

DPG H Remarks at Joint Annual Health Sector Review Technical Meeting – Dodoma,

Tuesday, 8th October 2019

*Honorable Permanent Secretary **Dr. Zainab Chaula**, Ministry of Health, Community Development, Gender, Elderly, Children*

*Honorable Deputy Permanent Secretary of the Presidents Office - Regional Administration and Local Government, **Dr. Dorothy Gwajima**,*

Prof. Kambi Mohamed Chief Medical Officer,

The Director of Government Business and Policy Coordination from the Prime Minister's Office,

Government officials of the United Republic of Tanzania,

Representatives of CSOs and the private sector,

Fellow Development Partners,

Invited guests,

Ladies and Gentlemen, good morning.

It is a pleasure for me to be here with all of you today to give remarks on behalf of the Development Partners supporting the health sector in Tanzania at this year's Joint Annual Health Sector Technical Review Meeting.

This year, we meet under the theme of "Strong Stakeholders Collaboration and Alignment is Essential to the Delivery of Quality Health Services for Healthier Populations and Tanza-

nia's National Development". This theme is directly related to Tanzania's strong commitment to making Universal Health Coverage a reality in Tanzania. The road to UHC requires strong stakeholder collaboration under high level Government Leadership, with a focus on equitable access to good quality primary promotive, preventative and curative health services that ensure financial protection. As a critical part of this effort to have strong and aligned stakeholders, we appreciate government's effort to involve the sub-national level in the JAHSR as we witness for the first time, participation of the Regional and District Medical Officers in this critically important TRM.

To build a stronger system for the future, we must learn from our successes and identify the barriers and weaknesses. The process of undertaking deep and broad analysis of Tanzania's health sector through the series of MTRs has reflected the principles of strong stakeholder collaboration and strong government leadership. DPs would like to thank the Permanent Secretary, Dr Chaula, MoHCDGEC and Deputy PS, PORALG for their leadership over the period of this work and thank all the people in this room who contributed time, ideas and finances to the process.

We congratulate the Government of Tanzania for the progress that has been made in the health sector as evidenced in the recent Mid Term Review (MTR) of the Health Sector Strategic Plan IV (HSSP V), 2015-2020, Health Basket Fund and One Plan II. We have noted progress across many key indicators including the quality of care due to star rating; access to health care through construction of new health facilities and renovation of others, posting of staff to disadvantaged regions; community engagement in management through health facility governing committees; and improved health financing at the primary health care through the direct health facility financing, to mention a few. All of the above are steps towards our end goal of UHC.

However, challenges are still noted in among others, management of human resources for health, domestic financing, maternal mortality, neonatal mortality, chronic

malnutrition among children, adolescent reproductive health and nutrition, gender and equity, which all of us should strive to address. We look forward to reviewing the results of the MTR and discussing the recommendations that will assist the Government of Tanzania in developing HSSP V and guide all of us on how to invest more and better and in the right areas, to achieve the Tanzania's Vision 2025 and the Sustainable Development Goals, particularly UHC.

Honorable Permanent Secretary, the Mid Term Review validates many important improvements in primary healthcare, including how the use of Direct Health Facility Financing, first as an innovation, and now rolled out country-wide, is leading to improvements for planning, management and use of funds at the facility level. DHFF is also proving to have a positive effect on community involvement and ownership of services. But, DHFF is also adding to the workloads of staff - who now manage the funds or supervise the use of DHFF funds at numerous facilities.

To improve quality, improving management, leadership and accountability are necessary. For example, CHMT and RHMTs need formal training in management and leadership. For DHFF to be successful, we need to keep building managerial capacity at the facility level. There are opportunities to build leadership and management skills, including by using e-learning and m-health platforms.

DPs have also listened with great interest PORALG's assessments of lessons emerging from the Makole Health Center experience. The Makole experience suggests that addressing the accountability of service providers, along with more regular on the job coaching and supportive supervision, can address poor quality services. We are keen to collaborate with government and other stakeholders to explore approaches that will build accountable leadership for the provision of respectful and good quality services.

Development Partners strongly support the prioritization of improved data management to ensure Tanzania continues to have the reliable and objective data we all need for our evidence-based decision making, as part of our mutual accountability for delivering on the SDGs.

