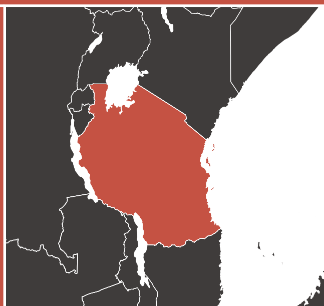
policy

November 2014



STRENGTHENING TANZANIA'S HEALTH SYSTEM

SUPPORTING PRIORITY INTERVENTIONS TO CATALYZE CHANGE

Brief

Mari Hickmann,[1] Rebecca Mbuya-Brown,[2] and Arin Dutta[1]

[1] Futures Group, [2] Consultant

Introduction

The USAID- and PEPFAR-funded Health Policy Project (HPP) supports health systems strengthening (HSS) by bringing together different actors and disciplines within the health system to improve policy and ultimately achieve more equitable and sustainable access to health services. In Tanzania, the ability to achieve national development goals and improve health sector outcomes depends on strengthening the national health system. The importance of HSS for HIV and AIDS, tuberculosis (TB), and malaria programs is recognized in Tanzania's national strategic plans.[1] Additionally, the Global Fund for AIDS, Tuberculosis and Malaria (Global Fund) invested US$121 million in Tanzania's HSS program for 2011–2015. Implemented through the Ministry of Health and Social Welfare (MOHSW), the HSS program's significant achievements include increased availability of human resources for health (HRH); improved service readiness; strengthened data sources; and expanded access to HIV and AIDS, TB, and malaria medications. Despite these gains, the health outcomes of the disease programs are suboptimal due to prevailing weaknesses in the health system (MOHSW, 2009).

In May 2014, USAID/Tanzania approached HPP to assist MOHSW's Directorate of Policy and Planning in conducting a rapid HSS assessment with two main objectives: to build initial consensus around priority HSS actions that will inform a new national HSS strategy, and to provide information for the MOHSW to advocate for additional HSS funding. The latter includes presenting HSS priorities, activities, and actions to the Global Fund's Tanzania National Coordinating Mechanism to be considered for inclusion in the upcoming grant application process.[2]

USAID FROM THE AMERICAN PEOPLE

PEPFAR

HEALTH POLICY PROJECT

Identifying Priority HSS Interventions

Methodology

HPP supported MOHSW in conducting a rapid HSS assessment comprising a desk review and structured stakeholder consultations. The World Health Organization's six health system strengthening building blocks—supply chain/pharmaceuticals, HRH, information systems, healthcare financing, leadership and governance, and infrastructure—provided a framework for the assessment. In total, the assessment identified **32 HSS priorities, nine of which are recommended by MOHSW and all other stakeholders for consideration for Global Fund support.**

A review of national health reports and strategies identified preliminary HSS priorities that cut across disease areas. In total, HPP assessed 27 core documents, including the 2013 Mid Term Review of the Health Sector Strategic Plan III (2009–2015) (MTR) and national strategies for health, HIV and AIDS, malaria, TB, HRH, e-health, monitoring and evaluation (M&E), and pharmaceuticals.

Stakeholder consultations accompanied the desk review to build consensus on HSS priorities among key stakeholders, including MOHSW departments, civil society partners, and international donor organizations. HPP facilitated three HSS assessment meetings, one for each stakeholder group. In total, 33 stakeholders participated in the assessment, representing 18 organizations. The consultation meetings prompted stakeholders to identify, discuss, and ultimately rank HSS priority actions. First, using a standard assessment form, each stakeholder individually provided inputs on priority HSS gaps, corresponding solutions, predicted outcomes, and estimated costs for each activity. Conversations with the group then allowed stakeholders to discuss differing perspectives on strengths, weaknesses, and solutions for HSS. At the end of each meeting, individuals considered critical gaps and predicted outcomes and costs for anonymously ranked HSS actions in their recommended order of priority. Scores for HSS gaps and actions, calculated by averaging stakeholder rankings, contributed to a final list of HSS priorities. Throughout the process, the study team cross-referenced identified HSS priorities with all relevant national strategies and reports.

Sixteen HSS gaps prioritized by stakeholders illustrate critical weaknesses in supply chain management/pharmaceuticals, HRH, information systems, and healthcare financing. Leadership and governance, another important HSS building block, was applied as a cross-cutting issue and integrated within the other building blocks. Infrastructure, the sixth building block, was not listed as a critical weakness. Within the 16 critical HSS gaps identified, stakeholders selected 32 corresponding priority actions for strengthening the health system. HPP presented the final 32 priority actions at a stakeholder meeting attended by all three stakeholder groups. At this meeting, stakeholders anonymously recommended five priority actions for inclusion in Tanzania's next Global Fund application for funding. Of 32 total actions, the nine with the highest average rankings were identified as priority HSS actions and are described in this brief. Table 1 displays the 16 priority gaps, 32 actions, and estimated costs.

