Mid-Term Review (MTR) of the Health Sector Strategic Plan V (HSSP V)

Health Financing Report

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Executive Summary

Background: For several decades, the healthcare system of the United Republic of Tanzania has faced numerous challenges, much like healthcare systems worldwide. These challenges arise from various factors, including shifts in the country's demographic profile, changes in epidemiology, evolving nutritional trends, advancements in technology, and environmental factors. At the epidemiological level, despite progress in recent years, life expectancy in Tanzania was 67.8 years in 2023 according to the World Bank—a 0.47% increase from 2022. However, this remains below the average of 71 years for low- and middle-income countries. Between 2021 and 2023, the under-five mortality rate improved significantly, decreasing from 67 to 43 deaths per 1,000 live births, while the neonatal mortality rate remained steady at 24 deaths per 1,000 live births. Unfortunately, these rates remain higher than the targets set by the Health Sector Strategic Plan V (HSSP V) for 2025/26.

In Tanzania, three out of five deaths and disabilities are caused by malaria, malnutrition, HIV/AIDS, respiratory infections, and issues related to poor maternal, newborn, and infant health. Current Health Expenditures (CHE) per capita decreased from USD 52 in 2021 to USD 49 in 2022. This Figure is significantly lower than the 2021 per capita averages for Sub-Saharan Africa (USD 84) and other low- and middle-income countries (USD 294). To address these challenges, disciplined financial expenditure is essential, particularly through the implementation of an effective Health Financing Program (HFP) aimed at achieving Universal Health Coverage. As highlighted in HSSP V, healthcare financing plays a critical role in service delivery and requires contributions from all relevant funding sources. This section aims to evaluate the health financing in the Mid-Term Review of the United Republic of Tanzania's HSSP V.

Conceptual framework: The evaluation of the health financing in the Mid-Term Review of the United Republic of Tanzania's HSSP V was carried out using the conceptual framework for understanding the organization of any health financing program (HFP). According to the World Health Organization, an HFP focuses on core functions: i) revenue raising or collection of funds; ii) pooling of funds; iii) purchasing of services.

Methods: The evaluation employed a comprehensive and inclusive approach, utilizing mixed methods to gather data from diverse sources. This included analyzing secondary data and documents, as well as engaging stakeholders through methods such as interviews, focus group discussions, observations, and deliberative workshops. A total of 16 documents were reviewed, and eight individual interviews were conducted. A four-day workshop with stakeholders facilitated the collection, discussion, and validation of the gathered information. Additionally, the workshop identified key action points and formulated recommendations to support the achievement of the targeted objectives for the next two years of HSSP V, as well as the upcoming HSSP VI. The data were analyzed using Microsoft Excel.

Key Findings: For the function of collecting funds, the Domestic General Government Health Expenditure (GGHE-D) as a percentage of Gross Domestic Product (GDP) remained at 2% from 2021 to 2023, well below the HSSP V target of 5% for 2025/2026. The 2022 national health insurance coverage remained well below the targeted threshold of 58% in 2022 and significant regional disparities exist. Thus, a higher proportion of health expenditures funded by the government, combined with decreased dependence on households and external donors, would be required to enhance financial stability and greater equity in healthcare access.

Contrary to the HSSP V plan, pooling of funds in the health financing landscape in Tanzania is highly fragmented with multiple funding pools. A comprehensive analysis of pooling data reveals that since 2021, pooling has been dominated by partner funds through the Basket Fund and direct user payments via User Fees. Comparing the current situation to the period before the HSSP V (2019-2020), funds available through insurance schemes (CHF and NHIF) have significantly declined. However, no monitoring indicators and no 2025/2026 HSSP V targets for the implementation of this single pool were defined.

For the function of purchasing services and paying providers, since the beginning of HSSP V, the essential health commodities in primary health facilities have been increasingly available but remain insufficient. We have also noted a decline in resource utilization and fund execution rates, likely attributed to delayed fund disbursements and the lack of widespread digitization across health facilities. This absence hampers the ability to streamline fund collection, enable strategic purchasing, and facilitate timely provider payments. Finally, the estimation of the costs of the National essential healthcare package for UHC has not been achieved.

Recommendations and suggested next steps: To achieve the desired HSSP V targets, action plans are described and should be implemented within the next two years. For collection of funds, a fiscal space analysis for health should be conducted within three months to develop alternative financing mechanisms using domestic resources. The Health Insurance Act should be implemented to mandate health insurance enrollment, establish earmarked funds for direct and indirect contributions from various sectors, and engage political leaders at all levels to promote health insurance and raise awareness of its importance for population wellbeing.

For pooling of funds, central, regional, and local coordination structures should be created to manage a new single fund pool, with health insurance coverage extended to the informal sector. An organizational and financial audit should be conducted to ensure effective fund management. For purchasing services and paying providers, efforts should focus on improving the execution rate of collected funds, accelerating disbursements to healthcare services and facilities, and introducing an electronic system to track direct donor funding for regional and local governments. Within the next three months, the costs of the national essential healthcare package for Universal Health Coverage (UHC) will be estimated, and the budget impact assessed to inform decision-making.

Finally, recognizing the limited performance indicators in HSSP V, several new indicators are proposed for inclusion in HSSP VI (July 2026–June 2031) to ensure more robust monitoring of health financing progress.

1. Introduction

For several decades, the healthcare system of the United Republic of Tanzania has faced numerous challenges, much like healthcare systems worldwide. These challenges arise from various factors, including shifts in the country's demographic profile (aging population and migration), changes in epidemiology (increasing chronic diseases), evolving nutritional trends (lifestyle changes), advancements in technology (medical and other), and environmental factors (notably climate change) Souratié et al. (2021).

At the epidemiological level, despite progress in recent years, life expectancy in Tanzania was 67.8 years in 2023 according to the World Bank—a 0.47% increase from 2022. However, this remains below the average of 71 years for low- and middle-income countries (World Bank, n.d.). Between 2021 and 2023, the under-five mortality rate improved significantly, decreasing from 67 to 43 deaths per 1,000 live births, while the neonatal mortality rate remained steady at 24 deaths per 1,000 live births. Unfortunately, these rates remain higher than the targets set by the Health Sector Strategic Plan V (HSSP V) for 2025/26 (Ministry of Health, 2024).

In Tanzania, three out of five deaths and disabilities are caused by malaria, malnutrition, HIV/AIDS, respiratory infections, and issues related to poor maternal, newborn, and infant health (Ministry of Health, 2024)Current Health Expenditures (CHE) per capita decreased from USD 52 in 2021 to USD 49 in 2022 (Ministry of Health, 2024).This Figure is significantly lower than the 2021 per capita averages for Sub-Saharan Africa (USD 84) and other low- and middle-income countries (USD 294) (World Health Organization, 2022).

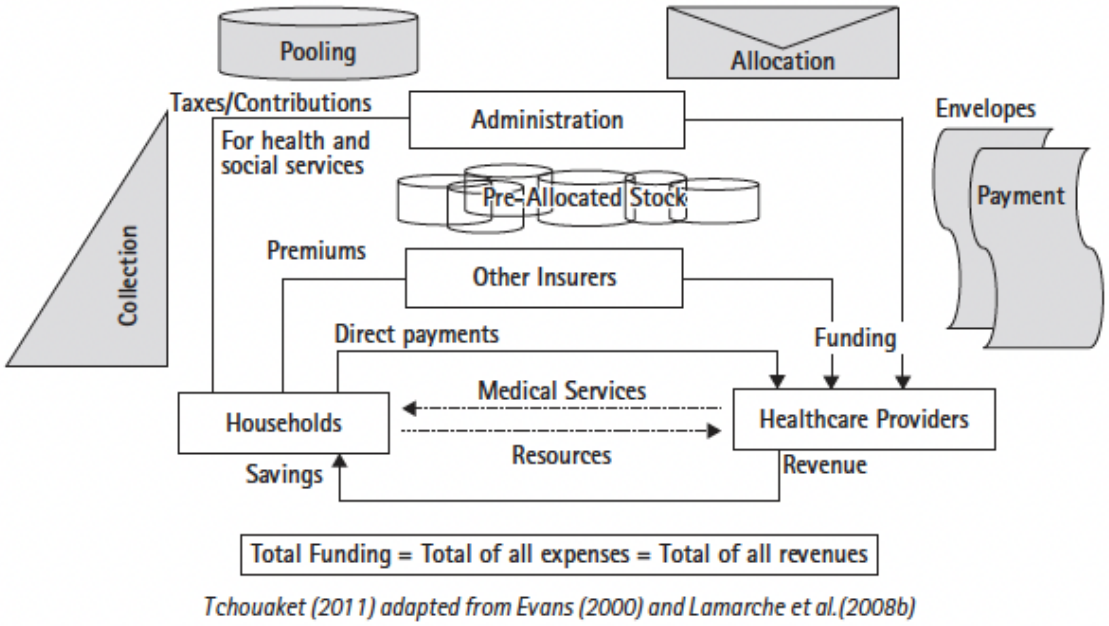
To address these challenges, disciplined financial expenditure is essential, particularly through the implementation of an effective Health Financing Program (HFP) aimed at achieving Universal Health Coverage. As highlighted in HSSP V, healthcare financing plays a critical role in service delivery and requires contributions from all relevant funding sources: "*Implementation of a health financing strategy, which maximises equitable access to quality health services for all, provides financial protection against ill health, and promotes strategic purchasing*".

2. Conceptual framework used to evaluate the health financing of Universal Health Coverage

As previously described (Tchouaket et al., 2022), within the flow of money in a healthcare system, an HFP refers to a set of processes by which funds necessary for the provision of healthcare goods and services are collected and distributed (Béland et al., 2008; Evans, 2000; Tchouaket et al., 2012) Healthcare financing has also been described as "a set of pipes and pools, of varying capacities, through which money flows to ensure that the supply of services

meets needs" (Lamarche, 2008).The objectives of healthcare financing are to make funds available; ensure the choice and purchase of cost-effective interventions; provide appropriate financial incentives to providers; and ensure access to effective healthcare for all individuals. Figure 1 illustrates the flow of money describing the process of health financing.

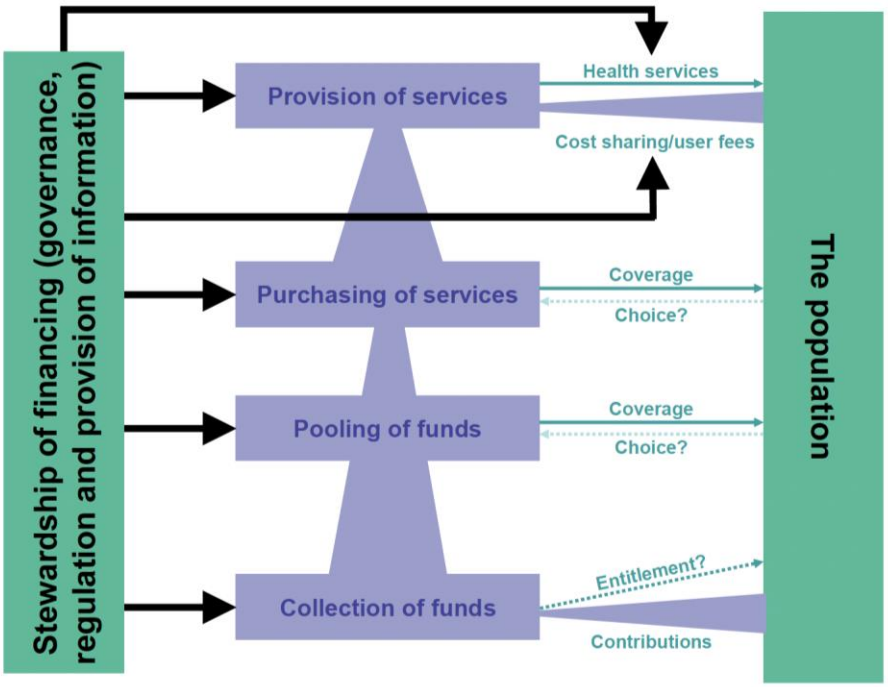
Figure 1: The Flow of money describing the process of the Health Financing



Source: Tchouaket et al. (2022)

According to the World Health Organization, an HFP focuses on core functions: i) **revenue raising or collection of funds** "(sources of funds, including government budgets, compulsory or voluntary prepaid insurance schemes, direct out-of-pocket payments by users, and external aid and donations); ii) **pooling of funds** (the accumulation of prepaid funds on behalf of some or all of the population); iii) **purchasing of services** (the payment or allocation of resources to health service providers)"(World Health Organization, n.d.). Thus, the evaluation of the health financing chapter of the United Republic of Tanzania's HSSP V was carried out using the conceptual framework for understanding the organization of health financing systems defined by Kutzin (2001) and illustrated in Figure 2 below.

