Key messages of the Health Sector Strategic Plan Five (HSSP V 2021/2022 – 2025/26)

Section 1: Introduction and background

Context

The formulation of HSSP V is part of a long tradition of formulating health sector strategic plans (HSSPs) which started in 1999. The development of this fifth Health Sector Strategic Plan (HSSP V) was a participatory process guided by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC).

The Tanzania Development Vision 2025, the third Five Years' Development Plan 2021/22 – 2025/26 and the National Health Policy 2007 were the guiding documents, as well as the new draft health and draft policy implementation strategy. The sustainable development goals (SDGs), especially SDG 3, were leading in the development process.

During the last decade, Tanzania made major progress in the health sector leading to a continued increase in life expectancy for Tanzanians at birth. In particular, Tanzania was successful in reducing newborn and child mortality, as well as childhood malnutrition. Mortality due to major communicable diseases including HIV, Tuberculosis (TB) and malaria, is decreasing. But there are still pockets of neglected tropical diseases with high morbidity. The burden of non-communicable diseases (NCDs) is increasing and risk factors for NCDs are on the rise.

In the last decade the number of health facilities was nearly doubled, and medicines became much more available. Despite the increase in training outputs, the shortages for human resources in health remain high, around 50% of the actual need. Domestic funding for health has doubled in the last decade, but falls short of creating access to quality care for all. Governance of the health sector was strengthened through decentralisation by devolution.

Emerging strategic priorities

The developments in society pose new challenges to the Tanzanian health sector. First of all the demographic and epidemiological transitions lead to more ageing population and more NCDs. Industrialisation and urbanisation demand new types of services also for the urban poor. Climate change may lead to more extreme weather conditions than experienced in the past, with an epidemiological impact. Globalisation in trade and human travel leads to new spread if diseases, like recently experienced with COVID-19. On the positive site, new information and communication technology offers new opportunities, ranging from electronic medical records, to telemedicine and online supervision, training and health education.

Unfinished busines of HSSP IV

In service delivery not all targets of HSSP IV have been met in relation to improvement of health status of the population, e.g. in maternal and neonatal health, or adolescent health. Access to health care is not yet equitable. The increase in health infrastructure has not gone hand in hand with the increase in human resources for health. The health financing strategy was not implemented and the population covered by health insurance stays behind expectations. Governance was strengthened, but parallel processes of management remain common for disease control programmes, and intersectoral collaboration has not reached the periphery.

Section 2: Strategic directions

Mission and Vision

The vision of HSSP V is to have a healthy and prosperous society that contributes fully to the development of individuals and the nation. As mission the health sector has to provide sustainable

health services with standards that are acceptable to all citizens without financial constraints, based on geographical and gender equity.

Framework for HSSP V

At the outcome level HSSP V aims at moving to universal health coverage for the population of Tanzania, to be achieved in 2030. The health sector will be able to prevent or respond adequately to emergencies and disasters. The HSSP V will lead to better health of the population by addressing social determinants of health and tackling all types of inequities in health. People centred service delivery will guide the processes in the health sector. In terms of inputs for service delivery, the building blocks for health will be reinforced: infrastructure and medical supplies, human resources for health, health information systems, governance and healthcare financing.

