH HEALTH SECTOR WIDE APPROACH IN TANZANIA

2016 – 2019

Experiences, Best Practices and Challenges

November 2019



World Health
Organization



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN

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Foreword

The Health SWAp is a partnership dialogue and coordination instrument established in 1999 with a joint Program of Work (PoW) for improving health and well-being of Tanzanians. It aims at achieving the national development goals through implementation of Health Sector Strategic Plan and ultimately attaining Sustainable Development Goals (SDGs), 2015-2030. The current SWAp arrangement includes Government (Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDEGEC), President's Office-Regional Administration and Local Government (PORALG), President's Office-Public Service Management and Good Governance (PO-PSMGG), and Ministry of Finance and Planning (MOFP)), Development Partners Group for Health (DPGH), the Private Service Providers, Civil Society Organizations (CSOs) and Health related Non-Governmental Organisations (NGOs).

The Health SWAp in Tanzania is principally guided by the Code of Conduct which defines the core partnership principles and roles of all partners. Through Health SWAp, Health Basket Fund (HBF) has been operational by complementing the Government of Tanzania (GOT) funding at all levels with more focus in strengthening primary health care. Since 2016, further Decentralisation to Facility level planning and resource management (Direct Health Facility Financing (DHFF)) was jointly effected and enhanced by disbursement of the HBF directly to all public primary health facility bank accounts. A positive community participation response through Health Facility Governing Committee is observed countrywide; a move towards a sustainable development.

A recent movement by 15 sectoral Ministries in adopting Health in All policies (HiAP) to address the social determinants of health, is another complementary advantage towards a broader and stronger Government representation and leadership in the Tanzanian health SWAp.

This H-SWAp documentation is a demonstration of the important role played by the Government and Health SWAp partners towards ensuring aid and development effectiveness in improving health outcomes and well-being of Tanzanians. It is also an opportunity for sharing best practices identified from the SWAp partnership. We hope that it will encourage more development partners in health to join the H-SWAp Partnership and Health Basket Fund in order to sustain the current health gains, achieve UHC and accelerate progress towards achieving the SDGs by 2030. Together we can make a significant difference.


Umyy A. Mwalimu (MP)

Minister for Health, Community
Development, Gender, Elderly and
Children

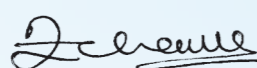

Suleiman S. Jaffo (MP)

Minister of state, President's
Office Regional Administration
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Acknowledgement

The development of this Health SWAp documentation was made successful through inputs from all SWAp partners including the Government, Development Partners, Private Sector, Civil Society Organisations and Non-Governmental Organisations. The Government of Tanzania would like to express its sincere gratitude to SWAp partners. The Government acknowledges individual contributions of the consultants: Real2Reel Company and Dr. Oberlin Kisanga, who conducted interviews with the Health SWAp partners, and compiled the information. Special thanks to Dr. Catherine Joachim, the Head of Health Sector Secretariat-Ministry of Health, Community Development, Gender, Elderly and Children for the final editorial of this documentation.

Our appreciation to the World Health Organization (WHO) for their support towards development of this important document.



Dr. Zainab A.S. Chaula

Permanent Secretary - Health
Ministry of Health, Community Development,
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Acronyms

AHSPPR	Annual Health Sector Performance Profile Report
BEmONC	Basic Emergency Obstetric and Newborn Care
BFC	Basket Fund Committee
CCHP	Comprehensive Council Health Plan
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CEOs	Chief Executive Officers
CHF	Community Health Fund
CMA	Common Management Arrangement
CP	Co-operating Partners
CSOs	Civil Society Organisations
DPG H	Development Partners Group for Health
DPS-H	Deputy Permanent Secretary-Health
FBO	Faith Based Organisation
GBS	General Budget Support
GOT	Government of Tanzania
HBF	Health Basket Fund
HiAP	Health in All Policies
HoCs	Heads of Co-operation
HSSP	Health Sector Strategic Plan
H-SWAp	Health Sector Wide Approach
HRH	Human Resources for Health
JAHSR	Joint Annual Health Sector Review
JAHSR	Joint Annual Health Sector Policy Review
JAHSTR	Joint Annual Health Sector Technical Review
MDGs	Millennium Development Goals
MOHCDGEC	Ministry of Health Community Development Gender Elderly and Children
NGOs	Non-Governmental Organisations
PFM	Public Financial Management
PoW	Program of Work
POPSM	President's Office Public Service Management
PORALG	President's Office-Regional Administration and Local Government
PPHF	Public Private Health Forum
PHC	Primary Health Care
RMOs/DMOs	Regional and District Medical Officers
SDGs	Sustainable Development Goals
WHO	World Health Organization

Definition of Terms

Government of Tanzania (GOT): means the entire apparatus of the Government, its Ministries and Agencies of the Tanzania Mainland, represented here primarily by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), President's Office – Regional Administration and Local Government (PO RALG), Ministry of Finance and Planning (MOFP) and Ministry of Foreign Affairs (MOFA), President's Office Public Service Management (PO-PSM), President's Office – Planning Commission (POPC) and Tanzania Commission for AIDS (TACAIDS)

Cooperating Partners (CPs): is used to represent all non-GOT partners participating in the health sector, specifically includes Development and Implementing Partners.

Development Partners (DPs): include each and all of external bilateral, multilateral agencies, funding foundations and global/regional health funding initiatives that are committed to working together and with the GOT in a joint effort to support the funding, whether in pooled or non-pooled arrangements, and management of the implementation of the HSSP. DPs that are signatory to this Code of Conduct are listed at the end of this document.

Implementing Partners: unless where specifically qualified, is used to include:

Faith Based Organizations

Non-Governmental Organisations, civil society organisations, including community based organizations.

Private enterprises such as private hospitals, clinics, nursing homes, maternity homes, pharmacies, diagnostic, laboratory and supply chain services for medicines and health products and the umbrella organisations through which they are collectively represented.

Other institutions or entities which may become signatories to this Code of Conduct in accordance with Section 6 below

Health: 'a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity' and so includes social welfare. (WHO)

Health Sector is used to describe all areas pertaining to promoting and maintaining good health (including nutrition, gender, rights, social determinants of health, etc.) as well as all areas pertaining to prevention, curative treatment and rehabilitation due to ill-health that may be the responsibility of a number of Ministries, Departments or Agencies of the GOT but all of whom are coordinated by the MOHCDGEC. The MOHCDGEC being vested with responsibility for stewardship of the health sector as a whole, including setting national policy and quality standards, as well as ensuring regulation of the sector.

Sector Wide Approach (SWAp): is defined as a process in which funding for the sector, whether internal or external (including donors, global health initiatives, loan finance, etc.), supports a single policy and expenditure programme, using a common monitoring and evaluation framework, under government leadership, and adopting common approaches across the sector. It is generally accompanied by efforts to strengthen government procedures for disbursement and accountability, harmonisation of financing modalities among donors, and reduction in the earmarking of resources or in-kind donation, and alignment to national systems for provision of medicines and health products. A sector-wide approach ideally involves broad stakeholder consultation in the design and implementation of a coherent sector programme, and strong coordination among all stakeholders at all levels.

Code of Conduct: This is a principal guiding document for all stakeholders committed to implementation of the health-SWAp.

CHAPTER ONE:

SWAP OVERVIEW

How it evolved

Following the 1980s global economic recession, Tanzania like any other African countries embarked in a number of the reforms which include: financial reforms, public services reforms, economic management reforms and health. The Ministry of Health by then also initiated health sector reforms. The health reforms culminated with the development of the 1994 proposals for health sector reforms. The reforms were meant to address the deteriorating quality of Health Services; inadequate Human Resources for Health (HRH), inadequate Public Private Partnership and overall severe underfunding.

In line with the National Health Policy, the National Strategy for Growth and Reduction of Poverty and the Millennium Development Goals, the process for reform started with a joint appraisal mission for identification of the national health challenges, priorities and goals in 1993.

The Joint health sector appraisal mission recommended for the formulation of the health sector reform strategies. The strategies were translated into Strategic Plan. It was during the formulation of the Strategic Health Plan (Program of Work 1999-2002) when the Sector Wide Approach was most needed and adopted.