Figure 2: Conceptual framework used to evaluate the health financing of HSSP V



Source: World Health Organization (2008)

The evaluation of this component of the HSSP V in relation to Universal Health Coverage (UHC) focused on assessing the achievement of health financing indicators across the three core functions at central, regional, and district levels, identifying trends, and analyzing gaps that need to be addressed. Additionally, governance processes of the HFP were analyzed. Finally, evaluation questions are addressed for each of the health financing functions (Supplementary Table1).

3. Methodology

The evaluation employed a comprehensive and inclusive approach, utilizing mixed methods to gather data from diverse sources. This included analyzing secondary data and documents, as well as engaging stakeholders through methods such as interviews, focus group discussions, observations, and bootcamp deliberative workshops. Additionally, contextual factors were examined that either facilitate or impede progress toward achieving these desired changes.

Guides for data extraction of secondary sources, individual in-depth interview, and focus group were developed and utilized Supplementary Table 2-4). A total of 16 documents were reviewed (Supplementary 2), and eight individual interviews were conducted. A four-day

bootcamp workshop (November 12–15, 2024) with stakeholders (Supplementary Table 5) facilitated the collection, discussion, and validation of the gathered information. Additionally, the workshop identified key action points and formulated recommendations to support the achievement of the targeted objectives for the next two years of HSSP V, as well as the upcoming HSSP VI. The data were analyzed using Microsoft Excel.

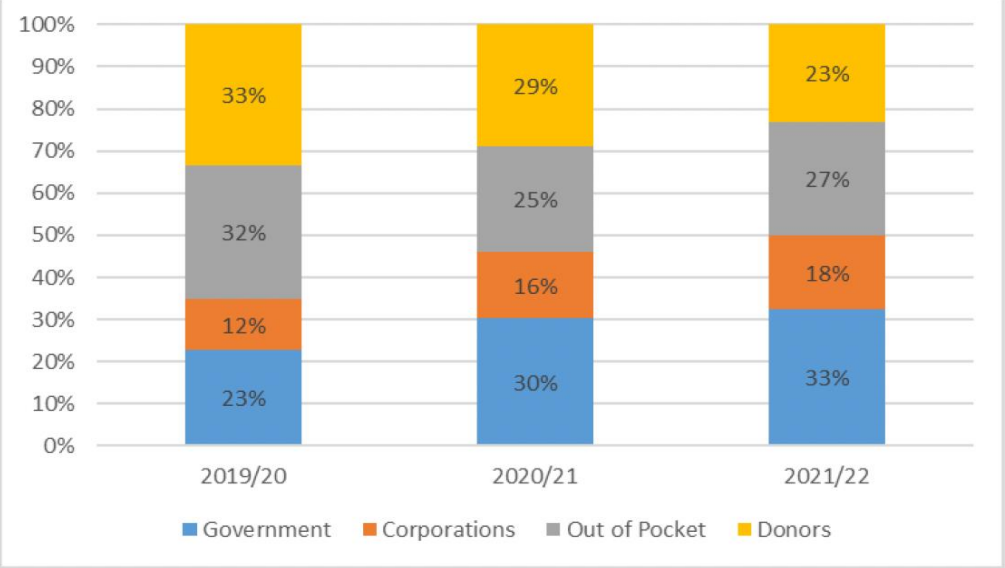
4. Collection of funds to achieve targets

The key evaluation question is: ***How effective has the mobilization of financial resources been for implementing the HSSP V, including the implementation plans developed by the Ministry of Health's Directorate since 2021?*** The sub questions are as follows: *What is the total amount of the resources mobilized for the HSSP V? Are the expected results being achieved as planned? What are the innovative financing sources and domestic mobilization strategies to increase collected funds? To what extent are these innovative financing sources and domestic mobilization strategies effective?*

4-1 Composition of the health sector budget

The composition of the **domestic and foreign** health sector **budget shows an increase in the domestic contribution (government, corporations and citizens' out of pocket) from 71% of the total expenditure in 2021 to 77% in 2022.** The increase in domestic financing is partly because health insurance schemes are incorporated in the calculation, and the government's contribution to healthcare financing increased from 30% in 2021 to 33% in 2022. While donor financing remains an important source of funding, it shows a clear declining trend, dropping from 29% in 2020 to 23% in 2022. During this same period, out-of-pocket contributions averaged 26% (Figure 3). A higher proportion of health expenditures funded by the government, combined with decreased dependence on households and external donors, reflects enhanced financial stability and greater equity in healthcare access.

Figure 3: Health expenditure by source of funding



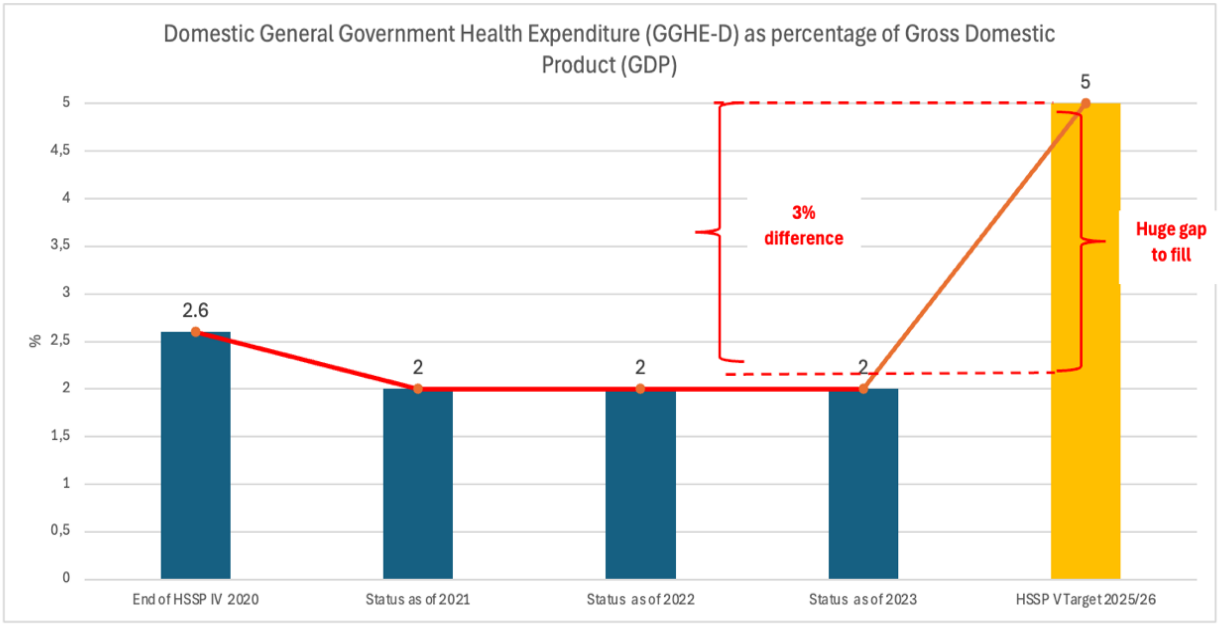
Source: (Ministry of Health, 2023)

Although no target for 2025/2026 was set in the HSSP V regarding the contribution of domestic and foreign financing to total health expenditure, the increase in government financing marks a positive step toward narrowing the resource gap for UHC by alleviating the financial burden on households (Ministry of Health, 2023). As outlined in the HSSP V, efforts will focus on increasing domestic health financing by significantly reducing out-of-pocket expenses and expanding national health coverage with innovative financing sources.

4-2 Domestic resources for health

The Domestic General Government Health Expenditure (GGHE-D) as a percentage of Gross Domestic Product (GDP) has remained at 2% from 2021 to 2023 (Figure 3), well below the HSSP V target of 5% for 2025/2026.

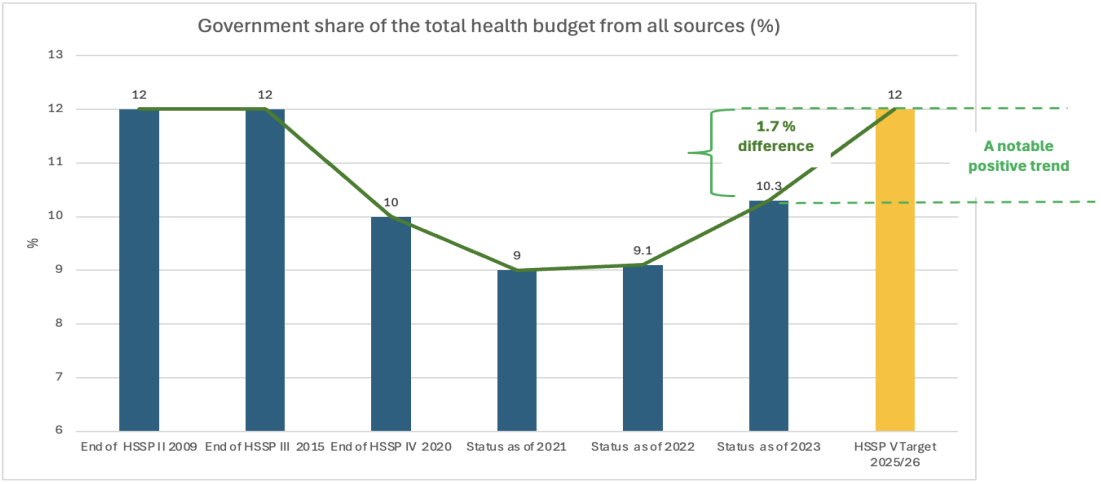
Figure 4: Trends of the Domestic General Government Health Expenditure (GGHE-D) as a percentage of Gross Domestic Product (GDP) from 2021 to 2023



Source: Ministry of Health (2023)

Furthermore, the government share of the total health budget from all sources has increased from 9% of the GDP in 2021 to 10.3% in 2023 (Figure 5). If the upward trend and growth rate continue to rise, the 12% HSSP V target 2025/2026 could be achieved.

Figure 5: Trends of the government share of the total health budget from all sources from 2021 to 2023

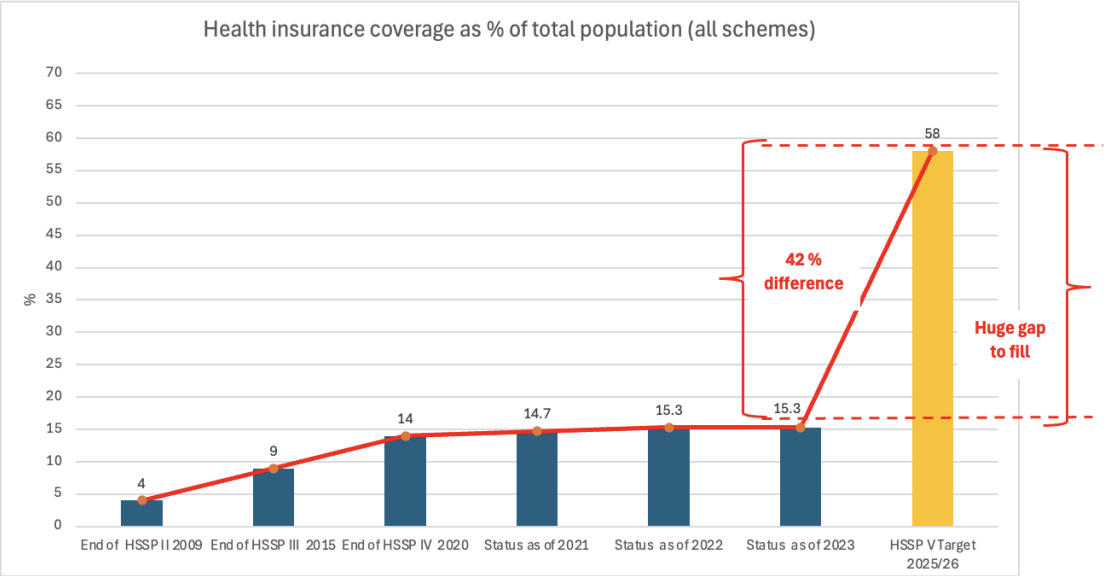


Source: analyses from Ministry of Health (2024)

Another challenge is how to increase health insurance coverage. In 2023, the percentage of the total population with health insurance coverage, across all schemes, remained stable and

low, at 15.3% (Figure 6). A significant gap (42 percent) must be bridged to achieve the HSSP V target of 58% population coverage by 2025/2026.