Strategic outcomes in health service delivery

Community health: HSSP V aims for improved health of the population through community empowerment and engagement through responsive community health systems. Community health workers and volunteers will be embedded in an integrated system aiming at health and wellbeing.
Health education: Community awareness on health and health literacy will be strengthened, leading to behaviours that improve nutrition, healthy lifestyles and health seeking behaviour. Especially vulnerable groups will be supported.
Nutrition: both undernutrition and overnutrition will be tackled, not only at individual level through empowerment, but also at society level, with measures that increase access to safe food for nutrition.
Environmental health: Government aims at safe housing, safe water and safe food, protection against pollution and hazardous products. Also industrial risks, like noise, toxic products and injuries will be addressed.
Maternal health and neonatal: requires better adherence to existing quality standards and procedures in antenatal and delivery care and better timely referral, if needed.
Child health: will continue with successful vaccination and prevention programmes, as well as integrated management of childhood illnesses, while more attention will be given to urban poor.
Adolescents: require considerable improvement of adolescent-friendly health services, including reproductive health and rights, especially for out-of-school adolescents.
Female cancers: there will be gradual introduction of cervical and breast cancer screening.
Infectious diseases: In the coming years it is important to broaden the perspective of communicable diseases control beyond malaria, HIV and tuberculosis. Upcoming epidemics threaten the country. Government will continue to enhance health promotion and prevention of HIV-AIDS, tuberculosis and malaria in an integrated manner. It is important to keep vaccination coverages high, also for new vaccinations that will be introduced.
Neglected Tropical Diseases (NTDs): The Government in collaboration with partners will continue to fight specific diseases through mass drug application, environmental interventions, case and co-morbidities management.
Zoonotic Diseases: become more important with climate change and increasing land use and will be tackled in intersectoral collaboration using the One Health approach.
Non-communicable diseases: The health sector aims for reduced morbidity and mortality due to non-communicable diseases. Healthy ageing will be promoted. Government will stimulate preventive measures addressing lifestyle-related and mental health risk factors, as well as environmental factors. Where needed legislation and regulations will but put in place to reduce exposure to risk factors. Mental health services will be expanded to council level. There will be support to reduce addiction and substance abuse. Where needed rehabilitation services will be put in place. Oral health, eye care and ear nose throat services will be stepped up to meet the increasing needs of the population.
Social determinants of health will be addressed across through policies and strategies, financial support in insurance schemes, as well as grass root interventions to increase access to care.

Strategic Outcomes in Epidemics and Disaster Preparedness and Response

Risk communication and community engagement are crucial factors in prevention of epidemics and disasters, with basic understanding of hygiene, medical hazards, and threats to health. National legislation, policy and adequate financing will be put in place for prevention, and strategies for coordination, communication, behaviour change and advocacy through a multi-sectoral approach.
All outbreaks and health events in the country will be monitored through a system of surveillance, and reported to the World Health Organization in accordance with international health regulations.
Government will ensure the availability of the necessary equipment, medicines and infrastructures to provide emergency services and post-emergency services and address the health effects of various disasters. Government will build the capacity of health care providers at all levels to deal with the effects of various disasters.

Strategic Outcomes in Organisation of Health Services

Package of Health Services: The National Essential Healthcare Interventions Package (NEHCIP-TZ) will be revisited in the context of the creation of the mandatory health insurance scheme.
Health Services at PHC level: Government will build the capacity of communities and grassroot health workers to deliver community-based and home-based care. Government will equip the health facilities managed by LGAs to facilitate the provision of equitable primary health services and improve access to healthcare for urban poor.
Specialised Health Services at Regional level: Government will strengthen the Regional Referral Hospitals to become a hub for innovation of healthcare in the regions.
Referral Systems: Government will improve gatekeeping and referral so that referral hospitals at regional, zonal, specialist and national hospitals focus on provision of specialist and super-specialist services not available at PHC level. More efficient use of available capacity will be stimulated.
Rehabilitative Care: The health sector will better identify people with disabilities and their needs. The health sector will put in place various social care interventions tailored to the specific needs.
Palliative Care: Government will, in collaboration with NGOs, develop expertise in palliative care expand outpatient care and outreach services for home-based care.
Traditional and Alternative Medicine: The government will continue to strengthen the framework for managing research and the provision of natural or alternative therapies.

Strategic Outcomes in Health System Performance

Access to Health Services: Government will ensure availability of essential primary health care services with acceptable quality standards throughout the country with respect to geographical, population, gender, disability and burden of disease. Government will institutionalise preventive maintenance to ensure well maintained and functioning infrastructure and equipment.
Quality of Healthcare Services: Quality improvement approaches will be incorporated in daily practice in all facilities. Clinical audits as well as nursing and midwifery audits will be institutionalised. Quality Improvement Teams (QITs) will continue their work in Regions and Councils. The health sector will continue with establishing an accreditation system. The STAR rating will be strengthened, with self-assessment tools, and web-based tools. Government will harmonise registers, licenses and accreditation systems, for public and private health care. The Patient Charter will be promoted countrywide.
Diagnostic Services: Effective and up-to-date diagnostic services, with equipment, supplies and consumables, will be created to support a functional referral system for health services. Government will ensure a functional external quality assurance scheme and accreditation systems for laboratories.