This health sector planning using SWAp dialogue structure has been maintained as evidenced by the subsequent, five-year, strategic Health Sector Support Plans; HSSP II (2003-2008), HSSP III (2009-2014) and the current HSSP IV (2015-2020). All strategic plans included a set of agreed indicators for tracking progress of achievement of the expressed strategic objectives and overall objective. On an annual basis, a comprehensive Health Sector Performance profile is prepared while an in-depth appraisal is effected during the Mid-term review.



Joint Launch of HSSP IV in February 10, 2016

Left to right Dr. Samwel Ogillo CEO-APHFTA, Irenei Kiria CEO-CSOs Rep, Hon. Suleiman S. Jaffo (MP) Deputy Minister PORALG, Hon. Umyy Mwalimu (MP) Minister-MOHCDGEC, Carol Hannon Chair DPG-H and Dr. Josephine Ballati FBO Rep.

Sector Wide Approach

The SWAp engages the Government, Development Partners (DPs), the Private Sector (PS) and Civil Society Organisations (CSOs) to coordinate, harmonise and align resources for the common goal. Using the SWAp reduces duplication, lowers transaction costs, increases equity and sustainability, and improves aid effectiveness and health sector efficiency. The approach involves government leadership towards:

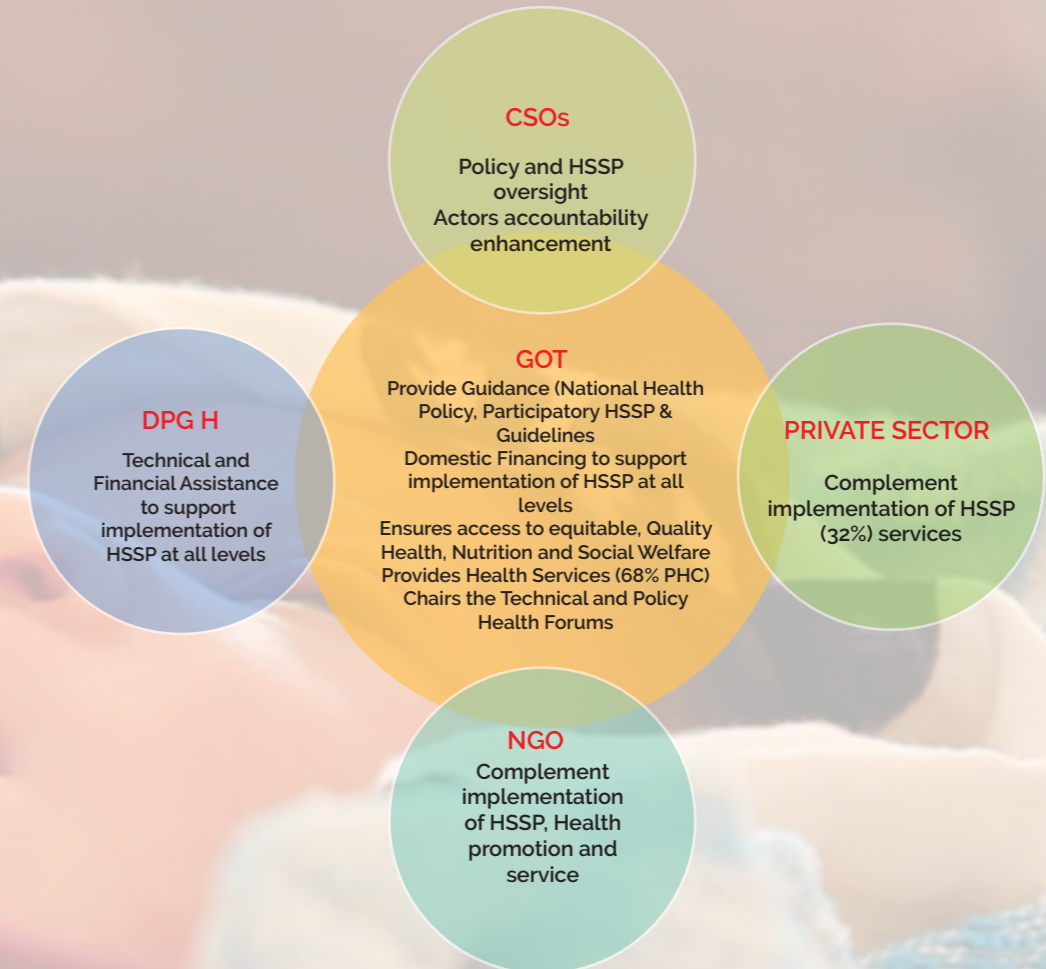
- A sustained partnership of all main sector partners;
- Developing and implementing a single sector policy that addresses public and private sector issues and is supported by all significant sector partners;
- A common, realistic expenditure program which supports the sector policy;
- Broadening policy dialogue through defining clear mechanisms for policy dialogue and consensus building;
- Defining common monitoring and review arrangements;
- Greater reliance on government financial and accountability systems.

Objective of the SWAp documentation

The SWAp stakeholders have decided to issue this documentation in order to highlight the lesson learnt in terms of experiences, best practices and challenges from twenty (20) years of partnership in Tanzania under the Health Sector Wide Approach (H-SWAp). It demonstrates the important role played by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), President's Office - Regional Administration and Local Government (PO-RALG) and health SWAp partners towards ensuring aid and development effectiveness in improving health and well-being of Tanzanians. The documentation also aims at orienting new health stakeholders on the SWAp processes in Tanzania. It is also an opportunity for other countries to learn the best practices from the Tanzania health SWAp.

CHAPTER TWO:

HEALTH SWAp FORUM- ITS FUNCTIONING AND EFFECTIVENESS



The Government of Tanzania

The GOT through MOHCDGEC provides leadership in the development and implementation of the National Health Policy, the Health Sector Strategic Plan, all relevant guidelines, effective functioning of the Common Management Arrangements (CMA) at all levels through inclusive consultative processes. PO-RALG is mandated with translation and implementation of Health Policy, the Health Sector Strategic Plan and relevant guidelines.

The Ministry of Finance and Planning (MOFP) manages the overall revenue, aid, expenditure, and financing of health sector resources, while President's Office Public Service Management and Good Governance (PO-PSMGG) is responsible with Public Sector Human Resource that constitute Human Resources for Health Planning and Establishment. The GOT encourages and supports Co-operating Partners (CPs) involvement in policy dialogue and planning at different levels, national, regional and local Government authorities. The GOT ensures equitable allocation of resources amongst state and non-state service providers implementing activities in line with the Health Sector Strategic Plan (HSSP).

MOHCDGEC and PORALG-H chairs and co-chairs all H-SWAp Technical and Policy Forums in order to ensure continuum of Technical and Policy dialogue. The GOT ensures joint ownership of the strategic and operational health development agenda through participatory engagement of all stakeholders from the development, implementation, monitoring and evaluation of the HSSP, Comprehensive Council Health Plans (CCHPs), Facility and Community plans.

The PORALG is Responsible for ensuring that Regional Administrations and Local Government Authorities deliver services including health services. Decentralisation by Devolution (D by D) and implementation is the approach used by PORALG to delegate provision of services to those levels.



On the left, the former Permanent Secretary MOHCDGEC-Dr. Mpoki Ulisubisya with the Outgoing Deputy Permanent Secretary PORALG Health-Dr. Zainab Chaula on the right, who is currently the Permanent Secretary MOHCDGEC.

Development Partners Group for Health (DPG H)

The DPG H consists of bilateral and multilateral partners with currently 21 members including High Commission of Canada, United States Embassy, Embassy of Switzerland, Royal Danish Embassy, Embassy of Ireland, Federal Republic of Germany, Embassy of Japan, Embassy of Italy, Embassy of the Republic of Korea, Embassy of France, Royal Norwegian Embassy, United Nations International Children's Emergency Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Programme on HIV and AIDS (UNAIDS), World Bank, World Health Organization (WHO), Food and Agriculture Organisation (FAO), International Organization for Migration (IOM), United Nations Development Programme (UNDP) and African Development Bank (AfDB).

It is one of the largest DP sector group in Tanzania. The DPG H was established to support the Government of Tanzania in its efforts to achieve the objectives of the National Health Policy (NHP), the Health Sector Strategic Plans (HSSPs) and other health related objectives in the national goals through SWAp. The overall aim of DPG H is to enhance development partners' commitment to support the GOT in improving the health and well-being of all Tanzanians and to promote coordination among development partners for the most effective use of development partner resources.

