



Civil Society Organization's Statement
The Joint Annual Health Sector Review 2015
Policy Day Meeting on 11 February 2016



Honourable Ministers, Permanent Secretaries, Hon. Members of Parliament, Chief Medical Officer, Troika Chair, WHO country representative, Development Partners; staff of the Ministry of Health, Community Development, Gender, Seniors and Children; PO-RALG, PO-PSM, representatives of the private sector, ladies and gentleman, good morning.

On behalf of more than 100 Civil Society Organizations, which are under the umbrella of Policy Forum, Sikika appreciates the opportunity to be one of the speakers in the opening of this policy day for the health sector's stakeholders in Tanzania.

Honourable Minister, we would like to acknowledge the efforts made by the Ministry of Health, Community Development, Gender, Children and Old Persons to engage stakeholders, including CSOs, in the implementation of the recently concluded National Health Strategy Plan III and other initiatives that aim at improving the provision of quality health care services in the country. We commend the development of the new Health Sector Strategic Plan IV, which has the potential of bringing significant improvements to health service provision during the next five years.

We especially applaud the Ministry for its efforts in fighting malaria, which have translated into a significant reduction of malaria morbidity and mortality rates. Also, the significant increase in immunization coverage has contributed to a reduction in child mortality rates.

Honorable Minister, despite those improvements, there are still chronic challenges in the health sector. They persist mainly due to the fact that the **health sector's budget** is inadequate compared to the actual needs. According to the new Strategic Plan IV, the required funding for the fiscal year 2015/16 is estimated to be about TZS 4 trillion. However, the approved budget for the health sector is TZS 1.8 trillion, which is less than half of the actual requirement leaving a resource gap of about TZS 2.2 trillion.

Honorable Minister, the share of the health sector of the total government budget has decreased from 12.3 percent in 2010/11 to 8.9 percent in 2013/14, and, in this fiscal year 2015/16, it is at only 8.1 percent. Over the same period, real per capita expenditures declined from \$8.4 to \$6.5. If this

trend continues, it is unlikely that Tanzanians will enjoy **Universal Health Coverage** in the near future. For that reason, the government needs to reconsider its fiscal priorities. Otherwise, our goal to achieve Universal Health Coverage, as it has been stipulated in the new HSSP-IV and the Health Financing Strategy, will remain a far-fetched dream.

Honorable Minister, we see great opportunities to improve the **collection and management of revenues**, especially at the health facility level. For instance, as reported in the media at the end of last year, Mbeya Referral Hospital was able to increase collection from TZS 50 million per month to TZS 500 million after introducing an electronic system for the collection of internal revenues. At Tanga Regional Referral Hospital, revenues increased by 270%, at the Muheza designated district hospital, they rose by 45%, and at the Lushoto district hospital, revenues increased by 12% in a period of three years. If all health facilities in the country had an electronic system for internal revenue collection today, how much could they collect by the end of this financial year? And how would their resource management and service quality improve if they were fully accountable to service users and local communities?

Honorable Minister, the availability of **human resources for health** determines the quality and reliability of health services. For many years, the health sector has been facing a health worker shortage which currently stands at around 53 percent. The shortage is becoming more severe due to population growth and an increasing burden of various lifestyle diseases. But how can we improve the utilization of the health workers in rural areas if retention mechanisms at national, district, and facility levels are too weak? And how can our doctors and nurses perform their job if their work environment is in poor condition?

Honorable Minister, the availability of essential **medicines, medical supplies and equipment** at public health facilities is another stumbling block in the provision of quality health services in the country. There have been frequent stock outs of essential medicines and medical supplies including safe blood in public health facilities. In 2015, Sikika assessed the availability of medical equipment in 9 districts and found that only 43 percent of the dispensaries, 23 percent of the health centers, and 50 percent of the hospitals had adequate medical equipment. These chronic shortages obstruct the provision of quality health services and they are demoralizing health care workers who fail to help

patients because the right supplies are not available. How can we ensure that essential medicines and medical supplies are accessible at all levels of the health system?

Honourable Minister, we call for deliberate efforts of your Ministry to strengthen health sector financing, revenue management, and to improve the accessibility of human resources for health and essential medicines and medical supplies. More specifically, **we recommend** your Ministry to implement the following actions to achieve the goal of Universal Health Coverage.

1. Devise clear mechanisms and guidelines for the collection, management and utilization of revenues at public health facilities. Good governance principles like citizens' participation, transparency, and accountability of public servants should be practiced at all levels.
2. Set a per capita spending target for the current HSSP that can and will be progressively achieved over the next 5 years. Moreover, strengthen the existing health insurance schemes CHF, TIKa and NHIF in preparation of the mandatory health insurance system.
3. Promote an equitable distribution of health workers and sound retention mechanisms at all levels. Increase funding and enrollment at health and social welfare training institutions to reduce the existing shortages. The government should also consider providing loans to mid-cadre level students in both public and private health training institutes.
4. Pursue the target of at least 80 percent stock availability of essential medicines, medical supplies and equipment by the end of 2016. The government should allocate sufficient funding to health facilities, strengthen the procurement and delivery system, and end existing pilferages.

Thank you.

Irenei Kiria, Executive Director of Sikika (on behalf of Policy Forum)