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STRENGTHENING CAPACITY IN HEALTH FINANCING, TANZANIA

QUARTERLY PERFORMANCE REPORT APRIL-JUNE, 2013



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Strengthening Capacity in Health Financing Project
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DISCLAIMER

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

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ACRONYMS

COP	Chief of Party
GoT	Government of Tanzania
HFS	Health Financing Strategy
HFU	Health Financing Unit
IR	Intermediate Result
ISC	Inter-ministerial Steering Committee
MOHSW	Ministry of Health and Social Welfare
NHA	National Health Accounts
PER	Public Expenditure Review
RMNCH	Reproductive Maternal Neonatal and Child Health
SCHF	Strengthening Capacity in Health Financing
SHA	System of Health Accounts
TWGHF	Technical Working Group on Health Financing
TWG	Technical Working Group
USAID	United States Agency for International Development

I. INTRODUCTION

The Strengthening Capacity in Health Financing, Tanzania (SCHFT) is an 18-month Associate Award working with the Government of Tanzania (GoT) to build improved health financing capacity to ensure long-term sustainability of health programs in Tanzania. This Associate Award follows the Health Systems 20/20 leader award that ran from October 2006 to September 2012. The period of performance for this cooperative agreement is September 25, 2012 – March 24, 2014.

The SCHFT team's goal is to enhance GoT capacity to ensure equity, access, and availability of appropriate health services across the country and to make certain that program decisions and the allocation of resources are linked to evidence-based processes. The project works closely with the Ministry of Health and Social Welfare (MOHSW) Health Financing Unit (HFU), health sector development partners and Tanzanian organizations to achieve three Intermediate Results (IRs) and associated components:

- IR 1: Increased Effectiveness through Health Governance
Component 1: Develop MOHSW's capacity to provide ongoing management oversight of health financing, specifically by monitoring resource allocation through Public Expenditure Reviews (PER) and National Health Accounts¹ (NHA)
- IR 2: Improved Planning for Financial Health Services
Component 2: Assist with completion of the national Health Financing Strategy (HFS)
- IR 3: Sustainable Operations Capacity
Component 3: Provide technical assistance to MOHSW to evaluate/assess/model some of the agreed-upon approaches to expanding pooled-risk systems

2. PROJECT ACCOMPLISHMENTS

This report covers the third quarter of Year I. During this quarter, the project accomplished the following programmatic results:

- Harmonized key questions from three resource tracking related survey instruments (NHA/SHA, National AIDS Spending Assessment (NASA) and Reproductive Maternal Neonatal and Child Health Assessment (RMNCH)) as part of the project's resource tracking institutionalization support (Activity 1.1);
- Facilitated drafting the MOHSW 2012 Public Expenditure Review (PER) (Activity 1.2);
- Customized training materials for the University of Dar es Salaam (UDSM) and MOHSW staff (Activity 1.4);

¹ All previous NHA estimations completed in Tanzania (for fiscal years 2002-03, 2005-06 and 2009-10) were based on the System of Health Accounts (SHA 1.0) framework developed by the OECD in 2000. In 2011, the OECD, Eurostat and WHO released an updated version of the System of Health Accounts (SHA 2011) framework. The GoT is now using the updated SHA 2011 framework to estimate health expenditures in Tanzania. In accordance, the technical assistance provided by the SCHFT project uses the new SHA 2011 framework. To distinguish the original and updated versions of the SHA framework, we use the acronym NHA/SHA when referring to the updated SHA 2011 methodology.

- Completed data collection for and wrote a preliminary draft of the Minimum Benefits Package (MBP) health financing strategy policy options paper (Activity 2.1); and
- Collected data for, wrote, and presented the Public-Private Partnership (PPP) options paper inception report (Activity 2.1).

2.1.1 RESOURCE TRACKING INSTITUTIONALIZATION (ACTIVITY 1.1)

During this quarter, the SCHFT project made considerable progress in its work with the MOHSW HFU to institutionalize resource tracking by harmonizing data collection tools for the country's upcoming resource tracking studies. MOHSW places value on ensuring that resource tracking data are collected and used to inform policy decisions. A key step to achieving this goal is to streamline and accelerate the data collection process so that relevant data is available to policy makers in a timely manner.

