



HEALTH POLICY PROJECT / TANZANIA

Building capacity for improved health policy, advocacy, governance, and finance

Best Practices in Conducting OneHealth Tool (OHT) Analysis: Aligning Scarce Resources with Priorities

Given fiscal and health system constraints, prioritization is needed to ensure the realistic implementation of strategic plans.

Tanzania used the OHT to generate cost scenarios and estimate health impacts based on various targets. Epidemiological, programmatic, and cost data were collected and validated through a participatory process involving stakeholders across multiple levels of the health sector.

OHT application in Tanzania

1. Compared costs and fiscal space scenarios to temper ambition with realism
2. Estimated the gap in human resources for health, in light of health system constraints
3. With stakeholders, prioritized health interventions in a VEN analysis³
4. Developed the capacity of MOHSW staff to institutionalize OneHealth

Overview

Over the past five years, Tanzania has instituted major health sector strategies informed by new evidence and designed to increase funding from domestic and external sources. However, the country still relies heavily on foreign funding for its health sector. The most recent National Health Accounts suggest that external resources increased from 44 percent of total health expenditure in 2005/06 to 48 percent in 2011/12. Prominent donors—including the U.S. Government and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)—increasingly emphasize the need for mobilizing domestic resources.

The Health Policy Project (HPP) worked closely with the GOT and its partners to (1) develop evidence for resource mobilization and plan operationalization, (2) cost key strategies for rapid and efficient implementation, and (3) help advance new funding mechanisms. HPP also built the capacity of civil society, research institutions, and the GOT to generate evidence (including costs) for effective use in advocacy.

Evidence Generated to Support Priority Setting

HPP and its partners generated costing evidence to support the prioritization of interventions and mobilization of required resources.

- Supported the Reproductive and Child Health Section of the Ministry of Health and Social Welfare (MOHSW) to cost the Sharpened One Plan and One Plan II (2016–2020), using the OneHealth and LiST tools.¹ The results informed the planning of the Fourth Health Sector Strategic Plan (HSSP IV).
- Collaborated with the National AIDS Control Programme and National Tuberculosis and Leprosy Programme to operationalize their strategic plans. Results of the costing analyses were used in proposals for the GFATM's New Funding Model, which secured US\$517 million over three years for both tuberculosis and HIV.
- Applied the Decision-Makers' Program Planning Tool (DMPPT) 2.0² to disaggregate the cost and impact of Tanzania's Voluntary Medical Male Circumcision program by age and region.
- Worked extensively with multiple GOT ministries and departments and civil society organizations (CSOs) to develop activities and estimate costs for the Third National Multisectoral Strategic Framework for HIV/AIDS (NMSF III), under the leadership of the Tanzania Commission for AIDS (TACAIDS).
- Designed and applied a tool to estimate the costs of gender-based violence programs and services. The results will inform the scale-up of these services.
- Helped the MOHSW use the OneHealth Tool to estimate the required and available resources and potential human resource constraints for implementing HSSP IV. This application represents the most comprehensive costing of Tanzania's health sector to date.
- Assisted the MOHSW's Department of Policy and Planning with analyzing the fiscal space, which helped stakeholders identify priorities for HSSP IV.

Effective Partnerships with Civil Society and Research Institutions on Technical Analysis and Advocacy

HPP engaged CSOs in the health domain, including the Benjamin Mkapa HIV/AIDS Foundation (BMAF), Sikika, Tanzania Council for Social Development (TACOSODE), Policy Forum, and Health Promotion Tanzania (HDT).

1. Collaborated with Irish Aid to support BMAF's strategic capacity development, including an organization-wide capacity assessment focusing on data for policy advocacy.
2. Built the capacity of HDT in the costing of strategic plans; HDT later costed elements of the NMSF III.
3. Worked with CSOs to advocate increased domestic resources for health and strengthen the evidence base for their work.

Select Publications

Strengthening Tanzania's Health System: Supporting Priority Interventions to Catalyze Change

Costing of the Third Health Sector HIV and AIDS Strategic Plan (HSHSP III) 2013–2017

Sustainability Implications of the Fourth Health Sector Strategic Plan: Financial and Impact Analyses using the OneHealth Tool in Tanzania

Prospects for Sustainable Health Financing in Tanzania

Advocacy Strengthened to Underscore Needs

HPP supported TACAIDS, the MOHSW, and CSOs in developing strategies and advocacy materials to increase allocated resources for health.

- Supported TACAIDS to create a task force and develop a strategic plan and operational manual for the new AIDS Trust Fund, designed to be a sustainable funding mechanism for the HIV and AIDS national response.
- Collaborated with Partners4Health, Ifakara Health Institute, and other technical agencies to cost a benefits package and conduct fiscal space analyses for a proposed single national health insurer—the main proposal in Tanzania's draft health financing strategy.
- Trained national and regional media to report on domestic resources for health, increasing their knowledge of the status in Tanzania and East Africa.
- Estimated resource needs for priority health system strengthening initiatives and supported the MOHSW's application to GFATM's New Funding Model.

Distribution of Health Resources Improved

HPP collaborated with partners to generate evidence in support of the equitable distribution of health resources.

- Partnered with the Benjamin Mkapa HIV/AIDS Foundation to fill key evidence gaps in the distribution of health worker financing (e.g., salaries), recruitment, and productivity.
- Led a workshop on GIS mapping and met with key stakeholders to discuss challenges and next steps in maintaining a high-quality master facility list—a complete listing of health facilities countrywide.

The Way Forward

Achieving Tanzania's development goals requires continued public support for health. Next steps should leverage the project's achievements:

- Advocate increased GOT support for mobilizing domestic resources for health, particularly for the AIDS Trust Fund and commodity procurement.
- Implement a comprehensive health financing strategy, determine necessary components, and develop supportive evidence and data.
- Further build the capacity of civil society, the media, the MOHSW, and TACAIDS to advocate additional resources for health (including for the AIDS Trust Fund) and generate evidence and analysis in support of domestic resource mobilization.

¹ OneHealth is a medium-term tool that can be used in the costing, budgeting, financing, and development of a country's strategic health sector plan. LiST, the Lives Saved Tool, is a program within Spectrum that projects the changes in child survival in accordance with changes in coverage of various child health interventions. More information can be found at www.healthpolicyproject.com/index.cfm?id=topics-SoftwareModelsTools.

² The DMPPT was developed to enable decisionmakers to understand the potential cost and impact of various options for scaling up male circumcision services. It can be found at www.avenirhealth.org/software-pc.php.

³ The MOHSW used VEN analysis—a well-known methodology for prioritizing medicine purchasing in developing countries—to classify health interventions as vital, essential, and non-essential based on their cost-effectiveness.

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