

Joint Annual Health Sector Review – Policy Meeting

Development Partners Group Health Statement

Dar es Salaam, 5th November 2012

Honourable Minister of Health and Social Welfare Dr. Hussein Mwinyi, Deputy Permanent Secretary PMO-RALG Mr. Kidata, Acting Chief Medical Officer; Officials from MOHSW Zanzibar; Representatives of the Private Sector, Civil Society, Senior Government officials, Development Partners; *all protocol observed*; Ladies and Gentlemen

Habari za asubuhi mabibi na mabwana! Nimefurahi sana kukutana na Mawaziri wote wawili, wa Afya na wa PMO-RALG, karibuni sana.

It is an honor and a pleasure to address you this morning. The Development Partners Group in Health receives this important opportunity once a year. This is the 13th such statement made by DPG-Health representatives. In typical Danish style, I will try to keep the statement short; to the point; and hopefully by the end, sweet.

All participants of this Policy meeting are key players of the health sector and are well aware of progress and achievements of the sector. Therefore, this statement will not spend time detailing the achievements in the sector over the

past year or decade. Rather, we would like to use this time together to discuss some of the very significant and urgent challenges that lie ahead of us:

challenges that must be recognized and confronted together.

These are turbulent times, globally, and with respect to the health sector in Tanzania. The last year has been a particularly challenging one for our sector.

We, as DPs, are cognizant of the pressure that our colleagues at the MOHSW, PMO-RALG and other ministries such as MOFEA, POPSM have faced over the course of the year and continue to face. Healthcare worker fiscal expectations of the government are visibly rising; accompanied by increasing demand from the citizenry for quality health and social welfare services.

At the same time we are concerned that government prioritization of the health and social welfare sector as a share of the total budget continues to decline; the growth in development partner support to the health sector has slowed; and the potential vacuum for health in the post-2015 development agenda looms large.

The public health sector is entering a new era in which resources might be growing more slowly than in the recent past. In sum, much more is expected from the government, and I would add, from us Health Development Partners, with a resource envelope that is struggling to keep up with the challenges.

All is not bleak though. There is much that all of us sitting in this hall can control. We would like to highlight three areas of overarching importance that demands concerted action in the year ahead. Those familiar with the HSSP III will recognize these as the “cross-cutting issues.” Moreover, would like to specifically identify an additional enabling factor that is critical for ensuring progress in the highlighted areas.

1. Governance

Good governance, accountability, and transparency can no longer be viewed simply as buzz words to be used in national and international fora. Rather, the articulation of these principles into real practice is absolutely fundamental to sustaining the health financing required to maintain and build on the health achievements of the past decade. Improved governance is central to mobilizing and sustaining resources for the sector, be it from Tanzanian citizens (taxes, user fees, insurances) or from international partners. The recent situation in Uganda serves as an important example here.

The government’s strong commitment to implement the Open Government Partnership and recommendations of the UN Commission on Information and Accountability for Women and Children’s health is thus very much welcome. The words now need to be put into action across the various

MDAs, Regions, and LGAs including greater transparency in resources allocation decisions. We recognize this is a significant endeavor. However, a lack of clear progress in this area seriously compromises our ability to convince our various headquarters and constituencies back home for continued support to the health sector in Tanzania.

We would like to commend the excellent work done by the CAG in recent years. Their financial and value-for-money audits have been very precious in identifying bottlenecks and providing recommendations for improvement. These findings must now be translated into real action and changes in order to rebuild confidence of SWAp partners in the MSD, and ensure that cost-effective and equitable access to essential medicines and vaccines for all Tanzanians is improved.

2. Equity

We commend the GoTs commitment, in spite of significant budgetary pressures, to steadily increase government wide spending on health worker salaries. However, the benefits of this very significant investment from government's own funds are not being shared equally amongst Tanzania's various districts. As example, between FY 2010/11 and FY 2011/12 health PE expenditure in Dar es Salaam (including Ilala, Kinondoni, Temeke, and DSM CC) increased by almost half (46%) while it decreased by 14% for

Kigoma D.C. It is a troubling trend which is likely to jeopardize the achievements of both the HSSP and MKUKUTA targets in certain parts of the country. This is a situation, in which more equitable spending could lead to better overall health outcomes, thus increasing value for money in the health sector. Also it emphasizes the importance of an interministerial commitment, with MOHSW leadership, including as related to developing a health financing strategy.