Safe Blood Transfusion: Effective and sustainable systems for the collection, processing and distribution of safe blood in the country will be strengthened in order to ensure uninterrupted supply of safe blood in the country.

Public Health Laboratories: The core functions of public health laboratories will be strengthened. Participation in the East African Public Health Laboratory Networking Project will continue.

Strategic Outcomes in Health System Investments and Functioning

Human Resources for Health: The Government will continue to oversee and coordinate the training of human resources for health. The MOHCDGEC will take the lead in preparing curricula and will oversee training courses in public and private health colleges, to enhance the quality of training and to enhance the link between training and practice in healthcare. New training courses will be developed. Quality of training will address education systems in a holistic manner. The MOHCDGEC will work closely together with the Ministry of Education and with other agencies.

Data drive and evidence-based HRH planning systems will be reinforced to encourage matches between need, supply, and demand, using the human resources for health information system. The government will expand use of Workload Indicator of Staffing Needs – Prioritisation and Optimisation Analysis (WISN-POA) allocating health workers where there are mostly needed. Appropriate mechanism for staff performance appraisal, internal supervision and effective job allocation will be introduced to enhance productivity and optimal utilisation of available health workforce. Government will introduce a mechanism to measure individual productivity in relation to assigned tasks, possibly with automated tools. Government will expand the scope of nursing and midwifery services, to meet the demand for specialised health care services. Specialist nursing training at Nurses and Midwives Colleges will be initiated. Government will improve respectful and compassionate patient-centred care, to treat patients with dignity, respect and ethics.

Medicines and Supply Systems: The health sector will improve the present procurement and delivery systems. Government will step up audits of medical commodities to ensure adherence to quality value-for-money standards. The MOHCDGEC will review and disseminate standard treatment guidelines and essential medicine list based on evidence. Government will strengthen domestic pharmaceutical manufacturing, as well as research and development.

Infrastructure: Government will develop a new long-term investment plan for health care facilities based on these factors, with as aim to cover all 1,845 Wards in the country. The system of planned preventive maintenance of buildings and equipment will be strengthened.

Information and Communication Technology: Government is developing sustainable ICT systems. It has defined regulations of interoperability and harmonisation of systems. The Government has developed a national investment plan, to guide all partners in ICT development. Government will establish a Centre for Digital Health. Government will establish a legal framework for protecting the security of data, privacy and confidentiality of patients.

Health Research and Development: The ministry will improve the coordination of clinical and public health research conducted in the health sector. The National Institute for Medical Research (NIMR), on behalf of the MOHCDGEC, will coordinate the national health research agenda.

Public Private Partnership: Government will continue to engage the private sector. Government will harmonise the quality management systems of health care between the public and the private sector. There will be one single registration and accreditation system for health facilities, providing certification for healthcare services.

Financial Resources: The Government will continue to increase domestic funding in the health sector budget. Government will review and update the Health Financing Strategy to be in line with the current situation and priorities. Government will work with stakeholders to expand the scope of health insurance. Government will mobilise citizens to join health insurance schemes. The government will provide further regulations with regard to insurance schemes, to guarantee continuity of care.

The Government will strengthen capacities for and improve timeliness of routine Public Expenditure Reviews, National Health Accounts, supplemented by occasional Public Expenditure Tracking Studies. The government in collaboration with stakeholders will develop a resource mobilisation plan, monitoring and evaluation.
The partners in the health sector will participate in strategic purchasing and harmonisation of flow of funds. Partners will increasingly align with GOT public financial management (PFM) systems.

Section 3: Implementation Arrangements

Institutional Framework for Implementation

Decentralised Management: Government will maintain the framework for bottom-up planning, service delivery, financial management and information delivery at health care facilities with inputs from Councils Health Services Boards, Hospital Management Boards, Health Facility Governing Committees.
MOHCDGEC: The Ministry will prepare policies, guidelines, laws and regulations to enable the implementation of strategic plan. The M&E framework of the strategic plan guides the performance assessment of the health sector, and measures to taken for proper implementation.
PO-RALG: is responsible for coordinating, facilitating and managing the implementation of the strategic plan through local government authorities at council, ward, village and community levels. LGAs are responsible for managing and providing primary healthcare services.
Governance of Health Facilities: Government will strengthen multi-agency management to build better relationships and transparency.
Governance at Community Level: Harmonisation and alignment of health and development related community structures will be achieved, with community-based structures operating in the same domain. The links with Local Government Authorities will be reinforced.
Urban healthcare: New health zones will be developed, starting in Dar es Salaam, to establish an integrated approach to address specific challenges in healthcare for the urban poor.