The GoT's interest in producing resource tracking data is commendable. During the upcoming GoT fiscal year, MOHSW and/or the Tanzania Commission on AIDS (TACAIDS) plan to undertake three internationally accepted resource tracking exercises, including:

- NHA/SHA: used to track all health expenditures for the public and private sector and donors.
- NASA: used to track all HIV/AIDS health expenditures for the public and private sector and donors.
- RMNCH Assessment: used to track *all RMNCH* specific expenditures from the public and private sectors and donors.

In June 2013, donors and NGOs supporting health financing in Tanzania received three separate data collection instruments to be used for the three studies (NHA/SHA, NASA, RMNCH Assessment). While each of the studies captures relevant and complementary data for policymakers, the use of three different instruments to collect data would have been duplicative and inefficient because the instruments asked for similar information. At the request of the MOHSW, the SCHFT project harmonized the three survey instruments into one to facilitate the data collection process. MOHSW and other stakeholders envision that the new (harmonized) tool will be used annually to collect data for the three studies. This will significantly reduce the reporting burden on donors, NGOs and other stakeholders. Furthermore, the use of the new data collection instrument will mean that training for and follow up with data reporters can be streamlined, the results can be vetted by one group rather than three, and the data collected for the different studies will be more consistent because they are coming from the same source. The harmonized survey instrument that SCHFT produced will therefore assist MOHSW in its effort to institutionalize resource tracking by making the production of data more efficient.

2.1.2 ASSIST MOHSW TO CONDUCT PUBLIC EXPENDITURE REVIEW (ACTIVITY 1.2)

During the third quarter, the SCHFT project made progress in achieving its objective to build the HFU's capacity to conduct the PER internally with minimal assistance from external consultants by assisting MOHSW to draft the final PER report. The GoT has been implementing the PER on a routine basis, but only with external technical assistance. During the SCHFT project, there has been a substantial decrease in the level of external technical assistance provided: the Ministry is leading the PER, while the project provides quality assurance.

During quarters 1 and 2, the MOHSW HFU team successfully led the 2012 PER data collection and analysis. SCHFT provided training and minimal oversight. MOHSW completed data collection in

February 2013. In March, the SCHFT project supported an MOHSW HFU led 10-day data analysis and report writing workshop in Bagamoyo. The project's COP attended the workshop and led selected sessions. During this quarter, the MOHSW staff wrote the PER draft report that is expected to be shared during the next quarter. The project COP provided input to the PER upon MOHSW request, but did not lead the process. In the future, MOHSW HFU plans to conduct the PER internally (not using external consultants). This is in line with the project's resource tracking institutionalization goals.

2.1.3 DEVELOP CAPACITY OF SELECTED ACADEMIC INSTITUTION TO INCORPORATE NHA/SHA INTO COURSE CURRICULUM (ACTIVITY 1.4)

During the third quarter, the SCHFT project engaged the UDSM to start building NHA/SHA capacity in the Economics Department. SCHFT's work with UDSM is an important step towards institutionalizing the production and use of resource-tracking data. The project will work with UDSM staff and new graduates so that they will be able to serve as technical advisors to MOHSW in the future. To reach this goal, during this quarter, the SCHFT project planned an intensive training for UDSM professors in the Economics Department.

Soon after the USAID Agreement officer approved SCHFT's request to subcontract with the UDSM (May 2013), UDSM completed its first deliverable: to identify staff at the university who will be trained in resource tracking methods and practice. The SCHFT project team then held a kick-off meeting with the University to plan the NHA/SHA training, and to initiate discussions on the next steps needed to develop new course content. At the kick-off meeting, SCHFT and UDSM decided to conduct the training during the week of July 15, 2013. In addition, meeting attendees decided that the most time-efficient way to incorporate NHA/SHA material into the Economics Department curriculum would be to imbed this material into an existing course. The UDSM meeting attendees mentioned that they would eventually like to submit a proposal to the University to initiate a standalone resource tracking course.

In preparation for the upcoming training in July, during Q3, the SCHFT team prepared customized training materials and an agenda, which they shared with UDSM and MOHSW. In particular, this training will cover the purpose and history of resource tracking in Tanzania, theory on the NHA/SHA methodology (SHA is currently being applied by the MOHSW), as well as the use of the Production Tool, which streamlines and simplifies application of the SHA methodology.

