

DPG-Health troika meeting with the Minister for Health and Social Welfare
23 February 2011, 2 p.m.

The Minister for Health and Social Welfare (MoHSW), Dr. Hajji Mponda

HoM representing the members of the DPG-Health troika + Health Basket coordination:

1. World Bank (John McIntyre, Head of Mission)
2. Swiss Development Cooperation (Adrian Schlaepfer, Ambassador)
3. German Development Cooperation (Dr. Guido Herz, Ambassador)
4. Irish Embassy (Basket Coordinator) (Gerard Considine, Head of Development)

Troika members: Dominic Hazen (WB, chair), Jacques Mader (SDC, out-going chair), Dr. Inge Baumgarten (GDC, incoming chair), Columba o' Dowd (IRL, Basket coordinator)

Speaking Points:

1. Introduction on DPG Health and the troika (WB for the Chair)

Background:

Thank you for receiving us. We are aware of the pressing priorities you may have especially now when you are busy with the preparation of the budget and other government commitments.

In the name of all development agencies which are part of the development partner group for health, we would like to extend our warm congratulations for your nomination as the Minister of Health and Social Welfare, "hongera sana".

May we first take this opportunity to introduce **the DPG-Health troika**. The troika is the modality which Development Partners in Health together with your Ministry agreed to use while engaging with the MoHSW and PMO-RALG, as well as coordinating its support to the Health Sector. Currently the troika comprises of the **World Bank (Chair), Switzerland (Outgoing Chair), and Germany (Incoming Chair)**. The Development Partner Group Health features some 17 Development Agencies. The DPG-H meets monthly and is represented in the technical dialogue of the SWAp by focal persons as well as in the policy dialogue by the Troika. Relations between DPs and Government are described in a Code of Conduct (see documents).

Key Messages:

- *The DPG-Health troika is leading the dialogue with the Government, and representing all DPs of the sector. We **invite the Ministry to use the Troika as the channel to communicate with the DPG health** and to address issues of concern.*
- *In that sense it is important to resume the monthly meetings between the MoHSW management (PS/CMO) and the troika. These regular meetings are a good way of addressing issues before they turn into problems*

Invite questions/comments, at this point

The following are the main areas we would like to discuss with you:

2. The coordination of Development Partners within a Sector Wide Approach (SWAp), (Switzerland)

Key messages:

- *The DPG Health is a coordination mechanism for Development Agencies active in the sector. New potential DPs should systematically be put in contact with the DPGH.*
- *The SWAp is the forum where all the stakeholders of the sector discuss technical and policy issues under the lead of the Government. Efficiency of this dialogue is important to achieve progress in key areas of the HSSP III (Mother & Child Health, Monitoring & Evaluation, Human Resources for Health). MoHSW should use this mechanism to generate proposals and create broad ownership among the actors.*
- *Service delivery at district level depends to a large extent on a good coordination between the MoHSW and PMO-RALG. The involvement of PMO-RALG in the technical and policy dialogue needs to be strengthened to devise measures to improve service delivery in the districts.*

Background:

Tanzania has pioneered the Sector Wide Approach which now has 11 years of experience. It is the overall forum of all stakeholders of the sector (GoT, DPs, private sector, CSOs). **Technical dialogue** takes place in working groups organised along the key strategies of the Health Sector Strategic Plan (HSSP III). These working groups report to a technical committee of the SWAp which meets regularly. All these meetings are chaired by your Ministry and attended by all health sector stakeholders.

The **policy dialogue** takes place at the Joint Annual Health Sector Review. Each year milestones are defined jointly, followed up in respective working groups. The progress is assessed at the TC SWAp meeting and the Joint Annual Review.

Achievements and challenges:

The elaboration/design of the HSSP III (2009-2015) has been an important participatory process, as well as the discussion on how to implement this plan at the regional and district level. All this has created a strong commitment among sector partners.

