

**ASSESSMENT OF THE AVAILABILITY OF HEALTH SERVICES OF THE
REQUIRED MIX AT VARIOUS LEVELS OF THE HEALTH SYSTEM TO ENSURE
ACCESSIBILITY AND QUALITY OF HEALTH CARE INCLUDING THE CHANGE
OF BURDEN OF DISEASES (BOD) RESULTING FROM CLIMATE CHANGES AND
ENVIRONMENT**

Inception Report

Submitted to the Ministry of Finance and Planning, and Ministry of Health and Social Welfare

By the

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BACKGROUND

In November 2009 the National Institute for Medical Research and Ministry of Finance and Planning signed a letter of agreement for the former to conduct an assessment of the availability of health services of required mix at various levels of the system to ensure acceptability and quality of health care including the change of burden of diseases (BOD) from climate change and environment in Tanzania. This inception report, as required in the letter of agreement, contains a description of start-up activities, the detailed work plan, methodologies, a list of activities including source of information, and an estimate of the time allocation for involved personnel. The report of the inception meeting with national team is also included

START UP ACIVITIES

The primary activities of the first week of this project were:

1. To bring the consultant (NIMR) and the client including the national team of experts together to agree on details regarding the scope of work, arrangements for collaboration, methods and a work plan for the consultancy.
2. To agree of accessing reference materials which could not be accessed through internet search

METHODOLOGY

This will be a desk review of different documents as presented below.

Table 1: Scope of work, subject area, source of information

Scope/Issues	Issues to be addressed	Source of Information	Remarks
1. Assess the Status of implementation of Primary health services Program (MMAM)	Background and historical profile Objectives Target indicators Implementation and status <ul style="list-style-type: none">- Geographical coverage- Human resource- Infrastructure- Funding- Implementation process- Achievements- Challenges- Way forward and recommendation	<i>1. Mpango wa Maendeleo ya Afya ya Msingi (PHSD), 2007-2017</i> <i>2. Sera ya Afya 2007</i> <i>3. National Strategy for Growth and Reduction of Poverty, June 2005</i> <i>4. Health Sector Performance Profile Report 2009</i> <i>5. Health Sector Strategic Plan</i> <i>6. Publications & Technical Reports</i> <i>7. Internet Search on [Decentralization, devolution, local government reforms, health sector Tanzania]</i>	Key Actors: 1. Ministry of Health and Social Welfare 2. PMO-TAMISEMI

2. Assess the status on the equipment, vaccines, medicines and supplies at lower levels of health service delivery systems

Equipment and Infrastructure (HCF+Lab)

- Microscopes
- Stethoscope
- BP machines
- EMOC equipment
- Haemoglobin machine
- Weighing scale
- Water baths, etc
- Facility space (building)

Medicine

- Essential package
- Stock/out of stock
- Expired/not-expired
- Storage facilities/conditions
- Demand
- Distribution

Vaccine

- Essential package
- Stock/out of stock
- Storage /Cold chain facilities
- Demand
- Distribution

Lab reagents

- Types
- Stock/out of stock
- Storage /Cold chain facilities
- Demand
- Distribution

Human Resource

- Types (Qualification)
- Number

Evaluation Reports for:

- Indent Programs*
- Drug Revolving Fund*
- Integrated Logistic System(ILS)*
- ADDO*

Evaluation Reports for

- EPI programme*
- Health Sector Performance Profile Report 2009*
- Health Sector Strategic Plan*
- Publications & Technical Reports*
- Internet Search*

Definition of "lower levels of health service"