Nine Priority HSS Interventions

Pharmaceuticals and Supply Chain Management

"… the availability of key medicines remains low, and no clear trend for improvement can be established yet" (MOHSW, 2013a, p. 36).

Weaknesses in procurement and supply management (PSM) hinder delivery of health services in Tanzania, including HIV and AIDS, TB, and malaria services. In the initial ranking exercise, 100 percent of stakeholders listed stockouts as a key barrier.[3] In 2012, 20–30 percent of hospitals were out of stock of four out of 14 common items, and 40–50 percent lacked a further six items. In March 2013, only 19.4 percent of facilities reported no stockouts of 10 tracer items. Malaria rapid diagnostic tests were among the least-available items (MOHSW, 2013d). Current strategic plans for HIV and malaria note stockouts as a barrier hindering service provision. Contributing factors identified in the Draft Pharmaceutical Sector Action Plan 2014–2020 include: "de-capitalisation of MSD (Medical Stores Department), performance and capacity issues at different levels… inadequate coordination amongst stakeholders within and outside MOSHW, and challenges related to governance and accountability" (p. 3). Two priority actions would address several of these factors, reducing stockouts and strengthening service delivery:

1. Institutionalize a functioning Logistics Management Unit (LMU) supported by an electronic logistics management information system (e-LMIS) (US$1.25M)[4]
Support for the institutionalization of the LMU and e-LMIS (particularly its rollout to facility level, which is currently not funded) was recommended by the Draft PSAP as "critical" for success and identified as a top priority by stakeholders. It will enable the MOHSW to effectively coordinate and oversee pharmaceutical sector actors. The e-LMIS will improve data accuracy, visibility, and use, and integrate existing parallel systems.

2. Strengthen the Medical Stores Department (MSD) (US$3.6M)[5]
As the primary public sector procurement, storage, and distribution agency, MSD is a central player in the health supply chain. Challenges facing MSD have contributed to stockouts, including shortages of HIV and AIDS, TB, and malaria medications. Stakeholders highlighted strengthening MSD as a priority, citing three specific actions: shifting MSD to operate on commercial principles, reviewing and proposing viable country distribution system approaches, and developing harmonized and aligned medium-term financing plans for medicines and health technologies with mainstreaming of PSM for vertical programs through MSD.

Human Resources for Health

Tanzania continues to face an HRH crisis. The health workforce is at 58 percent of estimated need (MOHSW, 2013a; 2013b) and inequitably distributed, with significant regional disparities and acute shortages in rural areas and among particular health cadres (e.g., an 87 percent gap for social workers) (draft Human Resources for Health Strategic Plan 2014–2019). The substantial impacts of the HRH crisis on HIV and AIDS, TB, and malaria programs are widely recognized, and current strategic plans for all three diseases cite HRH as a critical barrier. The HPP assessment identified three priority HRH actions:

3. Design and implement a targeted health worker retention approach in hard-to-reach areas (US$4.0M)[6]
Global Fund activities and interventions are falling short of established goals in rural areas, in large part due to HRH shortages. Retention has been identified as a key factor driving personnel shortages and the uneven distribution of the health workforce, and there "is no comprehensive evidence-based retention program in the health sector" (MOHSW, 2013a, p. 31). Additional resources are needed to design and implement a focused retention approach in hard-to-reach areas.

4. Strengthen implementation of the Public Service Pay and Incentive Policy (2010) (cost unknown)
The lack of an effective performance-based management system for health workers exacerbates retention problems and contributes to low motivation and productivity. Strengthening implementation of the Public Service Pay and Incentive Policy could improve performance, retention, motivation, and accountability, contributing to improved HIV and AIDS, TB, and malaria services.

5. Harmonize community health worker (CHW) curricula and support implementation of training (cost unknown)
CHWs have the potential to magnify the impact of HIV and AIDS, TB, and malaria programs, helping them more effectively reach individuals and communities and enhancing the sustainability of community-based programs. However, CHWs are not recognized as a formal health cadre in Tanzania (MOHSW, 2013a). Harmonizing CHW curricula and supporting training would strengthen community-level health systems and could reduce the number of HIV and AIDS patients lost to follow-up; strengthen community-level DOTS (directly observed treatment, short-course) and malaria control efforts; and enhance the sustainability of community-based efforts. Adoption of national CHW guidelines/standards is imminent, but there is a large anticipated gap in funding for CHW rollout. Closing this gap is vital, as CHWs are essential for service provision in the three disease areas.

