Global Financing Facility Progress Update on Tanzania Reforms to Accelerate RMNCAH-N Results

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Outline

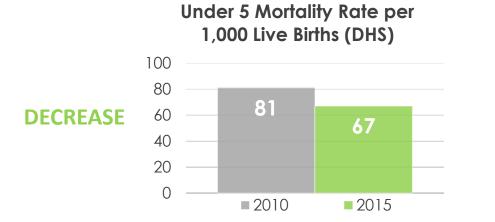


- Country Program Overview
- Implementation Progress
- Going Forward

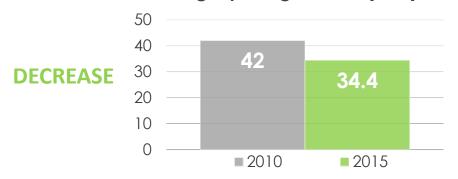


Tanzania has made steady progress, but still faces challenges in RMNCAH-N results

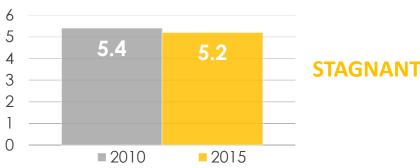




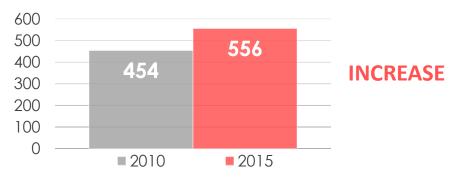
Percentage of Stunting in Height per Age ≤ 2 SD (DHS)



Total Fertility Rate in No. of Children per Woman (DHS)



Maternal Mortality Ratio per 100,000 Live Births (DHS)





One Plan II (Investment Case) aims to accelerate RMNCAH-N results (1/2)



MATERNAL HEALTH

- Improve access, use and quality of ANC, nutrition, MNCAH community, skill birth attendant, BEmONC/ CEmONC, and postnatal care services
- Improve access and supply of safe blood products and essential MNCH commodities/ medicines
- Improvement of the MNCH referral system, and implementation of the Maternal Perinatal Death Surveillance and Response framework

ADOLESCENT HEALTH

- Improve adolescent/ youth-friendly sexual and reproductive health (SRH) knowledge, positive behaviors, and health services (incl. HIV and FP services)
- Improve linkages and capacities among government/ private sector/ CSOs on adolescent SRH
- Institutionalize policies/ laws to improve information/ education/ services and understanding of SRH rights of adolescents

NEWBORN AND CHILD HEALTH

- Improve quality and management of newborn care, preterm/ low-birth weight cases, childhood illnesses, and severe acute malnutrition
- Improve coverage of routine vaccination, vitamin A, breastfeeding, nutrition/ feeding practices, and community/ household child survival practices
- Improved accountability of U5 deaths

FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES

- Improved quality of family planning (FP) services, supply chain management of commodities, and national capacity to address reproductive cancers
- Improved coverage of contraceptives at the community level, screening of reproductive cancers, and HPV vaccination among adolescent girls
- Integration of FP into MNCAH programs



One Plan II (Investment Case) aims to accelerate RMNCAH-N results (2/2)



CROSS-CUTTING AREAS

- Gender and Male Involvement Development and dissemination of gender/ GBV/ VAC/ male involvement in RMNCAH guidelines/ strategies; improved community and household awareness
- Leadership and Governance Improved national coordination and knowledge-sharing between RCHS and PMO-RALG
- Human Resource for Health (HRH) improve HRH situation in collaboration with other departments; Improve HCW performance and competencies in RMNCAH
- Health Financing in RMNCAH Increase budget allocation to RMNCAH;
 resource tracking on RMNCAH plans and implementation annually
- Monitoring and Evaluation Electronic system for data collection, and improve data management and use



RMNCAH technical working group acts as country platform for One Plan II, and to be strengthened