Figure 6: Trends of health insurance coverage (all schemes) as a percentage of the total population



Source: analyses from Ministry of Health (2024)

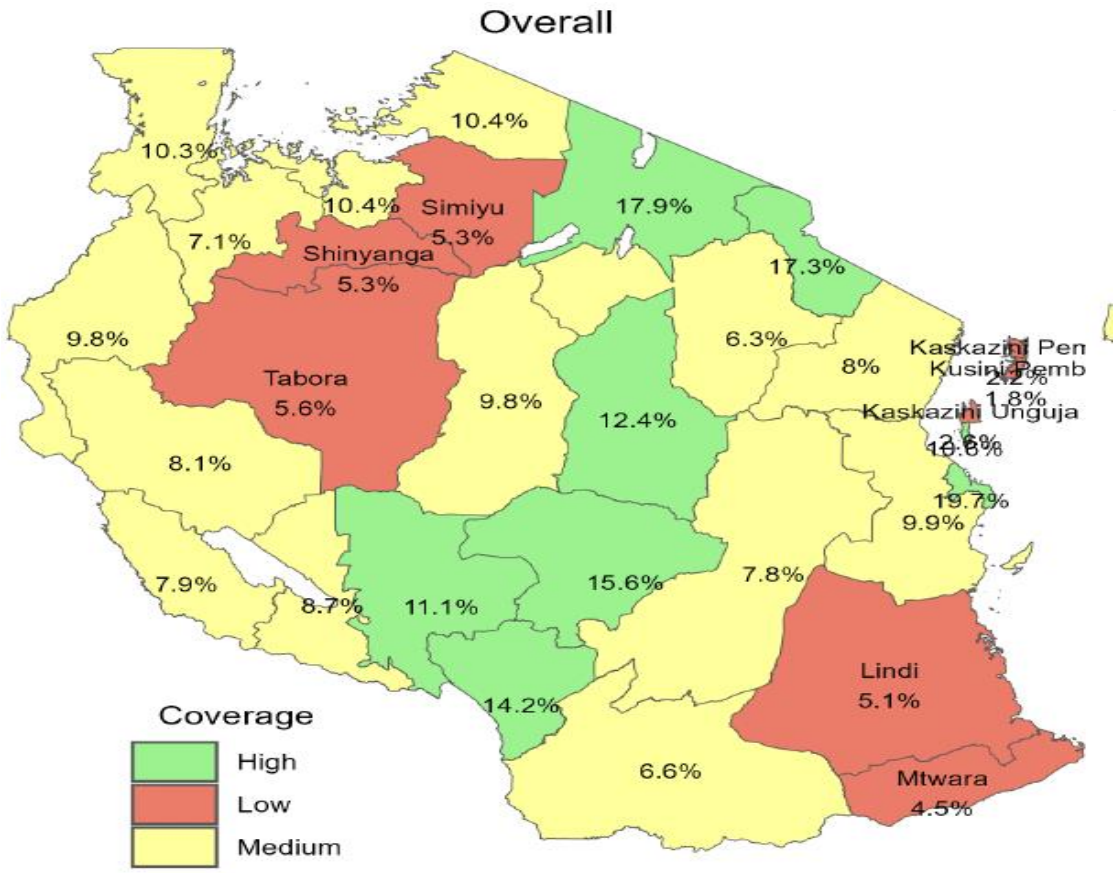
Although the 2022 national health coverage remained well below the targeted threshold of 58%, significant regional disparities are evident, as is illustrated in Figure 7 and Figure 8. These disparities are also apparent when comparing health coverage levels across regions by the age and gender of beneficiaries.

Figure 7: 2022[1] National insurance coverage, all schemes, by region

[1] The **green** (high level) represents the top 25% of regions with the highest health insurance coverage (above the third quartile).

The **red** (low level) represents the bottom 25% of regions with the lowest health insurance coverage (below the first quartile).

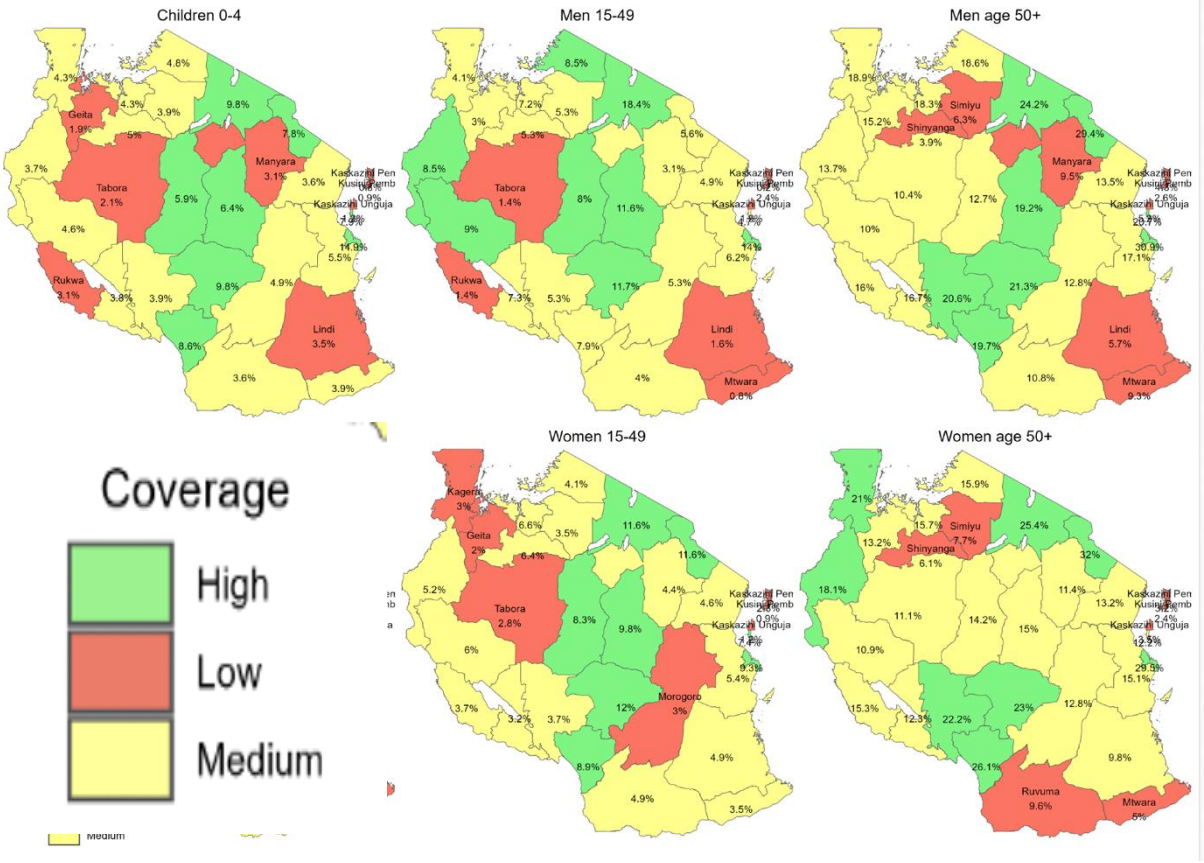
The **yellow** (medium level) represents the remaining regions.



Source: analyses from DHS 2022 data

When analyzing the above data, National Health Insurance (NHI) thresholds are low, and inequities are evident in the distribution of collected funds across regions. The regions of Mtwara, Lindi, Tabora, Shinyanga, Simiyu, Kusini Pemba, Kaskazini Unguja and Pemba have extremely low levels of NHI. In contrast Arusha, Kilimanjaro, Iringa and Dar es Salaam are those where people have higher coverage, with more than 15% of the population having NHI. However, no region has a population where 20% are insured. Finally, no significant difference exists between age groups or gender, although coverage rates may vary from one region to another.

Figure 8: 2022 National insurance coverage, all schemes, by region, age and gender



Source: analyses from DHS 2022 data

4-3 Challenges in implementing interventions that have limited the achievement of targets for collection of funds, and action plans for improvement

Challenge 1: Achieving the HSSP V target for domestic healthcare expenditure as 5% of GDP within the next two years (2025/2026).

Action plan 1.1: Increase resource allocation to the healthcare sector by introducing measures such as sin taxes and other relevant taxes

Level of priority: Within the next six months

Action plan1.2: Develop alternative financing mechanisms using domestic resources by conducting a fiscal space analysis of health.

Level of priority: Within the three six months

Challenge 2: Achieving the HSSP V target for health insurance coverage for 58% of the population across all schemes and reducing the regional disparities in this coverage.

Action plan 2.1: Implement the Health Insurance Act by making health insurance enrollment mandatory and develop earmarked funds for direct and indirect mandatory contributions to health from various sectors (concrete public-private partnerships)

Level of priority: Within the next six months

Action plan 2.2: Engage political leaders at the central, regional, and district levels to promote health insurance and raise awareness about its importance for population wellbeing.

Level of priority: Ongoing process and within the next three months

Challenge 3: Sustaining the upward trend in the government's share of the total health budget from all sources to achieve the 12% target set in the HSSP V for 2025/2026.

Action plan 3: In addition to strategies 1.1 through 2.2, use public private partnership to increase the government healthcare expenditure

Level of priority: Within the next six months

Challenge 4: Increasing the public expenditure and the current health expenditures per capita, and reducing out of pocket expenses

Action plan 4: As part of the Universal Health Insurance Act, the government will fund health coverage for the poor by levying taxes on specific activities such as gambling and on other products (Strategic Purchasing African Resource Center, 2024). As of October 2024, the Tanzanian government had already collected 43 billion TZS from this approach. The collected funds will be allocated to provide health insurance to economically disadvantaged populations, while those who can afford it will be required to purchase insurance to cover their medical expenses.

Level of priority: Within the next six months

5. Pooling of funds to achieve targets

The key evaluation question is: ***How has the collection of funds guaranteed health insurance coverage for the poor and vulnerable (i.e. provided equity)?*** *The sub questions are as follows: What are the pooling of resource strategies and definitions of benefit packages by age, gender, vulnerabilities and service delivery for reproductive maternal, newborn, child and adolescent health, non-communicable diseases, communicable diseases, mental health conditions and substance abuse, exposure to threats/risks, and non-transmissible diseases. Do regional and district strategies for pooling of resources align with the pooling strategy described in the HSSP V (2021)? How effective and efficient have the practices and policies regarding pooling of resources been during the first half of the HSSP V? What challenges and opportunities exist?*

5-1 Progress toward HSSP V targets: Pooling of funds

The health financing landscape in Tanzania is highly fragmented, with multiple funding pools. The first pool is used to insure the formal sector through mandatory contributions to the National Health Insurance Fund (NHIF). The second pool is used to insure the informal sector through voluntary contributions to Community-Based Health Funds (CHF). Unlike the principles employed by the NHIF (National Health Insurance Fund), the CHF (Community Health Fund) operates based on solidarity principles, aiming to provide services even though not all beneficiaries utilize them. Monthly contributions, determined by the number of members, are collected at the regional level. Strategies to encourage membership include word-of-mouth campaigns at the community level to raise awareness.

However, some health facilities either lack the resources or refuse to provide healthcare services to members, which reduces the number of participants and leads to a decline in membership. Additionally, the pooling of resources faces challenges due to limited community awareness about the benefits of collectively sharing risks and resources. Many individuals subscribe to the CHF only when they need healthcare services, resulting in adverse selection, where those who require more care disproportionately drain funds, weakening the system rather than strengthening it.

Another issue lies in claim management. Some health facilities fail to coordinate effectively with "focal" persons responsible for processing CHF claims. This systemic failure results in inaccurate or incomplete claims, leading to financial losses for facilities and reduced willingness to serve CHF clients.

In contrast, the NHIF generally operates with fewer challenges, except for redundant claims and delays in timely submissions by health facilities. Facilities that fail to adhere to NHIF guidelines receive fewer resources, exacerbating operational difficulties.

There is a third pool comprising funds from various development partners, pooled in the Health Services Basket Fund (HSBF). The HSBF is a collaborative funding mechanism designed to enhance coordination, reduce duplication, and ensure efficient allocation of resources toward national development goals. It supports the implementation of the government's Health Sector Strategic Plans by focusing on: delivering essential primary healthcare services including maternal and child health, family planning, and immunizations; rehabilitating healthcare facilities to improve service delivery; training and supervising healthcare workers to enhance the quality of care; and strengthening health facility governance to ensure accountability and responsiveness to community needs. HSBF funds are allocated to health facilities based on the following criteria: district population density; the poverty index (10%) of the district; health needs, measured by the under-five mortality rate (10%); and the size of the council.