Information (Health Management Information Systems and Monitoring and Evaluation)

Stakeholders expressed two pressing concerns—data quality and harmonization/integration of parallel systems—and identified two priority actions:

6. Strengthen the integration and interoperability of existing information systems, including the establishment of an electronic integrated disease surveillance and response system (eIDSR) linked to HMIS (eIDSR: US$600,000,[7] total cost unknown)
There is an urgent need to harmonize and integrate health information systems—particularly to integrate vertical programs' systems into the HMIS/DHIS2. The MTR notes, "… there has been … little progress so far on integrating systems for disease surveillance"

Table 1. 16 Priority HSS Gaps, 32 Actions, and Estimated Costs

HSS BUILDING BLOCK	PRIORITY GAPS	PRIORITY ACTIONS	ESTIMATED COST (US$M)
Pharmaceuticals and Supply Chain Management	Stockouts	Strengthen commodity distribution systems, fleet, and infrastructure for commodity storage	23.7[a]
		Involve district/council health management teams (DHMT/CHMTs) in Medicines Therapeutics Committees (MTCs) to participate in commodity forecasting	*unknown*
		#1 Institutionalize functioning and sustainable Logistics Management Unit supported by e-LMIS	1.25[b]
		Support capacity building in forecasting and financial management	
	Rational use of medicines	Develop innovative approaches to support rational medicine use and institutionalize through MTCs	0.285[a]
		Establish 9 (one national, 8 zonal) model Medicines & Therapeutics Information Centers	0.594–1.2[a]
		Disseminate key policies and conduct training related to rational medicine use with health facility staff and DHMT/CHMTs	0.57[a]
	Medical Stores Department (MSD)	**#2 Shift MSD to operate on commercial principles** **Review and propose viable country distribution system approaches[c]** **Develop medium-term financing plan for medicines and health technologies with mainstreaming of PSM for vertical programs through MSD**	3.5[b]
		Re-capitalize MSD	*unknown*
	Quality assurance	Strengthen pre- and post-market surveillance of antiretrovirals, antimalarials, anti-TB medication, and HIV test kits	0.475[a]
Human Resources for Health[d]	HRH Information	Support routine updating of the HRH information system and the Training Institution Information System	0.237–0.41[6]
		Support harmonization of parallel HRH information systems	<0.535
		Support capacity building in information system management and data analysis	0.190
	Retention	**#3 Design and implement focused retention approach in high-need districts**	4
		Establish and institutionalize continuous professional development standards and opportunities	up to 3.5
		Develop national health worker retention guidelines	0.178–0.207
	Performance and incentives	Strengthen implementation of the Open Performance Review and Appraisal System (OPRAS)	*unknown*
		#4 Strengthen implementation of Public Service Pay and Incentive Policy (2010)	*unknown*
	Training and production	Conduct physical and technical assessment of target health training institutions	*unknown*
		Strengthen technical and physical capacity of target health training institutions	
	Community health workers	**#5 Harmonize community health worker curricula and support implementation of training**	*unknown*

HSS BUILDING BLOCK	PRIORITY GAPS	PRIORITY ACTIONS	ESTIMATED COST (US$M)
Information (HMIS) & Monitoring & Evaluation (M&E)[e]	Linking and harmonization	Establish and operationalize national ehealth data warehouse	up to 0.594
		#6 Strengthen integration and interoperability of existing information systems	1.25
		#6 Establish electronic integrated diseases surveillance and response system linked to the national health information system (HMIS)	
	Data quality	**#7 Conduct supportive supervision and Data Quality Assessments**	0.437
		#7 Integrate routine data verification system into DHIS2	0.5
	Surveillance	Support surveillance activities (for example, SAVVY)	0.238 (SAVVY only)
	HMIS capacity	Support continual HMIS/DHIS2 development and training	*unknown*
Healthcare Financing	Funding gap	**#8 Finalize and operationalize the national healthcare financing strategy**	*unknown*
	Access	Design national social health insurance scheme	*unknown*
Cross-cutting	Multiple HSS areas	**#9 Support scaling up the national results-based financing program**	1.25[f] (annual costs)

a. Ministry of Health and Social Welfare financial data
b. Costed Pharmaceutical Plan
c. Not included among the 32 priority actions
d. All costs are estimated from the national Human Resources for Health Costed Strategy
e. All costs are estimated from the national eHealth Strategy
f. Annual recurring costs for RPF are estimates based on national planning and received from the Ministry of Health and Social Welfare

(MOHSW, 2013a, p. 40), and current strategic plans for HIV and AIDS, TB, and malaria highlight the need for improvements in this area. Most HIV systems are not integrated with the DHIS, leading to parallel reporting systems, which undermine data quality and accessibility and limit effective data use. Significant progress has been made in this area, including rolling out the DHIS2 to all districts; additionally, there are plans to link HIV and TB to the DHIS2 in the coming year. However, there is a gap in funding for the development and training required to sustain previous Global Fund investments beyond 2016.

