commodities at health facilities is largely dependent on other sources than MSD which supposed to be the main supplier. This raises concerns on the sustainability of these other sources in ensuring continuous availability of health commodities at health facilities. Therefore, it is important to note the followings:

- What will happen to availability of health commodities in case collection of revenues at health facilities declines?
- What is the situation in the health facilities with minimal or no internal revenue collections?
- Following shortage of HRH and health commodities from MSD, time spent to ensure to purchase commodities from other sources could reduce time allocated for provision of health services.

Human Resources for Health

In the Financial Year 2018/19, the government recruited 6018 health workers and distributed them to primary health facilities, yet the shortage of health workers is still high at 52% (MoHCDGEC, 2019). The recruitment pace is not proportional to demand, increased population and increased prevalence of non-communicable diseases as reported by the MOHCDGEC. The PO-RALG plan indicates an increased budget for health by more than 100% (from 245,358,147 in 2018/19 to 631,968,000 in 2019/2020). The report further, explains that this percentage increase is due to transfer of staff into health departments and not recruitment of new staff.

Furthermore, in the MoHCDGEC implementation report 2018/19, the government has planned to increase production on specialists and continuous professional development to existing staff. However, in the 2019/20 budget, it is not clear where allocation for this activity has been recorded.

Community Health Workers

Community health workers (CHWs) have been making a great contribution to improving reproductive and child health by providing health education to the community, particularly to pregnant women. They also facilitate referrals of pregnant women to health facilities for deliveries. Among HSSP IV targets were to enroll 5000 by 2020, however no CHWs have been employed ever since and in 2019/20, the last year of the health sector strategic plan, there has been silence concerning both employment and incentives to this group of HRH.

Reproductive Health

The HSSP IV reports that reproductive Health Services (RHS) are not performing as hoped in Tanzania, despite investments made in this area. Several strategies and guidelines have been developed for the aim of **reducing maternal mortality to 292/100,000 by 2020.** In addition, Government has introduced a campaign "Jiongeze tuwavushe salama" to end infant and maternal mortalities in which all Regions commissioners have taken oaths to spearhead this initiative. The MOHCDGEC reported several achievements including improved health facilities infrastructure at 7 referral hospitals, increased antenatal visits to 59% in 2018/19 and collection of safe blood. However, the 2019/20 plan has neither indicated recruitment for new skilled health service providers nor professional staff development in order to respond to increased service demand.

Successful implementation of these initiatives will only be realized if sufficient funds are available. However, the trend of budget allocation and disbursement does not reflect commitment towards achievement of the goal.

Conclusion

Sikika's analysis has covered an array of areas ranging from Allocation, Disbursement, Health Insurance, Health Commodities, Human Resources for Health, and Reproductive Health. In summary, here are our asks based on the issues raised:

Ask 1: *HSSP IV ends next year in 2020. The new Health Sector Strategic Plan costing should take into account the funding that is likely to be available to the health sector in relation to historical budget allocation. If costing is higher than the historical allocation then costing of the strategic plan should include initiatives that will be implemented to raise the funds required to fill the gap.*

Ask 2: *The Government should speed up enactment of the law that requires mandatory enrolment into insurance to facilitate provision of health services and reduce out of pocket spending by citizens.*

Ask 3: *NHIF should review the enrolment premium to increase affordability by the general population, and also develop strategies that will increase enrolment.*

Ask 4: *The services provided at the health facilities should be improved to motivate citizens to join CHF/ NHIF.*

Ask 5: *The MoHCDGEC and PO-RALG in collaboration with the MOFP should increase and allocate budget for recruitment of new staff and specialists to cover the existing gap and the growing demand resulting from the new and improved 352 health facilities. Furthermore, the government should allocate sufficient funds for production of specialists as indicated on the plan.*

Ask 6: *The government should employ CHWs to improve reproductive, maternal and child health at the community level.*

Ask 7: The government should ensure that relevant funding is available for the aim of reducing maternal mortality (awareness raising, collection of safe blood, hiring of skilled service providers, etc.).

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Brief 5.19

HEALTH SECTOR:

BUDGET ALLOCATION & EXECUTION MUST BE IN LINE WITH STRATEGIC PLAN COSTING

This brief provides analysis of the Health sector budget 2019/2020, and has taken into consideration the trend of budget allocation versus the costed Health Sector Strategic Plan IV (HSSP IV). In addition, the analysis discusses the overall share of health sector budget with regards to development and recurrent allocation. Furthermore, the analysis has focused on areas of Health Commodities, Human Resources for Health, Health Insurance as well as Reproductive health.

