NGO Comments and Way Forward
for the Main Health Sector Review 2003

These inputs are provided by five NGOs involved in health policy: African Medical Research Foundation (AMREF), Tanzania Health Consumers Association (THCA), Tanzanian Network of Community Health Funds (TNCHF), Tanzania Public Health Association (TPHA), and the Women's Dignity Project (WDP).

We commend the Ministry of Health for the positive developments in the sector and reinforce our commitment to partnership. We are optimistic that MoH and NGOs will strengthen collaboration in future to meet the challenges set forth in the "Way Forward" sections noted below.

We point to four areas for particular attention in the 2003 – 2006 HSSP period. Where "Comments" address issues raised in the key documents (Public Expenditure Review, Health Sector Strategic Plan, Technical Review of Health Service Delivery, Medium Term Expenditure Framework) those documents are noted in brackets.

1. Equity with a focus on the poor and vulnerable

Comments

1. The share of GoT budget to health has increased less than 2% since FY00 (although as a percent of DRE health has gained more) and projections for the sector are lower than anticipated given PRS commitments. [PER]
2. Domestic funding to the health sector actually decreased in the first years of the PRS, and indications are that the basket fund is replacing GoT funds. [PER]
3. There is a positive trend in the proportion of resources allocated to basic and preventive services at the district level. However allocations to Central MoH are increasing slightly at the expense of funding to the LGA level. [PER]
4. Cost sharing has "contributed relatively little to the sector resource envelope" [PER]. At the same time, the HSSP proposes to extend user fees to the dispensary level. [HSSP]
5. Disparities across income groups and rural-urban areas suggest that resources (financial and human) need to be aligned to equity criteria. [HSSP]
6. The basket fund allocation is not clear to many Council Health Management Teams, and the Private Not for Profit/Voluntary Agency hospitals, health centers and dispensaries are not being funded fully as mandated by guidelines. Adequate resources could reduce reliance by these facilities on cost recovery, which disproportionately impacts the poor.

Way forward

1. Increase overall funding to the health sector, as well as the proportion to the LGA level. Ensure guidelines for allocation of basket funds to the LGA level are adhered to.
2. Continue increased funding for preventative services.
3. Document and monitor the impact of user fees on the poor; scrutinize whether exemptions are being properly applied; and make adjustments to these policies to reduce/eliminate barriers to care for the poor. Draw out lessons learned from evaluations of existing projects/funds.

4. Prioritize poverty and equity based criteria in resource allocation formulas and streamline resource allocation at council level into one formula for government and basket resources.
5. Disaggregate data on health status by income level, age, sex and rural/urban to accurately measure the impact of health policies, expenditures and services on the poor and vulnerable.

2. Service Delivery

Comments

1. Increased focus on service delivery and quality of care at the district level is important (and can have positive pay-offs for the very poor and those in rural areas if implemented fully) [HSSP, Technical Review]
2. The Clients' Charter, and Facility and District Health Boards are positive steps to improving service delivery and increasing stakeholder participation in health planning, budgeting and monitoring. Efforts to fully establish these mechanisms should be pursued. [HSSP]
3. Human resource development is a key factor in raising the quality of care at all levels. Specific and realistic plans are urgently needed to increase the skills of health workers. (For example, Faith Based Organizations, which serve ~40% of the population but have only 21% of national health workers note they are losing high numbers of staff to higher paying jobs in government facilities. This leaves poor people in remote locations with fewer, and less trained health workers.) [HSSP]
4. Private Not for Profit/Voluntary Agencies are not fully involved in planning processes undertaken by the Council Health Management Teams, and there are strains in the relations between PNP/VA and CHMT's particularly over budgeting and resource allocations. [Technical Review]

Way forward

1. Emphasize training/human resource development as a priority in improving health services, and focus in particular on upgrading lower cadres of health workers in remote areas.
2. Consider introducing a health worker re-registration scheme based on obligatory participation in Continuing Medical Education programs that address quality improvement.
3. Proceed with establishing Facility Boards and District Health Boards with the involvement of clients/users in determining criteria for these boards and appropriate representatives.
4. Develop mechanisms to genuinely involve PNPs/VAs in Council planning processes. Continue the practice of rationalizing government and PNP/VA services to avoid duplication of service delivery sites (e.g., through sharing the use of facilities/establishing partnerships and supporting District or other Designated Hospitals).
5. Explore a range of "incentives" to bring more highly qualified health workers and supervisors to remote areas, including through training opportunities, housing, etc. in addition to pay schemes.
6. Increase harmonization of guidelines and policies, decrease duplication, and involve health workers in the development of these procedures to make them useful and relevant.
7. Involve clients/users in strengthening the Clients' Charter, developing a tool to measure quality of care based on the Charter, and popularizing the Charter.

3. Governance in health

Comments

1. GoT/MoF procedures for publishing budgets for priority PRS sectors are very positive and should be commended. More work is needed, however to publish information on actual expenditures and to disseminate this information widely.
2. The Auditor General's reports and the REPOA Pro-Poor Expenditure Tracking Study show that misappropriation of funds occur widely in the health sector. Little action seems to be taken to recover these funds, or hold people responsible for this. Similarly, the PER process has not addressed issues of corruption/mismanagement of funds in the sector. [PER Terms of Reference]

Way forward

1. Disseminate and post health budgets *and expenditures*, together with health performance data and mechanisms for complaint at the hospital level, district level and below. Guidelines should stipulate who is responsible for these tasks.
2. Analyze reports of the health sector (Pro-Poor Expenditure Tracking Study by REPOA; Service Delivery Survey; etc.) as well as Auditor General's Reports for information on health user's experiences of corruption and develop specific mechanisms of re-dress.
3. Implement mechanisms by which local health care providers, health facility users and community based organizations participate in developing Council Health Plans, monitor service delivery, and assist with health advocacy programs. Hold Councils accountable for stakeholder involvement.

4. HIV/AIDS

Comments

1. It appears from the MTEF that funding for HIV/AIDS activities in the health sector are drastically under-funded. This needs to be addressed immediately so the sector has adequate resources to implement the new HIV Strategy. [MTEF]
2. Initial efforts to promote workplace HIV/AIDS programs, community based responses, and public-private partnerships have begun. However these efforts are too small and too late given the enormity and impact of the epidemic. Most efforts are concentrated in urban areas, leaving people in rural areas with few services, care and other supports.
3. District plans are currently being developed to address HIV/AIDS, but there is not evidence that they have sufficiently involved people living with AIDS or affected by AIDS, or that the plans are adequately resourced. The extent to which funds channeled through DHMTs are actually available for services and care at the community level needs investigation.
4. Home based care and stigmatization/discrimination need special attention in the health sector (and other) planning processes.

Way forward

1. Rectify the current MTEF projections for HIV/AIDS activities in the health sector so they are fully funded.
2. Ensure adequate allocation of funds for HIV/AIDS at the local level according to needs and priorities determined by communities.

3. Actively involve persons living with AIDS and those affected by AIDS in development of local and national level HIV/AIDS plans, specific interventions, and monitoring.
4. Include all HIV/AIDS activities (facility and community level, PNP/VAs) in Council Development Plans. Include NGOs and CBOs that are active on HIV/AIDS in coordinating boards to avoid duplication of efforts.
5. Build capacities of community groups in home based care and related services and decentralize services to be closer to communities.