



JOINT ANNUAL HEALTH SECTOR REVIEW 2013



CSOs' STATEMENT

5 November 2013

Honourable Ministers, Permanent Secretaries, honourable Members of Parliament, Chief Medical Officer, development partners, staff of the Ministry of Health and Social Welfare, PMO-RALG, PO-PSM, representatives of the private sector, ladies and gentleman, good morning.

We appreciate the opportunity to be amongst the opening speakers in this Policy Day for stakeholders of the health sector in Tanzania.

Sikika presents this statement as an active member of Policy Forum. Policy Forum is a member-led CSO network with over 100 members that aims at increasing civil society participation in decisions and actions which determine how policies affect ordinary citizens in Tanzania.

Honourable Minister, we would like to start by commending the MoHSW for the efforts made on conducting the HSSP III Midterm Review. We are pleased to say that the exercise brought forth findings and recommendations which, upon joint consideration and implementation, can improve the performance of the health sector.

We would also like to commend the health sector for many different achievements in the past year such as the ongoing development of a health care financing strategy and the fact that the Medical Stores Department (MSD) has been granted the International Organization for Standardization certification for quality control.

Honourable Minister, despite the effort made, the budget allocation to the health sector is still insufficient as it does not meet the actual demand highlighted in the sector-wide strategic plans. The sector's budget is highly donor dependent undermining the sustainability of the whole health system.

Ladies and Gentlemen, it was two decades ago in the year 1993 when the government introduced the cost sharing policy to mobilize additional resources and to strengthen community participation. But front line health providers report to us how they are struggling to correctly identify those eligible for free health services. Also, the question about who is to pay for the cost of services provided to exempted groups still remains to be answered.

To briefly highlight the magnitude of this problem, about 75% of all patients at Mwananyamala hospital belong to the categories of poor and exemptions. Data obtained from Temeke hospital indicates that the costs of offering services to exempted groups is growing annually. For the financial years 2010/11, 2011/12, and 2012/13, the hospital spent about US\$ 661,000 US\$ 710,000 and US\$ 1,504,000 respectively. This cost is to be compared

against an average annual collection during those years of about US\$ 375,000 from patients who are able to pay.

Honourable Minister, CSOs advise the Government to take actions by implementing available measures for improving and inventing new financing strategies that would commit new resources to the health sector. This can be done through broadening community health insurance schemes, cutting down wasteful expenditures and implementing focused activities for strategic results. Further, we recommend revising the current cost-sharing guidelines to ease the associated administrative and financial burdens.

Honourable Minister, Sikika, in collaboration with the Medical Association of Tanzania (MAT), conducted a tracking study with the aim of understanding the whereabouts and clinical practice status of graduate medical doctors in Tanzania. The results show that 40% of the tracked medical graduates were not practicing clinical medicine. About 42% of the graduates are concentrated in the major towns like Dar es Salaam, Arusha, Mwanza, Mbeya and Kilimanjaro. Dar es Salaam alone accounts for 32% of all tracked Medical Doctors.

Based on these findings, CSOs recommend the respective authorities to improve attraction and retention mechanisms to address the medical doctors' motivation to practice clinical work and to attract them into rural areas, where most of Tanzanians live.

Honourable Minister, CSOs still witness challenges in the accessibility and availability of essential medicines and medical supplies throughout the country. This is caused by many factors such as insufficient budgets and challenges in the procurement and distribution systems. For example, the estimated funding need for medicines in the financial year 2011/12 was Tsh 198 billion while the allocation was only 80 billion, which is about 40%. A study which was conducted by Sikika in 2012 to track the availability of selected essential medicines and medical supplies in 54 public district hospitals reported that 96% of the hospitals had at least one or more of the selected medicines out-of-stock, and 94% of those hospitals did not have one or more essential medical supplies at their disposal.

In order to curb inequities, the funds allocated for medicines and medical supplies are supposed to be distributed to health facilities by the use of an allocation formula. To date, challenges are still faced in the execution of the formula at different facility levels, although efforts are undergoing to update information and to commence implementing the formula.

Honourable Minister, we commend your ministry for measures taken against the fake ARVs in the health facilities earlier this year. However, the police investigation into this case has taken too long and it is unclear when the culprits will be held accountable.

Honourable Minister, while the health sector is still at a low pace in providing CD4 count services, the World Health Organization has recommended initiating antiretroviral therapy earlier at 500 CD4 cells/mm³ or less instead of the current 350CD4 cells/mm³. This means that more people will be in need of CD4 count services and ARVs. We expect this change to be accommodated in the next financial year's plans and budget estimations.

Ladies and Gentlemen, the audit report for the Ministry of Health's financial statements for the year 2011/12 mentioned various problems including poor record keeping, budgetary control, or the management of assets and liabilities. The CAG is mandated by the constitution to make recommendations to Ministry's accounting officer who is personally

responsible for the safety and accounting for public assets and money. That is why we are strongly concerned that, one year later, thirteen outstanding matters amounting to 71 billion Tanzanian Shillings remained unresolved. The compliance with accounting regulations is crucial to maintain the people's confidence in the public health administration.

Honourable Minister, CSOs recommend to ensure that all audit queries are quickly and completely resolved.

We must commend the government of Tanzania for joining the Open Government Partnership and the commitments it made through the action plan 2012-2013 to promote transparency. Despite these good intentions, the ministry of health's website is lacking many important documents. A particular area of concern is the procurement and distribution system. A recent study done by Sikika found that 36% of the bidders for the supply of various medicines to the MSD complained about the lack of transparency during the tender processes.

We recommend the MoHSW to actively commence posting relevant public information in the MoHSW's website and other public spaces where taxpayers and other relevant stakeholders can access them at their convenience.

Honourable Minister, the transparency of ministry's transfers is still a concerning issue. In the current fiscal year, the MoHSW plans to spend TSH 283 billion on recurrent expenditures. About two thirds of this amount is going to be transferred to agencies and departments outside the Ministry in form of grants, subsidies, contributions and other self-help schemes. But information about how these funds are going to be spent is limited to one budget line without any further elaboration.

The CSOs recommend providing the public with supplementary information that explains on how those institutions are spending taxpayers' monies.

Honourable Minister, finally, we would like to recommend the involvement of citizens in health planning, monitoring and management as these are key towards the improvement of health service delivery. We have witnessed some successes through the Social Accountability Monitoring (SAM) approach which involves citizens in the monitoring of health services planning, financing and delivery at district level. CSOs advise the government to invest in this community participatory approach to improve health service delivery at the district level.

Honourable Minister, Ladies and Gentlemen, we thank you once again for this opportunity to address the annual Policy Day audience, and we hope our collaboration will continue to be a fruitful one as we all bring different strengths to the table.

We thank you!