The group is organised under the Troika leadership (Present, Incoming and Outgoing Chairs) and meets every month to co-ordinate their views in relation to the joint government-partners Program of Work (POW). The DPG H participates in the health sector dialogue, in the development of the HSSP, it provides technical advice and support Health Systems Strengthening to the GOT and all eligible relevant actors for the implementation, monitoring and evaluation of the HSSP. The DPG H also ensures their support is aligned with government plans and budget cycle, accounting, disbursement, auditing and reporting at all levels.

The DPG-H Chair is the spokesperson for the DPG H regarding the health sector. The World Health Organization (WHO) Tanzania Country Office provides the secretariat role to the DPG H. The DPG H Chair collaborates with the Secretariat in among others, facilitating DPG H meetings, enhancing knowledge and information sharing, coordinate DPs support to sector's policy and strategic documents, and strengthening dialogue with the government counterparts to ensure alignment and harmonization of the DPG H support to the health sector.

"One more aspect on the strength of our SWAp arrangement I think is also the Troika system on the DPG H side. I personally find it extremely useful that you have the Outgoing Chair, the Chair and the Incoming Chair because due to the nature of the diplomatic services, we have the rotation system which is always a challenge for all people involved including and first and foremost of course, our partner government. I think it is always difficult to deal with new people who would come with different background and different levels of knowledge. And to always try to have this continuity, it is very useful to have this Troika structure system because you can always learn from one another and there are less likely gaps". Norzin Grigoleit-Dagyab, DPG Health Outgoing Chair and First Secretary-Development Cooperation, German Embassy

WHO as a Secretariat to the DPG Health, we support development partners (DPs) to strengthen collaboration among DPs and with the Government to ensure national priorities are achieved as per the Paris Declaration. We have our coordination and dialogue structure under the SWAp but the government is at the driving seat to lead us where we want to go". Leticia Rweyemamu, DPG H Secretariat, WHO.



Development Partners together with the government and other SWAp stakeholders at the 18th Joint Annual Health Sector Policy meeting held on 24th January 2018 in Dar es Salaam

The Private Sector

The Private Sector is represented in the H-SWAp dialogue by the private service providers: Association of Private Health Facilities in Tanzania (APHFTA), which serves the coordination role for the participation of the private for-profit facilities in the Health SWAp as represented by Christian Social Services Commission (CSSC) and National Muslim Council of Tanzania (BAKWATA)-the faith-based health facilities. They overall complement health services provision by close to 32% through PPP initiatives.

Public Private Health Forum (PPPHF) is in place to enhance joint H-SWAp dialogue and the government's move towards Universal Health Coverage (UHC). This is done through provision of the public health goods, communicable and non-communicable diseases prevention, maternal and child health and curative services through the service level arrangements.

Through the participation of the private sector, complementarity has been realised in quality health services improvement at all levels. The 2016/18 Star-rating and safe care quality assessment reports noted that linking health quality improvement in Malaria, HIV, reproductive, maternal and child health (RMCH) and the availability of essential medicine management through Accredited Drug Dispensing Outlets (ADDO), to affordable health micro-financing credit arrangement, is a move towards sustainable private sector.

"H-SWAp gave us a directive on how to move forward. In 2005, we had about 65 private facilities enrolled as members of the Association. Today, we have close to 1000 private facilities representing each area of the health care. If you look at the private sector in this country, private facilities comprise about 25% but if you add Accredited Dispensing Drug Outlets (ADDO), we have more than 10,000 facilities. By bringing in the private sector to work with the Government, the Government policies will now be translated into action by involving these major players who contribute 50% of health care in this country". Dr. Samwel Ogillo, Chief Executive Officer, APHFTA.



Government Signs PPPH Communiqué with the private sector representative APHFTA

Civil Society Organisations (CSOs)

Since 2015, SIKIKA organisation has been representing CSOs in the SWAp dialogue. CSOs serve the purposes of policy and implementation oversight, assessment of actors coherence to the Code of Conduct, assessment of service readiness and availability, and SWAp actors performance and accountability assessment. Representation of citizens' voices in the policy dialogue is also at the centre of their responsibilities. ***"It is difficult to relate the growing healthy participatory vigour in the health sector to none but the health SWAp"*** Irenei Kiria, Executive Director, SIKIKA

Non-Governmental Organisations (NGOs)

Within the 2015-2020 period, the Benjamin Mkapa (BMF) Foundation serves the co-ordination role for the participation of the NGOs in the Health SWAp. Key roles of the NGOs working in health include complementing the role of the government and private providers in service provision, health promotion and advocacy. The BMF Foundation established in 2006 has uniquely supported the government in complementing the Human Resource for Health (HRH) enrolment, health infrastructure improvement for provision of emergence obstetric and general care, combating HIV/AIDs, facility quality assessment and improvement plans and reaching the remote households through health promotion by use of Community Health Workers (CHWs). ***"A coordinated effort of all the NGOs at all levels has a room in supporting the Government's strategy towards Universal Health Coverage"*** Dr. Ellen Mkondya-Senkoro, Chief Executive Officer, Mkapa Foundation

Professional Associations

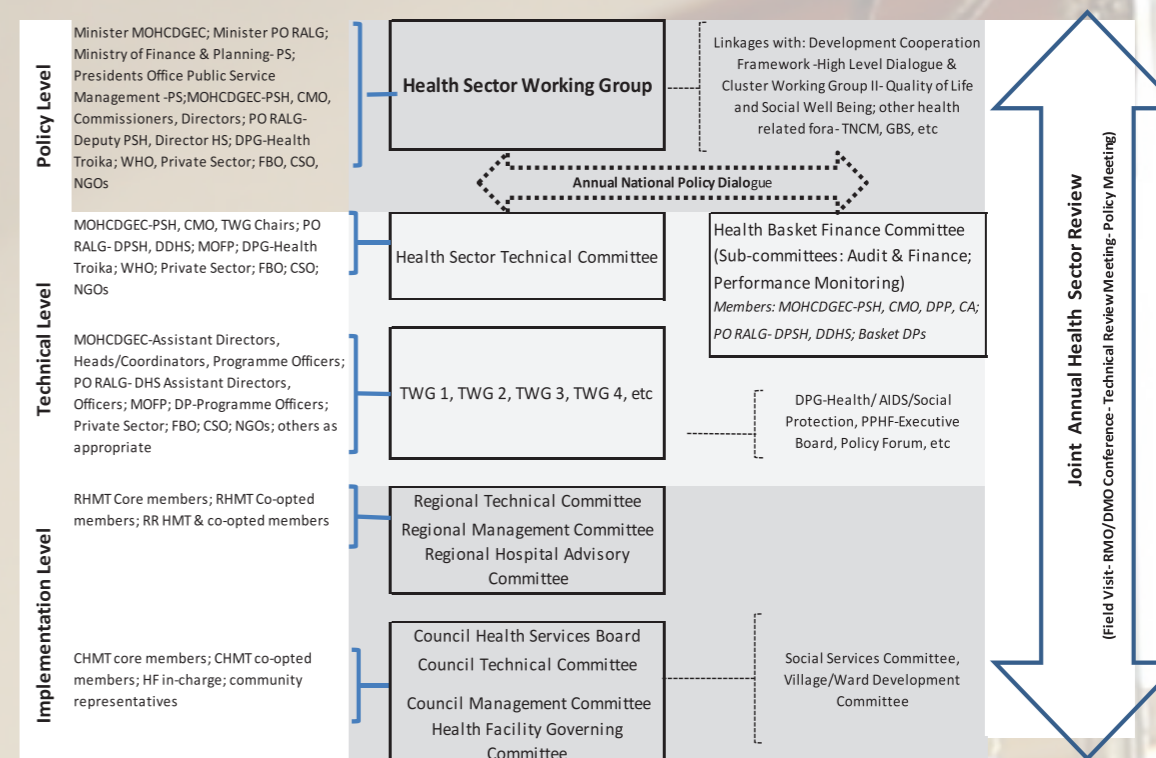
These are represented in the SWAp dialogue by the Tanzania Public Health Association (TPHA)

Common Management Arrangement and Coordination

The Common Management Arrangement (CMA) describes commitments, expectations, inter-relationship, roles and responsibilities of all parties: Government of Tanzania (GOT) and Cooperating Partners (CPs), who implement HSSP through SWAp. The CMA entails all stakeholders' improvement in increasing transparency, resource predictability and allocation of financing; reducing transaction costs, better coordination and alignment of multiple inputs and activities which serve the health sector objectives for better results and value for money. CMA recognizes institutional, legislation, mandates and roles of all sector partners and aims to complement them.