<p>3. Explore further roles to be played by the devolution of responsibilities for HF and health planning to Local Government Authorities</p>	<ol style="list-style-type: none"> 1. Historical Background of Local Government Reforms/decentralization by devolution 2. Decentralization by devolution in health sector 3. Current roles and responsibilities various stakeholders on management and service delivery in health sector/within local governments 4. Achievements 5. Challenges 6. Lessons/Opportunity to expand their roles and challenges 7. Conclusion 8. Recommendations 	<p><i>-Health Sector Performance Profile Report 2009</i> <i>-Health Sector Strategic Plan</i> <i>-Publications, Policy Paper on Local Government Reform.</i> <i>Internet search</i></p>	<p>Key actors: Ministry of Health and Social Welfare PMO-TAMISEMI</p>
<p>4. Explore the potential of different health financing options</p>	<ol style="list-style-type: none"> 1. Background 2. Financing Mechanism 3. Operationalisation 4. Achievements 5. Challenges 6. Way forward/Recommendation 	<p><i>Health PERs [2007 – 2009];</i> <i>Block Grants Allocation Formula [2006]</i> <i>Health Sector Rapid Budget Analysis Background Notes [2007 - 2009]</i> <i>Health Sector Annual Review Documentation [2007-2009];</i> <i>Health Sector Strategic Plan [II & III]</i> <i>MoHSW MTEFs [2005/06 – 2009/10]</i> <i>Planning and Budget Guidelines [various]; and many other documents.</i> <i>IFMS, Budget Books [various] MoHSW Appropriation Accounts [various]</i> <i>AACGEN Appropriation Accounts [various]</i></p>	

5. Explore the issues behind little progress in some health indicators (Maternal and Neonatal Mortality)

1. Burden of the problems
2. Current intervention strategies and coverage
3. Source of Data
4. Factors affecting the progress
 - *Institutional*
 - *Health Policy*
 - *Quality of care*
 - *Human socio-economic and cultural factors*
 - *Cross-cutting*

1. *Mpango wa Maendeleo ya Afya ya Msingi (PHSD), 2007-2017*
2. *Sera ya Afya 2007*
3. *National Strategy for Growth and Reduction of Poverty, June 2005*
4. *Health Sector Performance Profile Report 2009*
5. *Health Sector Strategic Plan*
6. *Publications & Technical Reports*
7. *Internet Search*
8. *Tanzania Demographic and Health Survey 2004/05*

Key actors
Ministry of Health
PMO-TAMISEMI

6. Address the impact the climate change on health sector

- 1) Climate change and diseases – including local trends in emerging infectious diseases
- 2) Climate change and food security/nutrition
- 3) Climate change and water
- 4) Adaptation to climate change

1. *Policy documents*
2. *Technical Reports*
3. *Publications*
4. *Internet search*

7. Cross-cutting issues: The required Mix at various levels

CONTENT OF THE REVIEW

The report will be divided into chapters with a general executive of summary, background and methodology. Each scope of work given in the ToR will form a chapter and each chapter will be organized into

1. Introduction
2. Current Situation
3. Achievement and Key Challenges
4. Key Recommendations and Way Forward
5. References

STATUS OF WORK ACCORDING PLAN

No.	Activity	Weeks			
		1	2	3	4
				30 Nov- 4 Dec	7-11 Dec
		16-21 Nov	23-27 Nov		
1	Convening team and brain storming on terms of reference and agree on work schedule and division of labor				
2	Collection of key policy documents and reference reports/documents				
3	Review of the Current MKUKUTA document				
4	Compile and submit inception report				
5	Systematic review of key areas of the identified subject areas				
6	Submission of the interim report				
7	Synthesis and completion of the final draft of final report				
8	Biding and submission of the final report				

So far the following activities have been accomplished:

- Convening team and brain storming on terms of reference and agree on work schedule and division of labor
- Collection of key policy documents and reference reports/documents
- Review of the Current MKUKUTA document (on-going)
- Submit inception report

The summary of the review status is enclosed as Annex 1

ANNEX 1: REVIEW STATUS

CHAPTER 1: STATUS OF IMPLEMENTATION OF PRIMARY HEALTH SERVICES PROGRAMME

The common focus shared by both the PHC approach in implementing health programmes and the MKUKUTA strategy in alleviating poverty in Tanzania centres on three key issues identified as : (i) an emphasis on improvement of quality of life and social well-being; (ii) good governance and accountability through informed community participation and; (iii) an emphasis on multi-sectoral linkages and synergies . Under such a framework, both the goals of PHC programmes in particular, and those of MKUKUTA in general are thought to be realized when cross-cutting issues are mainstreamed and dealt together. In Tanzania, series of Poverty and Human Development Reports (PHDR) have provided information about the progress and obstacles towards the targets of poverty reduction. In Tanzania, increasing investment in priority sectors such as health and education has thus consistently featured in these reports as one of the optimal strategies towards reaching the country's MKUKUTA targets in line with the MDGs. There is no data for monitoring the success and or failures of the PHC programme in Tanzania in relation to both achieving the national health policy goals and its expected contribution to poverty alleviation strategies .