The training agenda and materials prepared cover the following content:

Date	Objectives
Monday July 15, 2013	<ul style="list-style-type: none"> • Purpose of resource tracking • Overview of resource tracking methodologies and history of implementation in Tanzania • Policy use of resource tracking data in Tanzania
Tuesday July 16, 2013	<ul style="list-style-type: none"> • Defining expenditures and boundaries of NHA/SHA • Similarities and differences between the SHA 1.0 and SHA 2011 frameworks • NHA/SHA classifications • Three interfaces of the NHA/SHA framework • Reading NHA/SHA tables
Wednesday July 17, 2013	<ul style="list-style-type: none"> • Overview of key stages of the NHA/SHA • Introduction to the Production Tool

Date	Objectives
	<ul style="list-style-type: none"> • Customizing NHA/SHA codes • Collecting data
Thursday July 18, 2013	<ul style="list-style-type: none"> • Collecting data (continued) • Weighing data • Double counting
Friday July 19, 2013	<ul style="list-style-type: none"> • Mapping data • Visualizing results • Open discussion on role of UDSM in harmonizing resource tracking in Tanzania • Development of work plan to incorporate NHA/SHA content into existing course curriculum
Monday July 22, 2013	<ul style="list-style-type: none"> • Mock NHA/SHA Estimation using Production Tool <ul style="list-style-type: none"> ○ Import surveys ○ Address donor/NGO double-counting ○ Map data ○ Review and validate expenditure flows ○ Export NHA/SHA diagrams, tables • Final questions and comments • Feedback questionnaire

2.1.4 PROVIDE SUPPORT TO THE HFU AND ISC IN DEVELOPING THE HEALTH FINANCING STRATEGY (ACTIVITY 2.1)

The SCHFT project continued to contribute to collaboratively develop Tanzania's HFS during the third quarter. MOHSW selected several of the project's staff to lead or participate in developing options papers. MOHSW envisions that the evidence emerging from the options papers will inform how to expand coverage of health insurance and increase access to health services for the Tanzanian population. The process for selecting consultants to complete this work follows three steps:

1. Stakeholders submit to the MOHSW recommendations for both international and local consultants with expertise in the various technical topics of the policy options papers.
2. MOHSW reviews and shares the recommended candidates with the Technical Working Group on Health Financing (TWGHF).
3. The TWGHF ranks the recommended candidates by order of merit, including technical qualifications, prior experience and knowledge of Tanzania health sector and economy.

During the second quarter, the SCHFT project proposed six candidates to the MOHSW² to develop the Public Private Partnership (PPP) options paper and Public Financial Management (PFM) options paper. MOHSW TWGHF selected the project COP to be a member of the Minimum Benefits Package (MBP) options paper team. During Q3, the TWGHF approved four³ SCHFT project staff to write the PPP options paper. The SCHFT team has moved quickly to initiate the PPP options paper, as described in

² The candidates proposed included Dr. Thierry Van Bastelaer, James White, Dr. Daniel Ngowi, Stephen Musau, Rebecca Patsika and Avril Kaplan.

³ James White (Lead), Josef Tayag, Thierry Van Bastelaer and Daniel Ngowi

Activity 2.2 below. The TWGHF has not yet approved the project candidates proposed to write the PFM option paper.

2.1.5 ASSISTING THE HFU TO DEVELOP ALTERNATIVE HEALTH FINANCING PROPOSALS (ACTIVITY 2.2)

This quarter, the project team developed a PPP inception report and presented it to the TWGHF and PPP technical working group. The project received positive feedback from both groups. MOHSW and other stakeholders in the TWG therefore endorsed the report in June 2013, allowing the SCHFT team to begin developing the PPP options paper. During Q4, the SCHFT team will conduct in-depth data collection, including stakeholder consultations. The project will submit a final draft of the PPP options paper next quarter (by mid-August, 2013). As outlined in the inception report, the full paper will provide options for financing a range of PPPs in health and will cover the following topics:

- Tanzania's policy, regulation and PPP institutional framework
- Status of health PPPs in Tanzania
- Opportunities and barriers
- Sources of health sector financing
 - Public sector sources of financing for the private health sector
 - Donor funding to support the private health sector
- PPP case studies
- Approach to PPP monitoring and evaluation

