

**CSOs Statement in the opening of
Tanzania Joint Annual Health Sector Review Meeting
24 – 26 September 2007, Kunduchi Beach Hotel**

Honorable Minister, officials from MoHSW, MoF, PMO-RALG, all participants, ladies and gentlemen, good morning.

Honorable Minister, the participation of stakeholders in poverty reduction and governance is endorsed in the MKUKUTA, JAST, and PAF together with Health Sector and Local Government reforms.

Although structures and processes for engagement in the health sector need further strengthening, Honorable Minister, CSOs in Tanzania are pleased to have been among the stakeholders invited to the Joint Annual Health Sector Review Meeting and to have been involved in the External Evaluation of Health Sector 1999 – 2006, the report of which reflects some of our inputs.

Honorable Minister, this statement was prepared by the Health Equity Group (HEqG) which is a focused health policy advocacy and governance group within the Policy Forum. This group comprises of Youth Action Volunteers (YAV), Tanzania Gender Networking Programme (TGNP), Women's Dignity Project (WDP), and CARE. This group is also linked to a wider network of CSOs throughout Tanzania, through coalitions such as FEMACT, and through different other partnerships.

The HEqG organized inputs to the Health Sector Evaluation Terms of Reference through a consultation meeting with 17 NGOs, and drawing on papers submitted by 18 national and regional networks. It further participated in the Inception Workshop, Workshop to discuss Preliminary Findings, and in the Technical Review Meeting early this month.

Honorable Minister, based on Demographic Health Surveys and the Draft External Health Sector Evaluation Report, no doubt, health sector has seen important achievements in recent years. These include, immunization coverage, drug supplies, capacity for decentralization, increased nominal funding allocations to district level, and growing partnerships with key stakeholders, just to mention a few.

However, Honorable Minister, CSOs welcome the recognition in the Draft External Health Sector Evaluation report of key persistent challenges facing the health sector, such as inequity of access to quality health services, human resource crisis, lack of focused action to address maternal mortality, and limited inclusion of citizen and civil society voices in health sector planning, evaluation and governance. Furthermore, we would like to echo concerns by many other stakeholders that the language and the recommendations of the evaluation report are

couched in more positive language than the evaluation findings, and much evidence and experiences indicate. We request more balanced presentation of the findings and clearer and more specific recommendations, as we are all aware, that this evaluation report will play a vital role in the development of the HSSP3. If we are to effectively address the serious situation in the health sector facing a large proportion of poor, rural, less educated women, men and their children, then firmer recommendations are required.

Specifically, Honorable Minister, we agree with the recommendation to the Ministry to focus on “effective action to address maternal mortality” and on “improving equity of access”. These two recommendations should be placed at the top of the list, as proposed cornerstones to HSSP3. In order to achieve these, Honorable Minister, your Ministry, Ministry of Finance and PMO-RALG need to ensure that;

1. Women are receiving free services during pregnancy and child-birth as per Government statements, which include, polite and ethical language by service providers, women not being asked to bring supplies and materials to a health facility during child birth, efficient and effective transport for pregnant women from rural and hard to reach areas
2. Drugs, equipment, supplies and staff are in place in all existing health facilities throughout the year.
3. That the declining share of nominal health budget in the National budget is reversed and Abuja target achieved. The MoHSW increases share of budget for drugs, equipment and supplies
4. The Human Resources for Health crisis is urgently resolved with necessary financing and political backing. This includes proper and updated database for human resource for health at any given time and level of government. Underserved districts should be targeted first for deployment, and they should be involved in designing incentive strategies to keep health workers in these remote areas.
5. CCHP guidelines allow for planning with communities, which as indicated in the CCHP review report 2007, does not happen.
6. Representation on the Council Health Service Boards (CHSBs) and Health Facility Boards be sure to include health users and critical voices, and not just already recognized/government identified leaders, or service providers
7. Re-think the position of RCHS within the Ministry, and to think more strategically about an expanded role for Social Welfare in relation to the situation of women and girls.
8. That there is more focus in gender and equity for effective and quality health service delivery
9. That the problem of barriers to access of health services by the poor and underserved is urgently addressed by first conducting an evaluation among stakeholders, including health users, of how the current health financing system excludes marginalized persons
10. That there is proper strategy and implementation of nutritional programme for pregnant mothers, children, and people living with HIV/AIDS

Honorable Minister, Ministry of Health and Social Welfare, like many other Ministries and MDAs depend on external consultancy, advisory services, and follow some international guidelines. While this is considered to ensure adherence to international standards, it also undermines growth of local capacities and autonomy of our country in decision making. Efforts should be for greater empowerment of citizens to hold the government accountable than create elaborate mechanisms for central ministry and external players to do so. For example, Honorable Minister, it is very difficult for regular citizens, even those well-versed with the Budget, to follow how resources in your Ministry are allocated and spent. We urge you to work on this issue and hope to see a more citizen-friendly budget in the future so that citizens of Tanzanian may get more involved in improving their own health and hold their government accountable.

Honorable Minister, as we all know, the goal of this sector is to save lives and to ensure quality health and well-being of all Tanzanians. Health and life are constitutional rights for all citizens of Tanzania regardless of their social and economic status. Letting women and children die for avoidable, unfair and unnecessary reasons, is failure by the state to provide services and ensure lives of its citizens. It is not too late, and this is the opportunity for all stakeholders to demonstrate that health and life are human rights.

Honorable Minister, Ladies and Gentlemen,

We thank you once again for this opportunity to address the audience at this important meeting and we hope our collaboration will continue to be a fruitful one as we all bring different strengths to the table.

We thank you!

YAV

TGNP

WDP

CARE

24 September 2007