



Case/Theme: Making a Difference in People's Lives: Delivering results in Health in Tanzania

OVERVIEW

During the 1990s, the health sector in Tanzania faced a period of stagnation. Local health services experienced severe shortages of essential drugs, equipment and supplies, and health staff lacked motivation. There was little cooperation between the public sector, faith-based organizations and private health service providers. Donors were uncoordinated and Health Services were severely under-funded, with public health sector spending at just USD 3.46 per capita. In response, the Government of Tanzania and its Donors jointly entered into a Sector Wide Approach (SWAP). A Programme of Work and a subsequent Health Sector Strategic Plan 2 set the scene for comprehensive health sector reforms aimed at addressing the deficiencies in the sector, and achieving the goals and targets for health as set out in the MDGs and Tanzania's Poverty Reduction Strategies. The Health SWAP has proven widely successful, strengthening national ownership, securing increased resources for health, enhancing the quality of dialogue and improving coordination of projects and programmes.

HIGHLIGHTS

- A recent evaluation of the health sector concluded that, since 1999, the joint entry of the Government of Tanzania and the Donors into a Sector Wide Approach to better coordinate development work in the health sector has largely been a success.
- Decentralization and increasing of the coverage of key child survival interventions

RESULTS

The Sector Wide Approach has strengthened national ownership and secured higher levels of both domestic and external financial resources for health.

- Increased decentralization of health services, particularly through the support of sector-wide basket funding
- Wider coverage of key child survival interventions, such as integrated management of childhood illnesses, insecticide-treated nets, Vitamin A supplementation, immunization, and exclusive breastfeeding.
- Near tripling of total public expenditures for health in Tanzania, from \$ 143.6 million to \$ 427.5 million in real terms from 1999 to 2006.
- Expanded domestic share of public health expenditures: from 46% to 56%.

It has, to some extent, replaced fragmentation and loosely coordinated projects/programmes by mechanisms for cooperation and dialogue which aim at rallying all stakeholders behind national priorities.

This has delivered real results:

- Infant mortality reduced from 99 in 1999 to 68 in 2004/05 and under-five mortality from 147 to 112. Tanzania would attain MDG 4 if this trend of improved child survival is sustained.
- Drug availability and services have improved at health facilities, whilst challenges still remain in terms of major delays in supply.
- In 2005, when the health basket was increased significantly, it led to a notable 28% increase in health finances to councils. The share of Donors health funding that is on-budget has also risen significantly.

LESSONS LEARNED

- The joint effort to respond to the stagnant health sector in 1990s resulted in the health sector strategic plan and the agreement to use a SWAP, leading towards increased harmonization, alignment and ownership. The development of formal structures for dialogue in the health sector has also helped to maintain a common sense of direction among stakeholders. Whilst Donors have used a wide range of funding mechanisms to support the health sector, the use of the Health Basket Fund, which pools sector wide support, presently provided by 10 Donors, has played a particularly important role in strengthening frontline district level health services. However, increased and sustained investments in health systems leading to expanded and improved health services delivery will be required. The improvements documented here were made between 2000-2004. Further progress will be recorded following this period, as Global Health Initiatives and large multi-country bilateral programmes were launched in Tanzania

However, challenges remain:

- Maternal mortality remains at alarming levels;
- Reforms to improve hospital care and public private partnership have lagged behind.
- Global Health initiatives, large multi-country and bilateral programmes, whilst injecting huge and much-needed resources into diseases that are national priorities, remain largely outside existing health planning and management systems, distorting local priorities and threatening more sustainable approaches.
- Of the almost USD 350 million budgeted for 2006/2007 for HIV/AIDS, almost USD 300 million remains outside government accounts and off-budget.
- The long delays in disbursements from Global Funds have been found to be largely attributable to a process and approach that are outside of domestic planning, budgeting, approval and implementation timetables.

References:

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