In addition to its work on the PPP options paper, during the third quarter, the project continued to support MOHSW and the ISC to develop the MBP options paper. At the request of the ISC, during Q2, the project contracted a local consultant to work with the SCHFT COP and a GIZ funded international consultant. The MBP options paper inception report was presented to the TWGHF, and approved. During Q3, the MBP team conducted data collection, which included stakeholder consultations with various government and non-government officials. The team presented a preliminary draft of the MBP options paper to TWGHF members in June 2013. The TWGHF chair committed to compile the TWG feedback on issues related to the MBP draft submission and will provide an 'issues paper' to the MBP team for further work and action to prepare the final draft of the options paper, which is due next quarter (by mid-July, 2013). Topics covered in the MBP options paper include:

- International perspectives on MBP
- Tanzanian experience with MBP
 - Current packages and legal framework
 - Priority setting arrangement
 - Operations and performance
 - Identifying scenarios to bridge gaps in existing MBP
- Cost of three MBP scenarios
- SWOT analysis of strategies towards Universal MBP coverage

Other HFS options papers that MOHSW and ISC approved, which are led by other stakeholders, are in various stages of data collection, stakeholder consultations and report writing. These options papers include: Inclusion of the Poor; Community Health Fund Reform; Equity Orientation of Financing and the Private Sector. The PFM Reform and Fiscal Space option papers have not yet started, as they are pending MOHSW and ISC approval.

2.1.6 PROJECT ADMINISTRATION AND MANAGEMENT

During this quarter, the SCHF team continued to ensure effective administration and management of the project operations in Tanzania. The project’s work plan was approved by USAID/Tanzania on March 13, 2013 and is undergoing successful implementation. Project financial reporting deliverables, including quarterly financial reports and quarterly sub grantees reports, were submitted on time.

As shown in the table below, as of ,...) was obligated. Following USAID approval on April 29, 2013, Abt issued a sub-award to UDSM valued at Abt has made a payment of to the University which leaves a commitment of \$ As of June 2013, the project had spent a total of , is leaves the project with an uncommitted budget balance of .

With ramping up of project activities in the next quarter, we request that USAID increase our funding obligation to full obligation of \$1,000,000 to ensure continued project operations.

Table 1: Q3 Financial Expenditure Summary

SCHF Tanzania	
Total Obligated Funding:	
Less Cumulative expenditures (including accruals) as of June 2013:	
Less Cumulative Commitments as of June 2013:	
Obligated Funding Balance as of June 2013:	

3. M&E PERFORMANCE INDICATOR TABLE

Table 2: M&E Performance Indicators

Activity	Indicator	Data Source	Q1: October 1 – December 31, 2012		Q2: January 1 – March 31, 2013		Q3: April 1-June 30, 2013		End of Project Target
			Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result	
	Intermediate Result 1: Increased effectiveness in health governance								
	Component 1: Develop capacity to provide ongoing management oversight of health financing in MOHSW, specifically monitoring resource allocation through PERs and NHA								
1.1	1.1: MOHSW formally approves an institutionalization plan for resource tracking and initiates implementation of at least 2 planned activities before the end of project	Institutionalization plan	Draft institutionalization plan developed	Draft institutionalization plan completed	Institutionalization plan finalized.	Draft plan submitted to HFU, MOHSW	Implementation of Institutionalization plan	Facilitated harmonization of resource tracking data reporting tools	Completed
1.2	1.2: MOHSW-led PER completed with support from local technical/academic institution	Draft PER report	PER commenced	PER commenced	PER data analysis complete	Data analysis completed	Draft PER report complete	Draft underway	Completed
1.3	1.3.1: Number of relevant technical staff from MOHSW and local technical institutions trained in NHA, PER, and/or NHA Production Tool (disaggregated by gender)	Project records	NHA -- 4 PER - 4	Training of HFU staff on PER commenced: 4 training session involving the 4 HFU staff – 1(M), 3(F)	PER data analysis training complete; Training institution identified	10 participants attended PER data analysis training (6 female, 4 male); UDSM selected	NHA training completed	NHA training materials developed. Training of UDSM and MOHSW staff to commence next quarter.	8

