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HEALTH PROMOTION TANZANIA
H.D.T

The Global Financing Facility in Tanzania

A brief summary

This factsheet focuses on the Global Financing Facility (GFF) in Tanzania. Wemos' factsheet on the GFF explains the general functioning of this health financing model supporting countries in reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH+N).

Tanzania was among the four front runner countries where GFF country consultations started in 2015 and is now in its third year of implementation since May 2015.

Investment Case (IC):

"National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health in Tanzania (2016-2020)" – known as *"One Plan II"*.

The IC is co-financed with funding from World Bank (IDA), the GFF Trust Fund, ANIS and USAID, as outlined in the Project Appraisal Document (PAD):

"Strengthening Primary Health Care for Results Program" (PHC4R)

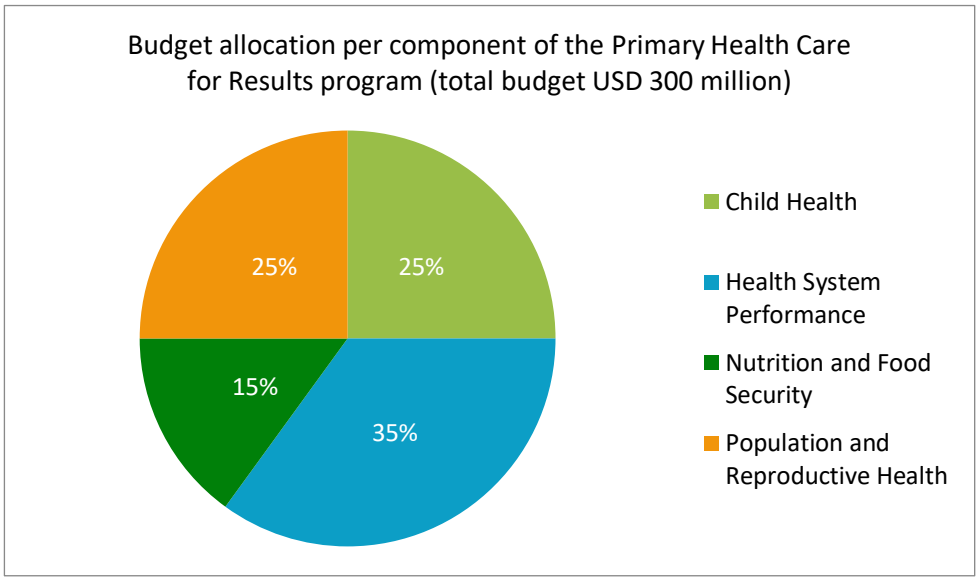
Project period: May 2015 – June 2020

Objective: improve the quality of primary health care services nationwide with a focus on maternal, neonatal, and child health services

Total project cost: USD 300 million, out of which:

- IDA: 200 million
- GFF: 40 million
- USAID Trust Fund: 40 million
- ANIS (*Power for Nutrition* multi donor trust fund): 20 million

The ratio of the IDA loan to GFF Trust Fund grant is therefore **5:1**.
Other development partners are expected to contribute USD 290 million



Source: Program Appraisal Document "Strengthening Primary Health Care for Results Program", May 6, 2015

GFF COUNTRY SET UP

The pre-existing 'One Plan II' serves as the Investment Case (IC), which is nested in the Fourth Health Sector Strategic Plan 2016-2020 (HSSP IV). The Government estimates the total costs to finance One Plan II at USD 2,620 million and plans to contribute USD 2,030 million (406 million/year) from domestic resources. However, a civil society scorecard assessment in 2018 revealed that the One Plan II was underfunded by 33%, excluding the recurrent cost of human resources for health.

A National Health Financing Strategy has been developed, but one of its components – a Single National Health Insurance – requires an amendment of the constitution and hence, agreement by Parliament. The bill is due to be presented to Parliament.

The World Bank's 'Strengthening Primary Health Care for Results Program' (PHC4R) supports One Plan II with USD 300 million for reproductive, maternal, neonatal, child, adolescent's health, and nutrition (RMNCAH+N), with funding from an IDA loan, the GFF Trust Fund, Power for Nutrition (ANIS) and USAID, equalling 11.5% of the total costs of the One Plan II. It is being implemented in eight out of 26 regions of Tanzania that have been performing poorly in RMNCAH+N according to data from the Tanzania Demographic and Health Survey. The program aims at increasing domestic financing for health, strengthening capacity for purchasing and provision, and increasing value for money through introduction and scale-up of performance-based financing. The outcome areas of the program are closely linked to the Government's former 'Big Results Now in Health' initiative that ran from 2015 to 2018.

The GFF provided facilitation to the Government for program mapping and a resource tracking exercise for the IC to assess how much is available and how development partners are providing support. A Public Expenditure Review is being drafted, with support from the GFF, to be published by the end of 2019.

