

12th Joint Annual Health Sector Review 2011

Main Meeting, 3 November 2011

Ministry of Health and Social Welfare

SUMMARY

Proceedings of the Main meeting held on 3rd November 2011 at Bank of Tanzania, Dar es Salaam

SUMMARY OF JAHSR 2011 MAIN REVIEW MEETING REPORT

1. Introduction

The report provides a record of the proceedings of the JAHSR Main Review Meeting held at the Bank of Tanzania conference hall on 3 November 2011.

The meeting was attended by officials of the Ministries of Health & Social Welfare, President's Office - Regional Administration & Local Government and Ministry of Finance. Other participants included Members of Parliament who comprise the Parliamentary Committee on Social Services, development partners, representatives of faith-based health providers and private health providers, civil society organisations, health officials from specialist hospitals, regions and districts; academics, researchers and members of the media.

In her opening address, the Permanent Secretary explained that it had not been possible to finalize proposed milestones for presentation / adoption at the main review meeting. Discussion and agreement on milestones will therefore take place in the week following, with the modalities to be communicated to stakeholders in due course.

The purpose of the meeting as originally planned was to:

- Recap the main findings of the technical review meeting regarding progress and challenges in the health sector
- Review, debate and adopt “milestones” representing priority actions in the year(s) ahead
- Review, debate and adopt “policy recommendations” arising from the Technical Review Meeting for the attention / action of decision-makers in the health sector

There followed a welcoming speech by the Honorable Minister of Health and Social Welfare in which he emphasized a number of achievements of the health sector, borne out by the data presented at the Technical Review. He highlighted a number of areas for continued emphasis, including the:

- Human resource shortage,
- Implementation of the MMAM for health equity,
- Accelerating hospital reforms,
- “Streamlining” public-private partnership.

2.0 Presentations and Discussions

2.1 Civil Society Statement

The statement on behalf of CSOs placed emphasis on:

- Increasing resources for the health sector,
- Adherence to budget guidelines and focusing these on front-line service delivery to save lives and interventions;
- Equitable resource allocation, including drugs; better deployment of available human resources and tackling impediments to the effective provision of HIV/AIDS services.

2.2 The private sector statement:

- Recognized progress in public private partnership and emphasized continued commitment from the private sector, but highlighted the slow pace of implementation.
- The speaker highlighted issues requiring clearer policy guidance, emphasized the need to avoid duplication of health facilities and drew attention to problems arising from health facility inspections.

2.3 Development Partner's

The development partners' statement selected four areas for particular comment:

- Health financing (adequacy, aid dependency, and appropriate resource allocation);
- Human resources (commended the GoT on the HRH strategic plan, allocation to remote areas, realistic staffing levels for new facilities, motivation & productivity);
- Decentralization (need to further devolve responsibilities to regions & districts)
- Maternal and neonatal health (need to scale up provision of essential MNCH services).

2.4 Health Sector Performance 2010-11

The CMO's presentation Summarized points arising from the Technical Review, including the recommendations of the Technical Working Groups (TWG); the finding from the field visit and the health sector performance profile indicator status and the Milestones for 2010/11. Reviewing progress against milestones, the CMO mentioned that 7 out of 15 milestones had been achieved, namely:

1. Linkage between CCHP guideline and HSSP3 in PlanRep
2. Regional, District and DDH are producing annual plans and budgets
3. The number of health workers has increased
4. PPP policy guidelines have been revised
5. NCD/NTD implementation plans have been endorsed
6. Agreement has been reached between MOHSW, PMORALG and MSD for mutual responsibilities

On the other hand, 8 out of the fifteen milestones have only been partially achieved, namely:

1. Review of the national essential health package
2. The framework of the M&E initiative
3. EMONC availability & supply
4. Establishment of nutrition posts and budgets in regions & districts
5. Health financing strategy
6. Health facility accounts
7. Finalization of the national social welfare strategic plan
8. Dissemination of new CHSB guidelines

2.5 Policy Recommendations

The Director of Policy & Planning then presented the policy recommendations arising from the deliberations of each of the TWGs. The presentation was followed by a plenary session where participants sought clarification or made contributions – and responses were provided by discussants.

- i. Regarding Monitoring & Evaluation Participants emphasized the importance of effective implementation of the MESI.
- ii. Health care financing a number of delegates expressed concern at the level of funding available for health.
- iii. Level of resource allocation for essential medical supplies and it was pointed out that government allocation has declined in real terms while donor dependency for supplies has increased.
- iv. Human resource-related issues. Non-government providers felt that policies and procedures to assist faith-based organizations to obtain additional health personnel should be devised and communicated to the districts.
- v. Expansion of health care facilities under MMAM is resulting in duplication of services, competition between government and faith-based providers, and a waste of resources. In response to this point, the Hon. Minister reiterated that the MOHSW strongly values the contribution of private providers and stated that duplication of facilities should be avoided.
- vi. Delegates noted the need to pay more attention to the role and objectives of Social Welfare and in particular the most vulnerable children (MVC).
- vii. In relation to resource allocation and the promotion of greater equity, it was recommended that there should be a meeting between the MOHSW, DPs, PMO-RALG and Private providers.
- viii. The policy recommendations needed to be more action and outcome oriented, and that they should focus on actions that would make a difference to service provision.
- ix. It was agreed that the crafting and adoption of milestones needed to be completed in November, so that they could help shape budget priorities for 2012/13.

The plenary session concluded with a commitment by the PS-MOHSW to take on board the various recommendations and comments. She stated that TWG chairs should circulate proposals for milestones to stakeholders so that these could be agreed before the end of November – in time to feed into the budget process that begins in December. It was also agreed that a midterm review of the HSSP3 should be carried out next financial year (2012/13) in a process that would involve all stakeholders.

5.0 Closing Discussion

It was agreed that a mid-term review of the Health Sector Strategic Plan III should be undertaken. This should be undertaken next financial year 2012/13 and should involve all players. It was regrettable that the review was not able to discuss and endorse milestones, but commitment was voiced to work jointly on these in the next weeks.

The PS, PMO-RALG thanked all present for their active participation in the review process and expressed appreciation for the many constructive comments received. He reiterated government's commitment to the effective implementation of strategies, to address the most pressing problems affecting health service provision. Specifically mentioned were:

1. Meeting human resource requirements;
2. Timely disbursement of funds, including those for medicines;
3. Conducive environment for public-private partnership;
4. Supply of medicines, particularly for Maternal, Neonatal and Child Health as well as family planning;
5. Improved monitoring and evaluation of the sector, including better use of ICT tools;
6. Improved governance through functioning health service boards and health facility committees.

All participants were once again thanked for attending and were urged to help disseminate the proceedings of the meeting and the agreements that had been reached.

HSS/Secretariat