The CMA describes the sector dialogue and coordination, the planning and budgeting, the financial and procurement management and the monitoring and evaluation. CMA encourages losing identity of individual contribution, while promoting broader strategic policy dialogue and joint results. The Health SWAp governance and dialogue structure consist of a Health Sector Working Group (HSWG), chaired by the Minister for Health and Co-Chaired by the Minister of State -President's Office Regional Administration and Local Government, during the Joint Annual Health Sector Policy meeting (JAHSR-PM). It discusses and endorse policy recommendations from the Health Sector Technical Committee (HSTC), which are translated into Annual Health Sector Policy Commitments. The Policy Commitments guide direction for the GOT and CPs annual resource mobilisation. The Joint Annual Health Sector Technical Review Meeting (JAHSR-TRM) is Chaired by the Permanent Secretary MOHCDGEC and Co-Chaired by the Deputy Permanent Secretary for Health PO-RALG. It discusses and coordinates technical issues from all levels and synthesize Policy Recommendations which are then tabled to the JAHSR Policy meeting. The JAHSR TRM is supported by the SWAp Technical Working Groups (TWGs). The JAHSR is preceded by the Joint Field Visits by the Government and SWAp partners and Regional and District Medical Officers (RMOs/DMOs) Conference that assess performance of the health sector on the ground. Regional and Council Management and Technical Committees, Council Health Service Boards, Hospital Boards and Health Facility Governing Committees discuss and coordinate implementation of services at regional and council level. The Health Sector Governance and Dialogue Structure is illustrated in figure 1 below:

Fig 1: Health Sector Governance and Dialogue Structure



Hon. Minister PORALG, Suleiman Jaffo with Hon. Minister MOHCDGEC, Ummu Mwalimu jointly leading a policy meeting; followed by DPG-H Chair, Carol Hannon in 2016.

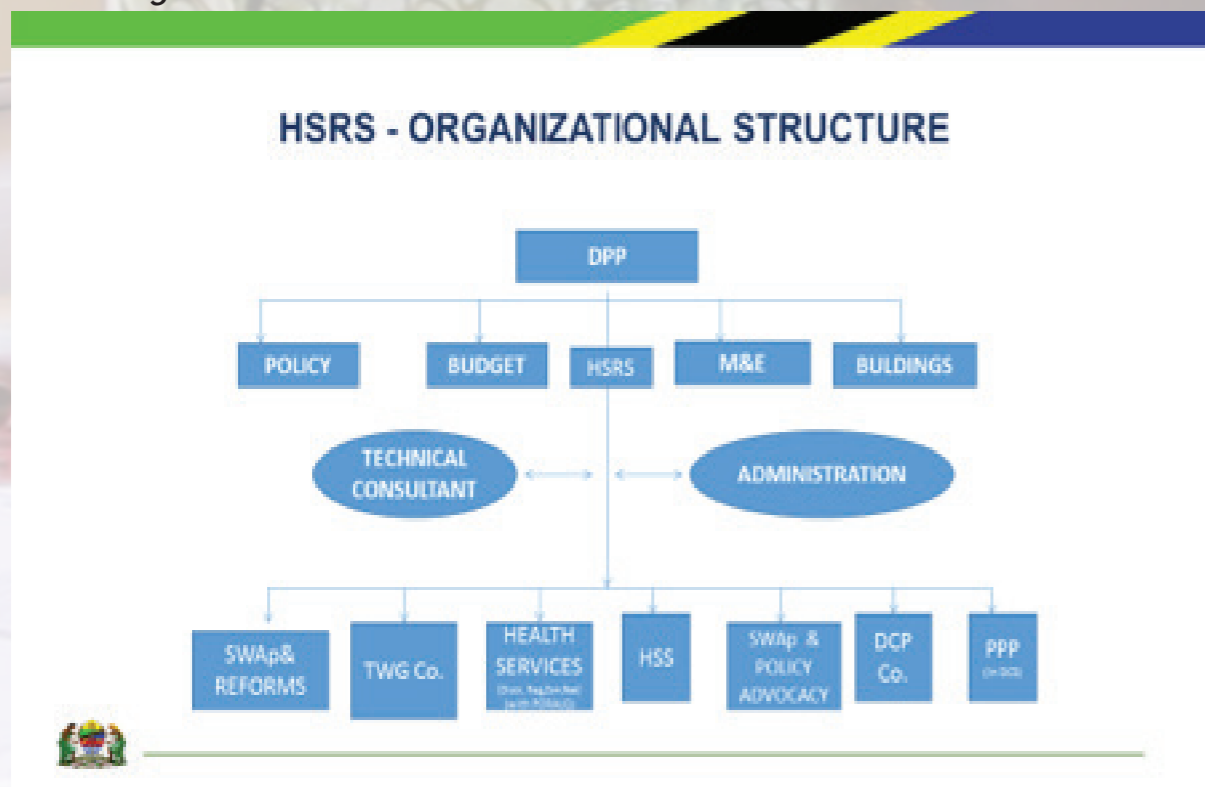


Minister of Health, PORALG, DPG-H Chair, WHO Representative, Private Sector, CSOs, NGOs and other 2014 Annual Policy meeting delegates.

Sector Coordination

The Health SWAp is centrally coordinated by the Health Sector Reform Secretariat (HSRS) seated in the Directorate of Policy and Planning as shown in figure 2 below:

Figure 2: HSRS Organizational Structure



Management of the development and implementation of the HSSP is governed through the Health SWAp Task Force (HSTF) where all SWAp Health Stakeholders are represented. A Health SWAp Calendar of all key annual events and meetings is jointly developed and endorsed in the Health Sector Technical Committee. The HSSP is then translated into implementation plans at all levels (Ministerial, Regional, and CCHPs) and supported by a joint technical assistance and financing arrangement.



Left to Right: CMO, former Dep. PS-PORALG, former PS-MOHCDGEC, former Chair DPG H, former WHO Representative a.i. and CEO-CSOs during the launching of the Health Data Collaborative Initiative in February 2018

SWAp Code of Conduct

The Health SWAp Code of Conduct provides core principles, Government of Tanzania (GOT) and Cooperating Partners (CPs) commitments, approaches to conflict prevention and settlement, amendment and inclusion of new partners, and specifies signatory positions. The Code emphasizes partnership rather than individual principles, commitments and arrangements, fostering joint result accountability versus earmarking and flagships in terms of inputs and performance outputs. It is in line with the Development Cooperation Framework, promotes strong Government leadership that facilitates an effective partnership among the GOT and CPs in support of the National Health Policy and its implementation through five-year Health Sector Strategic Plans. All Partners, be the GOT or CPs are encouraged to sign and adhere to the SWAp Code of Conduct and will make every effort to inform all parties to the SWAp about new initiatives and proposed projects which are discussed outside of existing SWAp governance structure. About 99% of the National Health SWAp partners have signed the December 7th, 2016 revised Code of Conduct.

"The Code of Conduct is a dashboard guiding our Health SWAp partnership and serving as reference whenever we slide"- Dr. Catherine Joachim, Head of Health Sector Resource Secretariat, MOHCDGEC.

Financing

Funding for the Health Sector Strategic and Operational plans includes domestic (GOT) and external (donors-bilateral and multilateral, global health initiatives and financial loans). Key financing instruments for the National Development including the Health sector are General Budget Support (GBS), the Health Basket Fund (HBF), Direct Program Funding (DPF), Technical Assistance/Capacity building (TA/CB), Public Private Partnership (PPP) and Financing through Aid for Trade.

The Health Basket Fund is still the most reliable and predictable modality complementing the GOT for the health Sector at all levels. It has gradually evolved to a strong well governed modality with base and performance-oriented disbursement tranches. Through the HBF a Country-wide Decentralised Health Facility Financing (DHFF) has been effected with a clear formula respecting equity, population and service load.