GOVERNANCE

The Tanzanian government's focal person for the GFF is based at the Preventive Services Department in the Reproductive and Child Health Section of the Ministry of Health. Recently, like other GFF countries, Tanzania has created the position of a GFF Liaison Officer. The role of the liaison officer, according to the GFF, is to facilitate the process and enable effective and efficient participation of all relevant stakeholders in the process[1]. Since the position has been in place only recently in Tanzania, it is too early to tell whether it is effective in facilitating civil society participation.

A Sector Wide Approach (SWAp) is in place for the health sector. The SWAp Technical Committee oversees eleven technical working groups (TWGs) in health. Two of these, the TWG on RMNCAH and the TWG on Health Financing, jointly monitor IC implementation, and the RMNCAH Technical Working Group is also serving as the GFF Country Platform.

[1] https://www.globalfinancingfacility.org/terms-reference-global-financing-facility-liaison-officer

CIVIL SOCIETY ENGAGEMENT

Initial engagement by civil society in the GFF process has been slow. In May 2018, a civil society meeting took place on how civil society organisations (CSOs) can engage, including representation from all implementing regions. At this meeting, the CSO – GFF Coordinating Group for RMNCAH+N for civil society engagement was formed with membership from all eight GFF implementing regions, as well as three task groups: (1) advocacy, (2) monitoring and accountability, and (3) capacity development.

Health Promotion Tanzania (HDT) is the official CSO focal point and the Secretariat of the GFF – CSO Coordinating Group which has been seeking and enhancing accountability for RMNCAH+N.

The GFF – CSO Coordinating Group developed a CSO-GFF scorecard tracking the GFF process on the status of its progress, civil society engagement, the design of key documents, and GFF implementation regarding technical and financial performance. Currently, community scorecards are being piloted in two districts, Ngara and Biharamulo. In order to further strengthen capacity among CSOs at district level, HDT has hosted two trainings on health budget tracking, analysis, accountability and advocacy.

IMPLEMENTATION AND DISBURSEMENTS

The World Bank's program funding, including GFF Trust Fund, USAID and ANIS funds, are disbursed through government financial systems at different levels (national, regional, district, facility) as per Disbursement Linked Indicators (DLIs) performance and not earmarked in the budget with a separate budget line. Funds disbursed from the Ministry of Finance and Planning can be tracked up to the end user because of the new financial system that tracks funds (Facility Financing and Accounting System). The World Bank tracks the total government contribution to health (which includes external funding) and Public Expenditure Financial Accountability assessments are carried out by the government every two years.

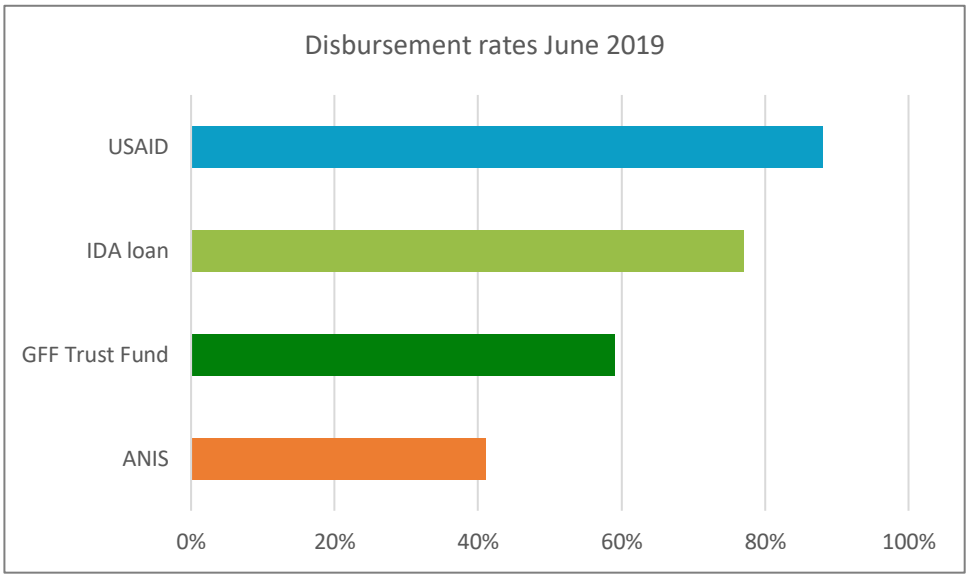
Disbursement of PHC4R project's funds is tied to seven DLIs. The DLI indicators at Local Government Authority level are RMNCAH indicators, which are used in scorecards to measure performance and help to inform their joint annual planning which is also supported by the Health Basket Fund[2].

Since the establishment of the Direct Health Facility Financing mechanism in 2017/18, funds from treasury and donor basket funding go directly to facilities, based on their annual Health Facility Plan. While this is generally considered a positive change, oversight and financial management capacity at facility level need to be strengthened in many cases.