Activity	Indicator	Data Source	Q1: October 1 – December 31, 2012		Q2: January 1 – March 31, 2013		Q3: April 1-June 30, 2013		End of Project Target	
			Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result		
	I.3.2: % of relevant technical staff from MOHSW and local technical institutions that received training in NHA, PER, and/or NHA Production Tool who say they are using new skills on the job and can provide examples (disaggregated by gender)	Project records, Post training assessment	N/A	This activity will not take place until the next quarter (Q2)	NHA training provided to UDSM	Waiting approval for UDSM subcontract to initiate training	NHA training provided to UDSM	Approval of UDSM subcontract granted. Training to commence in Q4.	75%	
	I.4: NHA course content adapted to fit the TZ context and incorporated into the teaching curriculum.	Project records	N/A	RFA for an academic institution that expresses interest in incorporating NHA into their course curriculum drafted. Ready to be issued in the third quarter	University selected, and under review by SCHFT project.	Waiting approval for UDSM subcontract	University selected, and curriculum under review by SCHFT project.	Approval of UDSM granted, NHA/SHA module for inclusion to course curriculum to be developed in Q4.	Completed	
Intermediate Result 2: Improved planning for financing health services										
Component 2: Assist with completion of GoT health financing strategy										
2.1	2.1.1: MOHSW drafts HFS document that (1) outlines key system bottlenecks; (2) describes various policy options, including the benefits and risks of each; and (3) explains reasons for selecting the policy(ies)	HFS document	N/A	Activities related to the achievement of this indicator will not take place until the next quarter	Paper identified and started	MBP inception report presented and approved; Paper started; Project waiting for feedback on contributing to 2 additional policy options papers	Paper identified and started	PPP inception report presented and approved; options paper started. First draft of MBP options paper submitted to TWGHF. Awaiting feedback regarding consultants for PFM options paper	Completed	
	2.1.2: Evidence that the MOHSW effectively utilized NHA and PER results to inform the development of health policy options, including the development of the HFS	HFS documentation	N/A	Activities related to the achievement of this indicator will not take place until the next quarter	PER results inform HFS	Matrix comparing existing health financing indicators circulated for reference to all consultants writing	N/A	HFS development to be undertaken after completion of options papers	Evidence documented	

Acti vity	Indicator	Data Source	Q1: October 1 – December 31, 2012		Q2: January 1 – March 31, 2013		Q3: April 1-June 30, 2013		End of Project Target
			Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result	
2.2	2.2.2 Number of Terms of Reference (TOR) documents written (with MOHSW) to facilitate the development of policy option papers for the ISC	TOR documents	7	The SCHF project led 4 TORs and supported 3. All TORs have been submitted to the TWGHF for funding considerations	7TORs considered by TWGHF for funding	policy option papers; recommendations developed for HFS based on PER data	Complete	Development of TORs completed successfully.	7
	2.2.1: Number of project-generated policy options papers presented to MOHSW for potential inclusion in HFS	Policy option documents	N/A	This activity will not take place until the next quarter	2 policy options papers underway	One policy option paper underway (PPP); waiting to hear back from ISC on additional paper (PFM)	2 policy options papers underway	PPP options paper under way. Waiting to hear back from ISC regarding consultants to lead Public Financial Management option paper.	2
	2.2.3: Number of policy options papers that the project played a supportive (i.e. non-lead) role in developing	Policy option documents	N/A	This activity will not take place until the next quarter	Project support being provided to 2 policy options papers	Waiting for approval from ISC to support additional policy options papers	Project support being provided to 2 policy options papers	Support being provided to MBP options paper; Final draft being written. SCHFT project agreed with USAID to support 1 policy option paper instead of 2. This decision was influenced by the MOHSW the selection process.	2
Intermediate Result 3: Sustainable capacity operations									
Component 3: Provide technical assistance to the MOHSW to evaluate/assess/model some of the agreed upon approaches to expanding pooled risk (group social health insurance) systems									
3.1	3.1 TWG on health financing completes road map for risk pooling initiatives in Tanzania with project support	Road map	N/A	This activity will not take place until the next quarter	Commence the health financing road map	MOHSW expressed interest in synthesizing the policy options papers rather than completing a	N/A	MOHSW expressed interest for the SCHFT project	Completed

Acti vity	Indicator	Data Source	Q1: October 1 – December 31, 2012		Q2: January 1 – March 31, 2013		Q3: April 1-June 30, 2013		End of Project Target
			Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result	
						road map			to hold policy analysis workshop which focuses on insurance- related option papers. This will be done once all of the HFS health insurance related option papers are complete. This may not be completed until Year 2.

