

**OPENING SPEECH OF THE 11TH JOINT ANNUAL HEALTH SECTOR REVIEW BY
MINISTER FOR HEALTH AND SOCIAL WELFARE HON. PROF. DAVID HOMELI
MWAKYUSA
29TH SEPTEMBER, 2010**

**Honourable Deputy Minister for Health and Social Welfare,
Permanent Secretaries,
Deputy Permanent Secretaries,
Distinguished Ambassadors and representatives of Our Development Partners,
Commissioners, Directors and Section Heads
Representatives of Partner Government Ministries in Health development,
Representatives of the Civil Society, Private Sector and Faith Based providers,
Invited Guests,
Ladies and Gentlemen:**

I feel greatly honoured and privileged to participate and officiate the opening of this important partnership forum which marks the 11th Joint Annual Health Sector Review. On behalf of the government and people of Tanzania I would like to take this opportunity to welcome all the distinguished participants to this forum.

Ladies and Gentlemen

The Joint Annual Health Sector Review is carried out in the spirit of partnership between all sector stakeholders and takes the comprehensive view of a Sector Wide Approach.

As Minister for Health and Social Welfare for the past five years of implementing health reforms in the SWAp modality, I have been profoundly pleased to witness the progressive and well documented achievements accomplished in the health sector. Health services have expanded in terms of quality as well as quantity. The positive results are verified in terms of increase of services provided as well as impact in terms of health status of the population.

Preliminary results from the ongoing Demographic and Health Survey 2010, as they currently stand, have indicated many areas of substantial success. With the Child Health agenda - the MDG 4 - we are on track for our 2025 goals. Our efforts to fight Malaria have made impressive inroads. On HIV/AIDS we have achieved remarkable performance as shown in the upcoming MKUKUTA Annual Implementation Report 2010.

The fact that our health reforms have been implemented in the spirit of broad partnership within the principles of a Sector Wide Approach has undoubtedly contributed significantly to the health

sector achievements. The first phase of the Health SWAp was a preparatory phase realized through the Health Sector Strategic Plan I from 1999 to 2002. The second strategic plan signified the implementation phase and was executed from 2003 – 2008 through the HSSP II. The second phase was extended to 2009 to give room for developing the current strategic plan III which is guiding our sector development up till 2015. In this phase we expect to consolidate the gains in the SWAP implementation arrangements, and we have now past the first year of implementing the HSSP III.

We have just concluded the technical review component of our sector dialogue structure, which is part of the larger dialogue arrangement between the Government and Development partners in other sectors as well.

The Technical Review was preceded by a one-day meeting arranged in collaboration between my Ministry and the Ifakara Health Institute. The meeting focused on Health Financing for Equity in Tanzania.

Sustainable health care financing and improvement of health service management have been among the major aims of the cost-sharing policy introduced in 1993. Exemptions and waivers have been introduced for poor and vulnerable groups, and also pre-payment mechanisms such as the Community Health Fund, National Health Insurance Fund, SHIB and private health insurances. However, our country still faces challenges in the field of health financing.

The meeting took status of the present health financing situation in Tanzania and analyzed options for increasing sustainable cost-sharing mechanisms and improving health financing regulations. Many valuable points were raised and will inspire our continued strive towards sustainable health care financing.

I should not forget to appreciate the collaboration between staff from my Ministry and the Ifakara Health Institute which allowed this in-depth technical dialogue on a subject which is crucial to continued progress in the health sector.

The Technical Review Meeting was conducted over two days where the health sector performance during the past year was examined and discussed. Major achievements were noted; but also challenges for further progress were observed. The Technical Review Meeting concluded with a number of recommendations which will feed into this Main Review Meeting. This includes a set of proposed milestones setting the success criteria for the coming year, and suggestions on sector priorities for the Financial Year 2011/2012. I am aware of the widespread appreciation of the organization and management of this year's Technical Review, and I will take this opportunity to express thanks to the organizers of the meeting.

Ladies and Gentlemen

I will now return to mention some of the achievements and challenges that define the health sector today.

I mentioned in my introduction that we have indications of a real improvement in some of the most significant indicators for health sector progress: the mortality rates for children.

The deaths of children under five years of age have continued to record significant declines. The rate declined from 112 per 1000 live births in 2004/05 to 91 per 1000 live births in 2007/08 and thereafter to 81 child deaths per 1000 live births in 2009/10 according to the demographic and health survey 2010 preliminary results. I am delighted to conclude that our set target was attained. Infant mortality rate has declined from 68/1000 live births in 2004/05 to 58 per 1000 live births in 2007/08 and then to 51 /1000 in 2009/10. This should be compared with the target of 50/1000 infant deaths by 2010.