GFF SUPPORT PLANNED

RMNCAH TWG

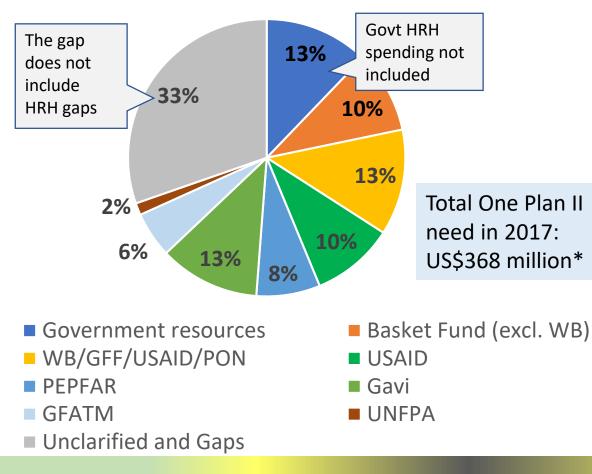
Member- ship	 MoHCDGEC, PO-RALG, DPs (multilateral and bilateral agencies and implementing partners) working in the area of RMNCAH 	Support a liaison person to strengthen the RMNCH TWG secretariat on:
Secretariat	 Reproductive Child Health (RCH) Unit of the MoHCDGEC 	 Use of data for decision making Map and monitor financing and activities of
Terms of Reference	 Meeting every quarter (with ad hoc meetings called as needed) Monitor progress of One Plan II implementation Coordinate development partners' support Hold stakeholders accountable for progress and results Take corrective actions based on data 	 financing and activities of key stakeholders Track One Plan II implementation Revisit the RMNCH TWG ToR and composition, including health financing work and inclusion of CSOs, etc.



Coordinated funding to One Plan II is provided, however with gaps



Estimated contributions from major financiers against One Plan II need, 2017 (not exhaustive)



- Key gaps exist in maternal complication and newborn care, adolescent health, gender based violence, reproductive cancers, community health
- Need stronger system for mapping and monitoring resources for each priority area in One Plan II (area for support by GFF)



* One Plan II estimate US\$246 million + health facility renovation and equipment cost US\$88 million + Malaria and HIV for mothers and children US\$34 million

IMPLEMENTATION PROGRESS

Much progress has been made in coverage and quality of RMNCAH-N services (1/2)



RMNCAH-N SERVICE COVERAGE (LGA SCORECARD)

PDO-Level Indicators	Unit	Baseli			Targe	t Val	ues		
	01111	ne		Y1	Y2	Y3	Y4	Y5	Note
1: PHC facilities with 3-Star ratings and above	%	1	Target Result	4	9 23			44	Gets on track (intermediate result)
2: Pregnant women attending four or more	%	35.1	Target	38	42				Close to but behind annual target
ANC visits			Result	38.4	41.8				annoanaiger
3: ANC attendees receiving at least 2 doses	%	34.3	Target	37	41			60	Achieved end
of IPT2 for malaria			Result	56.9	60.5				target
4: Institutional deliveries	%	64.3	Target	67	70			70	Close to end target
			Result	64.5	69.4				
5: Proportion of children 12-59 months receiving at	%	70	Target	72	74			80	Achieved end
least one dose of Vitamin A supplementation			Result	100	100				target

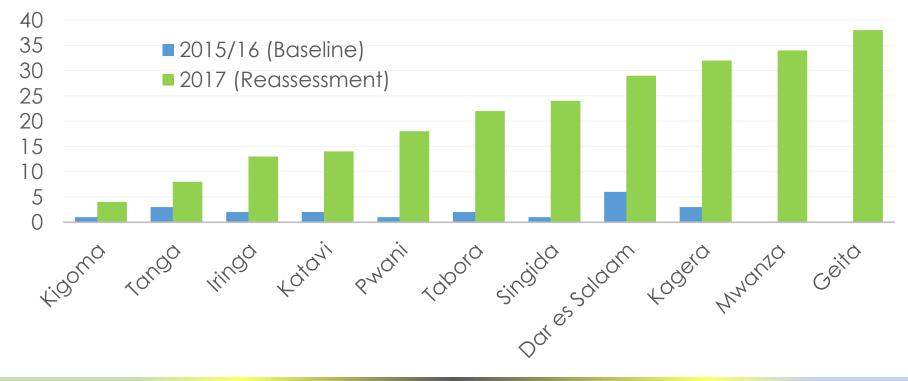


Much progress has been made in coverage and quality of RMNCAH-N services (2/2)