Currently, 8 out of 21 Development Partners (DANIDA, SDC, Irish AID, UNICEF, Canada, WB, KOICA, and UNFPA) contribute to the Health Basket Fund. In order to timely realise Universal Health Coverage, all health stakeholders are encouraged to join the HBF instrument to enhance a stronger and transparent SWAp collaboration.

CHAPTER THREE:

BEST PRACTICES

Strong Ownership by Government and SWAp Partners

The Health SWAp has promoted both national ownership of the Health and Development Agenda as well as the Joint Ownership of Strategic and Operational Framework by the GOT and Partners. A joint statement of intent by the government and development partners in 1998 for the health sector reforms in the SWAp approach, as led by the GOT, has tremendously contributed to the establishment of joint systems for Program of Work (POW) implementation, appraisal, reviews, monitoring and evaluation. Through this partnership, the government and partners jointly developed, monitored and evaluated four Health Sector Strategic Plans to ensure improved health and wellbeing of Tanzanians. The MOH in collaboration with PORALG, MoFP and POPSMGG integrated these into the government machinery and provides a government led Annual Health Sector Performance Profile (AHSP). This report normally takes stock of Primary Health Care to National level progress.

"Through SWAp, we put our ideas, plans and resources together and more open to address the need and wish of the country, not the need of the individual donor or institution". Pascal Kanyinyi, Senior Project Coordinator-Health, KfW.

A more inclusive, transparent and aligned dialogue in the health sector has evolved to formal structures including: Regional and District Medical Officers (RMOs/DMOs) Annual Conference which has enabled effective coordination of RMOs and DMOs and sharing of experiences and steps to address challenges in health services delivery. This goes together with recognition of high performing Regional and Council Health Management Teams for exemplary leadership in health care service provision. The Joint Field Visits between the government and other SWAp partners has enabled the SWAp partners to identify best practices at the health facilities level including availability of medical supplies, functional Health Facility Governing Committees in both dispensaries and health centres. The Governing Committee among others, develop health facility plans in collaboration with the facility staff, authorize expenditures from facility accounts, represent community views and address community challenges in service provision through community meetings. This has improved ownership, good governance, transparency and accountability at the community level.

The GOT and other SWAp partners managed to jointly implement the National Health Policy, 2007 (which has been revised and currently in final stages for approval) and guidelines and suggested areas for improvement through policy recommendations at the Joint Annual Health Sector Review to improve quality of health services. Implementation of the Health Sector Strategic Plans succeeded through joint Annual Plans developed by the GOT and SWAp partners through the SWAp Technical Working groups (TWGs). The joint review and monitoring of the implementation progress has been made possible through other SWAp structures including SWAp Technical Committee, Basket Fund Committee (BFC), Joint Annual Health Sector Technical Review and Policy meetings, and the DPG H. Recognition of the umbrella organisations of the private sector (APHFTA, CSSC, BAKWATA) in 2004/2005 as stakeholders in the Health SWAp dialogue has complemented government efforts towards quality health services delivery and universal health coverage.



A joint Health SWAp team in front of PORALG Headquarters in Dodoma

The recently introduced Direct Health Facility Financing (DHFF) where the health basket fund is being disbursed directly from treasury to the health facilities, has contributed to improved service delivery. Facilities and Council Health Management Teams (CHMT) appreciate the fact that DHFF has managed to among others, increase Ante Natal Care (ANC) visits, facility deliveries, maternal mortality (MMR) decline, outreach programs, availability of medical commodities, staff motivation to deliver services due to incentives such as the performance based-Results Based Financing (RBF) funded through the Global Financing Facility (GFF), facilities' autonomy and guarantee to implement their plans to deliver services, improved ownership by facility and community, improved referrals especially at health centres and dispensaries (facilities have money to buy fuel and repair), and effective use of Community Health Workers (CHW) referring pregnant women for ANC visits and delivery at facilities.



Health SWAp Partners' Joint Field Visits in Singida and Kigoma regions in 2017 and 2018 respectively

"Among the most appreciable Health SWAp achievements is the transparent open dialogue exercised in the process of arriving at Policy Commitments which is key for the GOT and partners in resource mobilization" Adrian Fitzgerald, Deputy Head of Cooperation, Embassy of Ireland

"The DHFF is a joint major revolution, stimulating community participation, providing for broader and better health outcomes." PORALG-Health

Some of the achievements which have been realized by the SWAp partners in improving Tanzanians' health and wellbeing are indicated in the figures below:

Alignment of Sectoral and Global Goals

The Health SWAp has enabled partners' alignment of their resources to the national and global goals including Vision 2025, National Five-Year Development Plan, National Health Policy, Sector Guidelines, HSSP, Sustainable Development Goals, and national administrative financial management procedures that is, one holding account at treasury. Through this partnership and alignment, currently, eight Development Partners (DANIDA, SDC, Irish AID, UNICEF, Canada, World Bank, KOICA, and UNFPA) contribute to the Health Basket Fund (HBF). This has complemented government efforts towards improving health and wellbeing of Tanzanians in primary health care.

Figure 7: Immunization coverage

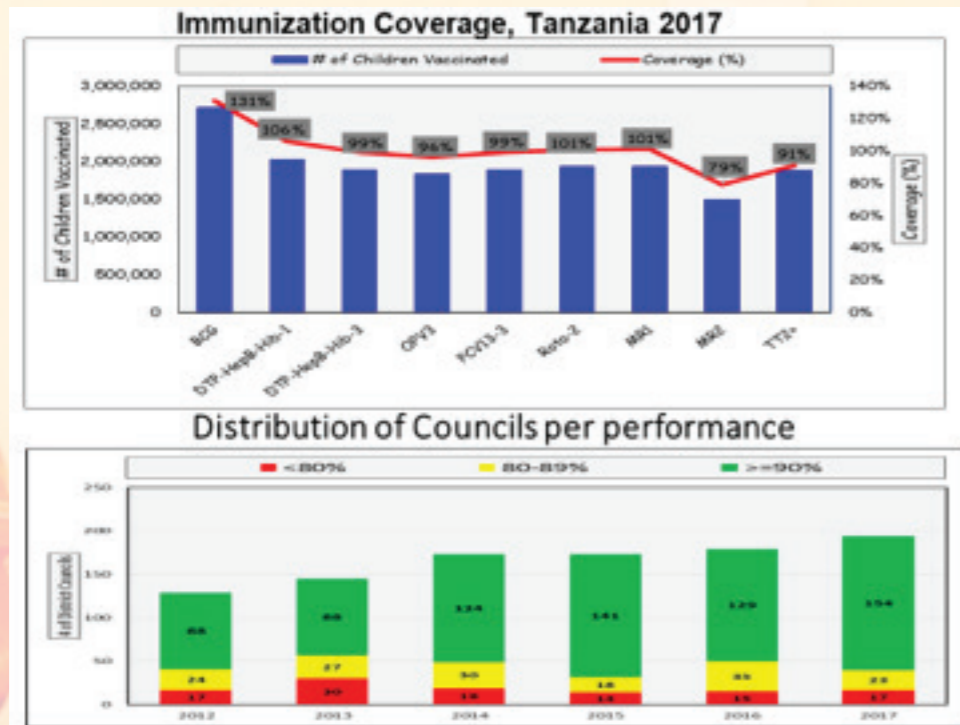
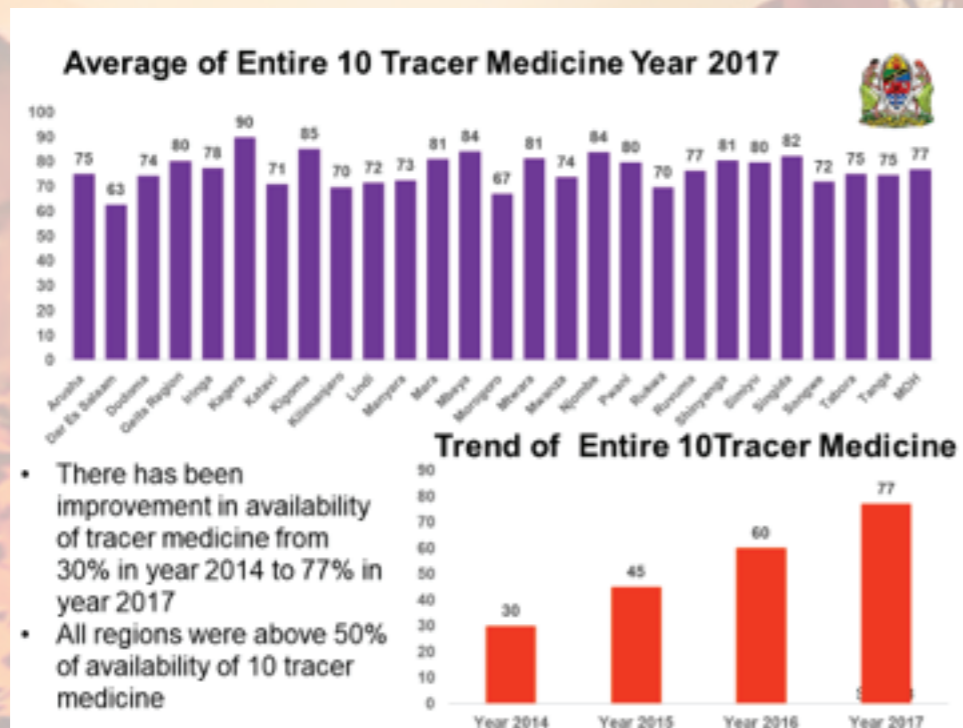
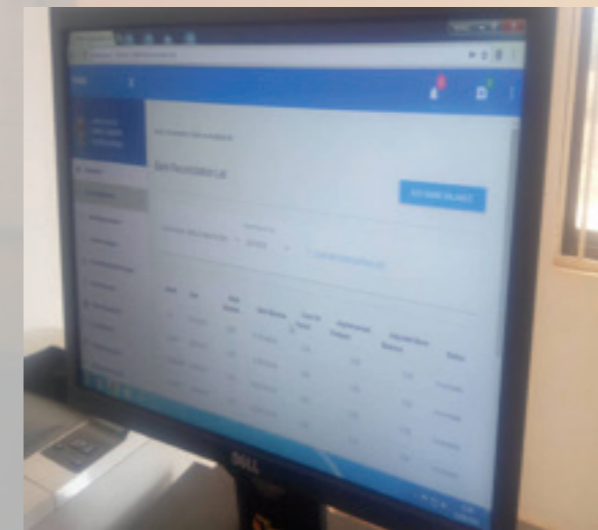