However: Key regular processes are not yet institutionalised and produced in a timely and quality manner (e.g. Public Expenditure Review, Performance Profile Report), partly due to slow procurement processes. Some technical working groups are quite active (e.g. Health Financing) while others are less (e.g. Human Resource Health).

Invite exchange on how to use this system better:

What are your views on this SWAp system and where do you see potential to make better use of it?

3. Necessity to ensure good coordination of the different interventions which relate to Health system strengthening, (Germany)

Background:

Strengthening the health system is crucial to ensure that **good quality** health services are **equitably distributed**, so that all citizens enjoy similar rights in access. This implies that the **limited resources** are allocated according to priorities and used efficiently. It also implies that **vertical programmes** (e.g. HIV/AIDS, TB, Malaria, EPI...) strengthen the system and achieve synergies rather than create parallel structures; and, finally, that we have to improve planning and implementation at the district level. Leadership of your Ministry is important and the DPs are ready to support.

In view of the shortfall in overall human and financial resources in Tanzania, progress in health (health status and service delivery) has been remarkable. Despite of this progress, the annual reports suggest that we still have a long way to go to assure a more equitable and effective use of health resources.

Some priority areas:

Human Resources for Health (HRH) and Monitoring and Evaluation (M&E): significant resources are mobilised for HRH and M&E (NL, Norway, US, Canada, as well as the Global Fund Round 9). This represents a unique opportunity to achieve real progress.

Message:

- *A strong leadership of your ministry and coordination with the other concerned ministries (PO-PSM, PMO-RALG, MoFEA) will be crucial to achieve results. It will be critical to demonstrate progress for these funding streams to continue.*

Maternal, Neonatal and Child Health (MNCH): progress has been off-track especially on MDG 5 "Maternal health and Reproductive health". We welcome the initiative of the Government of Tanzania (GoT) to actively support the Global Strategy on Women and Child Health. (President Kikwete is co-chairing the *UN Commission on Information and Accountability for Women's and Children's Health*, which aims to improve reporting, oversight and accountability in this regard.)

Key Messages:

- *DPs advocate for an increased commitment of GoT in the area of family planning;*
- *DPs recommend to use the health basket to support MNCH interventions at central and district levels;*
- *DPs suggest and underline importance to measure progress and have targets across regions/districts to assure equity and fair distribution (also: GBS support by EC, Germany, DFID is tied to target setting and progress in this regard).*

Invite discussion:

Question: *We would like to know what your Ministry is planning to improve performance and accountability for women and children's health? And what support do you expect from the DPG-Health (troika) in this regard.*

3. Health Financing Strategy (WB)

Key Messages:

- *The definition of a Health Financing Strategy is essential to make any decision and prioritise in a resource constrained environment. DPs are willing to support this process and the SWAp system should be used in order to ensure ownership by all sector stakeholders.*
- *As the steward of the Health sector, your Ministry should push the health financing agenda with more determination: to lobby for increased GoT resource allocation to health to meet Abuja target (15%, currently approx. 11%), increase per capita allocation on health (with approx. US\$ 14 still far below target)*
- *Inequities in district allocations, Human Resources distribution, incentives etc. need to be tackled with MOF, PO-PSM, PMO-RALG etc. MOHSW will have to lobby for it, as these issues cannot be addressed by the health sector alone.*

Background:

The completion of the Health Financing Strategy and its adoption by the Government will be an important step in ensuring a sustainable and realistic approach for financing the health sector into the future, particularly because the **large donor dependence** (approx. 40% Health sector, 97% HIV/AIDS response) presents a significant **long-term vulnerability**.

The MoHSW should lobby for an increased allocation to health (to meet the **Abuja target of 15%** domestic spending on health).

Challenges:

- How to tackle the problem related to the increasing costs of delivering services, such as:
 - staffing the increased number of health facilities at primary care level MAMM,
 - increasing tutors for doubling training capacity,
 - increased costs for new treatment schemes, e.g. Anti-Retroviral- Treatment/ARTs (doubling of eligible patients/additional annual costs of estimate US\$ 20 million), ACTs, RDT, introduction of new vaccines, expanded Emergency Obstetric Care/EmOC.
- How optimize the services available, given funding constraints.
- How to increase income through alternative health financing options: e.g. through health insurance schemes, such as the Community Health Funds (CHF).