Large improvements made on the quality of care at health facilities

PERCENTAGE OF HEALTH FACILITIES WITH 3 OR HIGHER STAR RATINGS, BY REGION





However, challenges remain around provider services/ clinical quality and referrals



Less than 50%

SUBDOMAIN	INDICATOR	NATIONAL MEAN
	Proportion of services without fees	26.2% (SPA, 2015)
Access: Financial	Percent of women who do not report barriers in accessing health care due to cost of treatment	50.5% (DHS, 2015)
Access: Geographic	Percent of women who do not report barriers in accessing health care due to distance to facility	57.7% (DHS, 2015)
Access: Timeliness	Proportion of wait times less than one hour	46.2% (SPA, 2015)
	Antenatal care quality score based on WHO guidelines	55.3% (SPA, 2015)
	Family planning quality score based on WHO guidelines	43.7% (SPA, 2015)
Provider competence	Sick child quality score based on IMCI guidelines	31.4% (SPA, 2015)
competence	Diagnostic accuracy	60.2% (SDI, 2014)
	Adherence to clinical guidelines	43.8%(SDI, 2014)
Provider motivation	Proportion of providers aware of opportunities for promotion	38.7% (SPA, 2015)
	Proportion of providers with written job description	20.6% (SPA, 2015)
Safety	Proportion of ANC clients who were counseled on side effects of iron	97.2% (SPA, 2015)
Coordination	Functional ambulance with fuel OR capacity to communicate with another facility	28.8% (SPA, 2015)

Corrective actions are set out to improve lagged indicators using routine data – ANC4 Example

District % Point

ANC4 (2016/17)

Difference for

District % Point

ANC4 (2015/16)

Difference for

Lagged regions and LGAs below national ANC4 targets were identified through rigorous data analysis...

... And key corrective actions to address root causes were developed for rapid implementation in priority regions/LGAs

DEMAND

BARRIERS

QUALITY

Strengthening RMNACH-N • focus in CHW training

curriculum/practice

Kakonko District -25.9 -21.7 -24.7 **Buhigwe District** -13.5 Uvinza District -22.9 -16.1 -21.5 Kibondo District -13.2 KIGOMA -17.8 -7.8 -15.5 Kasulu Town -18.6 Kasulu District -16.9 17 -14.3 -8.5 **Kigoma District** 5.6 -9.5 Kigoma Municipal **POOR ANC** -24.1 -18.2 Lushoto District Muheza District -21.5 -22.4 -21.2 -15.5 Korogwe District -20.4 -9 Handeni District -19.3 -9.4 Bumbuli District TANGA -15.4 -8.1 Pangani District -18.8 -22.3 -18.6 -8.2 Mkinga District -17 -10.6 Korogwe Town -12.4 2.9 Tanga City Kilindi District 5.3 11.7 NA 18.1 Handeni Town -19.6 -7.1 Kondoa District -16.5 -23.2 Bahi District DOCUMENT Chamwino District -15.5 -11.3 Kongwa District -14.5 -1.3 **ATION ISSUE** -5.4 DODOMA -10 -0.2 Chemba District -5.8 Dodoma Municipal -5.7 0.9 Mpwapwa District -2.9 2.9 NA 31.6

Kondoa Town

ANC4 HEATMAP OF REGIONS/LGAS VS. TARGET

District Name

Regional %

for ANC4

(2015/16)

Region

Point Difference

Regional %

for ANC4

(2016/17)

Point Difference

Refresher training on ANC ٠ guidelines, and data use

- Review of supervision ٠ checklist to strengthen monitoring of ANC quality
- Data use experts for ٠ regular result review
- In-depth review and • improvement of a tool to record multiple visits at health facilities



To strengthen accountability, VP office is launching RMNCH scorecard for regular reviews by regions/ LGAs

