

STATEMENT BY THE PRIVATE HEALTH SECTOR
JAHSR: September 29th, 2010

Honorable Minister for Health & Social Welfare, Permanent Secretary to the MoH&SW and PMORALG, Chief Medical Officer, Development Partners, representatives of Civil Society Organizations and other key leaders at the Ministries, invited guests, colleagues, ladies and gentlemen.

On behalf of the Private Health Sector Services Providers, I have the honour to read the following statement jointly prepared by APHFTA, CSSC, and PPP Secretariat:

I would like to take this opportunity to congratulate the Hon. Minister for Health & Social Welfare, Professor David H. Mwakyausa (MP), and his entire team at the Ministry of Health and Social Welfare for steering the reforms in the health sector that are now bearing fruits and are being appreciated by all. As we draw closer to the 2015 deadline for attaining the Millennium Development Goals, honest and committed partnership among all stakeholders remains one of the most important formulas for achieving the goals.

The private health sector remains focused on the roadmap set by your ministry and the international community towards achieving the MDG. Public Private Partnership (PPP) is the media in which the private sector joins hands with your ministry to work towards achieving common goals.

The private health sector congratulates the fourth phase government, for fast-tracking the process of developing a national PPP policy and the PPP bill, and forwarding the bill to the parliament under a certificate of urgency. This was a clear indication of the government's commitment of working in partnership with the private sector. Your ministry's quick move into preparing PPP strategy and PPP policy guidelines that are aligned to the National PPP policy and PPP act is highly appreciated by all.

The private health sector would also like to take this opportunity to thank all the development partners working with your ministry who are actively supporting PPP initiatives both financially and morally. This cooperation has greatly contributed to bringing us all this far.

Honorable Minister, the achievements of PPP documented to date by your ministry and partners should be guarded and natured for quick scaling up of the impact nationwide. We have 12 success stories of service agreement contracts that have already been signed by respective councils and are operational. Hundreds of private healthcare facilities are delivering public goods (Reproductive and Child Health Services, , TB, HIV/AIDS care and Treatment, PMTCT, VCT etc) to millions of poor Tanzanians for free in the spirit of PPP. Tens of private training institutions are training thousands of healthcare professionals to ease the HRH shortage, while many more are being constructed and equipped. To date, more than 100 private healthcare facilities are implementing Non-Communicable Diseases (NCD) program in the country. These facilities are not only treating NCDs, but are also actively involved in preventive and awareness programs, whereby they support 90 primary schools and more than 100 communities in this special program, rendering their services for free.

A Medical Credit Fund that delivers soft loans for private health care providers has been established. This fund is now enabling the private health sector to invest in quality improvement programs, and many facilities are busy implementing quality upgrade plan.

A great health care financing relief has also been witnessed through a good relationship established between the private health sector and the institutions dealing with staff benefits like NSSF, NHIF etc.

As we appreciate all these, we would like to point out some challenges and put up few requests:

1. Access to Affordable Artemisinin-based Combination Therapy (ACT) to the whole population:

- We appreciate how much your ministry has done towards ensuring that all Tanzanians have access to subsidized ACTs both in the public and private health sector. We kindly request your ministry to accelerate the process.

2. PPP implementation:

- The concept of PPP is still not well understood by all stakeholders therefore its implementation is not as expected. This is evident considering the fact that only 12 Service Agreements (SA) have been signed since 2008. One of the challenges pointed out is the absence of a specific code for SA in the MTEF. During the last Technical Review and Main Review Meetings, this was highlighted but has not been addressed. Now that the National PPP Policy and Act are in place, we believe that the operationalization of the PPP concept at all levels will be realized. We appreciate that the revised CCHP guidelines have also addressed the issue. We are requesting the ministry and partners to fast track the dissemination of the documents to ensure that all stakeholders actively participate in their implementation.
- In the course of implementing the PPP, we noted a knowledge gap in conceptualizing and putting it in action especially at district council levels. This is both to the private and council side where by misinterpretation and sometimes personalities have implications. Fair and equitable council resource allocation for health and involvement of private sector in such resource planning and allocation need to be reviewed. We request for a fair and true representation of Private sector in district health resource (human and monetary) planning and allocation at council levels through the DMOs.

3. Inspection of Facilities:

- The inspection of healthcare facilities that was carried out by your ministry early this year was in many ways commendable, because it exposed culprits who were out there to tarnish the reputation of the noble profession. But on the other hand, it also revealed the sad truth that CHMTs and RHMTs are unaware of what is happening in their localities. This reflects a need for a self regulating mechanism that will enable the private health sector umbrella organizations to play a role in regulating and supporting their members, whom they know well and they can monitor.
- The inspection again, on the other hand, had also a disturbing outcome. The nature in which the whole process was carried out left considerable damage to the image of the private health sector. The media was invited to the inspection exercise and left to broadcast without any directives, and was thus biased in the reporting, tarnishing the image of the private health sector and the health sector as a whole. Yes, there were a few rotten fish in both the public and the private health facilities that were inspected, but that does not mean that the whole of the health sector is rotten. In one way or another health sector 'shot itself on the foot'. The way healthcare professionals were being harassed in front of the media cameras was a sight that has left scars on the healthcare professionals that will take some time to heal. We had always believed that there were professional bodies under your ministry to handle cases of malpractice in a professional manner, contrary to the way it was done during the inspection. The private health sector believes that your ministry will correct this situation, and will rebuild the confidence and trust that has been shaken.
- We request for a fair treatment of both Public and Private Facilities in the inspection exercise to make the exercise constructive and stimulating, a learning process rather than a witch hunting one.

Honorable Minister, we would not like to miss this golden opportunity to congratulate you for being re-elected un-opposed by your constituency's electorate. This does not only show the confidence that the people of Rungwe West have in you, but reflects the whole nation's confidence in you. *Hongera!*

Lastly, we wish to reiterate our commitment to participate fully in the implementation of HSSP III and all the milestones that will be set for 2010/2011 in collaboration with other stakeholders.