Partnership framework

Intersectoral Collaboration: In implementing this strategy, the MOHCDGEC will collaborate with other ministries, institutions, religious organisations, social organisations, the private sector and development partners. In the HSSP V this collaboration will be intensified at decentralised levels.
Public Private Partnership: The PPP dialogue will be reinforced at lower levels. A single accreditation system in the health sector will create a level playing field for all actors.
International Collaboration Government will collaborate with various countries and international organisations on matters of health that are of global and national interests.

Governance framework

Strengthening SWAp: The SWAp dialogue structure will follow the guiding principles of the Development Cooperation Framework. The ministry will align the SWAp TWG formation to health system approach and decentralise SWAp structures to regional and council level. Government will in collaboration with partners create more transparency in off-budget funding in the health sector.
Strengthening accountability and leadership: MOHCDGEC and PO-RALG will continue developing leadership performance management tools and assessment.
Gender and Equity: The MOHCDGEC will stimulate awareness raising and competency development among health staff at all levels, to include gender issues in health services and policies, also in pre-graduate training. The health sector will enhance gender equality in decision making bodies.

Costing of HSSP V

The total costs of implementing the HSSP V under the moderate scenario are expected to rise from 8 trillion shillings to 11 trillion shillings over the course of the plan, with a total five-year cost of 47 trillion shillings. This expansion is due to several factors, including the addition of new services, expansion of coverage of existing services, population growth, and the disease burden. However, the moderate scenario does not include all advanced medical and technical options that could be implemented right now. This implies a cost per capita of nearly TZS 133,000 in 2021, rising to TZS 159,000 by 2025 (US$ 58 and US$ 69 respectively). Approximately 51% of the HSSP V financing requirement is related to health services, and another 49% is related to health system costs. The health services costs are driven by non-communicable diseases, infectious disease, and RMNCAH. The financial resource requirements for systems are greatest for human resources for health and for infrastructure.

Health impact of the plan The HSSP V is anticipated to save more than 200,000 additional lives by expanding services beyond current levels. More than 400,000 DALYs are averted by the additional services offered as part of the HSSP V.

Resources available for HSSP V

Under the baseline scenario, assuming continuation of past trends without additional resource mobilisation, the resources available for health programs would rise from 8 trillion shillings in 2021 to TZS 10.8 trillion by 2025. Under an assumption of increasing UHI coverage, we could anticipate TZS 9.9 trillion for health spending in 2023, increasing to TZS 12.1 trillion by 2025.
Under the present assumptions, the costs for implementing the primary HSSP V scenario are consistent with the expected resource envelope under baseline assumptions. If more resources become available through UHI by 2023, essential interventions could also be scaled up more aggressively.

Monitoring and Evaluation

The M&E plan addresses the strategic priorities of HSSP V, and provides an integrated system and framework for M&E of all health programmes.
With the overall goal of improving health and well-being for all at all ages (SDG3) the overall framework of HSSP V is defined at three levels (outcomes, outputs or process and inputs), combining three WHO frameworks in strengthening health systems. Indicators have been selected according to the SMART criteria.
From July 2021 to June 2026, health systems performance and coverage indicators for HSSP V, will be monitored annually at the national level, as was done in the previous plans. The MOHCDGEC has developed a monitoring and evaluation strategic framework that specifies the roles of the different data sources. This includes the key data sources: routine health management information system (clinical and administrative), surveillance of diseases and risk factors, surveillance of vital events (SAVVY) and civil registration and vital statistics, and population-based surveys. In addition, framework specifies the approaches and resources for information systems integration and ICT infrastructure in support of the monitoring and evaluation system.
Results from annual and mid-term reviews are incorporated into decision-making, including resource allocation and financial disbursement. The results from progress and performance analyses will be formally incorporated into future decision-making, through the mechanisms used by government and funding partners to make resource allocation decisions and financial disbursements to programmes and subnational levels.