



THE UNITED REPUBLIC OF TANZANIA
 MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
 GENDER, ELDERLY AND CHILDREN



Presentation Outline

Health Resource Tracking Updates

19th Joint Annual Health Sector Technical Review Meeting
 14th to 15th Novemehr 2018

- Public Expenditure Review (PER) and its key findings of 2016/17
- National Health Accounts (NHA) and its key findings of 2015/16



Resource Tracking

- Public Expenditure Reviews
 - Focus on health Budget which is allocated through Govt Budget
 - Complementary funding (not always captured)
- National Health Accounts
 - Describes the totality of expenditure flows (by Donor, Public, Out of Pocket and Health Insurance)
 - Describes the sources of all funds utilized in the health sector
 - Describes uses of funds



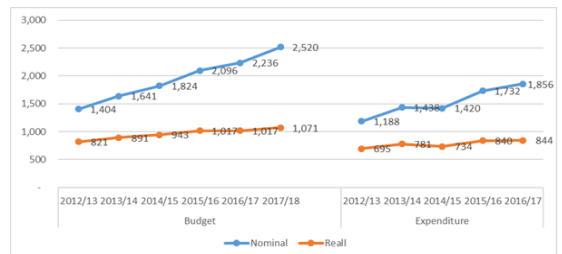
Public Expenditure Review

- Conducted every years
- Focused on Budget performance at central, and local levels
 - Donor funding under National budget are regarded as public funds
 - Focuses on the current pertinent issues



Public Health spending in absolute terms

A: PER Finding Updates of 2016/17

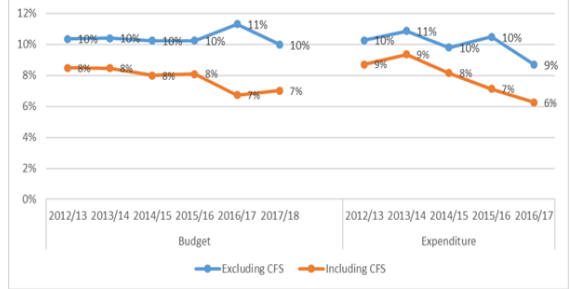




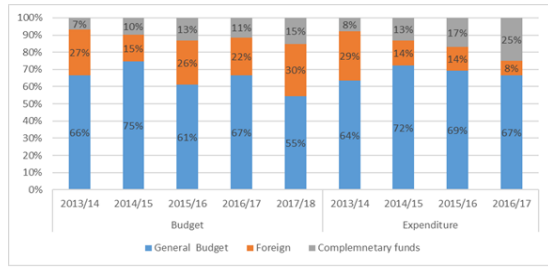
Public Per capita health spending



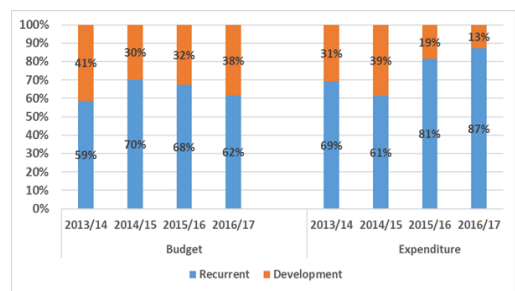
Health spending as % Government spending



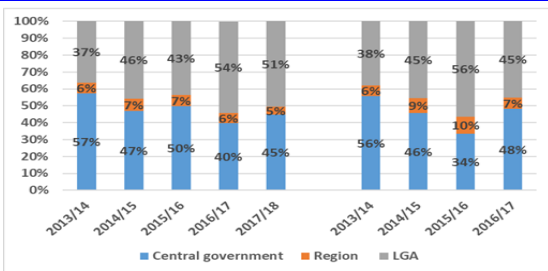
Domestic/Foreign shares over time (%)



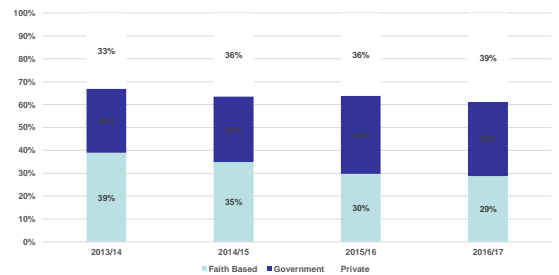
Recurrent/Development shares (%)



