

PPP-HEALTH Newsletter

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PPP-HEALTH DEVELOPMENTS IN TANZANIA

More Health Service Agreements signed in Tanzania.

Since its endorsement and the signing of the first Service Agreement between Lushoto District Council and Bumbuli Lutheran Hospital in March 2008, more District Councils have entered into agreements with private health facilities to provide affordable and quality health care services particularly to disadvantaged groups; pregnant women and children under 5.

Already about 37 Councils have entered into Service Agreements with private facilities to provide health services to the public and in the spirit of partnership Marie Stopes supported 13 councils to implement SA.

This development is attributed by both the commitment of the government and private partners in one

hand but also the demonstrated health benefits of the agreement particularly in the improvement of access and quality of health services where such agreements exist.

Although a few challenges remain in the implementation of this partnerships, the benefits remain far greater; maternal, infant and under-five mortality rates have projected a declining trend where such agreements are in place.

Among efforts taken to improve the operational environment for health service agreements include the review of the Comprehensive Council Health Planning guideline to include service agreement concept.

There is also a plan by the government and its partners to review the service agreement template and rectify areas that have stood as obstacles so as to foster smooth implementation for the benefit of public.



Lushoto District Executive Director, Hon. Lucy Msoffe signing phase one service agreement between Lushoto District Council and Bumbuli Lutheran Hospital

37 District Councils have entered into Health Service Agreement with Private Health Facilities including Health Centers and Dispensaries.

Editorial

Dear readers,

Welcome to the first edition of the PPP-Health Newsletter. This newsletter comes as part of the efforts of the government and other stakeholders to promote partnership between the government and private sector and increase the participation of the later in delivering of quality and affordable health service to the public.

In this issue, we introduce to you the current status of public private partnership in Tanzania including the evolving policy environment and other contractual mechanisms set forth by the government for the purpose of promoting Public Private Partnership in Tanzania.

Some of the milestones reached including signing of service agreement in various regions and special experience from Lushoto District are also shared in this issue. We also introduce to you a key stakeholder from the private sector; an umbrella organization for the private health facilities in Tanzania and its contributions in strengthening PPP country wide.

In this edition we also share with you some of the international experiences in implementation of PPP in the health sector as a learning session. This Newsletter will be released twice a year by the National PPP Steering Committee.

Existing PPP Documents for Reference

- National PPP Policy (November 2009)
- PPP Act (2010)
- PPP Regulations (2011)
- PPP Strategic Plan (2010 - 2015)
- Draft PPP Health Policy Guideline
- CCHP II Guidelines (July 2011)

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CSSC COMMENDS LUSHOTO D.C - BUMBULI HOSPITAL HEALTH SERVICE AGREEMENT

After two years of implementation of the health service agreement between Lushoto District Council and Bumbuli Lutheran Hospital, the Christian Social Service Commission took an initiative to document the implementation progress. Speaking to a team of staff from CSSC, the Bumbuli Medical Officer In-charge, Dr. Ronald Msangi says that there have been great achievements since the signing of the agreement in march 2008.

“Before the agreement, we were receiving a small number of patients coming for treatment in this hospital, for instance in 2007 we received 7,199 but after the agreement the flow of patients increased rapidly as more pregnant mothers and children underfive can now access health services without any charges. Apart from the number of the patients, Dr. Msangi also says that staff income has also improved.

Ms. Sakina Faraji, a mother who gave birth to a baby boy at Bumbuli Hospital also says that services at Bumbuli have been improved and are provided for free as a result of the agreement. “When I was pregnant with my first born we were paying a lot of money and there services were inadequate, but with this new born I have received better service and for free. I thank the government for bringing the health service agreement.

The CSSC Technical Support Services Officer (Health) Dr. Jane Kahabi advises stakeholders in other district councils not to hesitate to enter into services agreements because it is very beneficial especially to the public health.

“More pregnant mothers and children underfive can now access better health services at Bumbuli Hospital without any charges.”

