

## **Development Partner Statement**

Honorable Minister, Permanent Secretaries, Chief Medical Officer, Representatives of Revolutionary Government of Zanzibar, Representatives of Diplomatic Missions, staff from the MOHSW, PMO-RALG, MoFEA, Directors, RMOs, DMOs, Representatives of the Private Sector, Civil Society, Development Partners; Ladies and Gentlemen

It is my honor and pleasure to address you this morning. They say that a picture is worth a thousand words, and they also say that World Bank staff cannot make a speech without a power-point presentation, so I would beg your indulgence in including a few slides to keep my hour-long address within the allotted time.

Right now, we are in the midst of many important developments in the health sector in Tanzania, including unprecedented levels of cooperation and collaboration among the key stakeholders. However, we also see a number of significant challenges which will require the redoubling of our efforts in this regard.

First, the good news: The latest preliminary Demographic and Health Survey results show the extent of the progress that has been made in a number of areas. For example, in MDG 4, the latest data for both infant and under-5 mortality show that the MDG targets are achievable. Slide 2 and 3 show that despite continued progress, there has been a flattening of the slope in both curves. Of course, as shown in Slide 4, the achievements in malaria prevention through the increased use of bed-nets have been impressive, but the impact of this is not yet fully reflected in the DHS mortality figures. This, plus the other initiatives which are shown in slide 5 – increased emphasis on nutrition, IMCI, immunization coverage, improved treatment and neonatal health –

causes us to be cautiously optimistic regarding our ability to achieve these MDG targets.

What about Maternal Mortality? The DHS figures are not yet available although the press has reported that the figure has dropped to about 400/100,000 live births. Further, a recent publication on global trends in Maternal Mortality show that Tanzania made insufficient progress, and that there will need to be a renewed and concerted effort to get the trend-line back on track. But we are not giving up hope ... on the contrary: we are increasing our efforts to improve maternal outcomes through improvements in emergency obstetrical and neonatal care, referral systems, family planning services and integration of sexual reproductive health and HIV and AIDS services (including through the latest Global Fund proposal and the USG Partnership Framework).

In this regard, we need to specifically focus on increasing family planning coverage, since accessible, adequate FP has a significant impact on reducing maternal mortality. And although the FP coverage has slightly increased from 20% (DHS 04/05) to 27% (DHS 09/10), there is still a large unmet need for FP at all levels. FP commodities should be prioritized in the budget and FP and the right to choose family size should become a household topic. We are not suggesting interventions in population control – since we know that this is a sensitive topic and it is not our place to make such suggestions – but we are advocating for making FP commodities available to Tanzanians who want them but currently don't have access.

We also know that maternity care is the “canary in the coal mine” for health system strengthening, since it is the MDG which is most dependent upon a well functioning health system in order to improve.

Our ongoing efforts at health system strengthening should therefore also contribute to improvements in this area. But this will not be sufficient. In addition to strengthening health systems to address quality of services, the Government needs to consider a multi sectoral approach, which includes an affirmative commitment to tackling the non health care related social determinants of maternal health such as (i) early pregnancies, (ii) use of family planning, (iii) unsafe abortions, (iv) access to sexual and reproductive health and rights education for young people, (v) girl child education, (vi) gender inequality including women's decision making power and (vii) access to household resources .

The JAHSR reflects on the implementation of the HSSP III, and specifically reports on the progress against the HSSP-III 40 Sector Wide Indicators and targets; that is: the results! Monitoring improvements in these and other key indicators between now and 2015 will be a particular challenge, especially as some indicators, such as MMR, are only available through large-scale surveys which are done very infrequently. Improvement and use of (routine) M&E systems at the various levels is required. The launch and implementation of the M&E-HMIS strengthening project developed by MOHSW and its stakeholders will help to achieve this. And the Sentinel Panel of Districts developed jointly by the MoHSW, NBS and IHI will be an important tool, collecting both facility and community based data to deliver annual information on the trends of the sector indicators. Other options, such as improved vital events registration, will need to be pursued if we are going to monitor these indicators on an ongoing basis.

Now to some of the not-so-good news: substantial work needs to be done to improve equity in the distribution of funds as well as access to health services at the local level. As shown in slides 7 and 8, there is a huge variation in per capita budget allocations by region, with the greatest variation in the budget for Personnel Emoluments (PE) and the smallest variation in the Development Budget. The funding formula used by the Health Basket to allocate funds is likely responsible for the smaller development budget variation, while the policy of not using the funding formula for PE and not funding vacant positions and probably leads to the much higher PE differences. Clearly, efforts to improve the distribution of staff both within and between the regions need to be stepped up, and mechanisms need to be found to facilitate the process, including ensuring that the available PE allocations do not inhibit the hiring of staff throughout Tanzania. In order to improve equity, it may also be necessary to review the funding allocation formula for block grants and health basket funds to recognize that the less well off districts do not have the staff and capacity to efficiently make use of the 10% allocated according to the district's poverty level.

Notwithstanding the variations in funding, the CAG Performance Audit shows that there is substantial room for improving the use of available resources. For example, Slide 9 shows that 80% of staff of this sample of HCs & Dispensaries see less than 10 patients per day, which suggests that there is considerable excess capacity. The next slide shows the mismatch between workload and the budget for medicines. Clearly approaches are needed for encouraging efficiency improvements and ensuring that "the resources follow the patient". The new working arrangements between the MOHSW and PMO-RALG, described by the CMO during the Technical Review, appear to be a very good start, and

the efforts by many development partners to build capacity at the local level will also contribute to improved functioning of the health system at the district level. However, it may also be time to look at including some types of performance or results-based incentives in the overall funding allocation to districts, to encourage both those districts that are performing well and those that aren't.

A key theme of the recent Technical Review was health financing. There was a separate one-day session on the topic – which I am sure that many of you attended – and a great deal of discussion about this during the Review itself. Although the completion of a comprehensive health financing strategy has been in plans and milestones for some time, there is now an increasing consensus and a sense of urgency in getting this done as soon as possible. The urgency is underscored by Slide 11, which shows that a large proportion of the population are either currently below the poverty line or fall below the poverty line due to the financial costs of health care when they are sick. This even includes those with relatively high incomes, as you can see to the right of the graph. Development partners are committed to contributing to the process of developing the Health Financing Strategy, and to a full discussion of ideas and options leading to a broad stakeholder consensus on the way forward.

The revitalization of the technical working group structure has already paid significant dividends, as was evident at the technical review. We are looking forward to further improving the effectiveness of those TWG's which are functioning well, and encouraging those that have gotten off to a slow start to begin effectively addressing their areas of interest within the HSSP III. Again, Development Partners stand ready to assist and any way possible in this important undertaking.

Since this is the first full year of the implementation of the HSSP III, this year's main review focuses a significant amount of attention on the HSSP III strategic objectives and the related indicators. This includes a discussion of how the budget has been developed in accordance with these objectives, using the budget monitoring tool that was mandated through the Temporary Process Action last year. It also includes a discussion on necessary improvements of Comprehensive Council Health planning and reporting to allow the sector to monitor more closely the implementation of the HSSP III strategies at district level. It is hoped that the increased focus on the achievement of HSSP III objectives will help to ensure that these targets will be met.

As mentioned earlier, this is a time of both progress and challenges. On behalf of Development Partners, I would like to wish you success in your deliberations as you document the former and develop approaches to address the latter. I am convinced that through the concerted efforts of all stakeholders, we can continue to develop and improve the health system in this country, to the benefit of all Tanzanians. Thank you very much for your attention.