	MOH - TANZANIA RMNCH SCORECARD Oct - Dec 2017													
Fighlighted Indicators	CPR		sturn	ting	34.0	NMR		25.0		achieved / on		• •	crease from las	st per
5MR 67.0	67.0 49.00 89.00		Wom	naemia among en 15 to 49	% Anaemia among phidren 6 to 59 months			Progress, but more effort required Not on track N/A No data			 Decrease from last peri 			
	Pre-programmy	Pregnancy	Labour & Delivery	Newborn Heal	th Child Health			L		Health Systems		HR	Health	T
	% woman 15-4 on contraceptive Proportion of long-term PP methods	S. program woman affending ANC by 12 weeks / program woman affending ANC	% deliveries (skilled attendant / % institutional deliveries	PNC (7 degs) -	% children receiving Perio	% of newborn breast fed when one hos after delivery	% industa receiving ARV prophytesis	% industia recaliving PCR	% health facilities with OffS shocks	5. HF w tracer drugs package	Dete Completeness / Dete timuliness	Micharines per 10,000 Population	No of Accession in Contraction	
IOH - Tanzania	38.1 33	4 10 3 40	1 20 2 7	a 112 a ai	1 98.7	90.1	96.0	93.1 -	72.0	65.4	98.8 98.3	10.1	21.0	1
rusha Region	43.3 07	2 21 2 47	3 20.9 61	7 78.0 76		81.0	97.7	87.4	71.5	59.7	98.1 98.7		28.1	
ar Es Salaam Region	11.0 51	2 10 2 45	6 mm 4	49.5 50	1 78.5	84.0	- a.e.	92.0	12.5	11.8	92.3 96.5	12.5	0.0	
odoma Region	48.7 34	1 12.4 20	-	ta tha an	4 98.2	90.1	87.7	87.6	79.4	74.9	98.1 97.1		99.4	
eita Region	214 53	1 24 2 60	7 14.8 0	13 100.0 13				-	79.1	66.5	98.4 100		11.8	
nga Region	21 4	5 28.8 46	6 32.3 9	10 133.5 13	5 97.9	- 54.6	99.2	991.T	73.2	21.4		19.9	22.7	
agera Region	84.1 28	1 2.4 40	0 M 3 64	7 Par 18	0.00	93.5	81.4	95.4	48.2	78.8	100.0 90.0	2.2	16.0	
atavi Region	21 2	3 14 2 10	68.1	12 W11 02	-	94.8	98.7	95.8	69.0	77.4	HA.8 53.5	6.5	18.2	
igoma Region	8.7 46	a 🕅 1 🛛 📾	A 87.1 80	10 PARA - 00	p 185.5	-90.3	· 112.6		84.2	81.0	100.0 96.1		20.7	
limanjaro Region	42.9 20	2 12 4 22	2 91.9 6	10 24.4 TA	70.4	90.7	97.4	87.4	81.2	64.8	100.1 96.1	12.4	15.1	
ndi Region	10.4 TA	2 11 4 41	7 2 4	A 24.0 44	7 - 10.4	-	-	+ BL7	83.5	80.3		7.6	* 22.0	
lanyara Region	45.5 5	4 8.3 48	6 92.9 51	19 HL 1 50	00	91.8	82.7	98.7	80.5	75.2	99.0 99.0	13.7	8.2	
lara Region	43.0 41	0 11 2 43	6 mg 6	-	A 118.8	91.3		÷	86.6	79.5		11.0	22.2	
Ibeya Region	38.9 27	1 21 8 65						-	74.1	66.6	100.2 99.3	13.4	÷	
lorogoro Region	40.0 00	4 11.2 48	3 14 1	107.4 10			98.4	···	-	74.1	8774 96.1	22.2	10.0	
twara Region	19.4	a 22.0 GT	N 1 7			30.4		92.1	00.4	80.8	100.0 98.0	13.0	33.2	
wanza Region	85.2 1		2 94 9 0	15 th 2 d	5 102.1	00.0			65.5	61.3	NT-0	8.5	12.5	
jombe Region	44.9 41		-		4 93.0	78.6	- 194.0	90.1	41.2	72.3	92.0 97	20.4	2.167	
wani Region			a that we	u 126.0 12				75.9	79.5	65.1	H0.1	19.5	20.01	
ukwa Region	54.4	1 19 2 63	7 87.2 9	7.0 144.1 14	0. 117.0	95.5	96.7	99.4	64.9	59.2	NO. 0 17 2			
uvuma Region	48.9 51	2 11 2 40			5. 95.0		08.5	94-0	71.9	72.5	10.5 mL	14.9	18.9	
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ongwe Region	40.0	a 20.7 00		1 11 1		30.3	100.2		81.5	67.7	Care and			
abora Region				to the other					09.6	67.5	6			
	46.3		1000	10 54.4 53				-	79.5	70.1	-			
anga Region	HMIS /	HMIS /	HMIS /	HMIS /		Sec. O	- 10 C	0.000	79.5	70.1	HMIS /	HR		

