

Terms of Reference for the Health Financing sub Committee (HFC)

Background

The National Health Financing Workshop of May 2005 recommended the establishment of a technical committee on health financing to address many of the challenges confronting the sector in the area of financing. The creation of this committee has become even more critical in light of the escalating costs related to the provision of health services, the predictability of resource flows and the significant changes in the way that external assistance is being financed and distributed to the sector. This working group is needed now more than before to address more recent critical issues and to generally support Government in strengthening sustainable health financing and social protection, especially protection of vulnerable groups.

Vision

The vision of the subcommittee is achieving equity in mobilisation, allocation and effective and efficient use of financial resources in the Health Sector that translates into better health outcomes for Tanzanians.

Mission

The HFC advises and supports Government in all activities aimed at improving and strengthening health financing in Tanzania. To this end it brings together the technical knowledge, lessons and experiences of all committee members from the local and global level to advise Government in its medium term financing strategies for the health sector. More specifically;

1. Addresses equitable, efficient and sustainable financing (tax-based financing; complementary financing and external resources);
2. Strengthens effective and equitable risk pooling and prepayment mechanisms;
3. Ensures value for money through allocative and technical efficiency;
4. Targets financing to the poor and most vulnerable, protecting households from impoverishment due to illness.
5. Effectively making the case for additional financing to support the health sector.

Expected Outcome

- A medium to long term health financing strategy is developed, implemented and continually assessed and improved.
- Budget allocations and expenditures are made consistent with priorities defined in the HSSP III and annual Milestones.
- PER and NHA are regularly conducted and the results inform policy, strategy and budget development.

Specific Tasks

- Advise on strengthening the health sector budgetary process in terms of planning and management of resources at all levels of the sector (priority setting; absorption capacity; fiscal space).
- Recommend steps to strengthen technical efficiency and the equitable allocation of resource use.
- Assist in improving the quantity and quality of information of health financing in general in Tanzania
- Address aid instruments and funding modalities in light of the Joint Assistance Strategy for Tanzania (JAST) and the implications for the Health Sector specifically.
- Address the challenges of the Global Health Initiatives/Funds (GFATM, Gates Foundation, PEPFAR, GAVI) particularly in terms of predictability and long-term sustainability
- Assist in further strengthening the strategy on universal and equitable access to health care;
- Advise on expanding Social Health Insurance to become a viable mechanism for risk-pooling;
- Advise further the implementation of the cost sharing policy in terms of strengthened management and use of CHF and NHIF;
- Identify analytical work or research requirements, drafting TORs for such work as necessary.

- Monitor progress on the implementation of performance based financing and advise accordingly on its improvement.
- Advise on the process of developing the regulatory framework and the management and organization of health insurance in Tanzania, including the development of pre-payment schemes for the informal sector.
- Advise on implementation of the National Health Accounts and Public Expenditure Reviews.

Reporting

The Sub Committee will produce briefing papers with technical recommendations expected to contribute to decisions by the Ministry of Health and Social Welfare, PMORALG and Ministry of Finance and Economic Affairs. It will submit its advice, reports and technical opinions through the Technical Committee of the SWAp to senior management of the MOHSW and PMORALG.

Membership

The committee will include representatives from the Ministry of Health & Social Welfare; Ministry of Finance and Economic Affairs; Prime Minister's Office Regional Administration & Local Government; Development Partner Representatives; and other key stakeholders (e.g., NHIF, NSSF/SHIB, CSSC, YAV, APHFTA). Members will be appointed by the Permanent Secretary, Ministry of Health and Social Welfare. In the case of the line ministries, they respective Permanent Secretaries will be asked to identify the appropriate members. In the case of the Development Partners, the DPG will appoint 3-4 standing members with relevant expertise and the willingness to substantively contribute to the work of the Committee.

Frequency of Meetings

It is expected that the Committee will have a fixed date each month for standing meetings (e.g., the 2nd Wednesdays of each month) and that it will convene extraordinary meetings as required.

Given the many issues to be addressed, the Health Financing Committee may decide to establish smaller groups that will focus on different issues/topics.

To start with, the HFC will establish two working groups:

1. Social Protection, Health Insurance and Health Financing Strategy

This WG will ensure the technical steering of the Health Financing Strategy definition, and deal the issues of cost sharing, social health insurance, social protection and link with P4H.

2. Budget Processes, NHA and PER

This WG will steer the PER and NHA processes, ensure that the tool for budget allocation and monitoring is implemented as agreed in the 2009/10 TPA.

The necessity of new Working Groups and the viability of this approach will be determined by the Committee.