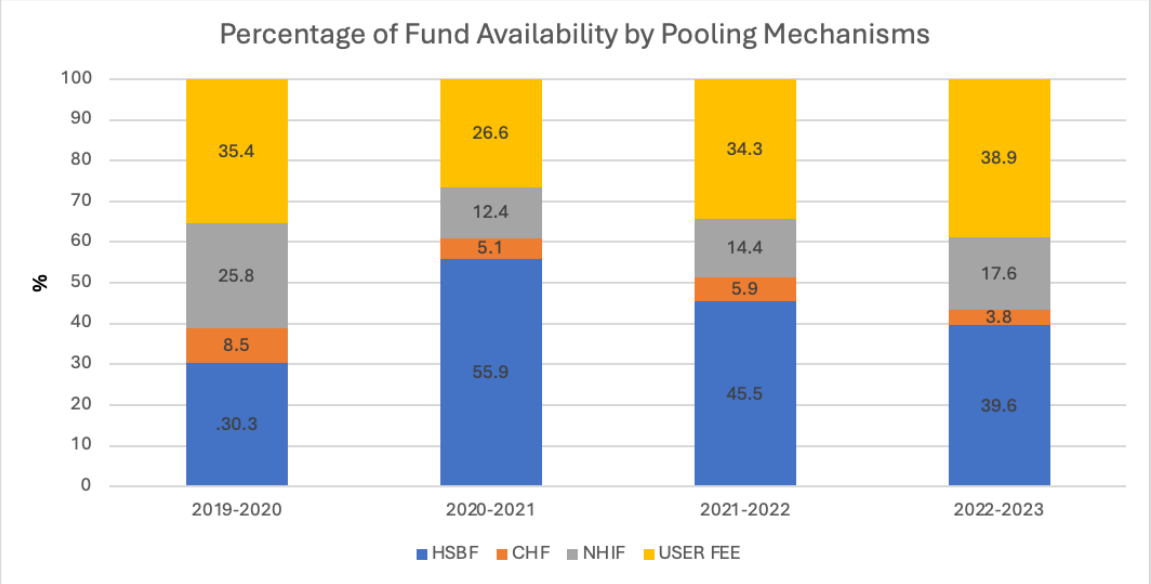
The fourth pool is the Tanzanian Central Government, which provides allocations at both the national, regional, district levels through the national health budget. This includes additional earmarked taxes, selected parallel funding flows, and other sources.

Finally, User Fees—direct payments made by individuals at the point of service of health facilities for healthcare, including charges for consultations, medications, procedures, or hospital stays—serve as another mechanism for generating revenue within healthcare systems. However, these fees can create significant barriers to access, particularly for low-income and vulnerable populations.

A comprehensive analysis of pooling data (Figure 8) reveals that since 2021, pooling has been dominated by partner funds through the HSBF and direct user payments via User Fees. Although the HSBF has shown a declining trend, dropping from 55.9% in 2021 to 39.6% in 2023, User Fees have steadily increased, rising from 26.6% in 2021 to 38.9% in 2023. Even more concerning is the decrease in the proportion of available funds in the CHF, which fell from 5.1% in 2021 to 3.8% in 2023.

Comparing the current situation to the period before the HSSP V (2019-2020), funds available through insurance schemes (CHF and NHIF) have significantly declined, with CHF dropping from 25.8% in 2019-2020 to 17.6% in 2023, and NHIF from 8.5% in 2019-2020 to 3.8% in 2023. Meanwhile, the funds available from the Basket Fund and User Fees have increased.

Figure 8: Percentage of fund availability by pooling mechanisms (excluding grants for the central government)



Source: President's Office – Regional Administration and Local Government (PO-RALG) (2024)

One of the recommendations in the HSSP V is the promotion of creating a single pool (incorporating CBFs) and integrating all health insurance schemes under the Tanzania Insurance Regulatory Authority (TIRA). But no monitoring indicators and no 2025/2026 HSSP V targets for the implementation of this single pool were defined. As of 2023, although the Tanzania Universal Health Insurance Act (2023) mentions this objective, no action has been taken to implement it.

5-2 Challenges in implementing interventions that have limited the achievement of targets for pooling of funds, and action points for improvement

Challenge 5: Implementing steps to integrate health insurance schemes into the TIRA in the short, medium, and long term to reduce pool fragmentation and strengthen the mandate for health insurance, even within the informal sector.

Action point 5.1: Implement the Health Insurance Act by mandating health insurance coverage, including for the informal sector, and promoting the establishment of a new single pool.

Level of priority: Within one year

Challenge 6: Defining the key features of **the new single pool** in terms of administrative, financial, and accounting management mechanisms (essentially a health insurance fund administration) to transparently manage collected health funds at central, regional, and district levels.

Action point 6.1: Conduct an organizational and financial audit of the new single pool.

Action point 6.2: Establish legal frameworks (status, procedures, etc.) for the new single pool.

Action point 6.3: Appoint senior officials (Board of Directors, Executive Committee, General Manager, Financial Director, etc.) at the national, regional, council, and local levels to ensure the administrative and financial management of healthcare.

Level of priority: Within the next three months

Challenge 7: Establishing regional and local coordination structures for this single pool, including health insurance schemes

Action point 7: Develop a policy of independence in the governance of the single pool, ensuring transparency in the administration and management of funds at the national, regional, council, and local levels.

Level of priority: Within the next one year

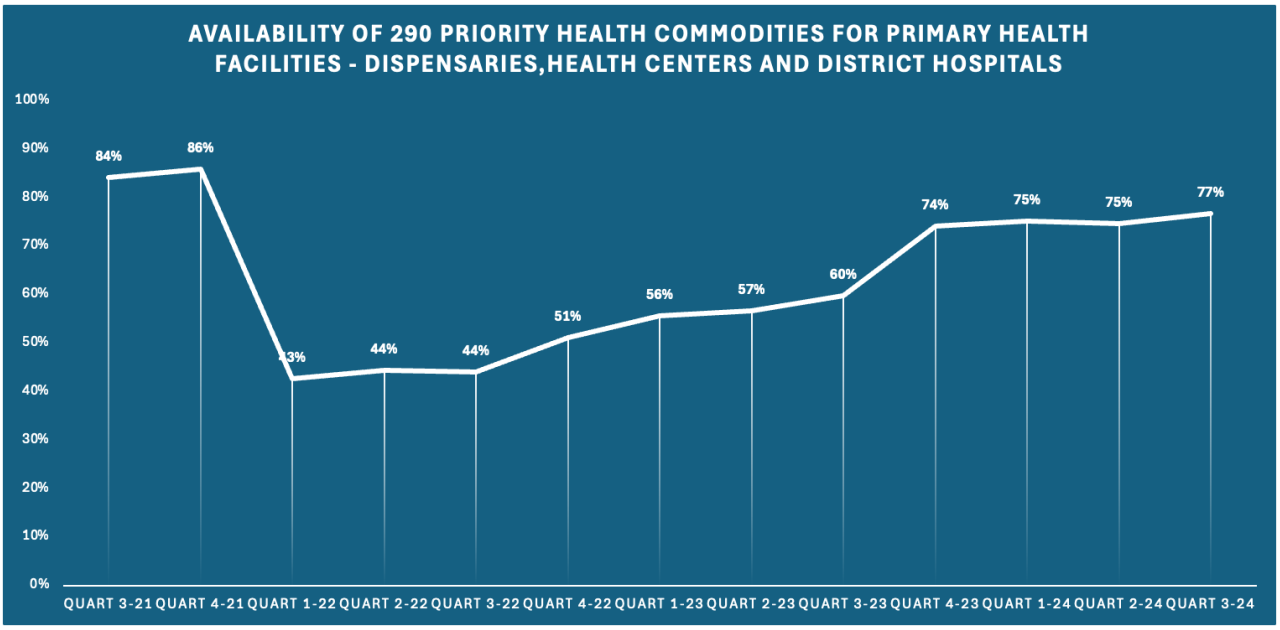
6. Purchasing services and paying providers to achieve targets

The key evaluation question is: ***How effective and efficient have the financing modalities and resource allocation mechanisms been during the first half of HSSP V?*** *The sub questions are as follows: How effective and efficient have the financing modalities and resource allocation mechanisms, such as the Health Basket Fund, General Budget Support, and complementary financing including the Community Health Fund, User Fees, and diverse health insurance schemes, been during the first half of HSSP V? How are healthcare professionals such as doctors, nurses, midwives, and obstetricians, and healthcare facilities compensated (fee for service, capitation, salary, mix method, budget, performance-based financing)? What is the National Essential Health Care Interventions Package (NEHCIP) and the Minimum Health Insurance Benefit Package (MBP) and how are they costed? How does the costing of the Health Sector Strategic Plan V (HSSP) align with the costing of strategic plans developed since 2021?*

6-1 Alignment of the HSSP V costing with that of strategic plans developed since 2021, and costing of: the HRH strategic Plan, medicines, products, technological resources and infrastructure including investment and maintenance

In general, the costing of the Health Sector Strategic Plan V (HSSP) has been aligned with the costing of strategic plans developed since 2021 because the current HSSP V is a result of the HSSP IV. Moreover, an analysis of the availability of 290 Priority Health Commodities for Primary Health Facilities—Dispensaries, Health Centers, and District Hospitals—revealed an upward trend from the first quarter of 2022 to the second quarter of 2024, increasing from 42.6% to 76.6% (Figure 9). This progression is also observed at the regional level in the same period, as shown in Figure 10

Figure 9: The availability of 290 Priority Health Commodities for Primary Health Facilities—Dispensaries, Health Centers, and District Hospitals



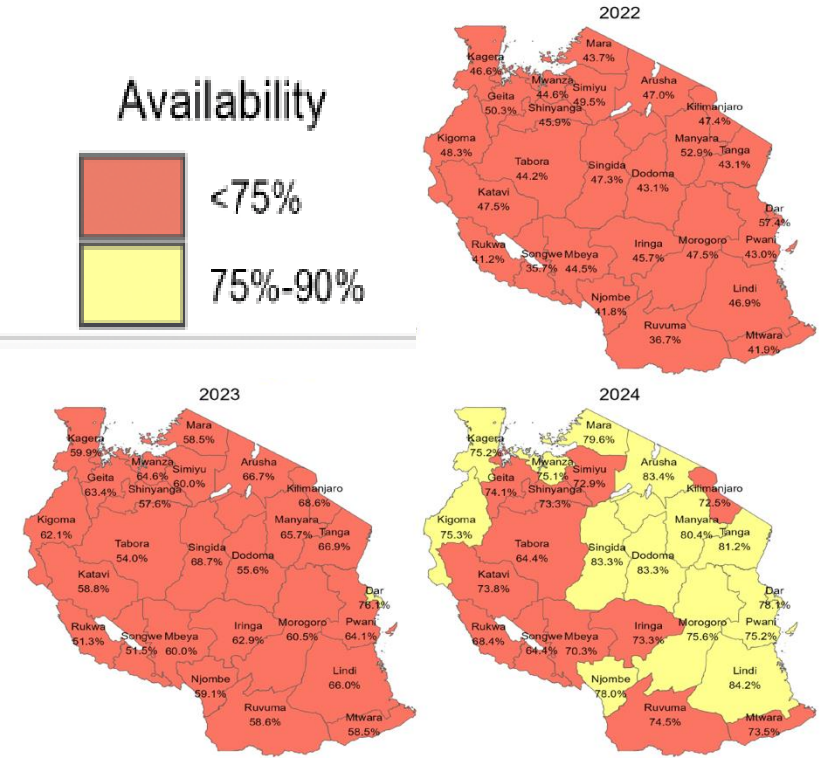
Source: analyses from data of Milulu et al. (2024)

However, further efforts are needed to reach a threshold of over 90% availability of priority resources in all the primary healthcare facilities in the country. With no target set in the HSSP V for 2025/2026 regarding the availability of these essential resources it would be advisable to consider including this in the HSSP VI.

The alignment with infrastructure costing, including both investment and maintenance, is clearly defined due to the presence of modern facilities across all regions. These upgrades were implemented since the onset of the COVID-19 pandemic in 2020. For instance, in the approximately 54 facilities of the Njombe Region, 38 computers and 35 thermal printers were procured to support operations. Furthermore, the prioritization of resource allocation highlights the significance of infrastructure alongside essential medicines and other key areas, fostering a comprehensive and sustainable approach to enhancing healthcare.

The alignment with the costing of technological resources is also well-defined and realistic, reflecting investments in advanced tools and equipment at healthcare facilities. Facilities have been equipped with devices such as CT scanners, MRIs, ECG machines, and ventilators (e.g., the Njombe Region). In February 2023, the country adopted the National Primary Health Care (PHC) Rolling Digital Transformation Roadmap (2023–2027)(Government of Tanzania President's Office Regional Administration and Local Government, 2023). However, significant disparities in technology and digitalization for mobilizing funds persist across regions and councils. To address these gaps, an electronic system will be introduced to collect and manage data from direct donor funding to regional and local governments. This system will also digitize service delivery processes, enhancing efficiency and transparency, and contributing to the reduction of these disparities.

Figure 10: The availability of 290 Priority Health Commodities for Primary Health Facilities—Dispensaries, Health Centers, and District Hospitals, per region, 2022 to 2024



Source: analyses of Milulu et al. (2024)

Ensuring a consistent supply of essential health commodities in Tanzania's primary healthcare facilities is crucial for effective healthcare delivery. However, despite various initiatives, challenges remain in maintaining adequate supplies of these critical resources.

The costing methodology of the HSSP V is not aligned with the Human Resources for Health (HRH) strategic plan or the costing for medicines and medical products, failing to adequately address the financial resources required to achieve the objectives. A key issue is the insufficiency of internally generated funds at health facilities to address HRH shortages, as seen in the Dar es Salaam Region.

There are several contributing factors:

- Lack of understanding: Limited awareness of the processes needed for implementing the HSSP V.
- Delayed disbursements: Budget execution rates remain low due to delays in disbursements, primarily driven by the reliance on cash availability rather than adherence to planned allocations.
- Decreasing HIV funding: A decline in HIV funding has occurred, such as the absence of support from the Global Fund for HIV program in the Njombe Region.