Current situation

In this section, a critical review of published and grey literature will be done in order to document the current state of implementation of PHC programme in terms of its geographical coverage of services, infrastructure, funding and the implementation process

Achievement and challenges

This part will seek to present and discuss information about the achievement of the implementation of the PHC programme based on not only the pre-set outcome and process indicators but also in line with the expected contribution of the PHC programme on poverty reduction strategies in Tanzania. Obstacles and key challenges will also be identified. As is for the previous section, the data will largely be extracted from grey and published literature.

Key recommendations and way forward

Based on the lessons learned, informed policy suggestions will be provided in this section. The aim is to, as much as possible, point to feasible and effective interventions that will make PHC programme implementation not only good for achieving health sector specific goals but also contribute significantly to the realisation the MKUKUTA targets in particular and MGDs in general.

CHAPTER 2: STATUS ON EQUIPMENT, VACCINES, MEDICINES AND SUPPLIES AT LOWER LEVELS OF HEALTH SERVICES DELIVERY SYSTEM

Introduction

The supply of medicine, equipment and medical supplies in Tanzania for public health sector is currently done by Medical Store Department (MSD) which is an autonomous department under the Ministry of Health and Social Welfare (MoHSW). Different supply strategies have been used to ensure the availability of medicine, equipment and medical supplies in lower level of health services delivery system. All these efforts are geared towards improving the well being of Tanzania in relation to the achievement of global Millennium Development Goals (MDGs)

which have been adopted in National Strategy for Growth and Reduction of Poverty (NSGRT) know as MKUKUTA in Kiswahili. This segment of the report aim at reporting the current status of equipment, vaccines, medicine and medical supplies at lower level of health services delivery system in Tanzania. This is very important based on the fact that majority of Tanzanians depend to receive health services from these health services delivery points namely: district hospital, health centres and dispensaries.

Current situation

Different approaches, policy and guidelines will be reviewed to provide information on how the availability of equipment, vaccines, medicines and medical supplies has been possible. The supply chain for vaccines from being a vertical program since its inception in 1975 to its integration into Reproductive and Child Health Section. Types of antigens and provision schedules will be discussed. In case of equipment, medicine and medical supplies, attempts will be made to address the distribution structure, push system (essential drug kits) and the current strategies of Indent system, Integrated Logistic System (ILS) and Accredited Drug Dispensing Outlets (ADDO) Programme. The financing mechanisms (source of funds) will also be discussed.

Achievements and Challenges

The report in this section will present information related to the level of EPI vaccines coverage for all antigens including number of health units providing vaccines. Reasons for achievements will be presented and challenges related resources (human and financial), maintaining cold chain, transportation and storage will be presented. The level of availability of required equipment at different levels, stocks of medicines and medical supplies will be provided. Reasons for achievement and challenges such stock outs, storage of medicines and human resources will be presented. Future plans for improving the present achievement will be solicited and presented. A summary of lessons learnt will be given for quick reference

Key Recommendation and Way Forward

Recommendations will base on achievement and challenges reported in the above section geared towards improving the current status with the ultimately goal of releasing the global MDGs as outlined in the MKUKUTA health outcome indicator. Timeframe will be made whenever possible.

CHAPTER 3: FURTHER ROLES TO BE PLAYED BY THE DEVOLUTION OF RESPONSIBILITIES FOR HEALT FACILITY AND HEALTH PLANNING TO LOCAL GOVERNMENT AUTHORITIES

Introduction gesture

The Local Government Reform Programme is the vehicle through which the Government promotes and drives the decentralization process. Decentralization by devolution falls under Cluster III in MKUKUTA: Governance and Accountability. Cluster III stipulates seven goals, each with one or two operational target(s) which aim at achieving four broad outcomes including good governance and the rule of law are ensured; leaders and public servants are accountable to the people; democracy, political and social tolerance are deepened; and peace, political stability, national unity and social cohesion are cultivated and sustained.

