



CSOs Statement

Joint Annual Health Sector Review Meeting 2011

3rd November, 2011 Dar es Salaam

Honorable Minister, Permanent Secretaries, Honorable Members of Parliament, Chief Medical Officer, Staff of the MoHSW, PMO-RALG, MoFEA, Representatives of the Private Sector, Development Partners, Ladies and Gentlemen, Good Morning

Honorable Minister, we are honored, as usual, with this opportunity to be one of the opening speakers in this important forum for committed stakeholders in health sector in Tanzania.

Sikika presents this statement, which is a member of Policy Forum representing other policy and governance Civil Society Organizations in the Health Sector. Policy Forum is a focused member- led network, with about 100 members. The network aims at increasing civil societies participations in decisions, and actions that determine how policies affect ordinary Tanzanians.

Honorable Minister, Policy Forum commends many important achievements by the Health Sector in the past year. Given time limitation for this speech, we will not list and discuss them, rather use these few minutes to call for your attention to a few areas of improvement in the coming years, in relation to this years' agenda '**Health Equity: Towards improved quality health care services and strengthened health systems**'.

On behalf of the citizens of Tanzania, Policy Forum would like to call your attention to the following few but important areas;

Health Care Financing

Ten years ago in 2001, the African heads of states signed the Abuja Declaration in which they declared health to be a top national priority.

They agreed to allocate at least 15% of their resources to the health sector and urged the donor countries to fulfil the yet to be met target of 0.7% of their *GNP* as official Development Assistance (ODA) to developing countries.

To our all disappointment, we are far from achieving these targets today. We are all aware that, not allocating 15% of the annual budget to health is not an issue of insufficient resources; it is about giving health its adequate priority.

While we see our development partners clearly prioritizing health, our own government uses its resources to increasingly fund other sectors. Under such strategic decision-making, the basket funding mechanism for the health sector becomes meaningless, unless a different allocation framework, which prevents that behaviour, is implemented.

For that reason, **CSOs recommend to integrate the Abuja target in the health sector plan of action and review.**

A further concern is that the Ministry of Health does not adhere to the budget guidelines. In order to reduce unnecessary expenditures, the Ministry of Finance demands line ministries

“... to budget not more than three quarters of 2009/2010 budgeted amount for travel allowances.”

But the budget estimates of the Ministry of Health and Social Welfare for 2011/12 indicate an overall increase of allowances by 94%.

CSOs recommend the Ministry of Health to adhere to its guidelines and reallocate the excess amounts to interventions that save lives of our citizens.

Equity in the Budget Allocation

Analysis conducted by Sikika on 2008-11-budget allocation to 112 councils; shows that the resource allocation formula designed to distribute funds equitably is not consistently applied. Specific to the essential medicines budget, where the resource allocation formula has two steps, we see that the formula has been partially applied (step one) as of financial year 2010/2011 where councils have been allocated funds based on the four criteria's (population, under five mortality, accessibility and poverty index), but (step 2) service population has not yet been included resulting into a wide gap of resources between different facilities within a district. Indeed the CAG pointed out this fact on his 2008 Performance Audit Report on The Management of Primary Health Care, where he observed resources for drugs did not correspond to needs, a health centre serving 40 people/day (Ngome H/C) got the same amount of funds allocated for medicines as one which served 231 people/ day (Chalinze H/C).

CSOs recommend that the general allocation formula needs to be urgently applied across the health budget, and with regards to the medicines budget the process for applying the second step needs to be expedited to ensure equitable allocation of the meager resource available for the public health sector.

Human Resources For Health Deployment

CSOs understand the existing HRH crisis is largely due to the shortage of trained Health workers but nevertheless we feel that the situation is exacerbated by some factors, which are within the direct control of government. These factors include;

Mismatch between HRH request by district and the Posting by Ministry of Health

A Human Resource Tracking Study conducted by Sikika in 103 districts in 2008/2009 revealed a huge difference between deployment by MoHSW and requests made by districts. Misenyi districts for instance requested 52 health workers and got 137 whilst Sumbawanga requested 542 and got 22.

CSO recommends for an urgent action by the MoHSW to formulate deployment guideline, which will consider districts' actual needs.

Unrealistic HRH Planning by district authorities

The inconsistent HRH data contributes to unrealistic HRH planning. While collecting data for the stated HRH Tracking study, Sikika noted that DMO and Health secretaries of the same district have deviating information concerning the availability of different health cadres. It was further observed that even the HRH data presented in the Comprehensive Council Health Plans differed from the ones presented by district officials when interviewed. Temeke districts' CCHP, for example, reported the HRH gap to be 250 whilst the interviewees reported the gap to be 382.

CSOs recommend that district authorities should conduct regular HRH tracking within districts and coordinate Human Resource for Health data in their respective districts.

HIV & AIDS Services

Honorable Minister, Sikika conducted a monitoring survey in Kinondoni, Ilala, Temeke, Kibaha Rural, Mpwapwa and Kondoia and found out that there are significant difficulties that citizens face due to a serious and noticeable lack of working CD4 Count machines at health facilities. The CD4 machine is very crucial as it is used to test and determine whether AIDS has developed in patients that are HIV-positive, it is also essential for determining whether a patient can be put on Anti-Retroviral drugs.

Our findings also show that in most often, the CD4 machines at the laboratories are broken, if they are even available at those health facilities to begin with. Efficient CD4 count testing is important in order for Citizens to receive ARV treatment as it plays a large role in monitoring the effectiveness of the treatment, which means reliable CD4 machines need to be in place at health facilities that cater specifically to PLHIV. These findings have also been supported by anecdotal information from other CSOs such as HDT and NETWO+

CSOs urge the government to ensure availability of functional CD4 machines where patients can conveniently access them in rural and urban areas in order to adhere to the National HIV/AIDS Treatment Guidelines.

Honorable Minister, ladies and gentlemen, we had a lot of issues to raise in this speech but quite a number of them have already been taken care of in the draft milestones, which we participated in their formulation and will be discussed by this assembly today

Thank you!