The analysis has observed the reallocation funds for health initiatives from regional & local government budgets towards the budget of the Ministry of Health, as well as government efforts towards improvement of provision of health services in the country. The efforts include employment of 6018 of HRH in 2018, and improved availability of essential health commodities up to 94%. The analysis has also noted the renovation and building of 352 health facilities across the country in the financial year 2018/19.

On the contrary, the challenges documented in this analysis such as persistent low budget allocation, as well as partial and delayed disbursements have been barriers towards achievement of health sector targets.

A robust, efficient and effective healthcare system is an important part of working towards the realization of the industrialization agenda due to the fact that is important to ensure that Tanzania has a strong and healthy workforce that is ready to face the challenges ahead. The labour force must have sound mind and body in order to develop the knowledge, skills and experience required to implement the planned agricultural and industrial projects that lie ahead. The base is strong, as Tanzania's population is largely youthful with a median age of 17.9 years old, with plenty of productive years ahead as long as their health can be maintained.

Health Sector Budget Composition

The total Health Sector Budget for 2019/20 is TZS 1,950 billion. **76% of the total Health Sector budget is from domestic sources** in 2019/20, vs 86% in the 2018/19 budget, which totaled TZS 2,054 billion. Of the total 2019/20 Health Sector Budget, The **development budget is 42% (TZS 813 Billion)**, while the **recurrent budget is 58% (TZS 1,131 Billion)** In the 2018/19 Health Sector Budget, the development budget was 40% (TZS 822 Billion) while the recurrent budget was 60% (TZS 1,232 Billion).

Health Sector Budget Allocation vs amount costed in HSSP IV

The total Health Sector Budget Allocation for 2019/20 was **TZS 1.95** billion, vs the costed amount in the HSSP-IV for 2019/20, which was TZS 4.8 billion. This is 40.6% of the costed amount. **The Health Sector Budget Allocation** for 2018/19 was **TZS 2.054 billion**, vs. the costed amount in the HSSP-IV for 2018/19, which was TZS 4.58 billion. This is 44.8% of the costed amount. This shows that the amount allocated vs the amount costed in the HSSP has reduced from 2018/19 to 2019/20.

The Health Sector budget allocation is comprised of the budgets of the Ministry (MOHCDGEC), President's Office Regional Administration and Local Government (PORALG), Local Government Authorities (LGAs), Regions, National Health Insurance Fund (NHIF) and Tanzania Commission for AIDS (TACAIDS) Control Program. The big share of the budget goes to MOHCDGEC (table 1) which has the overall responsibility in planning, organizing and coordinating the health sector.

Table 1: Percentage Composition of Health Sector Budget

Institutions/Ministries	2015/16	2016/17	2017/18	2018/19	2019/20
MOHCDGEC	41.60%	38.70%	48.50%	42.20%	49.15%
TACAIDS	0.50%	0.50%	0.30%	0.60%	0.65%
PORALG	0.20%	0.20%	0.80%	0.50%	0.23%
Regions	9.50%	6.00%	5.80%	4.40%	0.89%
NHIF	10.30%	9.80%	9.60%	10.50%	11.38%
LGAs:	37.80%	44.80%	35.00%	41.80%	37.69%
TOTAL	**100%**	**100%**	**100%**	**100%**	**100%**

MOHCDGEC budget

The main component of Health Sector Allocation goes to the MoHCDGEC. The analysis has shown that for the 2019/20 budget, **TZS 959 Billion has been allocated to the MoHCDGEC**, which is almost half of the total health sector budget. The MoHCDGEC allocation for 2018/19 was 42.20% of the total health sector budget. The increased allocation may be due to the shifting of responsibilities where the regional referral hospitals are under the direct supervision of the Ministry of Health.

MoHCDGEC Development vs. Recurrent Allocation

In the 2019/20 budget for MoHCDGEC, the **recurrent budget is TZS 415.01 billion**, which is about **43.3% of the budget.** The total **development budget is TZS 544.14 billion**, which is about **56.7% of the MoHCDGEC budget.** In the 2018/19 budget for MoHCDGEC, the recurrent budget was TZS 304.47 billion, which is about 35.1% of the budget. The total development budget was TZS 561.76 billion, which is about 64.9% of the MoHCDGEC budget[1].