According to the TDHS the Maternal Mortality reduced to 454 per one hundred thousand pregnancies

It should be appreciated that achievement of these operational targets is partly to be explained by countrywide efforts made on increasing and improving immunization and malaria control services.

Immunization and vaccination services have been scaled up vastly with increase in the number of health facilities providing immunization services from less than three thousand in 2005 to more than four thousand five hundred in 2009. The vaccines protect children against Tuberculosis, Polio, Diphtheria, Tetanus, Whooping cough, Hepatitis and Measles. The number of vaccinated children increased by 8 percent from 2005 to 2009.

In efforts to combat malaria disease, the government continued to implement the Malaria Control Strategic Plan by distributing long lasting insecticide treated nets through the voucher scheme and provision of intermittent presumptive treatment for malaria to pregnant women in the country. Nine million mosquito nets were distributed free of charge to all children under five years of age. Also indoor residual spraying was conducted in Kagera Region. During the same period we distributed 4.2 million long lasting insecticide treated nets to pregnant women and more than 1.2 million nets to children under one year through the voucher scheme.

Tanzania have achieved the Global Leprosy elimination target of <1/10,000 population in 2006 as witnessed by Mr. H, Sasakawa, the WHO Honorary Ambassador for Global Leprosy Elimination. This achievement was maintained also in the past year.

In 2008, the country exceeded the Global TB targets of detecting 70% of all TB infection cases. The treatment success rate of 87% surpassed the WHO target of 85%. The DHS 2010 hold even

better news of the TB treatment success which is estimated at 88.3%. My ministry is now focusing on universal access through active TB case detection.

The national HIV and AIDS prevention and control act was passed by parliament in 2008. The government pursue the second health Sector Strategic Plan for HIV/AIDS 2008-2012 and the National Essential Health Sector Strategic Interventions packages for HIV and AIDS to guide implementation.

The government has continued to mobilize the general public to go for voluntary HIV testing. By March 2010 a total of 11.7 million people had voluntarily tested for HIV. 655 thousand AIDS victims are on care and treatment for HIV/AIDS and almost 340 thousand are on Anti-retroviral treatment.

Also achievements in various reform areas should be recognized:

- Decentralization by Devolution of health services to Local Government Authorities including day to day management of health service delivery, planning and budgeting continue to improve. In the past year we have revised the CCHP-Guideline to address new intervention areas and update the existing ones.
- Strengthening of implementation structures in the Regions and Councils – the Regional Health Management Teams, District Health Management Teams, Council Health Service Boards and Facility Governing Committees – is a sustained and successful undertaking. The support we are receiving from the Health Basket Fund and the JICA Technical Co-operation team continue strengthening the supervision functions of the Regional Health Management Teams.
- Creation of ownership and people's voice over health services delivery through establishment of Community Health and National Insurance Funds is being intensified as the NHIF will now support CHF management to deliver according to expectations.
- Revitalization and strengthening of Regional and Council supportive supervision roles is a key to add value to health services provision, quality of care, and cost-effectiveness to our health sector investments. These initiatives also enhances accountability and performance management.

Ladies and Gentlemen

I am indeed impressed with the linkages, alignment and harmonization of the sector policies, the strategies, the programming and the projects and how well they are coordinated towards addressing MKUKUTA goals and Vision 2025. Improved quality of life and social wellbeing is the theme of cluster 2 in the MKUKUTA and Vision 2025.

The health sector is contributing to human capital formation to address poverty. We have participated fully in informing the national documents for poverty reduction and ultimate elimination.

I am proud to inform you that the health sector is clearly performing well given the above mentioned results in the few areas I have picked.

We should remember these are progressive achievements over a period of 11 years of reforming the sector. As we move forward aligning our resources into the MTEFs, focusing on the HSSP III key strategic areas, and allocating resources to address the burden of disease, we can clearly see that we are making progress.

I thank you all for your contribution and for the effective and productive partnership existing among us. Let us all give ourselves a very big hand.

Ladies and Gentlemen

While appreciating that several years of increased investment in the health sector **has** actually provided substantial improvements – not only in terms of service output – but also in terms of improved health status of our population; we should not forget that many challenges are ahead of us. Yes, we have succeeded to achieve milestone targets on some of the essential health status indicators; but we should realize that accomplishment of our future targets require sustained and increased efforts and investments.

In most areas we know how to go ahead. In the past 4-5 years we have invested much work and energy on developing strategies and implementation plans which now guide the annual, monthly and day-to-day planning and execution of activities. In other words, if we have the resources, we know how to carry out the tasks.