Figure 8: Availability of 10 tracer medicine



- There has been improvement in availability of tracer medicine from 30% in year 2014 to 77% in year 2017
- All regions were above 50% of availability of 10 tracer medicine

A Facility Financial Accounting and Reporting System (FFARS) has been developed and propagated by the GOT. This has improved Financial expenditures and reporting related to the DHFF whereby all facilities are using electronic FFARS.



FFARS Chapters/Section

1. Introduction
2. Accounting as an Information
3. Planning and Budgeting
4. Basic Accounting Documents and Books of Account
5. Accountable Documents
6. Internal Controls
7. Bank Reconciliation
8. Procurement Procedures and Stores Management
9. Financial Reports

Electronic FFARS in Bitale Health Centre in Kigoma District Council, Kigoma region

Harmonization and Synergy of Partner Resources

The Health SWAp partners through Joint Health Sector SWAp Task Force which consists of Health Sector Reform Secretariat (HSRS), DPG H Troika, WHO, NGO, Private Sector and CSO has managed to ensure joint development of SWAp Annual Calendar which harmonizes the key SWAp government and cooperating partners' events. The SWAp Task Force has successfully organized SWAp Technical Committee meetings to share progress on implementation of the Joint Annual Health Sector Policy Commitments by the SWAp TWGs. Review of Health Sector Strategic documents such as the National Health Policy, 2007 and Mid-Term Review of the HSSP III, 2009-2015 were successfully coordinated and harmonized through the SWAp Task Force. This has improved SWAp efficiency by reducing duplicative missions and transaction costs. **"The SWAp has managed to bring the resources together"**. Dr. Peter Maduki, Executive Director, CSSC

While Tanzania has taken major steps and progress towards improving availability, access, analysis and use of health data, the Health SWAp partners recognised the need for more coordinated and collaborative effort of all stakeholders to unleash the full potential in health information system. Following this, GOT and Health SWAp partners launched Health Data Collaborative in September 2017. The Health data collaborative is a government led initiative supported by all partners who have stake in health information systems. WHO is the secretariat of the health data collaborative with government as the Chair. A Communiqué on commitments to support One Monitoring and Evaluation Framework for the Health Sector was then signed by the Health SWAp partners in February 2018 to harmonize health information systems and enhance collaboration among partners. This initiative will reduce fragmentation and duplication of efforts, improve the efficiency of investments made in information systems and build confidence in the national health information system.

“When you talk about monitoring and evaluation, the challenge we have been facing not only in Tanzania, but in many countries, is how do we monitor collectively the SDGs? When you come to Universal Health Coverage, how do we monitor collectively? So as a country, Tanzania has been facing a lot of fragmentation in data systems. Partners impose a lot of reporting systems. You may find one program with more than 100 indicators to collect data. The burden is transferred to the health workers in health facilities. Instead of focusing in providing health care to the people, they have to fill in the forms day in, day out, so that they can comply to get more funds in the next financial year. Therefore, the main objective of health data collaborative is to bring together partners who have a stake in health data so that we can discuss the common Agenda. How do we improve health reporting, how do we streamline, how do we make it as simple as possible to the last person who is reporting, collecting data i.e. the clinical officer, the DAS, the attendant?”. Irene Mwoga, Health Data Adviser, WHO



Permanent Secretary MOHCDGEC, PORALG and SWAp partners during the launching of Health Data collaborative in September 2017

High Performance Management for Results

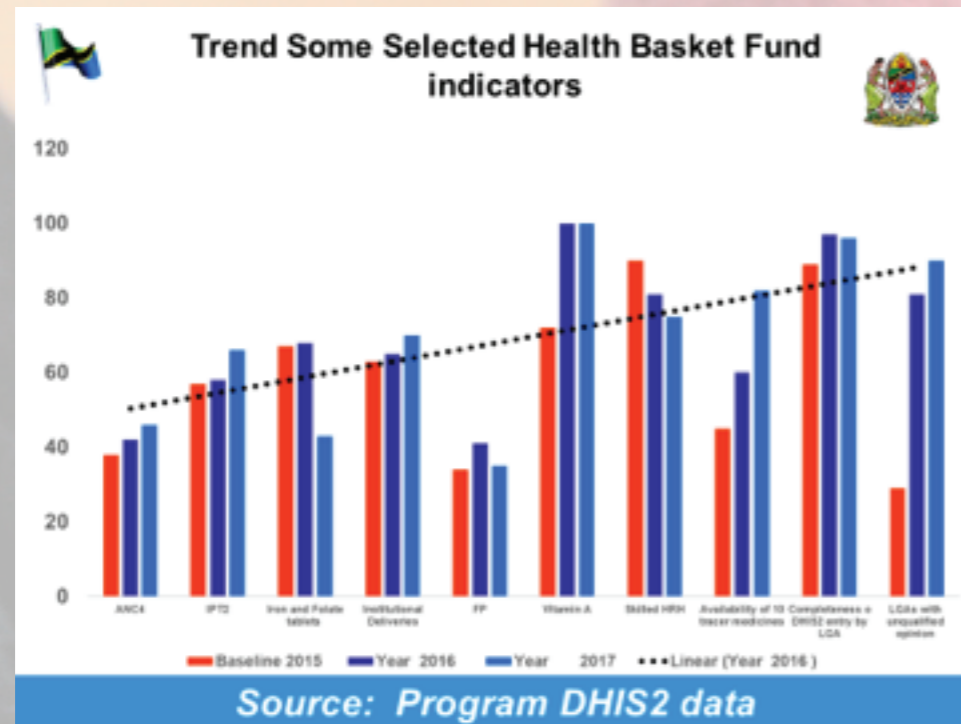
The Health SWAp partnership has improved joint performance management of the health sector through various initiatives. Among others, the Mid-term review of HSSP III (2009-2015) recommended a move from Payment for Performance (P4P) to a broader strategy in order to better improve Health Services Quality and move towards Universal Health Coverage. This resulted into the establishment of the Result Based Financing (RBF) in 2012/13 with an intention of accelerating Health Service Quality improvement through Health Systems Strengthening (HSS). The strategy among other important steps included role definition and task sharing whereas MOHCDGEC is the Regulator, National Health Insurance Fund - Service Purchaser, Ministry of Finance and Planning (MOFP) - Funder, Public and Private service providers - Service providers, PORALG - Facilitator and Internal Auditor General (IAG) – Verifier. It started with relatively poor quality performing western regions. Quality improvement encouragement is done by remunerating the whole facility and individual staff as per set targets.