4. REASON GOAL, OBJECTIVES AND/OR TARGETS WERE NOT MET

Activity 1.1: At the request of the MOHSW and USAID, the project will stop work on the resource tracking institutionalization plan. The plan, which SCHFT drafted (adapted from MOHSW's initial draft plan) during Q1 and submitted to the MOHSW in Q2 for approval, is no longer a priority for the MOHSW. MOHSW and USAID requested that project efforts focus on other resource tracking institutionalization activities.

Activity 1.3: The project planned to commence training the UDSM during Q3. However, the subcontract with the UDSM was approved later than anticipated. During Q3, the project team prepared for the UDSM resource tracking training workshop (to begin in Q4), and had conversations with UDSM regarding their development of new resource tracking training curriculum.

Activity 2.2: The project is waiting for MOHSW and ISC approval for SCHFT to lead the PFM options paper. The project will begin its work on this options paper next quarter, if approval is granted in time. The project will be providing support to one, not two options papers per discussions with USAID. MOHSW is selecting consultants for each option paper. The SCHFT project could only support a limited number of options papers, given that the COP is SCHFT's sole presence in-country and the MOHSW wished to have a wide diversity of local and international consultants involved in writing the papers. Therefore, MOHSW TWGHF only approved SCHFT support for the MBP paper.

Activity 3.1: The project, USAID and the MOHSW determined that for activity 3.1, holding a policy workshop on insurance related option papers was preferable to completing a health insurance roadmap. The SCHFT project therefore proposed working with key stakeholders to hold a policy workshop, which is expected to take place after completion of the insurance-related options papers in the next quarter. Thus, this activity may begin in Year 2 of the project as it depends on other stakeholders who are working on the insurance related options papers.

5. LESSONS LEARNED

After submitting the first draft of the MBP options paper (led by GIZ, with support from SCHFT) to the TWGHF, the SCHFT project has learned critical lessons for the other options papers that the project will work on. First and foremost, active dialogue with clients and stakeholders is essential throughout the drafting process to ensure that all expectations are known, and that stakeholder inputs are sufficiently incorporated into the paper. Secondly, once a zero draft is compiled, it is beneficial to hold meetings with three key groups of stakeholders, including: the government, donor community and the private sector. The options paper should be submitted to the TWGHF, only after receiving comments from these groups and incorporating their feedback into the draft.

6. BEST PRACTICES/CREATIVE IMPLEMENTATION

As the project begins to work with economics professors at the UDSM on resource tracking and NHA/SHA, a best practice for UDSM while they are developing and delivering new curriculum is to connect with other universities and/or institutions in the region, such as the Health Economics Department at the University of Nairobi. The University of Nairobi has already developed resource

tracking materials and incorporated them into their curriculum. Engagement between the two university departments could strengthen both institutions, as lessons learned and materials could be shared. In the future, the universities could work together to provide regional technical assistance on NHA/SHA.

Another consideration when working with the UDSM is to incorporate resource tracking and NHA/SHA course content incrementally. Developing a new course at UDSM is a long process, as obtaining approval from all stakeholders within the university can take up to one and a half years. It would be beneficial to incorporate NHA/SHA and resource tracking into an existing course, so that the new concepts are not subject to the lengthy approval process, and can be delivered within the upcoming academic year (by September 2013). This incremental approach would allow the Economics Department to “test the waters” with the new curriculum content, and then use the experience to inform a proposal to the university to develop a stronger stand-alone course. It will be essential for UDSM to engage with MOHSW while incorporating the resource tracking related material into their curriculum so that they can apply the theory that they learn to an actual NHA/SHA.

7. PLANS FOR NEXT QUARTER

The SCHFT project has the following plans for Quarter Four:

Develop Capacity of Academic Institution to Incorporate NHA/SHA into Course Curriculum (Activity 1.4): During the next quarter, the SCHFT project will train UDSM and MOHSW staff in NHA/SHA. The project will work with UDSM economics professors to incorporate resource tracking, in particular NHA/SHA material into the health economics course curriculum.

Assist the HFU to Develop Alternative Health Financing Proposals (Activity 2.2): The SCHFT project will continue to collect data, draft, finalize and submit the MBP and PPP options papers before the mid-August 2013 deadline. The project will also wait to hear from MOHSW TWGHF and ISC regarding their approval for SCHFT to lead one new policy option paper (PFM paper). Once the project receives approval, the team will begin to develop the PFM inception report.