We appreciate that the ability to address the growing gap in Health PE amongst districts does not reside solely with the MOHSW or PMO-RALG, or even with the GoT at large. Indeed, even at home, all of us face similar challenges in recruiting and retaining skilled health workers in our rural areas; and in delivering health service equitably to our populations. That said, there is an unquestioned responsibility for all of us sitting in this room to urgently work towards reducing the level of disparity that we are currently witnessing in health PE spending between LGAs in Tanzania. We must see commitment from GoT on this issue. In this regard, the review of the different existing allocation formulas of resources is of high priority for the health sector.

We also must better understand the relationship between overall increases in health PE spending and increased headcounts of appropriately skilled health

workers across LGAs, as well as urgently act towards mitigating associated challenges, including in the social sector. There is a clear role for better coordination between MOHSW, PMO-RALG, PO-PSM, and MOFEA here; and of course action through a shared vision of present and future national human resources for health needs, as well as improvements in HRH planning.

3. Gender

The importance of women's empowerment to the achievement of national development goals, including maternal health, is universally recognized. Realizing reproductive rights resides at the heart of advancing women's empowerment.

Margaret Sanger, an early global champion of family planning, eloquently stated that "Woman must have her freedom, the fundamental freedom of choosing whether or not she will be a mother and how many children she will have." Too many women in Tanzania still lack such choice. Again, there is a responsibility for all of us sitting in this room to ensure that the women of Tanzania are increasingly able to avail themselves of the freedom given voice to almost a century ago and that so many of us here take for granted.

In addition to being a human right, investing in family planning has also been identified as a smart investment for national governments. In his speech at

the recent London Family Planning Summit, President Kikwete made a very strong commitment to family planning, this is very much welcome and critical to Tanzania's ability to reach the Millenium Development Goals.. Again, commitments at the international level must result into action at the local level. The international donor resources for family planning that are increasingly becoming available, must be mirrored through government's own commitment to the area through identification of budget for family planning commodities.

Of note, while family planning, including achieving contraceptive prevalence targets, unquestionably represents smart national investment, we should not forget that this issue is at its core one of women's rights and freedom. As we seek to expand the availability of family planning in Tanzania, we must always be mindful that it is the ability to make an informed choice in a non-coercive manner that we are seeking to advance. In this context I would like to highlight the value of informed choices not just about family planning, but about issues of maternal, newborn and child health and reproductive health of women, men and adolescents.

Enabling Factor: Political Leadership

This is not the first time that issues of Governance, Equity, or Reproductive Rights have been identified in a Development Partner statement. The

achievement of progress in each of these three areas requires significant political leadership and, ultimately, courage.

We believe that those present in this room can provide the political leadership required to both sustain and further health gains for the people of Tanzania. The closer collaboration between PMO-RALG and MOHSW witnessed in recent months illustrates well the existence of such leadership. DPs and others have sought improved coordination between the two Ministries for many years – the ability to move quickly in an area that languished previously is an encouraging sign for all those interested in the progress of the sector.

The challenges in front of us are many, yet, together we have the power and opportunity, not to mention the primary responsibility, to navigate these challenges and accelerate improvements in health. We must ensure that it is not simply our words that resonate past the halls of this meeting; so must also our actions.

After 13 years of the SWAp, are we all making the best possible use of this unique and precious instrument for greater harmonization and alignment? How can we best ensure that our own priorities for the sector indeed reflect the most pressing health needs of the population? And fundamentally our work together including the time taken to prepare for today must deliver results to the people of Tanzania.

Nisiongee sana kwa sababu nitasahau nimeongea nini. Asenteni Sana.