Public Spending by Levels

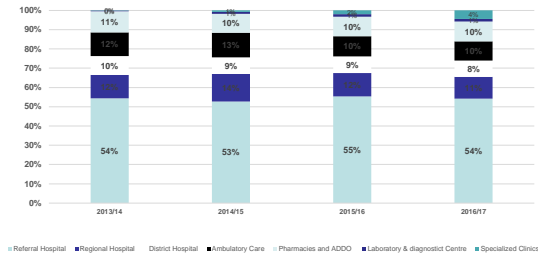


NHIF payments by ownership

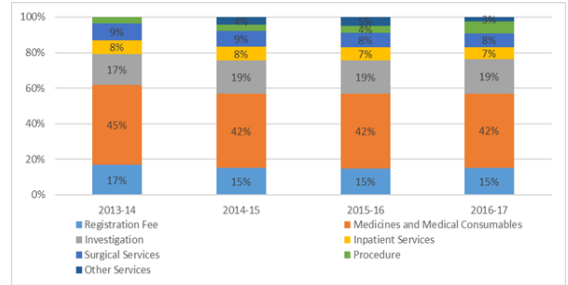




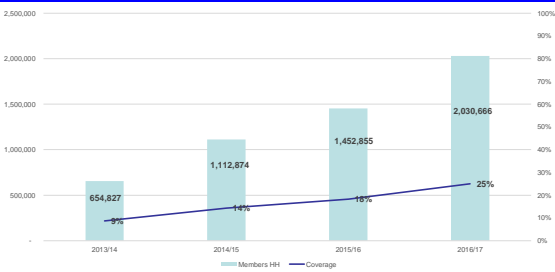
NHIF payments by Levels



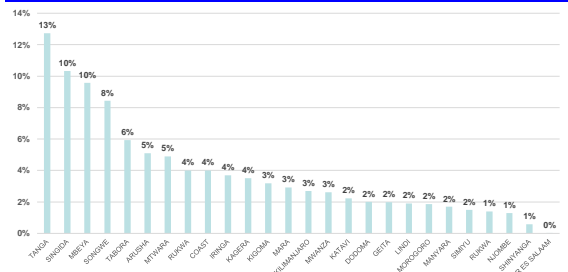
NHIF Spending by Type of Services



CHF Coverage



% of CHF Coverage by Region



Introduction

- Tracks spending on health care including public, private and donor contributions
- NHA answers questions like:**
 - Who finances health care?
 - How much do they spend?
 - Where do these funds go?
- Application to priority areas: SUBACCOUNT.
 - HIV/AIDS and TB subaccounts
 - Malaria subaccounts
 - RH Subaccount
 - CH Subaccount
 - Any disease specific
 - Conducted as part of general NHA exercise

B: NHA Updates of 2015/16



Introduction

- NHA is Internationally accepted framework for measuring health expenditure that tracks spending on health care including public, private, and donor contributions
- Has been conducted in over 100 countries
- Applied to priority areas known as: SUBACCOUNTS
 - HIV/AIDS subaccounts
 - TB Subaccounts
 - RH Subaccount
 - CH Subaccounts
- Currently applied to all disease specific



Introduction

- NHA Classification
 - Spending by Financing source (Funds originator)
 - Spending by Financing scheme (funds Channels)
 - Spending by Agents (Funds Managers)
 - Spending by Providers (Funds users)
 - Spending by Disease
 - Spending by functions (Actual use of funds)
 - Spending by factors of provision (types of inputs used_
 - Spending by Age (beneficiaries by age)



NHA Methodology

Data Collection

- Existing information systems and secondary data**
 - E.g. Itemized Reports, MTEF & Plan Rep Public Expenditure Reviews, Health Management Information System (HIS) data
- Primary data collection**
 - Survey of donors (All Health DPs)
 - NGOs (All international and Local NGOs directly financed by donor)
 - Survey of Insurance Providers(All health insurance)
 - Survey of Employers(150 Sampled employers with more than 100+)
- Data Analysis**
 - Excel and Stata
 - HAPT & HAAT Developed by WHO

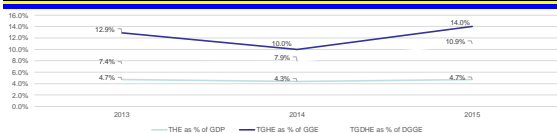


General Health Expenditure

	2013	2014	2015
Total Health Expenditure (Mn TZS)	3,322,778	3,459,665	4,294,944
Government	843,756	972,841	1,230,799
Corporations	163,730	231,527	337,562
Households	864,026	897,341	952,711
Rest of the world	1,451,266	1,357,956	1,773,871
Total Health Expenditure Per capita (TZS)	73,827	74,503	89,631
Government Health Expenditure Per capita (TZS)	38,768	35,840	42,674
Total Health Expenditure Per capita (\$)	46	45	45
Government Health Expenditure Per capita (\$)	24	22	21