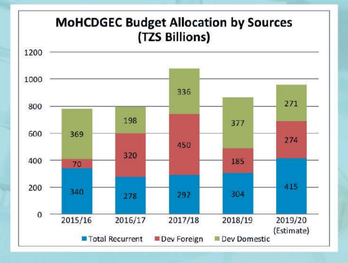

Figure 1: Budget Allocation by Sources

Source: Minister for Health Budget Speeches, 2015/16, 2017/18, 2018/19, 2019/20, Budget Books 2018/19

[1] Minister for Health Budget Speeches 2018/19, 2019/20

Check why development budget is so big compared to recurrent budget

The development budget is bigger than the recurrent budget due to the health commodities budget being moved from recurrent budget to development budget in 2016 as a consequence of finding a solution for increasing that budget during the stock out crisis of 2016.

MOHCDGEC Budget Disbursement

According to 2018/19 MOHCDGEC implementation report, total amount that was disbursed as of March 2019 is TZS 340.2 billion (39%). With three months remaining, the likelihood of having the remaining (61%) disbursement is low given the historical trend as seen in figure 5. For the year 2018/19, only 16% (TZS 91.05 billion) of the development budget (TZS 561.76 billion), while 82% (TZS 249.2 billion) of the allocated recurrent budget (TZS 304.47 billion) was disbursed.

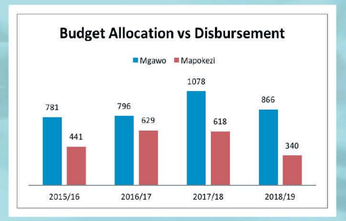

Figure 2: Budget Allocation vs. Disbursement

According to the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) implementation report (2019), **per capita allocation is USD 41**, which is 36.6% of the WHO recommended allocation of USD 112.

Health Insurance

The analysis has shown a trend of low enrollment rates as seen on table 2. According to MOHCDGEC, **only 33% of Tanzanians were covered by health insurance by March 2019[2]**. This suggests that the ongoing efforts towards increasing enrollment to 70% by 2020 and 100% by 2030 are insufficient. Further, delay in the enactment of law that required every citizen to be enrolment into health insurance deters the achievement of the targeted coverage.

Despite of low enrolment, there are inefficiencies in NHIF performance. Some of these include, unfavorable terms and conditions and premium packages allocated to citizens from informal sector. For example, the premium of TZS 1.5 million per individual per year is too high for majority to afford. The report also indicates poor quality of health service provision particularly in public health facilities that may discourage clients to enroll. Poor quality is contributed by long waiting hours due to shortage of staff, inadequate diagnostic facilities that oblige a client to look for such services in other places.

Table 2: Percentage of Tanzanians Enrolled in Health Insurance

	NHIF	CHF	Private Insurance	Total
2016/17	7%	19%	1%	27%
2017/18	7%	24%	1%	32%
2018/19	8%	25%	1%	34%

Source: 2018/19 MOHCDGEC implementation reported as presented to the parliament

[2] Minister for Health Speech 2019/20

Health Commodities Budget

Budget for essential health commodities has significantly increased for the past three years (2016/17 -2018/19). However, the 2019/20-budget estimate has decreased by 15% from TZS 270 million to TZS 230 million. This budget constitutes 42% of MoHCDGEC development budget. The budget demand estimate for health commodities for the country is TZS 1.4 billion as reported by MSD. With this regard, the allocated budget covers only 16.4% of the estimated demand.

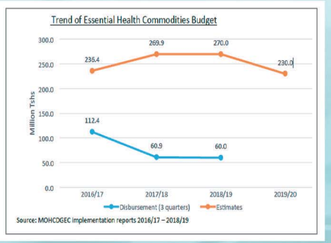

Figure 3: Trend of Essential Health Commodities Budget

In addition, this analysis has observed the **trend of low budget disbursement that is below 50%.** For example, up to February 2019, only TZS 60 billion was disbursed which is about 22% of the budget allocated in the year 2018/19.

The analysis has **noted increased availability of essential health commodities at health facilities to 94% by February 2019[3]**, despite low budget disbursement. This suggests that availability of health

[3] MoHCDGEC implementation report 2016/17 – 2018/19