The third goal focuses on establishing effective public service framework in place to provide foundation for service delivery improvements and poverty reduction through the two operational targets namely;

- *Administrative systems of public institutions are managed transparently and in the best interests of the people they serve.*
- *Decentralisation by devolution institutionalised and implemented to enhance public ownership of the development and poverty reduction process*

Current situation

A thorough review will be conducted to examine the current state of devolution of responsibilities to Local Government Authorities in a multi sectoral approach, considering specific roles played by the key stakeholders, namely *President's Office, Regional Administration and Local Government, Ministry of Health and Social Welfare, Regional Secretariats, Local Government Authorities, Wards and Health facility governing committees*, in line with stated goal in MKUKUTA.

Achievements and Challenges

This section will present information on decentralization by devolution policy development process, implementation, achievements, challenges and lessons for future success

Key Recommendation and Way Forward

Based on achievements and challenges learned so far, recommendations and way forward will be presented towards improving the current status with the ultimately goal of releasing the global MDGs as outlined in the MKUKUTA health outcome indicator. Timeframe will be made whenever possible.

CHAPTER 4: THE POTENTIAL OF DIFFERENT HEALTH FINANCING OPTIONS

Introduction

Public health service delivery has been financed largely by public resources through the government, though with highly constrained budgetary allocations. Apart from use of budgetary resources to fund health service delivery and the supporting environment including infrastructural and transport facilities, utilities and other consumables, as well as human resource accommodation, recruitment, deployment, training and remuneration/rewarding, the use of user fees, cost sharing, and use of pooled funds like insurance funds has also been adopted as alternative options. This is acknowledged considering the limited resources available for the government budget and growing needs of health services in a dynamic demographic and epidemiological profiles e.g. impact of major diseases such as HIV/AIDS, malaria and tuberculosis, as well as other public health problems especially contributing to a high burden on maternal and children health.

Notably, the health sector funding through the government budget has seen significant progress since 2000, particularly since the PRSP was put on shape to begin being adopted. Thus, the funding of the national health (especially public) sector increased progressively over the recent past. With the view to supporting the long time desired government's decentralization policy strategy, a significant funding also channeled to the LGAs so as to bring decisions and services closer to the majority of Tanzanians. However, the increased budgetary allocation to the health sector has not been able to enable the Ministry of Health realize a full attainment of the preset target in line with the Abuja Declaration of 2000. The absolute increase in budgetary allocation

does not necessarily reflect the increased allocation in proportional terms. For instance, since the FY03 to the FY10, the government budget allocation to the health sector has been hovering around 10 percent of the total budget. The allocations have also been short of required allocation of \$9 on per capita terms. These are the challenges appealing for the need to explore different options for funding health service delivery.

Current Situation

This evaluation study seeks to analyze current situation in terms of funding the health service delivery in Tanzania so as to advise the government and potential donors consider alternative or improved financing options in line with the government's broad sector-wide development strategic and Millennium Development Goals. The analysis will focus on the levels of public spending in the sector through the budgetary allocations that will act as a benchmark for coming up with potentially useful recommendations. The composition of the budgetary allocations between different levels in the sector, nature of spending (in consumption spending vs capital spending) and geographical coverage (inequity between LGAs) will be taken into account in order to establish whether the appropriate balance in budgetary allocations exists for optimal results towards arriving at optimal health outcomes in the country.

The next step will be to explore the use of user fees, pooled funds [NIHF & CHF]. The idea here is also to explore the coverage of these alternative options for health service delivery across different groups of the Tanzanian population, particularly the residents.

Also, assessment will be done regarding availability and sustainability of other health financing sources. A large share of health services are also provided by HBOs, CSOs, NGOs, for which health provider provides them for free or the beneficiary pay directly. The health services delivery financed through off-budget is estimated to be as high as \$2 per capita in Tanzania. Nonetheless, the assessment of off-budgeting spending on health services will be difficult to estimate. Use of some clear assumptions will help to shed some light in this area. The idea is to try to come up with a comprehensive picture of total health financing.