However, while progressing on the road to improved health status of our population, the health system itself is becoming increasingly complex. In the past year my Ministry has worked tirelessly to develop structures to strengthen the functioning of our systems and improve coordination between these different systems.

It is not sufficient to construct a health centre; health workers must be in place – well educated to carry out their tasks – and the health workers must have their salary in time... and a place to sleep and rest.

Equipment, essential medicines and vaccines must be available to make the presence of health workers meaningful and to maximise their potential. Managers need data and information to distribute resources according to needs; therefore we must have well functioning information systems – with feed-back systems that keep the health workers abreast of what is expected from them.

As we are improving our systems to produce better results, these systems are expanding and becoming increasingly complex. Various specialists are working with and refining these

individual, complex systems. There is in my opinion a significant potential in improving the inter-phases - the communication and sharing of information - between these systems. Therefore, I have initiated the process of establishing a Health Sector Resource Secretariat to coordinate the many reform processes under this Ministry and a Health Systems Strengthening Component under this Secretariat to focus attention on improving communication between the various systems.

Distinguished Guests, Ladies and Gentlemen

When the reforms were initiated, one of the problem areas identified to be addressed was the financing gap. Within the SWAp arrangement the government together with five development partners agreed to establish a Health Basket fund in an endeavour to address this gap. At the same time complementary financing modalities in the form of cost sharing – Community Health Financing, National Health Insurance Fund and other mechanisms were also developed to address the same. We have all witnessed the achievements of these initiatives.

The number of partners in the Health Basket has grown from five in 2003, to eleven in 2010, including the One UN family. With this good sector performance we expect more to join the Health Basket. The partners contributions to Basket Fund have increased steadily from USD 25 million in 2003 to 98 ?? (MR Konga to edit this section) USD million to date. The health sector basket allocations to LGAs increased from 0.5 USD per capita in 2003 to 0.75 US \$ per capita in 2005; then USD 1 per cap in 2007; 1.25 US \$ per capita in 2008 and in 2010 it is 1.50 USD per capita. We are putting the money where the mouth is.

This is a substantial amount and I say thank you to our DPs, for the generous support to the Government in general and to the health sector in particular.

Together, the DPs are investing substantial amount of funds, in the health sector; both on-budget and off-budget. The proportion of the investments in the sector stands between 35% and 44%, of the total health sector budget.

Looking at the per capita expenditure on health for Tanzania, we observe a raise from USD 5 to 14 USDs in the last ten years while Government health budget allocations are hovering between 8% and 12% over the years. Presently, the health budget has the 3rd priority among sectors... after Education and Infrastructure.

Studies show that girls' post secondary education decrease the MMR by 25 %. This is a big impact on health status. We should all support the education sector to make the Kata Secondary schools functional and ensure that many more girls complete secondary education.

If kilimo kwanza succeed and we have enough to eat at every household, malnutrition will reduce as will the ensuing deaths from children and mothers. We know that 50% of the underlying causes of death in children <5 years and pregnant mothers is malnutrition.

Ladies and Gentlemen

In a eleven years of reforming the health sector, the issue of human resource for health has been on the agenda and an issue for discussions in every Joint Annual Health Sector Review. I recognize and appreciate efforts done so far in improving the situation especially in addressing the crisis.

However, the present situation is not very encouraging. The human resources for health is still at crisis level with only 38% of the health professionals needed to provide services. We need to do more and in a more concerted effort. Placing skilled staff in the right places is difficult due to many factors including, insufficient incentive to attract and retain the required staff in the regions and districts. This is a challenge of our time. This said; it is our resolve to address this challenge. More meetings will not help without actions. We need practical support to walk the talk.

We also take note that the population growth rate at 2.9% translate to approximately 1.7 million babies a year. These new citizens also need health care, and hence additional health workforce to care for them. It is my sincere hope, that this year, this forum will take note, and effectively use the report of the technical review that preceded this main review meeting, to come up with actions, that will assist the government and all of us in health development to make a difference as we move ahead.

Ladies and Gentlemen

HSSP III 2009-2015 is informed by the national health policy 2007, which link with the national strategies MKUKUTA and Vision 2025.

The Programme commonly referred to as MMAM- (2007-2017) has been developed in endeavour to address equity of access to health services. To achieve this, each village and each ward should have a functioning dispensary and a health centre respectively. This programme is a reflection of the Health Sector Reforms agenda to strengthen the functioning of the health system at district level and ensure the *availability, accessibility and delivery of quality, health services to the population.*

In this context, looking back at what I said in 2007, 2008, 2009 and today in this same forum, the challenges ahead with respect to attainment of the MMAM objective is still an enormous but necessary undertaking. We need to move ahead and do exactly that.