EDITORS

- Dr. Mariam Ongara - MoHSW
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- Mr. Petro Pamba - CSSC
- Dr. Oberlin Kisanga - GIZ
- Ms. Claudia Kowald - GIZ
- Mr. Erick Msoffe - Admin (NPPPSC)



Dr. Ronald Msangi, Medical Officer In-charge at Bumbuli Hospital in an interview with a team of Staff from CSSC

EVENTS: MoHSW hosts Regional PPP Conference

From 14th over to 16th May 2012, Ministry of Health and Social Welfare hosted a regional PPP conference supported by Giz on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ) in cooperation with USAID, Centre for Health Market Innovations, DANIDA and KfW Entwicklungsbank. The main theme of this year's conference was *“Engaging with the Private Sector in Health in Africa: Learning from Experience”*.

Diverse stakeholders met at illustrious Hyatt Regency Hotel to discuss among other things, the best way to tap the full potential of private sector engagement in health in Africa.

The conference specifically aimed to contribute to an increased knowledge and understanding of the role of the private sector in African health systems and its effective and efficient engagement in these.

A particular emphasis was placed on policy options and capacity needs for successful engagement. The other was on how best development partners can facilitate respective processes and structures and contribute to capacity development.

The three days conference rooted the discussion around the following areas; private health service providers, access to essential medicines, human resources for health, social health protection as well as private insurance companies and Private non health companies.

Hon. Mary Nagu (MP), Minister of State for Investment and Empowerment PMO, inaugurated the conference on behalf of the Hon. Prime Minister Peter Pinda.

APHFTA: An Important Player in Strengthening Public Private Partnership

Given the essential contribution of the purely private sector in provision of health care services, the government of Tanzania revived participation of the private Self Sustaining in the health sector under the Private Hospital (regulatory) Act of 1991. Private Self Sustaining health providers cater for more than 20% of the health care needs of the country's population. However, there is a need for a self regulatory mechanism to ensure the quality of care and services provided by the private health sector. In response to that, the Association of Private Health Facilities in Tanzania (APHFTA) was established and registered in 1994 as an NGO and umbrella organisation for the private health sector in Tanzania, representing all the private health care facilities in the country.

Since its establishment, APHFTA has been working at a close range with the government through the Ministry of Health and Social Welfare. APHFTA sits in several committees in the MoHSW as an umbrella organisation for the private health sector in Tanzania. APHFTA is currently represented in the National Public Private Partnership (PPP) Steering Committee, and Technical Working Groups including Healthcare Financing, Human Resources for Health, Maternal, Newborn and Child Health Survival Partnership (MNCH) and Integrated Management of Childhood Illness Committee – IMCI.

The Association is also represented in National Hospital Insurance Fund (NHIF), Private Hospital Board, Private Hospital Registration Board, National Hospital Reform Task Force, Sector Wide Approach (SWAp) Technical Committee as well as the main SWAp Committee, and the National Social Security Fund. Apart from

its partnership with the government, APHFTA has also established working collaboration with various development partners in various programmes. Some of the partners include Development Cooperation of Ireland (DCI); World Diabetes Foundation (WDF); Global Fund for AIDS, Malaria and Tuberculosis, DANIDA, USAID, The Medical Credit Fund, Population Services International (PSI) and FSG Communication (UK) for its Continuous Medical Education Program (CME).

In 2009, Dalberg through IFC and APHFTA, conducted a study on private healthcare financing. The study showed that investment opportunities in the private health sector are on the rise, and the future is promising for banks that will work with the sector. As a result, APHFTA, in partnership with development partners, started a business training facility for the private health care providers in the country. This is intended to make the sector bankable and as a result will improve quality of health care delivery in the country. Together with this, a special program aiming at quality improvement has led to the creation of an accreditation system, tailored to Tanzanian environment and standards.

