

**JAHSR 2011 - Health Sector Policy Meeting**

**Dar es Salaam, 3<sup>rd</sup> November, 2011**

**Dr. Inge Baumgarten, Chair Development Partners Group Health**

Honourable Minister, Permanent Secretaries, Chief Medical Officer; Representatives of the Private Sector, Civil Society, Senior staff of the MOHSW, PMO-RALG, MoF, National Institutions, Development Partners; all protocol observed; Ladies and Gentlemen

*Need to thank GoT and commend them on efforts made in the Health Sector*

The Development Partners in Health welcome this opportunity to speak during the opening of this important policy meeting and to actively participate in the forum. Today's event is the culmination of a series of consultations - which included a joint field visit, theme days on Human Resource for Health (HRH) and Monitoring and Evaluation (M&E), and a technical review meeting. We are eager today to focus on key policy recommendations which will help us achieve the health sector targets.

**Focus and strategies to achieve quality of health services**

The agenda for this year's review *Health equity: towards improved quality health care services & strengthened health systems* is both relevant and demanding. Access to quality services and medicines is increasingly demanded by politicians and citizens of this nation. In order to maximise capabilities in the health sector we must not only focus and prioritise, but also move from a preoccupation on input & processes to an output & results-oriented way of working. As Development Partners we have concerns regarding the quality of the policy dialogue and the functioning of certain technical working groups. This has been made evident by the lack of clarity in the preparation of the new milestones and a lack of progress in the previous milestones.

## **Progress and equity/human right to health**

This review focuses on the implementation of the health sector strategic plan (HSSP III), and specifically reports on the progress against the HSSPIII 40+ indicators and targets which are to benefit all people living in this country. If we aim to better reach vulnerable population groups and address the high inequalities which still exist (in terms of allocation of funds, distribution of skilled staff, availability of medicines or essential health services) we need to have clear objectives and targets for equity, including regional targets, both in health and in social welfare; and we need to make use of the information at hand.

## **Importance of evidence based decision making**

As we know, there are gaps in our knowledge when responding to some of the fundamental questions in health: how best to achieve universal coverage/access? How best to assure equity in health? In order to respond to these questions we must have a well-functioning Monitoring and Evaluation system. There is now a well-defined plan in place and we must follow through with the commitment and resources to implement. It is equally important to ensure that available evidences from research, studies and regular monitoring systems are used in decision making. Only then will we be able to prove that our joint efforts are on the right track, and that our investments are used in an effective and efficient way, and are producing desired results.

This afternoon, we are looking forward to make some fundamental policy decisions in the health sector. Development Partners would like to highlight **four key areas** for this year's review: **health financing; human resources; decentralization; and maternal and child health.**

### **I. Health Financing**

Financing of the health sector is one of the key elements of health systems delivery. The Health Basket Fund with its overall increased contribution to the sector of 38% in this fiscal year is an illustration of Development partners support to broader health systems goals and HSSPIII strategies. However, due to its dependence on external

funding the health sector is highly vulnerable. Completion and implementation of the health financing strategy should therefore be accelerated, to identify alternative domestic sources of funding, including the expansion of insurance schemes such as community health funds (CHF), and to pave the way towards sustainability and predictability of funds. Equally important will be how health financing is allocated and distributed.

Unfortunately the share of health in the overall national budget is not increasing towards the 15% target in the Abuja Declaration by the African Heads of States. While we continue to push for the achievement of this goal our aid has to become more effective in supporting Tanzania to achieve its goals in health. With the government leadership and guidance, partners and stakeholders need to regularly challenge themselves to ensure that their investments and support are not only on plan, but also aligned, and using the existing systems. On the Government side more needs to be done in order to increase its allocation to the health sector, as well as to improve on the use of available resources, and to increase transparent allocation and mutual accountability.

## **II. Human Resources**

We commend the Government for significant advances in the implementation of the HRH strategic plan. It is our hope that the speed of implementation of this plan be accelerated so that the challenges observed during our recent joint field visit, such as staff shortage, particularly in underserved areas, and lack of adequate skills, are addressed as soon as possible. It is crucial to match human resources with infrastructure developments so that we can have lasting developments in the sector. This includes being realistic about the minimum number of workers that must be present in a facility for it to function and deliver the essential package of services to the population. A key factor to achieve the increase of quality and quantity of services is the performance and motivation of the health staff. In this regard measures need to be linked to the broader public services reform.

### **III. Decentralisation**

One key challenge that we have to address in the coming year is the urgent need for further and more effective decentralisation (in finances, decision making, incl. planning, forecasting and monitoring). Too much is still handled at the central level leading to overload of work and responsibilities, to delays and inefficiencies. We are aware of limited capacities at the regional and district level, but at the same time we see a lot of potential that is still untapped, which could lead to better prioritization and increased resource mobilisation at the local level. We must be innovative and ambitious in our efforts. This includes more meaningful coordination with LGAs, greater involvement of the private sector and the use of funds at the place of generation to improve quality of services at a health centre, dispensary and hospital. Local levels of investments based on government need to play the key role in the management and delivery of health services, with a stronger support from PMO RALG; while the central health ministry is set to focus on overall stewardship of the system and providing policy guidance and oversight.

### **IV. Maternal and Child Health**

The Millennium Development Goals (MDG) 4 & 5 on improving maternal and child health cannot be met, unless Health Financing, Human Resources, Monitoring and Evaluation, and Decentralisation are effectively addressed. These MDGs have been identified as proxy indicators for a strengthened health system and at the same time they have become the greatest challenge in this country. In Tanzania more than 7000 women die every year while giving birth or due to complications related to pregnancy; and over 44000 newborn deaths occur every year. While good progress has been made on MDG 4 child health, achieving MDG 5 remains a huge challenge. It is also important to note that the achievements are very unevenly divided over the country, which reflects a key issue that we discuss today: the large and unfortunate differences in equity of access to services!

With only four years until the 2015 deadline to achieve the Millennium Development Goals, the annual rate of progress will have to more than double if MDG 5, improving maternal and reproductive health, is to be reached.

There is a continued need to focus on and scale up priority high impact interventions and services such as family planning; ensuring skilled attendance at delivery and availability of emergency obstetric and newborn care; strengthening routine immunization and scaling up essential nutrition services. Similarly, efforts must be taken to address fundamental systems issues such as management of medicines and supplies; supportive supervision; and referral systems at facility and community levels.

Ladies and gentlemen,

In September 2010, the Government of Tanzania made a commitment to fully support the UN Secretary General's Global Strategy for Women's and Children's Health. The government's commitment reflects the key areas that we have outlined. As a lead ministry in issues related to maternal health but also as part of accountability, the ministry would need to prioritize these areas and institute a mechanism for tracking progress.

### **Conclusion**

I would like to wish you all success in this meeting and very much look forward to our joint deliberations on the key issues facing the health sector and our joint agreements. I am convinced that through our concerted efforts, we can continue to develop and improve the health system in this country, for the benefit of all Tanzanians. On behalf of Development Partners, I would like to express our commitment for continued support to the health sector in Tanzania.

Thank you very much for your attention. Asanteni sana.