7. Improve data quality through: (i) supportive supervision and Data Quality Assessments; (ii) integration of a routine data verification system into HMIS/DHIS 2 [(i) US$0.37 M—145 sites, one yr; (ii) US$0.55M[8]]

Data quality issues persist across HIV and AIDS, TB, and malaria programs. Strengthening data quality improves accuracy and the use of information for program planning, policy, and resource allocation. Routine automated data verification and periodic external data audits are recognized best practices to improve data quality and use. Priority areas requiring additional funding include designing an automated data verification system integrated within HMIS/DHIS2, increasing supportive supervision in the area of M&E, and improving systematic use of data quality assessments.

Healthcare Financing

Healthcare financing is one of the most pressing concerns affecting the sustainability of Tanzania's health system. Real-term public health expenditures have remained flat since 2009–2010, and government spending fell from 66 percent of overall health spending in 2007–2008 to 59 percent in 2010–2011. Efforts to mobilize complementary financing have not succeeded.

8. Finalize and operationalize a national healthcare financing strategy (cost unknown)

There is an urgent need to finalize and operationalize the national healthcare financing strategy (MOHSW, 2013a; 2013c). One area particularly suitable for additional investment is the rollout of social health insurance (inclusive of HIV, TB, and malaria benefits), including targeting to effectively reach the poor. Global Fund support could also help institutionalize the HIV and AIDS trust fund and ensure its alignment with the healthcare financing strategy.

Cross-cutting

An additional HSS priority that cuts across the health system strengthening building blocks was also identified.

9. Support national scale up of a results-based financing program (US$1.25M/annum)[9]

Results-based financing (RBF) is a cross-cutting, innovative approach that links financing to predetermined results, rather than inputs. RBF addresses gaps across a number of HSS areas and seeks to improve 1) accessibility, use, and quality of primary healthcare; 2) productivity and efficiency of healthcare workers; and 3) quality and use of HMIS for evidence-based decision making. Tanzania's RBF program—which would pay for key HIV, malaria, and TB results—is based on the Pay for Performance (P4P) pilot program in Pwani region. The World Bank supported the initial design process and plans to invest in scaling up the program. However, nationwide scale up will require additional funding.

Results

Governments worldwide face significant challenges in delivering health services to their populations and improving health outcomes. Only by ensuring that health systems support high-quality service delivery can more equitable and sustainable improvements in health outcomes be realized. By working with the MOHSW and other key stakeholders to generate consensus on the top priorities, HPP helped set the stage for sustained progress on HSS in Tanzania. The menu of key actions provides the MOHSW a solid foundation from which to advocate for additional funding for HSS priorities, including through the Global Fund proposal development process. The consultative nature of the assessment process helped focus the attention of key stakeholders on HSS at a critical moment in the financing application timeline, and began building the consensus needed to support development of a new national HSS strategy.

Endnotes

1. The Third Health Sector HIV and AIDS Strategic Plan: 2013–2017 (HSHSP); the National TB & Leprosy Program Strategic Plan (NTLP); and the Draft National Malaria Strategic Plan: 2014–2020 (NMSP)
2. In 2013, the Global Fund launched a new funding model, featuring a more flexible application timeline, increased emphasis on country dialogue, more predictable funding allocations, and changes in the area of health systems strengthening.
3. 12 out of 12 formal responses submitted for Pharmaceutical/ Supply Chain subject area.
4. Costed Pharmaceutical Plan
5. Costed Pharmaceutical Plan
6. Draft HRHSP, Ch. 5: Strategy Implementation
7. e-Health costed action plan
8. Source: MOHSW M&E Technical Working Group
9. World Bank estimates for implementation of draft RBF design

References

MOHSW. 2009. *Health Sector Strategic Plan III 2009–2015*. Dar es Salaam: Ministry of Health and Social Welfare, United Republic of Tanzania.

MOHSW. 2013a. *Mid Term Review of the Health Sector Strategic Plan III 2009–2015, Main Report*. Dar es Salaam: Ministry of Health and Social Welfare, United Republic of Tanzania.

MOHSW. 2013b. *Mid Term Review of the Health Sector Strategic Plan III 2009–2015, Human Resources for Health, Technical Report*. Dar es Salaam: Ministry of Health and Social Welfare, United Republic of Tanzania.

MOHSW. 2013c. *Mid Term Review of the Health Sector Strategic Plan III 2009–2015, Health Care Financing, Technical Report*. Dar es Salaam: Ministry of Health and Social Welfare, United Republic of Tanzania.

MOHSW. 2013d. *Tanzania Service Availability and Readiness Assessment (SARA)*. Dar es Salaam: Ministry of Health and Social Welfare, United Republic of Tanzania.

Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004

www.healthpolicyproject.com
policyinfo@futuresgroup.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HPP is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.