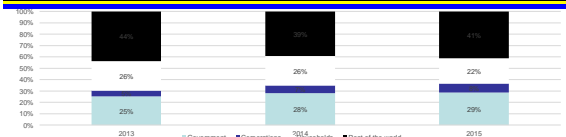
Selected Expenditure Ratios



- Total Health Expenditure (THE) as % of GDP has remained at the average of 4%
- Total Government Health Expenditure(THE) as % of General Government Expenditure (GGE) has increased to 14% in 2015/16
- Total Government Domestic Health Expenditure (TGDHE) as % of Domestic General Government Expenditure (DGGE) has increased to 10.9%



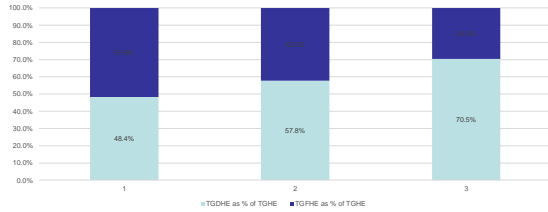
Sources of Fund



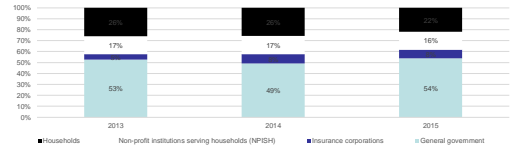
- Share of Government to Total Health Expenditure (Taxation) as increased form 25% in 2013 to 29% in 2015
- Health Insurance contribution has increased from 5% to 8% during the same period
- Donor financing has fluctuates from 44% to 39% in 2014 and rose again to 41% in 2015
- Out of Pocket still contributes a significant amount range at 22% in 2015



Fund Channels



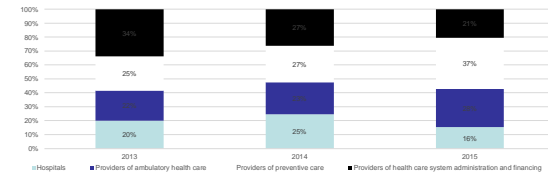
Financing Agents



- The Government manages above 50% of THE
- Insurance role to manage the funds has remain the same at 8% in 2014 and 2015
- NPISH (NGO) role has remained almost the same but has a significant share of 16% in 2015
- Role of House hold in managing the funds has decreased to 22% in 2015



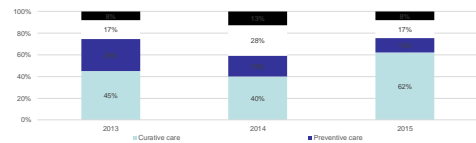
Expenditure by Provider



- Providers of Preventives Care has significant share of 37% out of THE
- Primary Health Care share has increased over the entire periods to 28% of THE in 2015
- Hospital share has decreased and
- Health system admiration share has also decreased



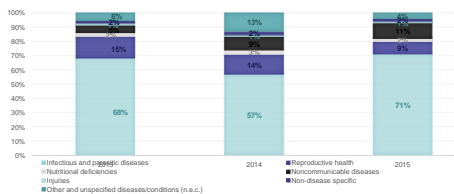
Expenditure by Functions



- % share of curative care has increased over the years
- % share of preventive care has decreased
- % share of Governance has fluctuates over the years



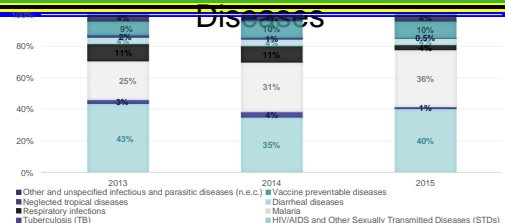
Expenditure by Disease Categories



Infectious diseases account for three quarter of Total Health Expenditure
Non Communicable Disease Share has increased by half from 2013 to 2015



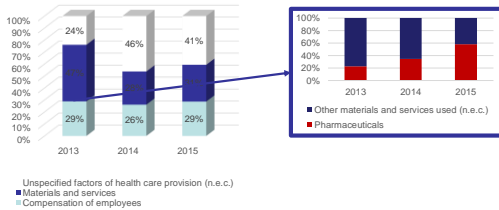
Expenditure on Infectious Diseases



Malaria and HIV accounts for higher % under infectious diseases



Expenditure by Factors of Production



Key Policy Messages

- Off budget is still significant + % of funds managed by NGO is still significant – Need to strengthen SWAP coordination to ensure off budget funding are align with GoT priorities
- % of funds under Providers of Preventive care has increase however the % Curative care function has also increased - Need to strategies on the funds spent by the providers of Preventives care to have an impact on curative care
- Infectious diseases (With HIV and malaria accounts for high %) account for about three quarter of THE- Need to strategies on the prevention and review the majors used so far.
- Share of NCD out of THE has increase by half since 2013- Need collaborative effort to advocacy for preventions measures



Resource tracking NHA Limitations

- Data inconsistency from various source
- Proper filling in of NHA data- hence challenges to categories all health spending
- Delays in responding to request of data-hence