- Insufficient nutrition contributions: The allocation of 1,000 TZS per child under five for vitamin A supplementation is insufficient to meet the needs in several regions, including Njombe.
- Health insurance challenges: Not everyone contributes to health insurance, and the absence of government funding to address coverage gaps increases challenges, particularly in Njombe.
- Insufficient central government funds: The funds collected and allocated by the central government are inadequate to address the HRH shortages.

Regional disparities further exacerbate these challenges. Factors such as population size, climate change, and disease outbreaks play significant roles in shaping health expenditures. For example, the Simiyu Region frequently experiences cholera outbreaks compared to other regions.

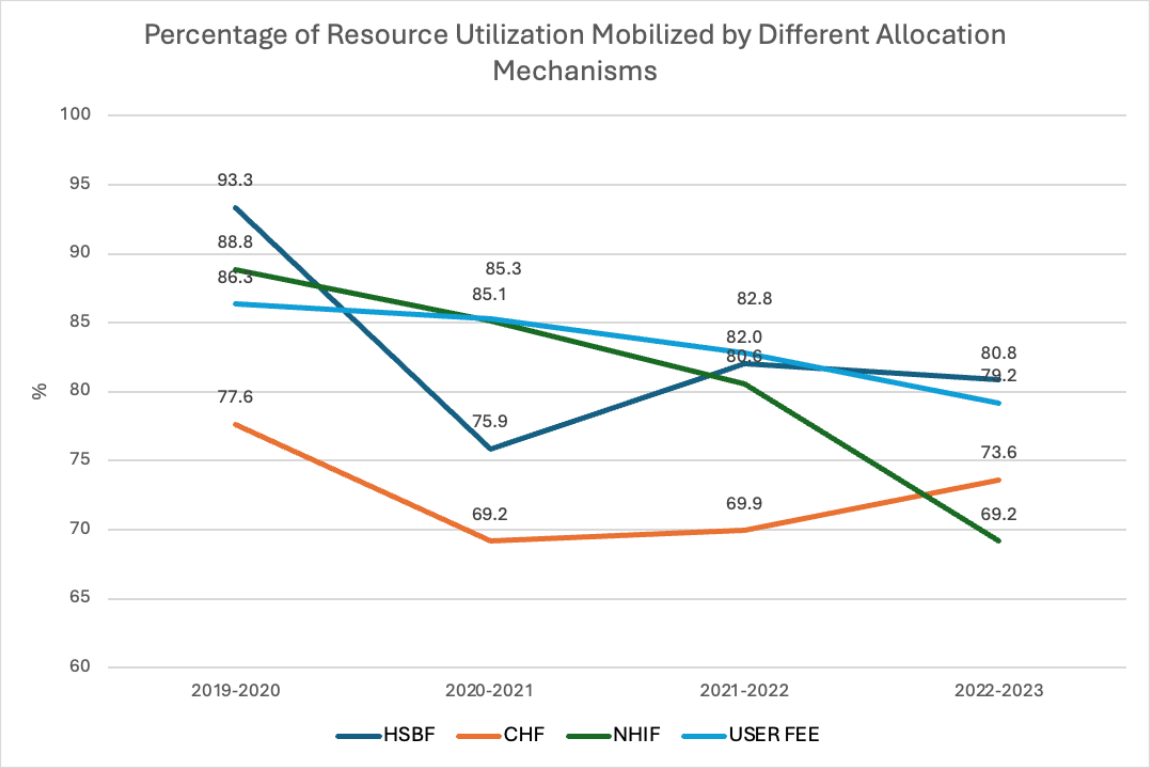
Addressing these issues requires improved alignment between costing methods, enhanced resource mobilization, and tailored strategies to mitigate regional disparities and emerging challenges.

6-2 Utilization of resources mobilized through National Health Insurance allocation mechanisms for provider payment across all schemes

Provider payment mechanisms (PPMs) have not been detailed in the HSSP V. They will be described in the HSSP VI in a national strategic purchasing framework for health system. The Health Insurance Act provides guidelines on payments to service providers and how to implement a mechanism for monitoring the quality of health services provided. The Minister of Health is mandated to review PPMs. Currently, the NHIF utilizes fee-for-service both for in-patient and out-patient services at hospitals and selected PHC facilities. The CHF utilizes a capitation-based payment system for funding outpatient services at PHC facilities.

The rates of resource allocation across each health insurance mechanism for provider payment indicate a decline in resource utilization of the HSBF, CHF, NHIF, and User Fees from 2021 to 2023 (Figure 11). Prior to the implementation of the HSSP V in 2021, except for the CHF funds at 77.6%, utilization rates exceeded 86%.

Figure 11: Trends of resource utilization mobilized through different national health insurance allocation mechanisms (across all schemes)



Source analyses President's Office – Regional Administration and Local Government (PO-RALG) (2024)

Efforts to enhance the use of mobilized resources should focus on improving the execution rate of collected funds and speeding up fund disbursement. Delays in fund disbursement for planned projects often result in execution failures. A significant portion of funds is typically released at the end of the financial year, which leads to underutilization. The main reason for these delays is that disbursement is cash-based, meaning funds are only released based on what has already been collected.

Other contributing factors include long procurement processes, which delay the start of projects, and reallocations of funds to other government activities, which disrupt planned initiatives. Furthermore, there is no dedicated, earmarked income stream, such as taxes specifically for health, which creates further reliance on the central pool of funds with multiple competing uses. The centralization of funds, especially Basket Funds, can be challenging because the amount released may be less than what was collected or planned for priority healthcare needs.

6-3 National Essential Health Care Interventions Package (NEHCIP) and the Minimum Health Insurance Benefit Package (MBP)

Tanzania's National Essential Health Care Interventions Package (NEHCIP) is a strategic framework designed to prioritize and deliver essential health services to its population. First introduced in 2000 as the National Health Care Intervention Package, it has undergone several revisions to address evolving health challenges and resource constraints. The NEHCIP encompasses a range of public health and clinical interventions, including: maternal and child health services that focus on reducing mortality rates and improving health outcomes; communicable disease control of malaria, tuberculosis, and HIV/AIDS through prevention, treatment, and education; non-communicable disease management to address the growing burden of conditions such as diabetes and hypertension and; health promotion and education by encouraging healthy lifestyles and preventive care.

Tanzania's National Essential Health Care Interventions Package (NEHCIP) is a strategic framework designed to prioritize and deliver key health services across various levels of the healthcare system, aiming to enhance public health outcomes and ensure equitable access to essential services. Tanzania's Minimum Health Insurance Benefit Package (MBP), a key component of the NEHCIP, is a vital element of the nation's health financing reforms. It is designed to guarantee equitable access to essential healthcare for all citizens. The MBP defines a guaranteed set of critical health services, targeting the country's primary health challenges while maximizing cost-effectiveness. It covers both outpatient and inpatient services, including general and specialist consultations, diagnostic testing (e.g., laboratory investigations, X-rays, and ultrasound scans), access to essential medicines, minor surgical procedures (such as hernia repairs), physiotherapy, general and specialist inpatient care, blood and blood products, and major surgical operations.

The HSSP V provided a roadmap for health sector development, including the revision and costing of essential health packages; however, the final list of NEHCIP is still in the drafting stage.

6-4 Challenges in implementing interventions that have limited the achievement of targets for purchasing and payment of services, and action plans for improvement

Challenge 8: Ensuring the availability of essential health commodities in primary health facilities

Action plan 8: Improve the execution rate of collected funds and accelerate disbursements to enhance resource utilization and ensure timely availability of

funds (HSBF, CHF, NHIF, and User Fees, and government grants for facilities) for healthcare services and facilities.

Level of priority: Within the next one year

Challenge 9: increasing digitalization across all healthcare facilities to streamline fund collection, enable strategic purchasing, and facilitate provider payments.

Action plan 9.1: Introduce an electronic system that will collect information from direct donor funding for regional and local governments

Action plan 9.2: Promote efficiency and transparency using payments via digital platforms

Action plan 9.3: Encourage health facilities to submit routine reports digitally

Action plan 9.4: Connect health facilities to central systems

Action plan 9.5: Reduce patient waiting times by digitalizing service deliveries

Level of priority: Within the next two years

Challenge 10: Estimating the costs of the national essential healthcare package for UHC

Action plan 10.1: Prepare the list of interventions to cost that will be included in national essential healthcare package; group interventions/services that are delivered inside or outside of facilities.

Action plan 10.2: Capacitate those in charge of costing on different costing techniques ("one health" costing, activity-based costing)

Action plan 10.3: Standardize the methodology for costing national essential healthcare package interventions/services provided within facilities as well as those that are non-facility-based

Action plan 10.4: Assess the cost of the essential healthcare package

Action plan 10.5: Assess the impact of 10.4 on the budget to inform decision making regarding expanding the NEHCIP and adopting the Minimum Health Insurance Benefit Package.

Level of priority: Within the next three months

7. Governance of Health Financing to achieve the targets

Governance of Health Financing includes management and governance activity for multiple government actors across different levels of the health system including the Minister of Health (MOH), the Government of Tanzania, President's Office Regional Administration and Local Government (PO-RALG), Regional Health Management Team (RHMTs), and Council Health Management Team (CHMTs). As mentioned in HSSP V, a "functioning governance structure must be aligned with government policies, such as decentralization by devolution, social accountability, and health in all policies. Collaboration between government, non-state actors and development partners will be geared to facilitating effective actions at the intervention level".

The governance of health financing is overseen by the Health Care Financing Technical Working Group (TWG), which has consistently played a pivotal role in setting quarterly milestones to guide annual dialogue meetings within the financing sector. As recommended during the evaluation of the HSSP IV, Regional TWGs should be developed at the regional level where they do not yet exist. Indeed, the recommendation is to establish TWGs at both the regional and district level to collaborate with, and report to, the PO RALG within one year.

For example, the existing government structure could adopt the operational model used by nutritional committees at the regional and district levels.

8. Health Financing Strategy and Health Sector Strategy Plan V

One of the key recommendations of HSSP IV was the implementation of a Health Financing Strategy (HFS) designed to maximize equitable access to quality health services for all, provide financial protection against health-related economic hardship, and promote strategic purchasing. The HFS aims to establish strategies that protect citizens from catastrophic health expenditures, outline the various health financing sources for fund mobilization, and define strategic purchasing mechanisms to ensure effective payment to healthcare providers and facilities.

Although the HFS 2016-2026 was drafted to provide clear guidance on national health financing for the next decade, it has not yet been validated or approved. Rather than revisiting the unapproved document that is set to expire in the next two years, preparation of a new HFS with a 5-year horizon will be prioritized. A shorter, HFS would be more adaptable to evolving

circumstances and better aligned with the five-year timeframe of the upcoming Health Sector Strategic Plan VI.

9. Recommendations to update indicators to measure Health Financing performance

Given the limited number of indicators to measure the performance of health financing in the HSSP V, several additional indicators have been proposed for inclusion in the HSSP VI (July 2026 - June 2031).

9-1 Indicators to measure the collections of funds:

i. Total amount of health revenue collected from donors, facilities and the central government
ii. Health Insurance Coverage Rate (registration of community in health insurance government scheme)
iii. Growth rate of health sector allocations in both central and local governments and in private facilities
iv. Percentage of total health spending provided directly by patients
v. Percentage of health budget collected from development partners
vi. Number of health service fee exemptions granted
vii. Number of collection mechanisms introduced in facilities

9-2 Indicators to measure the pooling of funds

i. Total amount of funds pooled from various sources
ii. Percentage of contribution from stakeholders (community, donors, private sectors and other members)
iii. Number of facilities contributing to the single pool
iv. Number of health insurance members contributing to the single pool
v. Number of enrolled insurers contributing to the single pool
vi. Percentage of government funds allocated to the single pool
vii. Proportion of private sector funds being contributed to the single pool
viii. Percentage of health expenditures financed by the single pool

9-3 Indicators to measure allocation mechanisms

i. Percentage of health funds allocated in national, regional and district/council levels as per the health plans and budgets
ii. Total health funds directed toward primary healthcare services
iii. Percentage of the total amount allocated in recurrent vs development budget
iv. The percentage of fund allocation aligns with the disease burden, ensuring resources are prioritized for high need areas. Examples include outbreaks of Cholera, Malaria and HIV/AIDS

v. Number of community representatives involved in budget allocation decisions

vi. Number of allocation mechanisms set up according to performance indicators

9-4 Indicators to measure the payment of providers/facilities and digitization of facilities

i. Percentage of payments (all types) disbursed to providers or facilities within the agreed timeframes

ii. Percentage and number of providers aid Based on performance indicators

iii. Percentage of actual amounts received, rejected and delayed in comparison to planned budget

iv. Percentage of payments made via digital platforms.

v. Percentage of health facilities submitting routine reports digitally.

vi. Number of facilities connected to central systems

vii. Impact of digitization on service delivery to track improvement in health delivery such as reduced patient wait times

9-5 Indicators to measure the Governance of Health Financing (National and Regional Technical Working Group)

i. Number of TWG meetings held per year at national and regional levels

ii. Number of TWG meeting members who attended meetings

Creation and operationalization of a TWG workplan.