We must do that by strengthening the infrastructure of our training institutions, reopening of institutions which were closed, introducing new courses which had been abandoned and increasing enrolment of students to increase our capacity of production of health personnel. Our partners are supporting the HRH strategic plan. We have Government funds, programme and project funds like the Human Workforce Initiative, direct support from USAD, the Health Basket Funds... and new areas that are being sought. Our hope is that these combined efforts will effectively address the human resources for health crisis.

I would like to assure you, that the government is dedicated to address the challenges using the available resources. My appeal to all of you today is to join us with any kind of support, be it financial, technical, or moral - we will value it.

Distinguished Guests, Ladies and Gentlemen

At this juncture, I will like to reiterate that there are no big or small partners in our SWAp undertaking. We are on equal footing in this partnership. The attainment of the MMAM objectives are necessary for the achievement of health related MDGs 4, 5, and 6.

Distinguished Guests Ladies and Gentlemen

The SWAp framework for health reforms is guided by strategic arrangement to implement jointly agreed sector strategies and annual plans. The 10 milestones for the last year gave us an opportunity to measure our progress to this destination.

We now have solid data in DHS 2010 and the draft Sector Performance Assessment Report 2009, which indicate value for money on sector investments with the ultimate objective of improving health status of the population. The health of the <5years is better than ever before. The length of living has increased for both men and women, and the burden of disease has decreased as evidenced by reduction of malaria morbidity and mortality.

Distinguished Guests, Ladies and Gentlemen

This annual event is about joint assessment on how we have fared on agreed targets set last year. The Technical Review Meeting conducted from 6th to 8th this month did this noble job and their work will inform this meeting. The result provides us an opportunity to plan better for the coming years.

I appeal to you to select realistic and implementable milestones. Also attempt to link the central policies, strategies and programmes through all the levels from the zones, regions, districts, HCs, Dispensaries and to the Households. To succeed, we have to engage the households more effectively as partners in action.

Distinguished Guests Ladies and Gentlemen

The TRM has come up with two sets of recommendations which we are requested to discuss. The first set of recommendations is focusing on the Health Systems Strengthening. The essential building blocks include focusing on service delivery, strengthening the Health Workforce, Financing the Sector, supplies of medical products, monitoring performance especially financial management and the HMIS. The recommendations also focus on Stewardship, leadership and management of the services, and on good governance. I am indeed impressed by this holistic approach, as we move away from peace-meal perspectives and interventions.

The second sets of recommendations are the milestones to be discussed in this meeting. I can see they are well linked and focused. The 12 TWG agreed and established last year should be maintained, and their mandate extended to deliver on the milestones and other recommendations from this meeting. Their terms may be revisited to meet the challenges of today.

Ladies and Gentlemen

The hospital reforms need to be accelerated; Public Private Partnership needs to be solidly secured to deliver services in line with agreed terms and policies. The health boards and facility governing committees must now be put in place and made functional. The management teams have to be made stronger for supervision and the technical teams for implementation and service delivery at all levels.

We should leave no stone unturned.

Ladies and Gentlemen

While I express my great appreciation to you all for carrying forward this endeavour, I also appeal to you to ensure smooth implementation of the next steps as agreed in this meeting.

Distinguished Guests Ladies and Gentlemen

I would like to end my speech by noting that we have been served well by our Health Sector Reform Secretariat for the 11th year, under the coordination of the Policy and Planning Department, and our collaborating partners and I say thank you.

I also thank the JAHSR Task Force who has worked hard to ensure that this review was well prepared and is of good quality.

The secretariat is in a transition to become a Health Sector Resource Secretariat, to be able to meet the challenges ahead of consolidating the gains in the reforms through HSSP III and to shape the upcoming maintenance phase of the reforms and the gains accrued in the process.

Ladies and Gentlemen

This is an election year and therefore a year of change. You should know that I am proud to have been part of the Health Sector for the past five years. Together, we have achieved the ultimate goal of really improving the health status of this nation. The health sector is a complex sector. It is not sufficient to adjust a single management or policy knob and then expect great results. Only combined efforts in a large number of intervention areas right from introduction of new policies to the delivery of bed nets to the poorest family household will make an impact on our primary goal. This goal is to save lives and contribute to a healthy, content and productive population.

Ladies and Gentlemen

I thank you DPs, CSOs, FBOs and other Stakeholders for the impressive results, we have together achieved.

I thank colleagues from our partner ministries.

I strongly believe we can move to the next steps successfully.

I now declare our 11 SWAp; Joint Annual Health Sector Review 2010 officially opened.

Thank you for your attention