Honorable Permanent Secretary, heavy investment in infrastructure is improving access in some areas. However, the MTR indicates that improving the quality of services is proving to be more challenging. The high demand from a growing population combined with a lack of adequate staff in facilities, inadequate leadership and governance, and insufficient health financing has resisted all efforts to improve quality.

We are working with the Ministry, PORALG, and POPSM on Human Resources for Health (HRH) analysis and joint advocacy for a high-level meeting in November 2019 with the Minister of Finance, Minister of POPSM and Minister of Education, to obtain support for an increase to the wage bill that would allow for some additional recruitment to fill the growing HRH gap at primary care facilities.

We are all eager to see fewer deaths and injuries from pregnancy, childbirth, non-communicable and communicable disease, especially among the mothers and newborns these infrastructure investments aim to serve.

We commend the Government of Tanzania for its continued commitment to work towards Universal Health Coverage. As part of efforts towards this and other Sustainable Development Goals, Tanzania has drafted a Health Financing Strategy and is working to obtain approval for a new mandatory Single National Health Insurance scheme. We encourage you, Honorable Permanent Secretary, to continue championing this Single National Health Insurance so that it can be approved. We DPs are committed in supporting the Tanzanian government to achieve universal health coverage so that all people have access to quality health services. Achieving Universal Health Coverage will help to increase health life expectancy, reduce poverty, and promote equity that are necessary for sustainable development.

We fully support the implementation of the national Healthcare Financing Strategy, as a means for increasing domestic investment and promoting a sustainable health care system through the expansion of health insurance, increased Government budget allocation to health, and the adoption of strategies that promote greater efficiency and “value for money” in the health sector. Universal Health Coverage is the end goal, and while this requires more domestic investment in health, in turn, global experiences show it delivers substantial economic returns, including by boosting industrial development through increased industrial productivity. This is necessary towards achieving status of middle income country. We also hope that a stronger engagement with the Ministry of Finance will ensure that funds flow to where they are needed in a timely manner in order for the decentralised health system to work.

Honourable Permanent Secretary, Development Partners appreciate the Government’s commitment to improved adolescent health and wellbeing, recognizing that adolescents are among the most vulnerable and invisible members of society, with their needs often missing from our efforts. Adolescents health needs to be addressed by various stakeholders; hence, multi-sectoral collaboration is key.

Health policies and systems must actively seek to address the social determinants of health, such as gender, age, socioeconomic status, to mention a few. These are issues that require a strong health system with reach right down to the community level, where knowledge, behaviour and attitudes impact health outcomes. DPs are very encouraged by the progress on the Community Based Health System, specifically the CHW policy we understand is ready to be approved. This will help address the triple burden of (1) communicable diseases, maternal and neonatal mortality, chronic malnutrition, (2) non-communicable diseases, and (3) emerging health challenges such as pandemics and consequences of climate change in Tanzania. With regards to preventing the rise on NCDs, we must expand our mindset to include also commercial determinants of health as many risk factors for NCDs are linked to the food processing industry. We look forward to seeing

Health in all Policies improves the multisectoral collaboration and intersectoral actions to address these key determinants.

Tanzania's rapidly growing and shifting demographics also need thought and discussion. The current rate of population growth will continue to increase demand for health and education services, straining availability and compromising quality of services. The rapid urbanization that is taking place needs to be considered as there could be worse health outcomes in urban areas vs rural, which requires evidence to address perceptions that health outcomes are good in urban settings and that public sector focus should be mainly on rural areas. Required reforms to align the health system to respond to urban areas needs should be incorporated into the new health policy and HSSPV. At the same time, the Ministry of Health needs to reach out to and engage with other sectors as improving health and well-being of the Tanzanian population requires investments in not only in health and nutrition, but also in education, water and sanitation, social protection and jobs, among others. This will also need to be reflected in the new health policy and HSSPV.

Finally, we would like to stress the growing threat to the health sector posed by disease outbreaks. Global health emergencies, such as the current spread of Ebola in the Democratic Republic of Congo, requires us to strengthen Tanzania's emergency preparedness across all sectors and with all stakeholders. It is critical that various ministries, sectors and partners work together, sharing information, closely coordinating resources and up-to-date data to strengthen the health security preparedness and response.

On behalf of development partners in health, we reiterate once more our full commitment to ensuring we reach all households in Tanzania with quality health care, as we continue together to promote good quality primary health care that is accessible to all.

Asanteni kwa kunisikiliza.