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1. Supplementary files

Table 1: Evaluation Data Matrix Assessment of Health Financing

See Microsoft Excel File

Table 2: List of documents reviewed, Targeted population for quantitative survey, and guide for data extraction of secondary sources

List of documents reviewed

1. Health Sector Strategic Plan V (HSSP V),
2. One Plan III 2020/21-2025/26,
3. Human Resource for Health Strategy (HRH) 2021-2026,
4. Human Resource for Health Production Plan 2013
5. National strategic plan for the prevention and control of Non-Communicable Diseases (NCDs) for 2020/21-2025/2026,
6. Strategic and operational plans developed by Ministry of Health programs and directorates, the PO-RALG, and the regional and local Governments.
7. National Health Workforce Account report,
8. Health Facilities Assessment reports (Star rating),
9. Annual MOH National Health Accounts
10. Public Expenditures reviews,
11. Annual Health Sector Performance Profile Reports,
12. Annual health sector review documentation,
13. Endline review of HSSP IV,
14. Ministry of Finance and PO-RALG reports,
15. Reports of surveys conducted in the health sector
16. DHS, THIS, STEPS, Disease impact assessments, Situation analysis reports, etc.

Targeted population for quantitative survey

-Key informants: Members of the Health Care Financing Technical Working Group in national, regional and district levels

- People in charge of implementing the HSSP V;
- People responsible for the program at the Ministry of Health;

- The supervisors of the implementation of the HSSP V program in the regions and districts;
- The members of the district framework team;
- The heads of regional and district health insurance units;
- The donors and technical partners (WHO, UNICEF, World Bank, etc.);
- The members of the steering committee of the HSSP V program;
- The heads of associations or agencies benefiting from the HSSP V program (such as the association of health insurance beneficiaries);
- The community leaders in the areas of HSSP V;
- The members of health committees and management committees;
- The users of health services and care benefits;
- The administrative, religious, and community leaders.

Data collection Tool for desk review and quantitative survey

1. Assessing the performance of the function "Collection of resources"

1.1 Costing of the Health Sector Strategic Plan V (HSSP V)

1.1.1 Costing informed by the current expenditure at both District and Regional levels

Was the costing informed by the current expenditure at both District and Regional levels, specifically at the service delivery levels? (Yes=1; No=0)

If No, explain why?

1.1.2 Alignment with the costing of the HRH Strategic Plan

Programmes or activities include in the HSSP V*	Human Resources (HR)						
	Health Care Workers (number)	Time spent (hour)	Salary (USD per month)	Costing Method	Costing tool	Costing method aligns with the costing of the HRH strategic Plan (Yes=1; No=0)	If No, how can we align them? Is it realistic?
1.							
2							
3.							
4.							
5.							

*Add more lines if possible

1.1.3 Alignment with the costing of infrastructure (investment and maintenance) is well-specified and realistic

Programmes or activities include in the HSSP V*	Infrastructure (investment and maintenance)							
	Type	Costs (USD)	Use (times used per week)	Lifetime (years)	Costing Method	Costing tool	Costing method aligns with the costing of the investment and maintenance strategic Plan (Yes=1; No=0)	If No, how can we align them? Is it realistic?
1.								
2								
3.								
4.								
5.								

*Add more lines if possible

1.1.4 Alignment with the costing of Technological resources is well-specified and realistic

Programmes or activities include in the HSSP V*	Technological resources							
	Type	costs	Use (times used per week)	Lifetime (years)	Costing Method	Costing tool	Costing method aligns with the costing of the technological resources strategic Plan (Yes=1; No=0)	If No, how can we align them? Is it realistic?
1.								
2								
3.								
4.								
5.								

*Add more lines if possible

1.1.5 Alignment with the costing of medicine and medical products is well-specified and realistic

Programmes or activities include in the HSSP V*	Medicine and medical products						
	Type	Costs (USD)	Stocks use	Costing Method	Costing tool	Costing method aligns with the costing of the medicine and medical products strategic Plan (Yes=1; No=0)	If No, how can we align them? Is it realistic?
1.							
2							
3.							
4.							
5.							

*Add more lines if possible

1.1.6 Alignment with the costing of other strategic plans aligned with the main document is well-specified and realistic

(Is the costing of other strategic plans aligned with the main document, such as the NCD Strategic Plan, One Plan III, HIV Strategic Plan, TB Strategic Plan, and the CHW program?)

Programmes or activities include in the HSSP V*	Costing Method	Costing tool	Costing method aligns with the costing of the medicine and medical products strategic Plan (Yes=1; No=0)	If No, how can we align them? Is it realistic?
1. NCD Strategic Plan				
2. One Plan III				
3. HIV Strategic Plan				
4. TB Strategic Plan				
5. CHW Program				
6.				
7.				

*Add more lines if possible

1.1.7 How should adjustments be made to the costing for the remaining years of the plan to ensure its objectives are met?

i. Challenges (bottlenecks and potential factors explaining the gaps)

ii. Opportunities

1.2 Effectiveness of the mobilization of financial resources for the implementation of HSSP V

1.2.1 What is the total amount of the resources mobilized for the HSSP V in your district or your region _____USD

1.2.2 Who are the main contributors in your district or your region?

Contributors and how they contributed	**Total amount for the first half of the implementation of HSSP V**	
	2022-2023	2023-2024
Government (public health expenditures): Budget		
Private households-Out of pocket (OPP) expenditures: Direct		
Private businesses expenditures: indirect		
Community health insurance expenditures: Indirect		
External partners expenditures-donations		
External partners expenditures- loans		
External partners expenditures-legs		

1.2.3 Sufficiency and stability of the mobilization of resources since the implementation of HSSP V

Contributors and how they contributed	Sufficiency and stability	
	To what extent the resources mobilized were sufficient? 1. Insufficient; 2. Not enough; 3. Sufficient; 4. Very sufficient	To what extent the resources mobilized were stable? 1. Instable; 2. Not enough; 3. Stable; 4. Very stable
Government (public health expenditures): Budget		
Private households-Out of pocket (OOP) expenditures: Direct		
Private businesses expenditures: indirect		
Prepayment mechanism and Community health insurance expenditures: Indirect		
External partners expenditures-donations		
External partners expenditures- loans		
External partners expenditures-legs		

1.2.4 Innovative financing sources and domestic mobilization strategies

1.2.4 Were the Innovative Financing sources and Domestic Mobilization Strategies implemented in your district or region to increase collected funds? (Yes=1; No=0)

If Yes,

i. What are the innovative financing sources and domestic mobilization strategies implemented in your district or region?

ii. To what extent these Innovative financing sources and domestic mobilization strategies are effective? 1. Ineffective; 2. Not enough; 3. effective 4. Very effective

2. Assessing the performance of the function "Pooling of resources"

2.1 Pooling of resources strategies and definition of benefit package in your district or region by population

Target population*	Free care (Number of beneficiaries)	Prepayment mechanism (Number of beneficiaries)	Budget financing	Out of pocket (OOP)
Entire population				
Women				
Children				
Family				
The indigents				
Men				
Civil servants				
Workers in the non-state formal sector				
Informal sector workers				
health care facilities				
Other group or segment of the population based on their vulnerabilities (to specify _____)				

*Add more lines if possible

2.2 Pooling of resources strategies and definition of benefit package in your district or region by service delivery

Service delivery *	Free care		Prepayment mechanism		Budget financing	Out of pocket (OOP)
	Beneficiaries	Number of beneficiaries	Beneficiaries	Number of beneficiaries		
RMNCAH						
NCDS						
Communicable diseases						
Mental Health Conditions						
Substance Abuse						
Exposure to threats/risks						
NTDs						
Other (to specify)_____						

*Add more lines if many beneficiaries by service delivery

2.3 Alignment of the pooling of resources strategies and definition of benefit package with the pooling strategy described in the HSSP V (2021)?

Do regional and district strategies for pooling of resources align with the pooling strategy describe in the HSSP V (2021)?

2.4 To what extent the practices and policies regarding pooling of resources during the first half of HSSP V are effective and efficient? 1. Inefficient; 2. Not enough; 3. Efficient; 4. Very efficient

2.5 What have been the challenges ((bottlenecks and potential factors explaining the gaps) **and opportunities regarding the practices and policies for pooling resources during the first half of HSSP V, and how effective and efficient have they been?**

i. What are the challenges ((bottlenecks and potential factors explaining the gaps)?

ii. What are the opportunities?

3. Assessing the performance of the function "Purchasing and payment"

3.1 Efficacy and effectiveness of resource allocation mechanisms by regions or districts

Resource allocation mechanisms*	Targeted regions	Targeted districts	Targeted beneficiaries	Number of targeted beneficiaries or proportion of population	Budget allocated (by beneficiaries)	Are resources distributed to regions and District according to their needs? Yes: 1; No:0 (by beneficiaries)	Are resources distributed to Health programs based on the expected impact to achieve the SDG targets? **If Yes,** indicate the SDG target
Health Basket Fund							
General Budget Support							
Community Health Fund							
User fees							
Health insurance schemes							
Other resource allocation mechanisms by group or segment of the population							

according to their vulnerabilities (to specify _____)							

* Add more lines if many beneficiaries by resource allocation mechanisms

3.2. Process of contracting with health facilities, clinics, or pharmacies

Process of contracting with health facilities, clinics or pharmacies*	Description	Strengths	Weaknesses	Challenges (bottlenecks and potential factors explaining the weaknesses)

*Add more lines if possible

3.3 Efficacy and effectiveness of the current practices and policies regarding purchasing and provider payment by regions or districts

3.3.1 Modes of compensation of healthcare professionals in your region or district

Healthcare professionals*	Modes of compensation (fee for service, salary, capitation, mix method)	To what extent the modes of compensation were effective during the first half of HSSP V? 1. Ineffective; 2. Not enough; 3. effective; 4. Very effective
Doctors		
Nurses		
Midwives		
Obstetricians		
Health community agents		

3.3.2 Modes of compensation of healthcare facilities in your region or district

Healthcare Facilities*	Modes of compensation (budget, DRG, Performance-Based Financing)	To what extent the modes of compensation were effective during the first half of HSSP V? 1. Ineffective; 2. Not enough; 3. effective; 4. Very effective
Hospital		
Healthcare centers		

3.3.3 Effective and efficient of the practices and policies regarding purchasing and provider payment

How effective and efficient have the practices and policies regarding purchasing and provider payment been during the first half of HSSP V?

3.3.4 Payment of bills in your district or your region

How and how frequently (mean days per month) are invoices or bills paid in healthcare centers? Frequency of bill payment (mean days per month)_____

3.3.5 Verification of invoices and member enrollments in your district or your egion

What are the procedures for verifying invoices and member enrollments?

3.3.6 Computerization and control of fraud in your district or your region

Is computerization implemented and necessary to control fraud?

3.3.7 Information system in place in your district or your egion

Is a comprehensive information system in place?

3.3.8 Banking integration and the security of fund in your district or your region

Is there banking integration to ensure the security of funds?

4. Assessing the performance Governance and effectiveness of health financing

4.1 The management of the budget of the HSSP V

4.1.1 Efficiency of the management of the budget of the HSSP V

To what extent the management of the budget of the HSSP V is efficient? 1. Inefficient; 2. Not enough; 3. efficient; 4. Very efficient

4.1.2 Financial Execution of Rate

Healthcare Programmes*	Financing execution rate				
	Rate	Disbursement rate	According to the period prescribed in HSSP V in 2021: Four points Likert scale: 1. In advance; 2. On time; 3. Delayed; 4. Serious delayed	What are challenges of the management of the budget of the healthcare programmes in terms of increasing the Financial Execution Rate ? (bottlenecks and potential factors explaining the gaps)	What are opportunities to facilitate the management of the budget of the healthcare programmes in terms of increasing the Financial Execution Rate ? (Lessons learned and mitigation)
HSSP V (entire program)					
The One Plan 3					
The HRH strategic plan					
The NCD strategic plan					

*Add more lines if possible

4.2 Governance of the the Health care Financing Technical Working Group

4.2.1 Meetings done by the health care Financing Technical Working Group

What are the number of meetings done by the health care Financing Technical Working Group? Number of meetings per year_____

4.2.2 Effectiveness of the functionality of the Health Care Financing Technical Working Group influence

How does the functionality of the Health Care Financing Technical Working Group influence the effectiveness of health sector coordination mechanisms and partnerships in enhancing overall healthcare delivery? Challenges and opportunities?

Table 3: Guide for individual in-depth interview

Targeted population for qualitative survey

-Members of the Health Care Financing Technical Working Group in national, regional and district levels (see above)

Data collection Tool for qualitative survey

1. Assessing the performance of the function "Collection of resources"

1.1 Costing of the Health Sector Strategic Plan V (HSSP V)

1.1.1 How the costing of the Health Sector Strategic Plan V (HSSP) is align with the costing of strategic plans developed since 2021?

