



Civil Society Organizations Statement
The Joint Annual Health Sector Review
Policy Meeting on 7th of December 2016



Honorable Ministers, Permanent Secretaries, Deputy Permanent Secretary, Hon. Members of Parliament, Chief Medical Officer, Troika Chair, UN country representatives, Development Partners; staff of the Ministry of Health, Community Development, Gender, Elderly and Children; President Office –Regional Administration Local Government, Presidents Office – Public Services Management, Representatives of the Private Sector, ladies and gentleman, good morning.

On behalf of Civil Society Organizations (CSOs), Sikika appreciates the opportunity it has been given to share remarks in this policy meeting. A meeting where key stakeholders in the health sector deliberate on policy recommendations and make commitments for the year 2017/18 aiming at providing quick but lasting solutions towards achieving sustainable and quality health care services in the country.

Honorable Ministers, ladies and gentlemen

First we would like to acknowledge efforts of the Ministry of Health, and Prime Minister's Office towards achieving provision of quality health care to all. Specifically, we would like to commend you on the progress made on the 2016/17 policy commitments. Most of them seem to have been implemented as reported during the Technical Review Meeting (TRM) on 3rd to 4th of November. Secondly, we also commend the Ministry of Health for involving different stakeholders including private actors and CSOs in the current process of reviewing the 2007 Health Policy. This has the potential of not only capturing experiences, innovations and technologies from others to enrich the policy, but also demonstrates that the ministry continues to acknowledge contributions of other stakeholders in the sector.

We also applaud the Ministry of Health for improving their website by frequent updating as well as adding new and useful information such as weekly epidemiological diseases report. This is important as it contributes to easy and timely access of information by different stakeholders. We would like to recommend for timely and regular updating and posting of all other information on your website, as this use of technology increases transparency and reduces administrative bureaucracy to request and access information.

Honorable Ministers,

While acknowledging that some government institutions do better than others, access to some key public documents is still a challenge limiting CSOs ability to effectively play their roles. Most of the information required is already public documents, such as Mid Term Expenditure Frameworks, budget books, Audit reports, quarterly and annual reports. Yet in most cases the public is either denied access to such information or experience unnecessary delays, which limit timely participation and contribution in the sector.

Alongside with access to information, sometimes CSOs roles are misunderstood and misconceived as either not significant enough, or that CSOs are there to point fingers at the government or break the law of the country. This is contrary to the roles that CSOs play in enhancement of performance of the health sector. For example, there are those who involve themselves with direct service provision, capacity building, and technical assistance. But more importantly, there are a few, such as Sikika which play a watchdog role by providing independent continuous monitoring of policies, budgets and services, hence providing important feedback to the sector. We are all partners in the mission to ensure quality health services for all by playing different important roles and bringing different experiences to the table. It is, therefore, our sincere hope that this partnership, collaboration and cooperation, which has existed for many years now, will continue.

Honorable Ministers,

The **budget allocated for health commodities** for the year 2016/17 has increased from TZS 29 Billion in 2015/16 to TZS 251.5 billion in 2016/17. We commend the government for such a significant increase that demonstrates its determination to reduce perennial stock outs and ensure quality care.

Despite the budget increase, the chronic stock-out of some health commodities is still a problem and needs sustainable interventions. It not only affects the most vulnerable, but also demoralizes the service providers when they are unable to provide the services as needed by patients. Every year CSOs, have been requesting for full budget disbursement of health commodities at the beginning of a financial year. Full disbursement will give MSD flexibility and freedom to accurately forecast and plan for requirements for the entire year. As we approach first half of the year, we repeat the same plea, at least disburse the total balance for this financial year now.

However, in the long run, review of MSD's roles and functions is unavoidable in the environment where we are implementing PPP policy and public facilities are gaining more capacity and control over management of their own affairs. To exercise fairness to health providers and patients, the mandatory

central purchase of health commodities by public health facilities through the MSD should also be reconsidered. But we must develop a clear policy to guide price control as TFDA continues to strengthen its ability to control quality.

Honorable Ministers,

The availability of **human resources for health** determines quality and reliability of health services. The shortage of health workers currently stands at 51% and is more severe in the rural areas where majority of the population resides. The shortage forced nearly 2000 health facilities to be manned by unskilled personnel, as reported during the Technical Review Meeting (2016) by RMOs. Despite the shortage, there are about 20,000 qualified medical professionals who are waiting to be recruited by the government for the past 2 years. As we set the 2017/18 policy commitments, we would like to recommend that the issue of recruitment be given a high priority to improve provision of health services.

The shortage of specialist at the Regional Referral Hospitals is equally alarming and especially that quite a number of them will be retiring in the near future. We are recommending that strategies should be in place for training and recruitment of specialists to prevent a possible crisis in the near future.

Honourable Ministers, through Sikika's social accountability monitoring works at district level, we have observed poor waste disposal at health facilities, mostly in the rural areas. A substantial number of health facilities do not have incinerators and placenta pits, forcing them to either use shallow disposal pits and pit latrines or ask women to carry their placentas home for disposal. As we all know that improper disposal of placentas and clinical wastes could lead to spread of infections in the communities. We therefore recommend that the Government should support health facilities to establish suitable waste management and disposal facilities.

Honorable Ministers,

CSOs appreciate the good structure and planning systems for health that are in place at the council levels. However, the use of PLANREP software that was expected to increase accuracy in planning and budgeting has been facing numerous challenges. Sikika has observed this during Social Accountability Monitoring (SAM) exercises at district levels whereby one of the key documents that are used for review is the CCHP. Among the major challenges encountered during the analysis of the CCHPs is that most are a **copy and paste** of information from previous years. This has reduced the importance of the planning

exercise and has dire consequences in that some plans do not truly reflect current priorities, as they would have been identified by health facilities.

These challenges do not end up at the CCHP formulation stage only but also persist further up. In the case of implementation reports achieved targets are not reported clearly, they lack specificity while others are misreported.

The CCHP writing, approval processes, and reporting need to be more rigorous with the right checks at each level (district, regional and national). There also needs to be regular and frequent training and retraining of staff in planning and report writing.

Honorable Ministers,

As the government put efforts together towards having a **Single National Health Insurance (SNHI)** by 2020, it is important for the Ministry to reassess and may be redesign the strategies such as Community Health Funds (CHF) to ensure we are moving to the right direction. With the current covered population of less than 40% for both public and private insurances, it should be a critical priority to find out why enrolment in CHF and TIKA is low. We understand that the government has done a lot to improve the community health fund and we are commending the Ministry for that, but the key questions still remain why are citizens not motivated to join these schemes. What are the hindrance factors?

We are recommending that immediate action should be taken to improve the current CHF/TIKA schemes leading to increased voluntary enrolment and in the long run this will facilitate smooth transition into the Single National Health Insurance scheme.

Honorable Ministers, ladies and gentlemen

Once again I would like to thank you all for this opportunity to present remarks in this important meeting. I wish you all a good and productive policy day.

Irenei Kiria, Executive Director of Sikika