Achievement and Key Challenges

The section attempts to capture some of the lessons learned over the past few years, in terms of using all these financing options to achieve optimal outcomes in the health sector. The few important lessons that have been seen over the recent past are/maybe the:- (i) increased budgetary resources allocated to the sector; (ii) quick decentralization of sector in terms of resources moving to LGAs; (iii) good composition in terms of resource allocations to different levels of hospitals [national, regional & district], (iv) positive impact of the pooled funding of health service delivery, especially through the NIF; and improved/supportive institutional set up, including finalization of HSSP III; and many more other positive achievements.

Despite the achievements identified above, some key challenges that will need to be addressed in order to obtain optimal outcomes in health still remain. The challenges are mainly lying in the financing side of the health sector, that is, - (i) of recent, budgetary allocations to health sector have been declining i.e. both as share of total budget (relative terms) and in absolute terms, especially in the FY10; (ii) inequity in budgetary allocations among LGAs continues, with some LGAs receiving 4 times more than others based on crude rather than robust and more realistic

criteria for resource allocation; (iii) little attention or budgetary allocations for health sector infrastructure maintenance, which in turn impairs public health service delivery; (iv) not enough attention to development and deployment of human resources (staff) to underserved and remote areas; (v) declining donor funding in the sector which puts sustainability of sector funding at a risk; (vi) too heavy depending of donor funding, yet it is declining, of development budget of the sector and especially in LGAs; (vii) off-budget funding to the sector which is major disruption to the already limited human resources in the sector; (viii) and many more challenges.

Key Recommendations and Way Forward

The study will attempt to give suggestions on health financing options or modalities based of the positives achievements and lessons learnt from some deficiencies or failures in the system, therefore, contributing to sustainable implementation of MKUKUTA II. Thus, building on the already positive achievements over the recent past, the sector should be able to move to the next level in terms of financing and achieving optimal health outcomes.

In terms of addressing the key challenges the study will propose some solutions to deal with the problems in order to improve the health financing architecture towards achievement of the desired MKUKUTA II health outcomes. The suggested solutions will include identifying the time frame for a possible solution as well as key stake holders to be involved in solving the problem. This will be part of the ways forward in attempt to improve the health financing situation/status/profile in Tanzania, therefore, fostering better health for all the people.

CHAPTER 5: ISSUES BEHIND LITTLE PROGRESS IN SOME HEALTH INDICATORS IN TANZANIA: MATERNAL AND NEONATAL MORTALITY

Introduction

Several reports including The Demographic and Health Survey (2004/05), the Poverty and Human Development Report (2005) and the Technical Review of District Health Services Delivery in Tanzania (2006) have shown improvements in some health indicators except maternal mortality ratio and neonatal mortality rate. The current MMR and NMR are very far behind the MKUKUTA health targets. This part of a report aim at documenting the issues behind little progress to these health indicators.

Current situation

This section will focus on establishing the magnitude of the problem in Tanzania. Major causes and underlying causes of these problems will also be covered.

Achievements

This part will document the current interventions strategies available in operation, as well as future plans which aim at improving Maternal and Neonatal mortality. Coverage of available maternal and neonatal services and reasons behind the level of coverage will be reported.

Challenges

This section will cover information related to the factors and challenges behind the little progress in reduction of maternal and neonatal mortality. The factors will be categorized into institutional,

healthy policy, quality of care, human social economic and cultural factors and also cross cutting issues.

Recommendations

The recommendations will be based on challenges affecting the implementation of available interventions aimed at reducing maternal and neonatal mortality.

CHAPTER 6: IMPACT OF CLIMATE CHANGE ON HEALTH SECTOR

Introduction

According to the Intergovernmental Panel on Climate Change (IPCC), the average global surface temperature has warmed 0.8°C in the past century and 0.6°C in the past three decades in large part because of human activities. The IPCC has projected that if greenhouse gas emissions, the leading cause of climate change, continue to rise, the mean global temperatures will increase 1.4 – 5.8°C by the end of the 21st century.