1.1.2 Does Costing method aligns with the costing of the HRH strategic Plan? Is it realistic?

1.1.3 Does alignment with the costing of infrastructure (investment and maintenance) is well-specified and realistic ?

1.1.4 Does alignment with the costing of Technological resources is well-specified and realistic?

1.1.5 Does alignment with the costing of medicine and medical products is well-specified and realistic?

1.1.6 Does alignment with the costing of other strategic plans aligned with the main document is well-specified and realistic (Is the costing of other strategic plans aligned with the main document, such as the NCD Strategic Plan, One Plan III, HIV Strategic Plan, TB Strategic Plan, and the CHW program?)

1.1.7 How aligned were the assumptions made for the costing of the HSSP V with the assumptions made for the costing of implementations strategies (HRH strategic plan, NCD strategic plan, One Plan III, HIV strategic Plan, TB strategic plan, CHW program, etc) ?

1.1.8 How should adjustments be made to the costing for the remaining years of the plan to ensure its objectives are met? Challenges? Precise the bottlenecks and potential factors explaining the gaps and the opportunities

1.2 Effectiveness of the mobilization of financial resources for the implementation of HSSP V

1.2.1 How effective has the mobilization of financial resources been for the implementation of HSSP V, including the implementation plans developed by the Ministry of Health's directorate since 2021 ?

1.2.2 To what extent the resources mobilized (Government, Private households (OOP), Private businesses, Prepayment mechanism and Community health insurance, external partners) are sufficient and stable?

1.2.3 Were the Innovative Financing sources and Domestic Mobilization Strategies implemented in your district or region to increase collected funds ?

2. Assessing the performance of the function "Pooling of resources"

2.1 To what extent the practices and policies regarding pooling of resources during the first half of HSSP V are effective and efficient?

2.2 Do regional and district strategies for pooling of resources align with the pooling strategy describe in the HSSP V (2021)?

2.3 What have been the challenges (bottlenecks and potential factors explaining the gaps) and opportunities regarding the practices and policies for pooling resources during the first half of HSSP V, and how effective and efficient have they been?

3. Assessing the performance of the function "Purchasing and payment"

3.1 How effective and efficient have the financing modalities and resource allocation mechanisms, such as the Health Basket Fund, General Budget Support, and complementary financing including the Community Health Fund, user fees, and health insurance schemes, been during the first half of HSSP V?

3.2 Are resources distributed to regions and District according to their needs?

3.3 Are resources distributed to Health programs based on the expected impact to achieve the SDG targets?

3.4 What are the strengths, weaknesses and challenges (bottlenecks and potential factors explaining the weaknesses) of the process of contracting with health facilities, clinics, or pharmacies?

3.5 Efficacy and effectiveness of the current practices and policies regarding purchasing and provider payment by regions or districts

3.5.1 What are the current practices and policies regarding purchasing and provider payment within the Regional or District healthcare system, and how do they impact the efficiency and effectiveness of healthcare delivery?

3.5.2 To what extent the modes of compensation of health professionals were effective during the first half of HSSP V?

3.5.3 To what extent the modes of compensation of healthcare facilities were effective during the first half of HSSP V?

3.5.4 How effective and efficient have the practices and policies regarding purchasing and provider payment been during the first half of HSSP V?

3.5.5 What are the procedures for verifying invoices and member enrollments in your district and region?

3.5.6 Is computerization implemented and necessary to control fraud?

3.5.7 Is a comprehensive information system in place in your district or your region ?

3.5.8 Is there banking integration to ensure the security of funds in your district or your region ?

4. Assessing the performance Governance and effectiveness of health financing

4.1 The management of the budget of the HSSP V

4.1.1 To what extent the management of the budget of the HSSP V (HSSP V (entire program), The One Plan 3, The HRH strategic plan, The NCD strategic plan) is efficient?

4.1.2 What are challenges of the management of the budget of the healthcare programmes (HSSP V (entire program), The One Plan 3, The HRH strategic plan, The NCD strategic plan) in terms of increasing the Financial Execution Rate? (bottlenecks and potential factors explaining the gaps)?

4.1.3 What are opportunities to facilitate the management of the budget of the healthcare programmes (HSSP V (entire program), The One Plan 3, The HRH strategic plan, The NCD strategic plan) in terms of increasing the Financial Execution Rate? (Lessons learned and mitigation)?

4.2 Governance of the Health care Financing Technical Working Group

4.2.1 To what extent has the governance of the HSSP V improved the effectiveness of health sector?

4.2.2 How does the functionality of the Health Care Financing Technical Working Group influence the effectiveness of health sector coordination mechanisms and partnerships in enhancing overall healthcare delivery? Challenges (bottlenecks and potential factors explaining the weaknesses and opportunities?

Table 4: Guide for focus group

Targeted population for focus group

-Beneficiaries (Women, Men, Indigents)

Data collection Tool for focus group

1. Effectiveness of the mobilization of financial resources for the implementation of HSSP V

1.1 How do you mobilize resources for your healthcare? What innovative strategies (to mutualize your health risks) are you implementing: Community insurance? Mutual health insurance? Loans?

1.2 Are you familiar with the innovative financing methods introduced as part of the HSSP V program? Are they suitable for you?

2. Assessing the performance of the function "Pooling of resources"

2.1 Which HSSP V benefit packages (RMNCAH, NCDS, communicable diseases, mental illness and substance abuse, exposure to threats/risks, MTN) are free? Which are subsidized by a third-party payer? Are there differences according to age, gender and vulnerability?

2.2 Are these mutualization practices (free, third-party payment, etc.) really applied? Are they effective?

3. Assessing the performance of the function "Purchasing and payment"

3.1 Are you familiar with the financing arrangements and resource allocation mechanisms, such as the Health Basket Fund, general budget support and complementary financing, including the Community Health Fund, co-

payments and health insurance schemes, defined during the first half of PPSS V? Are they working? Are they effective?

4. Assessing the performance Governance and effectiveness of health financing

4.1 In your opinion, what are the main challenges of budget management for health programs (HSSP V (whole program), The One Plan 3, The HRH strategic plan, The NCD strategic plan) in your region or district (bottlenecks and potential factors explaining discrepancies)?

Table 5: Workshop minutes of four-day bootcamp workshop (November 12–15, 2024) with stakeholders

MINUTES Day one recap 12th November 2024

Prepared By Fadhili Burhan

1. INTRODUCTION

The facilitator began by sharing that he had conducted research on the chapter of Health Financing through desk reviews and questionnaires, and had analyzed the information. However, he wanted to validate these findings by engaging us in brainstorming sessions on various aspects of the topic. He emphasized that he wouldn't share his research findings with us immediately, and instead encouraged us to brainstorm and contribute ideas based on what we already know

2. THE PLAN OF WORK

The Plan is to evaluate the HSSP V for each functions which are:

2.1. Collections of Funds
2.2. Pooling of Funds and
2.3. Purchasing of Services

The above functions will be evaluated though a thorough discussions focusing on the three main aspects of:

2.4. Getting an overview of the function
2.5. Main strengths
2.6. Discussing the main Challenges and
2.7. Way forwards

3. DISCUSSION SECTIONS

3.1. Health Financing Strategy (HFS) 2016 – 2026

AREA OF DISCUSSION	RESPONSE
What is the Main Strength of HFS 2016-2026?	After our discussions, it became evident that HFS 2016-2026 primary strength lies in providing clear guidance on our national direction for the next decade.
What is the Main Challenges of HFS 2016-2026?	While considering the implementation of HFS 2016-2026, some participants expressed concern about the lengthy 10-year time span. *They suggested that a shorter duration perhaps a 5-year plan would be more responsive to potential changes over time.*

	While the HFS 2016-2026 remains unapproved, there are valid concerns about referencing unofficial documents. As an alternative, the proposal suggests focusing on preparing a new HFS with a 5-year horizon, rather than reviewing the unsigned document that is expected to expire within the next two years. The HFS will be align to the five-year time horizon of the new Health Sector Strategic Plan (HSSP 2027-2031)

3.2. Resources for Health

AREA OF DISCUSSION	RESPONSE
What can be done to increase Public Expenditure and reduce out of pocket and?	As part of the Universal Health Insurance initiative, the government will fund health coverage for the poor by levying taxes on specific items, such as gambling and other products. By October 2024, they had already collected TZS 43 billion from this approach. The collected funds will be allocated to provide health insurance to economically disadvantaged populations, while those who can afford it will purchase insurance to cover their medical expenses
What can be done to increase budget execution for government health Projects?	Execution failures often stem from delays in fund disbursement for desired projects. Unfortunately, a significant portion of these funds tends to be released toward the end of the financial year, resulting in underutilization
	The reasons for the delay of the Disbursements is primarily due to the nature of the disbursement which is cash based. The disbursement is done based on what was already collected at the time
	Other reasons is the prolonged Procurement process which in turns leads to the deployment of the entire projects.
	Also the reallocations of the Funds to other government activities lead to delay in the planned activities.
	There is no permanent source of income for health that is directly linked from the Source like Taxes that are primarily designed to cater for health instead the Funds are allocated from the central pool which has a lot of utilizations channels.
	The Centralizations of the Funds is also a challenge during disbursement sometimes the amount disbursed is lower than what was collected or intended.

3.3. Assessment of Performance of Pooling of Funds

AREA OF DISCUSSION	RESPONSE
Do you think that the Free health care policy for Children's, elderly and Pregnant mothers are effectively implemented at district and regional levels?	The plan is good but the problem is the scarcity of the resources to finance their health care costs that leads some providers to charge them in order to cover the costs.
	It works well for only some services like immunizations and some drugs because these have the special Funds that are allocated for that purpose.
	With the introductions of UHI it will reduce the challenges since those whore are poor will be financed by Government through Insurance and guarantee access to health service through insurance.
What is the level of Digitalization of Funds collections at primary facilities?	For some districts they are able to collect their Funds electronically through the E-government systems where the Funds are collected centrally.
	However, the central collections of Funds have experience a challenge of disbursement back to facilities where they are not disbursed timely and at lower amount than requested.
	One of the Solutions for this is to Use the Government systems to collect Funds but the money should stay at the facility levels where they can easily access them: Decentralization of Funds collection process. How to do that? Do health facilities or communities have sufficient resources to collect funds at their level?

4. END OF THE DAY

At the end of the session, the Facilitator provided a brief overview of the topics scheduled for the next day. This ensured that team members would be adequately prepared. The upcoming discussion will focus on the Modality for Costing of Health Services. Additionally, the team nominated Mr. Victor Wanzagi to take the minutes during tomorrow's discussions.

MINUTES Day one recap 13th November 2024

Prepared By Leah Ipini

1. INTRODUCTION

In the session's recap on health financing, the facilitator led the group through a comprehensive overview. This approach encouraged participation from local health financing implementers, with insights presented by representatives from PO-RALG and the Ministry of Health (MoH). The recap highlighted the importance of a shared understanding of health financing mechanisms and the role of each stakeholder in overcoming existing challenges and advancing sector goals.

2. THE PLAN OF WORK

The Plan is to evaluate the HSSP V for each functions which are:

a. Collections of Funds
b. Pooling of Funds and
c. Purchasing of Services

The above functions will be evaluated though a thorough discussion focusing on the three main aspects of:

i. Costing of health services
ii. Effectiveness of the mobilization of financial resources for the implementation of HSSP V
iii. Governance of the Health care Financing Technical Working Group

1. DISCUSSION SECTIONS

1.1. Costing of health services

AREA OF DISCUSSION	RESPONSE
How the costing of the Health Sector Strategic Plan V (HSSP) is align with the costing of strategic plans developed since 2021?	The discussion noted an alignment between the Health Sector Strategic Plan V (HSSP V) and the costing of the developed Strategic Plan (SP). However, misalignments between regions are influenced by factors such as population differences. In certain areas, additional challenges arise due to climate change and disease outbreaks. For example, the Simiyu region experiences frequent cholera outbreaks, leading to higher health expenditures compared to other regions. Another reason of misalignments are:

	-Lack of the understanding of the process of execution of the HSSP V document -Low level of the budget execution because of the delay of the Disbursements primarily due to the nature of the disbursement which is cash based. The disbursement is done based on what was already collected at the time
Does Costing method aligns with the costing of the HRH strategic Plan? Is it realistic?	The HSSP V costing method aligns well with the HRH strategic plan and realistically addresses the financial needs for implementing the HRH objectives. However, other factors also affect its overall feasibility. One such factor is the availability of funds collected by the central government without sufficient funding, even the most well-aligned plans may face challenges in its implementation.
Does alignment with the costing of the HRH is well -specified?	Not really because HRH current status at the region is still low
Does alignment with the costing of infrastructure (investment and maintenance) is well-specified and realistic ?	Yes, it is realistic, the alignment with the costing of infrastructure investment and maintenance in HSSP V is both well-specified and realistic. The ranking of resource allocation clearly reflects the importance of infrastructure, alongside medicine and other priority areas, supporting a comprehensive and sustainable approach to improving healthcare services.
Does alignment with the costing of Technological resources is well-specified and realistic?	Not really because we still don't have efficient installed Information system at the council level. However, Technological tools such as cit scan, MRI, ODG machine, ventilator were received in the facilities. Also, the country adopted in February 2023 the *National Primary* *Health Care (Phc) Rolling Digital Transformation Roadmap (2023 - 2027)*
1.1.6 Does alignment with the costing of other strategic plans aligned with the main document is well-specified and realistic (Is	

the costing of other strategic plans aligned with the main document, such as the NCD Strategic Plan, One Plan III, HIV Strategic Plan, TB Strategic Plan, and the CHW program?)	
1.1.7 How aligned were the assumptions made for the costing of the HSSP V with the assumptions made for the costing of implementations strategies (HRH strategic plan, NCD strategic plan, One Plan III, HIV strategic Plan, TB strategic plan, CHW program, etc) ?	