APHFTA has expanded operationalisation of its activities; at present the

association has offices in four zones namely Lake Zone Office (serving Mwanza, Kagera, Geta, Shinyanga and Mara regions); Northern Zone Office (for Arusha, Manyara, Kilimanjaro and Tanga regions), Southern Highland Zone Office (for Mbeya, Iringa, Rukwa, Kitavi, Njobe and Ruvuma regions), and the the coastal Zone (for Dar es Salaam, Coast, Mtwara, and Lindi Region. A fifth zone that will cater for the remaining mainland regions is in the process of being formed.

Besides the facility based members, APHFTA also has private healthcare training institutions in its network. The association has been playing an important role in supporting the establishment of private healthcare training institutions.

The headquarter office of the association is located in Dar es Salaam, Tanzania. Existing challenges that hamper private sector investment in health include shortage of human resources and weak financial muscles in the sector. The public sector could possibly cater for all, however Public Private Partnership in health remains as the top option for any developing country to take quality and affordable health services to the community and hence attain the Millennium Development Goals. APHFTA is a major partner in the implementation of the Tanzania Health Sector Strategic Plan IV.



Dr. Samuel Ogillo, CEO, APHFTA

The best way to have an active private sector offering high standards of health care is to fully involve the sector at all stages.



Community Service (Non Communicable Diseases)



Updates from the PPP Desk



Dr. Mariam Ongara, National Coordinator
PPP Desk MoHSW.

The PPP desk at the Ministry of Health and Social Welfare has obtained a new chairperson, Dr. Mariam Ongara. In her brief interview for this Newsletter edition, the new chairperson, says that the Ministry through PPP desk and in collaboration with its partners continues with the efforts to promote PPP in the health sector.

The policy environment for operationalisation of PPP is now conducive with the National PPP Policy and Strategic Plan in place.

The desk also facilitated up-dating of the Health Sector PPP Guidelines to align with the National PPP Act, National PPP Policy, Implementation Strategy and National PPP Act Regulations.

Giving an example of the review of the Comprehensive Council Health Planning guide, Dr. Ongara also cemented that involvement of the private sector in the above activities was adequately done and has been constructive.

Speaking of future plans, the chairperson mentioned the plan of the MoHSW in collaboration with USAID-SHOPS and DANIDA to conduct a Country Private Health Sector Assessment scheduled to begin in May, 2012.

Additional plans include among other things;

- Development of a joint PPP Comprehensive Annual Operational Plan at National level 2013/2014
- Advocacy for implementation of Service Agreements and operationalization of PPP activities at all levels
- Mobilizing additional fund to support Service Agreements for service delivery
- Develop PPP data bank at MOHSW and 2 zones initially for common use
- Support establishment of a PPP forum at the national level and in 50% of all regions in Tanzania mainland.

The main objective of the PPP TWG is to increase the collaboration and participation of public and private health sectors for the delivery of effective, efficient, reliable, affordable, and equitable distribution of health services through promotion of private public partnerships.

PPP IN THE NEWS

HANSHEP to pilot Health PPP Facility



Harnessing non-state actors for better health for the poor (HANSHEP) has announced its support to pilot a dedicated facility providing technical assistance to governments in structuring and implementing health public-private partnerships in developing countries.

“We’ve been working closely with IFC for over a year on developing this innovative program to target the health needs of the world’s poorest people through PPP financing and delivery models.

The program will help governments be better prepared to get

the best value and results from contracting private health providers,” said Gavin McGillivray, Head of the Private Sector Department at the Department for International Development UKaid).

The new pilot health PPP facility will help governments introduce, evaluate, and improve purchasing of healthcare services from private sector providers under a range of PPP options. The facility will contribute to more efficient health sector spending by fostering increased transparency, competition, and best practices in structuring and managing PPPs.

It is the first project sponsored under the HANSHEP multi-donor partnership.

“The potential role of the private sector in extending healthcare services to low-income groups in Africa and South Asia is one that has attracted increased attention in recent years.

This pilot program gives us the opportunity to implement PPPs and determine how they might fill the large gaps left by traditional public service provision,” said Laurence Carter, director of IFC Advisory Services PPP.