The effects of climate change such as rising temperature and changes in precipitation are undeniably clear with impacts already affecting ecosystems, biodiversity and people. In both developed and developing countries, climate impacts are reverberating through the economy, from threatening water availability to sea-level rise and extreme weather impacts to coastal regions and tourism. In some countries, climate impacts affect the ecosystem services that communities are largely dependent upon, threatening development and economic stability. Future impacts are projected to worsen as the temperature continues to rise and as precipitation becomes more unpredictable.

Tanzania has been experiencing real and visible impacts of climate change. The Initial National Communication (INC) has reported that the mean annual temperatures in Tanzania will increase by 2.1⁰C in the northern parts to 4⁰C in the central and southern parts of the country by 2100. The increase will markedly be observed particularly during the cool months. In terms of precipitation, an annual increase by 10% is expected by 2100. Climate projections indicate that northern and southern parts of the country would experience an increase in rainfall ranging from 5-45% and that most parts of the country might experience a decrease in rainfall of 10-15%

Current Situation

Various reports have revealed that climate change has an impact on agriculture and food security; water supply, occurrence of extreme natural hazards, mobility and occurrence of infectious diseases; all of which have consequences on health. Therefore, the section will address the impact of climate change on (i) agriculture and food security, (ii) Water supply, (iii) Urbanization (iv) Poverty, (v) Air pollution, (vi) Human health focusing on infectious disease

(e.g. Malaria, Rift Valley fever, Cholera, diarrhea diseases, HIV/AIDS) and emerging diseases such as swine flu, Avian influenza.

We will also address the situation of Mount Kilimanjaro, the highest mountain in Africa, which has been reported to undergo rapid transformation. The snow-capped mountain is losing its 11,700 year old glacial top at an astounding rate. About 80% of glaciers on the mountain have been lost since 1912. The fluctuation in flow, combined with changing climate, place the mountain communities at high risk of malnutrition, vector-borne diseases, diarrhoeal diseases and other environmental health effects attributable to climate change. Based on global trends in emerging infectious diseases, the Kilimanjaro region has been identified as an area at high relative risk for an emerging infectious disease event.

Mt. Kilimanjaro has fragile ecosystems that are important as source of freshwater, repositories of biological diversity, popular destination for recreation and tourism and area for important cultural diversity, knowledge and heritage. The relationship between glacial melt, in the Kilimanjaro region's hydrological cycle, social, behavioural, and economic interplay, and the associated health consequences is complex. Climate change-related impacts on mountain ecosystems are likely to affect population health by creating favourable conditions for disease vectors, forest fires, heavy snowfalls, major storms, floods and droughts.

In this Chapter, a focus will be on the adaptation activities and other strategies to support adaptation to climate change, including policy reforms, technology options, research and information sharing and human resource development.

Achievement and Key Challenges

This section will address a number of good practices in managing climate change. It will also address the strategies the country has developed (for example, health and climate change adaptation strategies) that address the health impacts of climate change. The section will also focus into whether health has been integrated into national climate change mitigation and adaptation strategies and if there are any steps been made towards implementation of these strategies. Issues like how well the health system equipped to cope with the impacts of climate change will be addressed. Any current mechanism established for the early warning systems for the diseases which are likely to proliferate due to the climatic change such as malaria, cholera, swine flu, and Rift Valley fever. Any response teams trained and equipped ready for any sign of the outbreak of such diseases.

Challenges

- Health systems and infrastructures are often weak, fragmented and overburdened. Management of environmental and health systems remains weak in many countries. Many health systems have not integrated environmental health and focus on curative measures.

- In many countries there are inadequate legal, policy and institutional frameworks for climate change. Although environmental and health laws exist, often there are no climate specific statutes.
- Inadequate adaptation capacity to deal with climate change. This is due to financial, human and technical resources constraints. In addition, there is limited technology transfer.

Due to Ongoing changes in the climate there is a need to understand how people and systems can effectively adapt to new climate patterns and potential threats, and to determine what should be done now to avoid the impact on human health that may result. The need to help farmers increase their yields and adapt to climate change, such as how they will succeed in raising agricultural productivity through technological change and effective natural resource management

This section will also point out (i) what should the health sector do, (ii) how other sectors will anticipate risks (iii) Need of developing early warning systems