The RMNCH TWG has been updating the scorecard:

- To align it with One Plan II and harmonize indicators, baseline, targets across other score cards
- It will generate National, Regional and Council data directly from DHIS2 and shared through HMIS web portal to create accountability at all levels
- The new score card will be launched by Vice President in May 2018



Further strengthening of result measurement and data use is ongoing, mobilizing collective partner support



Progress

	STRATEGY/ PLAN	 Digital Health Investment Road Map (2017-2023), and Data Demand and Use Strategy developed 	 GFF SUPPORT NEEDED: Align and coordinate investments due to proliferation of
	COORDINA TION PLATFORM SYSTEM DATA QUALITY	 M&E TWG serves as a platform Health Data Collaborative launched for aligned investment 	 initiatives/ tools on the ground Further coordination efforts on automation
		 Web-based DHIS2 and scorecards E-system of health facility registers in place in all regions 	 In-depth analysis/ support to address root
		 Data quality audit (DQA) tool developed, training completed (DQA completeness/ coverage incentivized by WB/GFF) Data completion now ~100%; consistency of source document vs. DHIS2 improved from 20% to 50% 	 causes of low data consistency/quality Capacity building on data use through dedicated data use experts

Health financing strategy has been developed, with a vision of single health insurance system toward UHC



Progress

- Health financing strategy (HFS) and single national health insurance (SNHI) bill to be approved this year
- Establishment of SNHI to reduce fragmentation and ensure mandatory enrollment
- Moving towards outputbased payment system
- Guaranteeing the coverage of the poor people and basic benefit package for the entire population

GFF Support

- Assist to get HFS approved and health insurance bill drafted and approved
- Support implementation of HFS and operationalization of SNHI fund through capacity building and evidence-based policy making
 - i.e. Establishing a targeted financing approach to cover the poor
 - i.e. Consolidating various provider payment mechanisms towards strategic purchasing



GoT contributions to the health sector is increasing

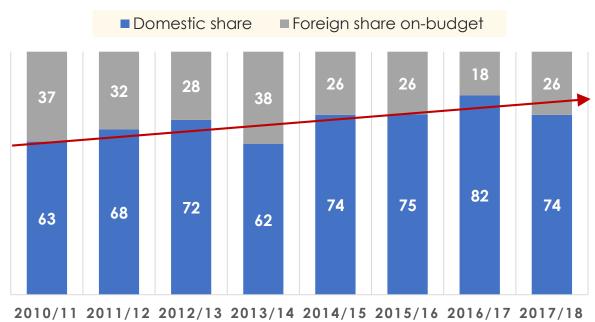


Development Vote Allocation Trend

Development Allocation in TZS billions (USD millions)						
	2015/16	2016/17	2017/18	Change**		
Government of Tanzania (domestic)	147 (\$72)	350 (\$172)	363 (\$178)	4%		
Health basket (foreign)	81 (\$40)	123 (\$60)	142 (\$70)	16%		
Foreign (non-basket)	387 (\$190)	254 (\$125)	426 (\$209)	67%		

