THE 11TH JOINT ANNUAL HEALTH SECTOR REVIEW TANZANIA - 2010

INTRODUCTION

This year's Joint Annual Health Sector Review was the 11th in series. The Ministry of Health and Social Welfare (MoHSW), together with the Prime Minister's Office – Regional Administration and Local Government (PMO-RALG), in collaboration with Development Partners, Civil Society Organisations and the private sector (including Faith-based organisations) conducted a two-days Annual Review on September 29th-30th, 2010 to assess progress and challenges and to identify future priorities for action within the framework of national health policies. A preparatory technical meeting and a special session on health care financing preceded the Main Review. While last year's review meeting focused on the translation of the Health Sector Strategic Plan III 2009 – 2015 (HSSP III) into action, this year's meeting aimed at assessing results of the first year of implementation, particularly in the following key areas:

- **Health Sector Performance Profile for 2009/10, including progress made against milestones set in 2009**
- **The district and regional performance reports 2009/10**
- **The health sector performance expenditure review**
- **Financial and budgetary aspects**
- **Strategic outline for financial year 2011/12 in the Medium Term Expenditure Framework**

The outcome of the Review will input into the national review of the Poverty Reduction Strategy and the General Budget Support.

THE HEALTH SECTOR PERFORMANCE REVIEW

Performance against HSSP III Indicators

Due to the delayed dissemination of the Tanzanian Demographic Health Survey 2009/10 only preliminary results have been presented focusing on a very limited selection of the 46 health sector indicators, including progress made towards health status, service delivery and health system strengthening.

Highlights were the important gains in child survival evidenced by a substantial decline of Under-5 child mortality rate (from 147 per 1000 in 1999 to 91 in 2008 and 81 in 2010) and of the infant mortality rate from 68 per 1000 (2005) to 51 per 1000 (2010) which is well on track with achieving the MDG target 4. Secondly, the life expectancy has gone up for both sexes.

With regard to maternal health (MDG target 5, Maternal Mortality ratio) a positive trend was delineated declining from 578/100000 in 2004/5 to 454/100000 in 2009/10, although MDG 5 target of 265 most likely will not be reached.

Concerning sexual and reproductive health and rights/ HIV prevention the contraceptive prevalence rate increased from 20% (2004/5) to 28.8% (2009/10) and the percentage of pregnant women under 20 years came down to 38% (2009/10), compared to 54% in 2004/5. HIV prevalence among the 15-49 years old population stands at an average of 5.8% (2007/08) indicating a decreasing trend compared to 7% (2004). Progress in improving service delivery is expected as outpatient attendance per capita increased from 0.68 (2008) to 0.74 (2009). This seems to be on track to achieve the HSSP III target of 0.80 in 2015 although tremendous variation across regions was observed, leaving much room for improvement.

Furthermore, vaccination coverage of DPT-Hb3 and measles surpassed already the set target by HSSP III despite Tetanus toxoid vaccination has decreased falling below the target of 85%. More effort is needed in other areas, including access to services, for example HIV positive women receiving ARV for PMTCT in order to meet 2015 target of 80% (2009: 43%). Concerns regarding data on current and chronic malnutrition were raised as the proportion of under-fives moderately underweight (weight for age) increased from 38% (2004/5) to 42.3% (2009/10). It was pointed out that multiple factors are playing a role when elaborating reasons for the negative trend which include lack of leadership and inter-ministerial coordination.

One major challenge to strengthening the health system is the inadequate number of qualified health workers and accredited health training institutes. Recent efforts made by the government and key stakeholders to address the

crisis. Also, a guiding document "Health Service Scheme" has been developed to advise regions and districts on allocation of staff.

Performance against Milestones 2009/10

The progress report on annual milestones set for 2009/10 indicated that not all targets have been achieved yet, but most of them being on track. The remaining milestones have to be carried forward to next financial year. One successfully implemented milestone is in the area of PPP, the enhanced partnership between public and private stakeholders in the health sector. Based on the national Public Private Partnership Strategy first experiences were gained through about 14 formalised collaborations between private health entities and the MoHSW. Constraints include inadequate resources and delays of funding, set time frame, lack of managerial capacities and hindrances related to implementation issues. In order to tackle these challenges in future it was suggested to define less ambitious, achievable milestones, and strengthen additional support for building capacities at regional and local level.

Milestones 2010/11 – Future Health Sector Priorities

The strategic focus areas for the financial year 2010/11 are formulated in fifteen milestones which correspond to the strategic objectives of the HSSPIII. Human Resources for Health have been taken up as milestones of upmost importance. Also, it was recommended to introduce a milestone on supportive supervision at district/council level as it was identified as one key element in the progress of health system strengthening and implementation of policy guidelines and resources allocated through the health basket at the decentralised level.