Invite Minister to share his view on Health financing and the link to MoFEA

4. The Health Basket Fund, a source of discretionary funding for the districts and at the central level, (Ireland)

Key Messages:

- *Development Partners support for the health basket is significant and the fund is an endorsement of the Health policies and strategies of the Government of Tanzania.*
- *The Basket is a major contributor to the improvement of the health services at the district level.*
- *Monitoring for Results: One of the key priorities of MOHSW should be monitoring and evaluation of progress (analysis, review, adapt, feedback). Routine systems and surveys need to be improved at all levels to enable pooled funding to be maintained for the health sector.*
- *Mutual Accountability: Improvements in public finance management, timely and accurate reporting as well as good controlling system are basic principles for pooled funding (such as GBS, GFATM, Baskets).*

Background:

The Basket Fund **aims to address health priorities** by complementing the government resources allocated to the sector, in line with the Government's national policies and strategies and the priorities identified at district level. The total basket, which amounts to over **US\$ 85million for 2010/11**, comprises of a central fund and district grant, and it provides flexible resources for Tanzania to implement the Health Sector Strategic Plan (HSSPIII) and the Comprehensive Council Health Plans.

11 basket partners (Seven bi-lateral agencies, the World Bank and the UN agencies) pool funds for the health basket, and **promote a common approach, giving priority to district health service delivery**. Other DPs (e.g. US) work with the basket to ensure their programs complement basket priorities. As a financing modality of the SWAp, the basket contributes to **greater aid effectiveness**; the pooled fund is fully integrated in the government systems, including the budget planning by MOHSW and LGAs, as well as the monitoring and reporting.

Achievements and challenges:

The Basket grant represents the **main source of development budget at district level** as well as key resource for regional supervision. 85% of the basket contribution at central level supports the purchase of medicine and equipment for use in all health facilities.

The current Basket Fund Memorandum of Understanding is based on a decade of partnership between the Government of Tanzania and the DPs. Our agreement acknowledges the success of the SWAP while recognizing the **need to strengthen the Government systems including planning, budgeting, monitoring and reporting arrangements particularly for district level**.

The future of the basket fund (growth, predictability), **depends on our ability to demonstrate continuous improvements and on-going reporting of results** for the sector. Improvements in public finance management and timely and accurate reporting are basic underlying principles for pooled funding and there is increasing focus on these internationally.

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Invite discussion on how to address critical issues and the threat on the Basket, DP key messages are the following.

Key messages:

Improvements are required in

- *the production of information on progress, especially at district level (detailed analysis of CCHP plans and reports, better use of Planrep...).*
- *efficient use of financial resources (e.g. more efficient procurement process, better budget execution, better controlling systems...)*
- *accountability on the use of financial resources (e.g. regular submission of accurate financial information, better use of Epicor, regular follow up of audits and implementation of audit recommendations, clarification of pending issues...)*
- *This will require a strong cooperation between your Ministry, PMO RALG and MoFEA. Basket Partners are ready to support your Ministry and PMO-RALG in taking up these challenges.*

Stewardship and accountability:

- *Resources are limited and donor support time bound: global initiatives (like the GFATM, the Global Fund on AIDS, TB and Malaria) and bilateral donors are held accountable to their constituencies. In a changing Aid environment where the call for **results and performance based funding** (value-for-money) is getting stronger, it is important to focus on performance and strengthen public financial management (PFM) and accountability.*

Closing remarks (WB)

This is the first time we are meeting with you and hope that we will be meeting regularly in the future.

Documents to be given to the Minister

1. Code of Conduct (DPG-Health)
2. Milestones 2010-2011
3. Signed Basket MoU and Side Agreements
4. Basket Generic Document
5. Presentation of DPG Health (Printed PPP)