Government budget increasing steadily

COMPOSITION OF GOVERNMENT OF TANZANIA'S HEALTH BUDGET



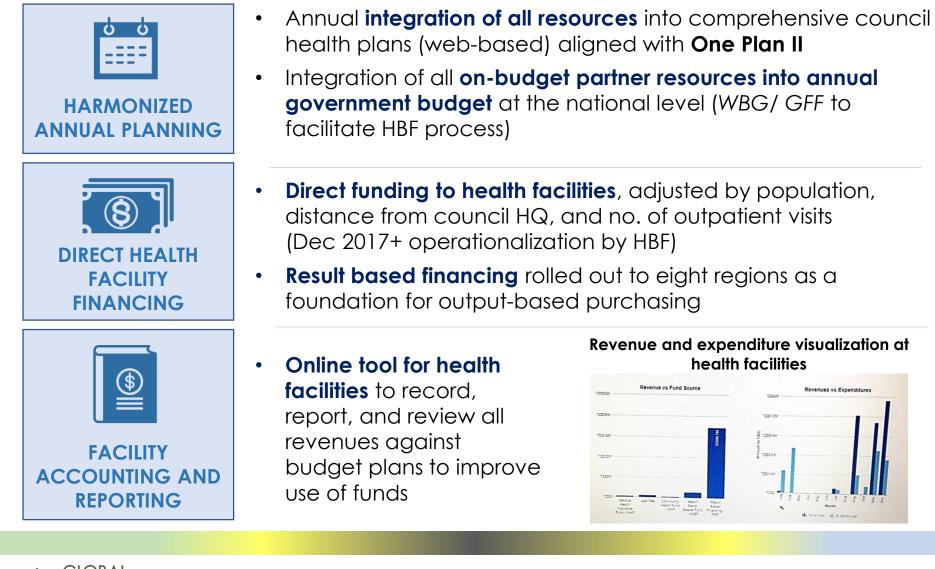
 Government share in health budget gradually increasing

Total health expenditure as % of government budget also increased from 8.7% in 2010 to 9.4% in 2015. 2020 target is 15%, which will be tracked via RMNCH scorecard



Bold reforms to improve resource alignment and provider payment system are ongoing





evenues vs Expenditure

GOING FORWARD

We are seeking additional IDA resources to address key gaps in One Plan II



KEY GAPS	POTENTIAL ACTIVITIES
MATERNAL MORTALITY	 Promote right-place care to manage complications, including: Strengthening of quality and capacity of hospitals and CEmONC facilities; ANC & PNC services at primary facilities; Innovative approaches to address transport barriers Community engagement and accountability
ARH	 Support scale-up of transition to adulthood programs that are: Multi-sectoral and evidence-based; Has a focus on strengthening adolescent friendly SRH services at health facilities and in communities
CRVS	 Establish one integrated CRVS system to support registration of births, and deaths in health facilities/ communities Produce vital statistics report, reporting on indicators at national and sub-national levels



Innovative approaches with private partnership and multi-sector approach are envisioned



EXAMPLE ON MATERNAL MORTALITY WORK

Quality



improvement and leadership development at hospitals/CEmONC facilities with Safe Surgery 2020



Weekly training vignette via smart phone/tablet and Al data analysis to innovate **in-service training** with **Human Diagnostic Project**



"Uber for mother" apps-based dispatch and community taxi for emergency transport with Vodafone Foundation



Potential joint work with WB-funded rural road project to **improve road access** to health facilities





Added Value of the GFF



 Investing in key RMNCAH-N priorities and gaps combined with IDA and other resources, promoting result-based approaches



• Strengthening systems for RMNCAH-N results measurement, and use of data to drive improvements



• Strengthening of institutional arrangements, monitoring and coordination for One Plan II implementation



 Help coordinating and assisting key health financing policy agenda toward sustainable insurance system (i.e. Single National Health Insurance)



G As some of you may be aware, the current government and especially our President, His **Excellency Dr. John Pombe** Magufuli, has placed a strong emphasis on delivery and results. This is my message to the sector as well - to focus on results. To ensure past gains are sustained and much more results are achieved.

– Minister Ummy Mwalimu