In 2016/17, 2017/18 the Health Basket Fund (HBF) and Results Based Financing (RBF) supporting partners agreed with the MOHCDGEC, PORALG and MOFP to harmonize the assessment tools and endorsed the use of an independent service quality verifier, the Internal Auditor General. A result-based assessment conducted in 2018 indicated an appreciable quality improvement in 98% of the followed-up RBF supported facilities. Their results stem from joint efforts from the GOT, HBF, RBF and non-pooling partners, but the pooled support and GOT source of funding remain the most predictable resource supporting the Primary Health Care (PHC) level. Related evidence is associated with the observed improved community participation in support of construction of staff houses, household and health facility sanitation and Community Health Facilities as a result of the 2016/17 DHFF initiative.

At the Primary Health Care level, since 2005 the SWAp partners have witnessed significant improvement in the quality of Comprehensive Council Health Plans (CCHPs) which set annual targets to achieve better health outcomes and national goals. The Councils have demonstrated good performance in meeting the CCHP guidelines which was also facilitated by Planning and Reporting (PlanRep) online tool for CCHP. This improved Councils' capacity to data collection, compilation, analysis and utilisation. It also led to improved and well-informed CCHPs as demonstrated by high scores yielded during the annual assessments of CCHPs. Other significant results which have been achieved included an agreed base and Performance Indicators, an Annual Health Performance Profile, an Integrated Financial Management System, audit by the Internal Audit General (IAG) offers an example of Ministry of Finance and Planning (MoFP) performance budget (Regional Equity Analysis).

“We still see a room for further improvement; Results Based Financing could further improve by moving countrywide.” GOT

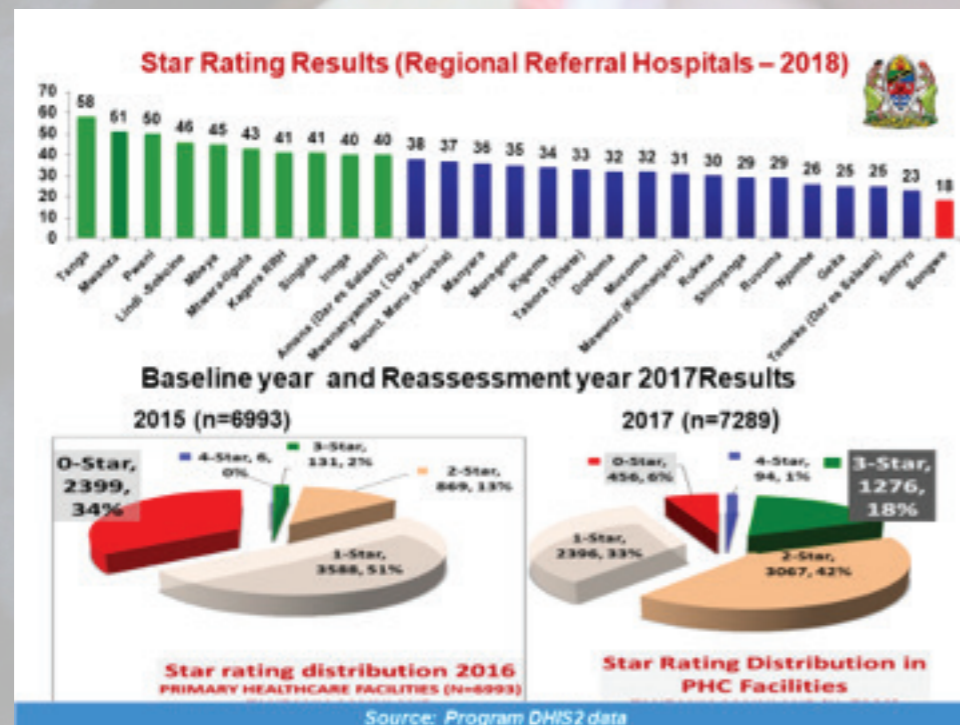
Figure 9: Trend of some selected Health Basket Fund indicators



Enhancement of Public Private Partnership (PPP) by GOT including training and health service provision through service agreement has strengthened partnership and performance in health service delivery, management of resources and data, improved supply chain, and access to and quality of health services to the Tanzanian population. For example, involvement of church health facilities in Comprehensive Council Health Planning (CCHP) and Council Health Service Boards (CHSB) at Council level has increased to 70%. This has created an avenue for addressing priority issues and needs in improving provision of service such as staffing, trainings and supervisions, essential medicines and reagents. (CSSC presentation at December 2017 DPG H meeting).

Establishment of Public Private Partnership (PPP) has strengthened collaboration between the government and the private sector and facilitated increase in service delivery and health results. "We have our PPP TWGs in health SWAp and CSSC is the champion. We have managed to work with key stakeholders to ensure that all key instruments to PPP are in place. We managed to develop service agreement for health facilities, which now has been signed and reviewed. We contributed to the establishment of PPP Committees in the Councils, Regions, and even the PPP forums at the National level. This has contributed to the quality health services whereby through star rating exercise, most of facilities are at level 4 and one facility was able to reach star 5 on safety care". Dr. Peter Maduki, Executive Director, CSSC.

Figure 10: Quality Improvement of health facilities through star rating



Mutual Accountability and Transparency

Health SWAp partners' commitment to support country-led priorities has been demonstrated by joint review of achievements, lessons learned, challenges and agreement to a set of priorities which partners align and coordinate their technical and financial assistance. All these have been made possible through the SWAp Task Force, SWAp Technical Committees, Joint Annual Health Sector Reviews and field visits, which all SWAp partners have the reasons for a joint appreciation but as well remain jointly accountable for addressing the challenges encountered. However, more needs to be done to ensure partners' transparency on their resources/investments to the sector.



Government leadership in signing PPP Communique and the revised SWAp Code of Conduct in 2016 as tools for Health SWAp

CHAPTER FOUR:

LESSONS LEARNED Collaboration

Implementation of the Health Sector Wide Approach has significantly contributed in building a team spirit among all stakeholders. A team which works together in addressing the health sector priorities by use of both internal and external technical and financial resources with one goal, ensuring quality health and wellbeing for all households by 2025 as per the National Vision and achieve the Sustainable Development Goals.

"Health SWAp is a pillar towards Universal Health Coverage in Tanzania." GOT

A number of lessons drawn from this collaboration for all stakeholders include the power of open dialogue, led by committed political and technical nationals, driving clear guidance from the national health policy and strategies.

"Our SWAp arrangement real puts us in dialogue and the relationship is very trustful. I feel that for all DPs there are always like open doors at the Ministry of Health and the colleagues at the Ministry are very approachable and cooperative". Norzin Grigoleit-Dagyab, DPG Health Outgoing Chair German Embassy

The Health SWAp guiding instrument that is, the Code of Conduct has demonstrated good collaboration and commitment of all health SWAp partners to work as one in achieving the health-related national goals. **"The presence of the Health SWAp Code of Conduct provides for the framework and discipline to govern the rules of stakeholders' collaboration."** Private sector.

Joint planning

Joint planning is key in health SWAp, the annual plans by the Technical Working Groups have demonstrated true partnership and commitment of health stakeholders towards improving health and well-being of Tanzanians.

"SWAp is very important in the country as it creates ownership of the plans which enhances implementation with regards to health care services". Dr. Peter Maduki, Executive Director, CSSC.

Strong leadership

Government leadership and personal commitment to the health SWAp has improved coordination, dialogue and improvement of the health sector. The government in the H-SWAp has been in the driving seat guiding SWAp partners where they want to go towards achievement of the national priorities. This has improved collaboration and commitment by SWAp partners.