Health Financing

The Medium Term Expenditure Framework Analysis by Strategy drawing from HSSP III framework indicated strong variation across allocated funds at sector level including districts and regions. This exercise provided important insights in inadequately funded priority areas - for instance Human Resources and Monitoring and Evaluation. The broad focus of MTEF Priorities 2011/12 is Health System Strengthening along the six building blocks, i.e. governance, service delivery, health workforce, supplies, information systems and health financing.
The PER update 2009 that has become available since the JAHSR shows that nominal public actual expenditure for health has increased over the last years to TZS707bn in 2008/09 (+24% over 2007/08). This trend is also carried forward in the 2009/10 budget, which at TZS 925bn is 26% higher than that of 2008/09.
This increase in funding also means that real, i.e. inflation adjusted, per capita funding for health is rising. In 2008/09 USD 16.36 (in current USD) were spent for each Tanzanian in health, an increase of 15% over the previous year. But despite this positive trend, this is not even one third of international estimates of the cost of a package of basic health care (e.g. WHO Commission on Macroeconomics and Health).
The trend is equally fuelled by an increase in Government and foreign funds, but the target to allocate 15% of the total budget of the Government of Tanzania to health has been missed by a clear margin (figures remain to be checked).
The pattern for the level of spending has remained stable. The central MoHSW has been spending 58% of the total, 34% by the LGAs, and 8% by the Regions. Budget performance for the central level was close to 92%, while LGAs and Regions reported above 99%. Data quality at LGA level is still a problem, however.

HEALTH CARE FINANCING FOR EQUITY IN TANZANIA

This year's health sector review focused on health system financing and scale-up of social health insurance in Tanzania. At present, donor funding and general tax revenue are the main sources of health financing while out-of-pocket payments by households also represent a significant share of funding for health.
Incidence analyses demonstrated that financing is slightly progressive overall, but that benefits are skewed towards the wealthier, despite the poor having a lower self-assessed health status.
Against this background successes and key constraints in health financing were discussed. Currently, about 12.4% of the population are enrolled in social health insurance (SHI) schemes, mainly the Community Health Fund (CHF) with 6.6% (2009/10) and the National Health Insurance Fund (NHIF) at 5.8%.
A major challenge for increasing coverage is that the NHIF as a compulsory public sector scheme is nearing saturation. While there is scope to enrol the private formal sector with payroll-contributions (currently under the National Social Sector Fund - NSSF), increasing premium-

based coverage in the informal sector through CHF will be more challenging. Innovative approaches will be needed for this, such as group enrolment.
Other concerns are the high fragmentation of insurance schemes with separate risk-pools and little cross-subsidization, and the weak and patchy regulatory framework.
Numerous challenges specific to the CHF were also mentioned, including weak management capacity, unclear financial sustainability and a limited benefit package.
Concerns about equity principles were raised with relation to the matching grant paid by Government, as wealthier areas are likely to receive more funds than poorer areas.
Strengthening the CHF systems paramount to scaling up SHI in the informal sector.
An opportunity for the future arising from scaling up SHI, will be a fund allocation that will automatically be more demand-orientated, if funds are channelled to facilities for services delivered. This should strengthen service provision at district level.
Scaling-up coverage of SHI will have huge implications that need to be taken into account. It is expected that with increases in coverage, utilization among currently excluded populations will increase, which will increase the need for financing. It was also pointed out that the supply side will need to be strengthened to cope with this additional demand, again increasing the needed funding.
Priorities for the near future are the finalisation of the health financing strategy as well as revising the minimum essential health package by level of care and management activities, that SHIs are expected to provide.

CONCLUSIONS AND WAY FORWARD

Generally, this year's "Health Review Light" was well attended despite the relatively weak participation of regional and local government authorities and civil society.
The meeting highlighted key topics with regard to the first year implementation of the Third Health Sector Strategic Plan, 2009 – 2015 taking into account progress, major constraints and future priorities. Health system strengthening was seen as being of central importance and was discussed from various angles addressing identified priority areas as human resources, health financing and supportive supervision. As key reports addressing an update on health indicators and public expenditures were not yet finalised only preliminary data were provided. More emphasis on implementation will be required in the coming year to put strategies into action and continue to address prevailing challenges in capacity for financial and health services management. Data obtained from routine information systems is still weak and will need strengthening in the years to come. On this basis it seems that the Tanzanian health sector is on track with MGD 4 and 6 but lags behind regarding others. However, the remaining high rate of Maternal Mortality and worsening trend in regards to the nutritional status of the population have raised concern and awareness to focus more specifically on these areas.
The human resources crisis is still a challenge for the whole health system. It was pointed out that the contribution of private health institutions should be taken into account more strongly in terms of mitigating the human resources crisis. The current budget allocation to human resources for health of about 3.1% is not sufficient.
Emphasis was put on Monitoring and Evaluation in every aspect; calling for the establishment of a functioning and reliable health information system at all levels. It was suggested that a minimum of 5% of the budget should be allocated to Monitoring and Evaluation.
Worth mentioning, there is a need for improved functioning of established technical committees under the SWAp ensuring room for policy dialog and an efficient coordination and harmonisation of involved stakeholders in the Tanzanian health sector.

Dar es Salaam, December 2010