As can be seen in the figure below, disbursement rates are rather low, taking into consideration that the project is in its final year of implementation. As USAID can only make annual contributions, the total amount of the USAID grant (USD 40 million) is not included in the Implementation Status and Results Reports. It is reflected as an annual contribution of USD 4.5 million, of which 88% has been disbursed. With the remaining project

[2] Partner organizations—the governments of Canada, Denmark, Ireland, and Switzerland; KOICA; UNICEF; and the World Bank and the GFF—are flowing funds directly through Tanzania's Health Basket Fund.

implementation period being less than one year, the Government has requested re-structuring and extension of the program in order to utilize undisbursed funds.



Source: Implementation Status and Results Report of the 'Strengthening Primary Health Care for Results Program' (June 2019).

LESSONS LEARNED ON CSO INVOLVEMENT IN THE GFF IN TANZANIA

- Scorecards can be an effective monitoring tool to present information for accountability purposes, and CSOs are best placed to seek and enhance accountability for GFF. The use of a scorecard has shown much significance in the case of CSOs in Tanzania regarding progress of GFF implementation and CSOs' engagement.
- For CSOs to (meaning)fully engage, they need to be well organized and have a clear plan of engagement and coordination.
- Having CSOs engaged from the start in all processes of the GFF is key to achieving the outcomes set out in the IC and ensuring these are in line with public health priorities. Due to late involvement (two years after the GFF started in the country), CSOs in Tanzania lost valuable time and opportunities.

ACHIEVEMENTS

GFF has helped shape conversations to be more results oriented, addressing not only financial investments but also talking about results. Furthermore, the GFF has encouraged CSO engagement. Even though CSOs have been engaging in health policy discussions before the GFF, they have more room to do so now. The CSOs' coordinating mechanism has expanded, involving not just national CSOs but also regional CSOs from the GFF implementing regions.

KEY CONCERNS AND ISSUES FOR FOLLOW-UP

CIVIL SOCIETY ENGAGEMENT

Although CSOs' involvement has improved, several concerns remain. At the national level, better coordination is needed between CSOs to improve consultation and feedback. Fragmentation of CSO engagement is a challenge, as several CSOs monitor separate components of RMNCAH+N, doing so from their focus areas and not from a 'continuum of care' approach. Limited interaction takes place between the GFF and the GFATM coordination mechanisms, such as the Tanzania National Coordinating Mechanism.

Furthermore, engagement of CSOs is limited in financial discussions and still very weak at district level. With the project period coming to an end, and the Government of Tanzania having requested restructuring with extension of the program in order to utilize undisbursed funds, it is important for civil society to be engaged in these discussions.

CSO fragmentation can at least partly be explained by fragmentation and shortage of funding. As in many other countries, CSOs in Tanzania don't have enough funding to be engaged in advocacy, accountability and citizen engagement efforts.

FUNDING MODALITIES

Capacity at facility level to implement and manage RBF schemes, and for financial management in general, needs strengthening. RBF modalities and implementation issues are not yet systematically discussed in the Health Financing TWG and reported to the Country Platform.

The 5:1 loan to grant ratio is of concern, as it implies a relatively large loan share in the context of a country that is already facing high debts. Although IDA loans are generally preferred loans by Ministries of Finance, because of their concessional nature (long pay-back period and low interest rates), it does add up to an already high debt burden.

Although one of the GFF's added values is that this money is now being allocated to the health sector, this may not be a sustainable form of domestic resource mobilisation (DRM) for health. While technically this is a form of DRM (after all, the Government of Tanzania will be paying back the loan), it is taking a toll on future fiscal space rather than shifting current resources to health.

ABOUT THE ORGANISATIONS

WEMOS

Wemos is a Netherlands-based independent civil society organisation seeking to improve public health worldwide. Wemos analyses Dutch, European and global policies that affect health and proposes relevant changes. We hold the Dutch government, the European Union and multilateral organisations accountable for their responsibility to respect, protect and fulfil the right to health.

HEALTH PROMOTION TANZANIA (HDT)

Health Promotion Tanzania, popularly known as HDT, is a leader in public health advocacy and community-based health promotion. Our niche is promoting maternal and infant health in Tanzania as well as addressing diseases of poverty including HIV and TB. HDT has become a household name in the country, reputable in mobilizing other partners to attain outcomes in health through SMART advocacy – an evidence-based decision maker-centered approach that stresses on right timing for advocacy intervention. With over seven years of experience in promoting health and wellbeing, we have successfully conceived and implemented a number of innovations such as Gulio la Afya (Health service market), Advocacy SMART and Community Score Card.

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HEALTH SYSTEMS ADVOCACY PARTNERSHIP
HEALTHY SYSTEMS, HEALTHY PEOPLE

This document is part of Wemos' contribution to the Health Systems Advocacy Partnership