The analysis of Tanzania performance on strengthening primary healthcare for results in RMNCAH[1]

…….implications to achieving One Plan II targets by 2020…….

Synopsis: This analytical report examines the performance of Tanzania on the implementation of "Strengthening Primary Health Care for Results – PHCforR (P152736)[2]". We examine the report issued by World Bank on December 28th 2017. This report is part of implementation of Investment Case[3] funded by grants from donors including World Bank Trust and loan from the bank of USD 200million. The analysis aims to provide an in-depth exploration of the performance on key indicators as stipulated in the Health Sector Strategic Plan IV (HSSP-2015-2020) and their implication to Government's intention to reach all households with quality health care services. The analysis further provides policy and budget recommendations for the Government and Development Partners on urgent and necessary investments to achieve a significant reduction of maternal and neonatal morality. The commitment by 2020 through One Plan II is to reduce maternal deaths from 434 in 2010 to 292 per 100,000 live births and neonatal mortality from 21 to 16 per 1,000 live births. These exquisite commitments are dependent on the outcomes in text box 1 above.

Text box1: To achieve decrease in MMR and NNMR, the Government will increase

- ***Health facility delivery from 50% to 80% by 2020***
- ***Deliveries attended by skilled providers from 51% to 81% by 2020***

The analysis of PHCforR. This analysis focuses on both grants and loans through the Global Financing Facility[4] (GFF) to strengthen primary health care system that will improve the health of mothers and children. Considering that Tanzania is at its third midpoint year of the SPHCfR project implementation, we focus on two critical indicators namely Annual employment Rate[5] for Human Resource for Health and Health Facility 3 Star rating[6] (See text box 2).

Text box 2: Critical indicators

- *Annual employment rate for HRH by 2020 reached by 30%. By Dec 2017 it was 5%*
- *Facilities reaching 3 star rating by 2020 are 15%. By Dec 2017 it was 2%*

[1] Analysis by Health Promotion Tanzania on behalf of RMNCAH- CSO Advocacy and Accountability task teams. Further information can be obtained by writing to ed@hdt.or.tz

[2] World Bank Program under the Global Financing Facility (GFF), to strengthen primary healthcare for results in RMNCAH.

[3] A description of the changes that a country wants to see with regard to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and a prioritized set of investments required achieve these results. GFF uses the One Plan II as an investment case.

[4] A financing mechanism that aims at supporting country efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children provide grant resources that are linked to financing from the International Development Association (IDA) and/or the International Bank for Reconstruction and Development (IBRD) and small interest loan from the World Bank.

[5] This is the number of healthcare personnel employed by the government annually. The Government issues employment permits for human resources for health through the Ministry of Health or PO-RALG.

[6] The health facilities are to meet certain criteria with regard to quality of services provided cutting across clinical care, emergency, sanitation and hygiene, conducive environment, facility infrastructure, water supply, waste management, transportation system (ambulance), and communication. The health facilities undergo star rating assessment to determine the quality of care provided to patients. The recommended star rating is 3 and above.

Low annual employment rate and its implications on deliveries by skilled attendants: (*5% by Dec 2017 against target 30% by 2020*)

As noted in text box 1, Government commits to increase skilled facility deliveries from 51% to 81%, by 2020 however, there has been inadequate government's efforts to increase recruitment to meet the government target as shown in Text box 3 If employment of skilled providers is frozen, then even if health facility deliveries increase it will have marginal impact on maternal and neonatal mortality because there is no skilled staff. This indicator is a precursor to achieving reduction in maternal mortality. Even if the proportion of pregnant mothers attending 4+ ANC clinics increase, it will have no effect because there are no skilled service providers to identify high risk pregnancies and plan appropriate deliveries. The referral pathways are also compromised due to lack of skills.

> **Text box 3: percentage of skilled deliveries:**
> *Simiyu (40%), Kagera (47%), Kigoma (47%), Geita (49%), Mara(51%), Tabora(54%), Mwanza(54%).*

Low health facility 3-star rating and its implication to health facilities deliveries: (*2% by Dec 2017 against target 15% by 2020*)

Tanzania is expected to reach Health Facility star rating target of 15% by 2020. As of December 2017, Tanzania had only achieved 2% of the target. The star rating addresses infrastructural quality related issues and cuts across (i) Facility data for planning and health improvement (ii) Handling of emergency and referral systems (iii) Facility infrastructure (iv) Clinical support services. This implies that only 2% of the health facilities in the nine low performing regions will be able to provide quality healthcare services. **This will mean that 98 facilities in every 100 do not yet meet infrastructural quality.** This will mean that majority of mothers will continue suffering and the likelihood of reducing maternal mortality will be next to impossible. We are appreciative of renovation and construction of 208 health centers and plan to construct 67 district hospitals in FY2018/19.

> **Text box 4: Expected impact by 2020:**
> *Maternal Mortality of 292 per 100,000*
> *Neonatal Mortality rate of 16 per 1,000*

Further Paradox: With the above in mind, the FY2018/19 budget proposal by PO-RALG do not seem to prioritize employment of skilled health providers. The proposed ministry of health budget for FY 2018/19 also decreased from TZS 1.07 Trillion to 0.898 Trillion a decrease closer to 20%. While we appreciate the Government increase of medicine budget in financial year 2017/18 to 269 billion, but only 98.08Billion (36.4%) was allocated for district, health centers and dispensary which service large part of population.

Missing the link: Civil society organizations including faith based institutions are intensifying efforts to create demand for maternal child health services utilization across the country. Community based programs in low performing regions are increasing demand for services, use community health workers to refer pregnant women to health facilities, to increase men participation to plan for health facility deliveries. ***BUT there are few skilled health providers and health facility infrastructure are not ready to receive women coming to health facilities.***

Policy Recommendations: While there is a noble intention from the government of Tanzania to attain the SDGs, there is a degree of incongruence with the current budget commitments we are seeing on the ground. Policy objectives need to align with budgetary and other resources commitments. There is a good intention from the government at a policy level, operationalization of the same commitment at budget level points to disconnection and low alignment hence inability to reach desired goals. Limited alignment is also likely to lead to use of resources to generate low impact. To align the policy and budget operationalization for high impact, we provide the following recommendations.

1. Reconsider budget decisions to increase health sector budget in the FY 2018/19 to specifically (a) Recruit skilled health workers at dispensary and health centers levels where many pregnant women visit and (b) increase funds for construction of health centers where only 15.7%[7] of health centers required are available.
2. In event of donor financing decrease and uncertainty, designate special levies/tax that will specifically cater for health as an investment in human capital which in return will lead to healthy manpower to benefit industrialization economy.
3. Involve CSOs in verification process at the district, regional and country level to ensure accountability from both the Government and donors.

References

I. MoHCDGEC. (2016). One Plan II: *The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health* (2016-2020).

II. United Republic of Tanzania. (2016). Tanzania Demographic Health Survey (2010/11 – 2015/16).

III. The World Bank Group. (2017) Strengthening Primary Healthcare for Results (PHCforR P152736): *Implementation and Status Report*, 2017.

IV. Hotuba ya Bajeti, Waziri Wanhi Ofisi Ya Rais TAMISEMI kwa mwaka wa fedha 2018/19 and Budget Speech for financial year 2018/19 by the Hon. Minister for health

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[7] According to budget speech by minister for PO-RALG for FY2018/19 only 696 health centres out of required 4,420 are available