"Health SWAp as applied in the Joint Infrastructure Renovation fund using Force account has demonstrated better health outputs and the potential for better health outcomes but needs committed governance." GOT

"There are countries that, when you talk from the SWAp perspective, they are basically trying to figure out what needs to be done to have you finance their country. Whereas I found with Tanzania, it has plans on what they want to do, and they will argue and discuss with you, to try to convince you to their way of thinking. That one I think is very positive, and it is to be respected. When you come up with good ideas and solutions, they also listen". Adrian Fitzgerald, Deputy Head of Cooperation, Embassy of Ireland

Countries learning from Tanzania

Due to its effectiveness, the Tanzania health SWAp has attracted other countries such as Malawi, Zambia, Ethiopia and Swaziland to borrow its experiences. **"When we were doing some work in Malawi, people were drawing experience from Tanzania, They were developing their dialogue structure, so we were trying to identify some of the key learning points".** Adrian Fitzgerald, Deputy Head of Cooperation, Embassy of Ireland

"I know countries which came to learn from us: Malawi and Swaziland. I also had a visit to Ethiopia few weeks ago and met with government officials. They also referred to SWAp and they said that they see how Tanzania succeeded because there is inclusiveness. We have had delegations from Ethiopia and Zambia as well. It all depends with the government's commitment and political will. In other countries, whenever there is a change in government, they will dismantle everything, but for us here, we have been building up on previous experience". Dr. Samwel Ogillo, Chief Executive Officer, APHFTA.

CHAPTER FIVE:

CHALLENGES AND WAY FORWARD

Remarkable achievements have been realized by Health SWAp partners through the team spirit and collaboration aiming at improving health and wellbeing of Tanzanians. A number of targets have been achieved since the development and implementation of the first Program of Work in 1999 to the current HSSP IV, 2015-2020. However, challenges are also noted and recommendations have been suggested to improve the Health SWAp in Tanzania.

"This documentation will help people to reflect about what is going on, but besides that, it should now help us for the future. So, it is what preserving the past, getting to get better insights about the present and being able to articulate better what should be done for the future". Dr. Adiele Onyeze, former WHO Representative a.i.

SWAp Technical Working Groups

Sustainability of the health SWAp is key to ensure health needs are effectively addressed. Challenges have been noted in SWAp Technical Working Groups (TWGs) whereby the meetings do not take place as per the SWAp calendar. Government move to Dodoma could be a bit challenge to maintain physical regular meetings noting the distance between Dodoma and Dar es Salaam. The infrastructure still needs to be improved, the cost factor also needs to be considered. Also, the TWGs are not mainstreamed in the government structure hence, government officials are not obliged to participate. To ensure full participation of the partners in TWGs meetings, there is a need for video conference facility and also scheduling of TWGs meetings in such a way that they all take place at once for partners' participation. Accountability mechanisms should be sought to ensure SWAp TWGs are effective and efficiency towards achieving the objectives of Health Sector Strategic Plan (HSSP).

There is a need for streamlining the SWAp TWGs into government machinery. For a budget to be approved in the Ministry, there are special committees. If you don't attend those committees, you will not get money. If a condition related to the government functions is put forward to the TWGs, participation will improve". Maximillian Mapunda, Senior Health Economist Adviser, WHO

Decentralized SWAp

While Health SWAp at the national level continues well, the GOT and Health SWAp partners have realized gaps between the policy and implementation. The policies and guidelines that are developed at the national level are not well known by the implementers at the sub-national level which in-turn some do not yield the expected results. To bridge the gap, the health SWAp partners are looking forward to institutionalize Health SWAp at the Regional Administration and Local Government Authorities level to ensure both levels are on the same page on what is required. It is expected that the decentralized SWAp will strengthen collaboration and the functionality of the Health SWAp capacity at all levels, improve joint planning and monitoring, and strengthen advocacy and health promotion among others. This move will also increase visibility of Health SWAp partnership at all levels from the national to sub-national level.

"This partnership framework is very well described for the central level. But I would like to see it rolling down to the regions and districts. How are they being facilitated by the central level to build their capacity to do the same way as the central level? They could even have their own TWGs". Dr. Ellen Mkondya-Senkoro, Chief Executive Director, BMF.

"The success of SWAp has two levels I would say, one is the national level SWAp and the second one is the district level SWAp. The success of the SWAp in many countries you would find at the national level with government, development partners, CSOs. But districts SWAp is the key and it goes with decentralization. So, the level and duration of decentralization that countries embark on is important in how we strengthen the SWAp system. Country like Ghana has done very well, that is, district level SWAp is so better with capacity to bring in resource mobilization, financial management and even organizing their national insurance at the district level to pay for the health services, so that is the beauty of SWAp on the other side". Kyaw Aung, Chief of Health, UNICEF.

"We could be stronger in intersectoral exchange which the Ministry of Health is pushing for. They had very successful two meetings with sectoral Ministries a couple of months ago in Morogoro to address the social determinants of health. This is very important to make a bridge between sectors that do not traditionally meet when one stays within the area one usually moves about". Norzin Grigoleit-Dagyab, DPG Health Outgoing Chair and First Secretary-Development Cooperation, German Embassy.

"When we talk about health it is not only the Ministry of health, because health is determined by different factors. We have social factors, economic factors, political factors, etc. Therefore, we need to bring all sectors together and see how we can address the determinants of health." Leticia Rweyemamu, DPG H Secretariat, WHO.

Continuity of TWGs

Regular changing of both the Government officials especially the TWGs Co-Chairs and Development Partners influence the continuity of the TWGs. In the past three years, frequent changing of the TWGs Co-Chairs from both the MOHCDGEC and PORALG was noted. This affected the TWGs efficiency. Clear mechanisms should be set to ensure TWGs continuity.

Health SWAp is something we continuously aim to improve jointly. For example, this year we developed new Plans of Actions for SWAp TWGs in line with the priority decisions made during the JAHSR. The mechanism of the SWAp process is clearly defined, however meetings do not occur according to the annual SWAp calendar for various reasons. It largely depends on how much you, as a stakeholder, bring to the table. If partners understand the process well and contribute towards the process, then it is a good mechanism to drive forward the health agenda, coordinate activities and harmonize resources."

Kira Thomas, Health Sector Lead, Korea International Cooperation Agency (KOICA)

Transparency and harmonization

Multiple stakeholders support the health sector in Tanzania through different financing mechanisms, including the global health initiatives. However, it is difficult to know and monitor resources going into the sector. To ensure efficiency and transparency, there is a need for clear mechanisms to monitor the finances coming into the health sector at both national and sub-national level such as the Wadau portal by PORALG. This will enable both the government and partners to be aware of the programs that are funded and underfunded and prioritize accordingly.

Multi-sectoral collaboration

As per the SWAp Code of Conduct, the Health SWAp partnership currently have few active members from other ministries such as the President's Office-Regional Administration and Local Government (PORALG), Ministry of Finance and Planning (MoFP), President's Office-Public Service Management and Good Governance (PO-PSMGG). As majority of the health determinants are outside the mandate of the Ministry of Health, involvement of other key sectoral ministries is key. The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) has started involving more sectoral ministries (fourteen sectoral Ministries) to address the social determinants of health through Health in All Policies which is coordinated by the Prime Minister's Office. It is recommended that the MOHCDGEC advocates for the sectoral ministries to officially sign their membership to the Health SWAp, with clear roles and responsibilities defined in the SWAp Code of Conduct. This will ensure continued dialogue and collaboration in addressing the determinants of health towards improving health and wellbeing of the Tanzanian population.

"Health budget especially for primary health care and health promotion would be more robust and predictable if all partners especially the Global Fund supporting vertical programmes can be harmonised in health basket fund." GOT

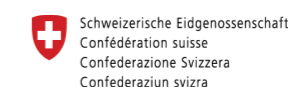
"There is a need for SWAp to also discuss the finances committed by major funders including Global Fund, US government through PEPFAR and GAVI to ensure harmonization and transparency in aid support and increase efficient in the health sector development. Furthermore, the health SWAp needs to monitor the finances going into the health sector so that we are sure these are the national plans; this is what the government is funding; and these are the gaps, and where would the GF, GAVI and PEPFAR come and feed in. It becomes very clear and transparent such that you avoid overlaps and duplication". Dr. Ellen Mkondya-Senkoro, Chief Executive Officer, BMF.

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