1.2. Effectiveness of the mobilization of financial resources for the implementation of HSSP V

AREA OF DISCUSSION	RESPONSE
How effective has the mobilization of financial resources been for the implementation of HSSP V, including the implementation plans developed by the Ministry of Health's directorate since 2021?	The effectiveness of financial resource mobilization for HSSP V is assessed by examining the burn rate of 64% by 2024 compared to…., resource allocation for prioritized objectives, and budget executed accuracy such as basket fund, community health fund. A balanced burn rate, adequate resource allocation, and effective budget execution would indicate strong mobilization, while any imbalances or gaps could highlight areas for improvement.

1.3. Governance of the Health care Financing Technical Working Group

AREA OF DISCUSSION	RESPONSE
How does the functionality of the Health Care Financing Technical Working Group influence the effectiveness of health sector coordination mechanisms and partnerships in enhancing overall healthcare delivery? Challenges (bottlenecks and potential factors explaining the weaknesses and opportunities	With quarterly meetings and an annual assessment, the TWG, chaired by the Ministry of Health (MOH) and co-chaired by the President's Office - Regional Administration and Local Government (PO-RALG) and other development partners, plays a central role in aligning health sector financing with strategic goals. Through these regular meetings, the TWG assesses progress, addresses emerging challenges, and uses agreed-upon indicators to influence and guide the implementation of health plans. These indicators serve as a benchmark to measure progress on key health financing goals and to address challenges such as funding gaps, coordination issues, and policy constraints. During each meeting, stakeholders collaborate to address bottlenecks and explore solutions, ensuring that health financing efforts remain responsive to real-time needs and are effectively integrated into national and regional health strategies. In this way, the TWG's ongoing assessment and coordination help strengthen accountability and improve the responsiveness of health financing to support healthcare delivery effectively. Additionally, the recommendation is to have a similar group in region level which operate as those of central government.

2. END OF THE DAY

At the close of the session, the facilitator gave a brief overview of the topics planned for the next day, helping ensure that team members would be well-prepared. In addition, the facilitator encouraged participants to reflect on the day's discussions and consider any questions or insights they might want to bring forward. This approach aimed to foster continuity in the dialogue, ensuring that everyone remained engaged and ready for an in-depth exploration of the upcoming topics.

MINUTES Day one recap 14th November 2024

Prepared By Leah Ipini

AREAS	ASSESSMENT OF MTSP	STRATEGIES
Domestic expenditure as per GDP	How can the 2025/2026 HSSP V objective be achieved?	i. Allocate more resources in the Health Sectors i.e. introduce sin tax and other relevant taxes to finance the health sectors ii. Create alternative financing with domestic Resources`
Government share of the total health budget of all sources	How can we maintain this trend to achieve the HSSP V 2025/2026 objective?	i. Allocate more resources in the Health Sectors ie introduce sin tax and other relevant taxes to finance the health sectors ii. Use Public Private Partnership in other Projects
Health insurance coverage as % of population (all scheme)	1- How to achieve the 2025/2026 HSSP V objective? 2- How could we explain the regional disparities in health insurance coverage?	i. Involvement of Political Leaders ii. Create awareness on the importances of health Insurances iii. Implementation of Health Insurance Act
Availability of priority essential health commodities current (July 2021 – sept. 2024)	"How available are healthcare resources, including infrastructure, medications, medical products, and human resources by Region, Council and Facility?	These are among the Health Priority and resources are allocated based on the resources available and Priority.
	2- What explains the fact that some regions have more resources than others?	i. Disparities in alignment of the National Frame Work with their planning guidelines. ii.
	How should explanations of the misalignment of the costing of HSSP V with the costing of all the	The misalignment of the costing of HSSP V depends on the budget estimated and the budget executed. There is a need to review other

AREAS	ASSESSMENT OF MTSP	STRATEGIES
	strategic plans at regional, council and facility level? How should adjustments be made to the costing of HSSP V for the remaining years of the plan to ensure its objectives are met, at national, regional, council and facility level?	strategic plan of the regional, council and facility level so as to update the plan in the remaining year Review the current plan vs Actual so as to allocate the budget according to the need and reality.
How does the functionality of the Health Care Financing Technical Working Group (TWG) influence the effectiveness of health sector coordination mechanisms and partnerships in enhancing overall healthcare delivery? Challenges (bottlenecks and potential factors explaining the weaknesses and opportunities	As recommended during the evaluation of HSSP IV, Regional TWGs should be developped in the regional level. 2- How this Regional TWG could be structured and worked?	Currently, the TWGs in regional level does not exist. The recommendation is to establish the TWGs at the Region and District level which will be working and report to PO RALG. This could be using the existing government for example may choose to copy a nutritional committee of regional and district level.
Utilization of resources available	How can we increase resource availability from the Basket Fund?	i. Engagement of More Development Partners to join in Health Basket Fund (HBF). ii. Emphasize Health Basket Members to increase the pledges
Expenditures by mechanism of allocation (sources)	What steps can we take to increase ICHF and NHIF?	i. Stakeholder and community engagement ii. Implementation of Health Insurance Act iii. Awareness Creation iv. Improve Health Services at Facilities level

MINUTES Day one recap 15th November 2024

Prepared By Leah Ipini

AREAS	ASSESSMENT OF MTSP	STRATEGIES
Domestic expenditure as per GDP	How can the 2025/2026 HSSP V objective be achieved?	iii. Allocate more resources in the Health Sectors i.e. introduce sin tax and other relevant taxes to finance the health sectors iv. Create alternative financing with domestic Resources`
Government share of the total health budget of all sources	How can we maintain this trend to achieve the HSSP V 2025/2026 objective?	iii. Allocate more resources in the Health Sectors ie introduce sin tax and other relevant taxes to finance the health sectors iv. Use Public Private Partnership in other Projects
Health insurance coverage as % of population (all scheme)	1- How to achieve the 2025/2026 HSSP V objective? 2- How could we explain the regional disparities in health insurance coverage?	iv. Involvement of Political Leaders v. Create awareness on the importances of health Insurances vi. Implementation of Health Insurance Act
Availability of priority essential health commodities current (July 2021 – sept. 2024)	"How available are healthcare resources, including infrastructure, medications, medical products, and human resources by Region, Council and Facility?	These are among the Health Priority and resources are allocated based on the resources available and Priority.
	2- What explains the fact that some regions have more resources than others?	iii. Disparities in alignment of the National Frame Work with their planning guidelines. iv.
	How should explanations of the misalignment of the costing of HSSP V with the costing of all the	The misalignment of the costing of HSSP V depends on the budget estimated and the budget executed. There is a need to review other

AREAS	ASSESSMENT OF MTSP	STRATEGIES
	strategic plans at regional, council and facility level? How should adjustments be made to the costing of HSSP V for the remaining years of the plan to ensure its objectives are met, at national, regional, council and facility level?	strategic plan of the regional, council and facility level so as to update the plan in the remaining year Review the current plan vs Actual so as to allocate the budget according to the need and reality.
How does the functionality of the Health Care Financing Technical Working Group (TWG) influence the effectiveness of health sector coordination mechanisms and partnerships in enhancing overall healthcare delivery? Challenges (bottlenecks and potential factors explaining the weaknesses and opportunities	As recommended during the evaluation of HSSP IV, Regional TWGs should be developed in the regional level. 2- How this Regional TWG could be structured and worked?	Currently, the TWGs in regional level does not exist. The recommendation is to establish the TWGs at the Region and District level which will be working and report to PO RALG. This could be using the existing government for example may choose to copy operational modal from nutritional committee of regional and district level.
Utilization of resources available	How can we increase resource availability from the Basket Fund?	iii. Engagement of More Development Partners to join in Health Basket Fund (HBF). iv. Emphasize Health Basket Members to increase the pledges
Expenditures by mechanism of allocation (sources)	What steps can we take to increase ICHF and NHIF?	v. Stakeholder and community engagement vi. Implementation of Health Insurance Act (mandatory event for informal sector) vii. Awareness Creation viii. Improve Health Services at Facilities level

AREAS	ASSESSMENT OF MTSP	STRATEGIES
Pooling of resources strategies	What are the pooling of resources strategies by age, sex, vulnerabilities, service delivery (RMNCAH, NCDS, Communicable diseases, Mental Health Conditions and Substance Abuse, Exposure to threats/risks, NTDs)?	The best modal of pooling of resources currently operating in Tanzania is the Health sector Basket fund. **Reason;** This is un earmarked fund that can be utilized for any priority intervention **Advantage**; in line with WAPS arrangement of reducing fragmentation in funding of vertical programs.
Essential Healthcare Interventions Package (NEHCIP)	How the Essential Healthcare Interventions Package (NEHCIP) is defined? Is it Update?	This is a guideline that stipulate the scope of services provided for each level of facilities. This guideline currently is under review.
Digitalization for mobilizing funds	How can the disparities in technology or digitalization for mobilizing funds across different regions or councils be explained?	Introduce the electronic system that will collect information from direct donor funding to Regional and Local governments
Recommendations to Improve Health Financing and Costing in HSSP V	■ Recommendations to Improve Health Financing and Costing in HSSP V to Achieve the 2025-2026 Target or for the Next HSSP VI ■ Update or improve planned interventions for Health Financing and Costing to achieve the 2025-2026 target. ■ Update indicators to measure the performance of Health Financing ■ Key Main points	Introduce the electronic system that will collect information from direct donor funding to Regional and Local governments. Below are the recommended indicators that need to be added to the plan for remaining year of implementation. Other indicators to be shared is those from Health Performance Profile in financing part.

Update indicators to measure the performance of Health Financing

Recommendations

i. For Collections of Funds

viii. Total amount of Health Revenue Collected from donors, facilities, central government.

ix. Health Insurance Coverage Rate (registration of community in health insurance government scheme)

x. Growth Rate of Health Sector Allocations in central and local government, private facilities

xi. Percentage of total health spending contributed directly by patients

xii. Percentage of Health Budget Collected from Development Partners

xiii. Number of Health Service Fee Exemptions Granted

xiv. Number of collection mechanisms introduced in facilities

ii. For Pooling of Funds

ix. Number of facilities contributed to the pool

x. Number of Health Insurance Members Contributing to the Pool

xi. Total Amount of Funds Pooled from various sources

xii. Number of enrolled insurers which contributed to the pool

xiii. Percentage of Government funds Allocated to the Pool

xiv. Proportion of Private Sector Contributed to the Pool

xv. Percentage of Health Expenditures Financed by the Pool

xvi. Contribution coverage rate from stakeholders (community, donors, private sectors and other members)

iii. For Mechanisms allocation

vii. Percentage of health funds allocated in national, region and district/councils level as per the health plans and budgets

viii. Total health funds directed toward primary healthcare services

ix. Proportion of total amount allocated in recurrent vs development budget

x. Proportion ratio of fund allocation aligns with disease burden outbreak, ensuring resources are prioritized for high need areas for example cholera, Malaria and HIV/AIDS

xi. Number of community representatives involved in budget allocation decisions

xii. Number of allocation mechanisms set up according to the performance indicators

i. For Payment of providers/facilities and Digitization of facilities

viii. Percentage of payments disbursed to providers or facilities within the agreed timeframes

ix. Proportion of Providers Paid Based on Performance indicators

x. Percentage of amount received, rejected and delayed as per planned budget

xi. Proportion of Payments Made via Digital Platforms to promote efficiency and transparency

xii. Percentage of health facilities submitting routine reports digitally

xiii. Number of facilities connected to central systems

xiv. Impact of Digitization on Service Delivery so as to track improvement in health delivery such as reduced patient wait times (reduction of patient wait times with the Digitization on Service Delivery)

ii. For Governance of Health Financing (TGW National, Regional)

iii. Number of TWG meetings held per year at national and regional levels

iv. Number of TWG meeting members attended

v. Existence and operational TWG Work Plan

vi. Functional TWG Meeting Reports and Resolutions