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Tanzania: Governing for Quality Improvement in the Context of UHC

Background

History: Since gaining independence in 1961, the United Republic of Tanzania has been politically stable and seen economic growth. In 2003, GDP per capita was 277 USD. It has increased to 955 USD. Tanzania has invested greatly in the public sector, including health reforms that embrace and encourage public-private partnerships and the decentralization of the public sector.

Governance: The United Republic of Tanzania is composed of Tanzania Mainland and the State of Zanzibar, both of which have separate Ministries of Health, each with a cabinet minister. Tanzania has made progress in integrating quality improvement in their national strategic plan. The Directorate of Quality Improvement is supervising the implementation of the National Quality Improvement Strategic Plan. The Directorate is made up of a core team of 15 officers responsible for policy making, strategic planning, monitoring and evaluation as well as overall programming complimented by regional health management teams responsible for supportive supervision and facility improvement teams. Recently there has been an increased focus on quality improvement. The Directorate organizes an annual national forum to share learning from the field and is currently preparing a quality improvement pre-service training curriculum for the workforce.

Financing: In Tanzania's Health Sector Strategic Health Plan III (July 2009- June 2015), the MOH aimed to increase the health budget to 15% of the Government budget. Tanzania has a Community Health Fund and National Health Insurance Fund, which assist with complementary financing. In 2009, it was estimated that a 24% funding gap would occur during the implementation of the strategic plan. This was to be closed through raising funds from the Government, development partners and the private sector.

Quality: Quality improvement is a major aim of the MOH. Quality improvement programming is guided by a National Quality Improvement Framework, for which a Strategic Plan (2013-2018) has been developed to guide implementation. A quality assurance unit is to be established in each referral hospitals, and health workers are to be trained and sensitized to follow available guidelines. The Health Sector Strategic Health Plan III outlines quality as a cross-cutting issue, detailing Tanzania's concept of quality, their approach to quality improvement, and quality of various levels of the health care system.

Background Country Data	
Total Population (millions)	51,822,621
Life Expectancy at birth (years, both sexes)	64.3
Infant Mortality (per 1,000 births)	35.2
Maternal Mortality (per 100,000 births)	450
Hospital beds (per 1,000 people)	0.7
Public health expenditure (% of total health expenditure)	36.3
Total health expenditure (% GDP)	7.3
OOP health expenditure (% of total expenditure)	33.2
Poverty headcount ratio at \$1.25 a day (% of population)	46.6
GDP per capita (current USD)	955.1

Source: World Development Indicators, accessed February 2016

Overview of Governing Quality – Key Inputs and Processes

Function of Quality	Institution Responsible for Function	Key Features and Processes
Regulation	<ul style="list-style-type: none"> The Ministry of Health Community Development Gender, Elderly and Children (MOHCDGEC), Ministry of Education and Vocational Training 	<ul style="list-style-type: none"> MOHCDGEC mandates the licensing/accreditation of all public and private providers (Health Sector Strategic Master Plan 2006-2015). Both public and private health facilities in Tanzania must be registered by one or more of the following units within the MOHCDGEC: Health Inspectorate Unit (both private and public facilities). The Ministry of Education and Vocational Training is responsible for training and registering health workers (Kwesigabo et al, 2012). There is also a Medical Council of Tanganyika which licenses and registers physicians, and the National Nurses and Midwifery Council which registers these health workers (MOH, 1997).
Law and Policies	<ul style="list-style-type: none"> MOHCDGEC 	<ul style="list-style-type: none"> The National Health Policy supports quality as an overarching goal of the MOHCDGEC (Songstad et al, 2012). The MOHCDGEC spearheads the National Health Policy (MOH, 2003).
Leadership and Management	<ul style="list-style-type: none"> MOH – Directorate of Quality Improvement 	<ul style="list-style-type: none"> There is a Directorate of Quality Improvement reporting directly to the Chief Medical Officer in the Ministry of Health. The Directorate is fairly active and made up of a core team of 15 officers responsible for policy making, strategic planning, monitoring and evaluation as well as overall programming complimented by regional health management teams responsible for supportive supervision and facility improvement teams. Recently there has been an increased focus on quality improvement. The Directorate is supervising the implementation of the National Quality Improvement Strategic Plan. It organizes an annual national forum to share learning from the field and is currently preparing a quality improvement pre-service training curriculum for the workforce. According to a situational analysis of QI in Health care in Tanzania, Quality Improvement Teams do exist at the facility level, which monitor performance and remain responsive to the Health Services Inspectorate Unit at the national level. It is unclear how responsive they are to the Tanzania Quality Improvement Framework 2011- 2016. A National Quality Improvement Committee is noted to have been proposed, but was not yet established (MOHCDGEC, Situational Analysis, 2012).
Monitoring and Evaluation	<ul style="list-style-type: none"> The National Bureau of Statistics; MOHCDGEC; the Food and Nutrition Centre; the Prime Minister’s Office of Regional Administration and Local Government Authority; Sokoine University of Agriculture and Muhimbili University of Health and Allied Science. 	<ul style="list-style-type: none"> The National Bureau of Statistics is working with Johns Hopkins to create and house a National Evaluation Platform (NEP) to evaluate health and nutrition programs in Tanzania (JHU, 2012). Other involved parties include the MOHCDGEC, the Food and Nutrition Centre; the Prime Minister’s Office of Regional Administration and Local Government Authority. The Prime Minister’s Office (Scaling Up Nutrition), Sokoine University of Agriculture and Muhimbili University of Health and Allied Science are also partners. It is unknown whether data of the NEP will be made publicly available. However, the plan is to influence decision making at national and subnational levels, with the support of a High-Level Advisory Committee (HLAC) (JHU, 2012).
Planning	<ul style="list-style-type: none"> MOHCDGEC 	<ul style="list-style-type: none"> In 2011, the MOHCDGEC published the Tanzania Quality Improvement Framework 2011-2016 (MOHCDGEC, 2011). The Quality Improvement Framework details a number of institutions involved in ensuring quality is infused into the leadership of healthcare in the country including: The Health Services Inspectorate Unit / National Quality Improvement Committee in collaboration with the Health Sector Reform Advocacy Unit and the Health Education Unit of MOHCDGEC (MOHCDGEC, 2011).

Function of Quality	Institution Responsible for Function	Key Features and Processes
Financing	<ul style="list-style-type: none"> MOHCDGEC 	<ul style="list-style-type: none"> The MOHCDGEC has established an Open Performance Review and Appraisal System for government employees in which one's salary is tied to quality and performance of job (Tanzania, 2011). In 2009, a pay for performance scheme was introduced for public providers in Tanzania, as a means to improving the quality of maternal newborn and child health services (Chimhutu et al, 2015, & Songstad 2012).

Abbreviations

HLAC	High-Level Advisory Committee
MOHCDGEC	Ministry of Health Community Development Gender, Elderly and Children
NEP	National Evaluation Platform

Sources

- Chimhutu et al. 2015. Unknown.
- Johns Hopkins University. 2012. Unknown.
- Kwesigabo et al. 2012. Unknown.
- Songstad et al. 2012. Assessing performance enhancing tools: experiences with the open performance review and appraisal system (OPRAS) and expectations towards payment for performance (P4P) in the public health sector in Tanzania.
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- Tanzania Ministry of Health and Social Welfare. 2012. Situational Analysis of Quality Improvement in Health Care in Tanzania.
- World Health Organization. 2009. Country Cooperation Strategy 2010-2015 Tanzania.