

Health Policy Plus: Tanzania

Overview

Since 2015, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development, has built upon a foundation set by its predecessor projects to work with the government, Tanzanian partners, and stakeholders to improve policies for family planning and reproductive health; maternal, newborn, and child health; and HIV services. This brief summarizes key achievements that have been made in three areas: sustainable financing, strategy development, and health advocacy.

Early activities funded by the U.S. President's Emergency Plan for AIDS Relief focused on the areas of HIV and citizen engagement. Some of these activities included: [conducting cost efficiency and outcome analyses](#) of HIV community-level differentiated care, strengthening the [pediatric and adolescent HIV response](#), implementing [stigma-reduction activities](#), and [increasing citizen engagement in monitoring service quality](#), including training 571 community leaders, health professionals, and health officers to support rollout and uptake of its use.

In recent years, HP+ focused on improving the enabling environment for equitable and sustainable financing for health services; accessing, generating, and analyzing actionable evidence to support health policies and strategies; and equipping civil society to advocate for reforms and strategies for financing these aims. In 2020–2021, HP+ work centered on strengthening government capacity to steward execution of the family planning costing implementation plan (see box).

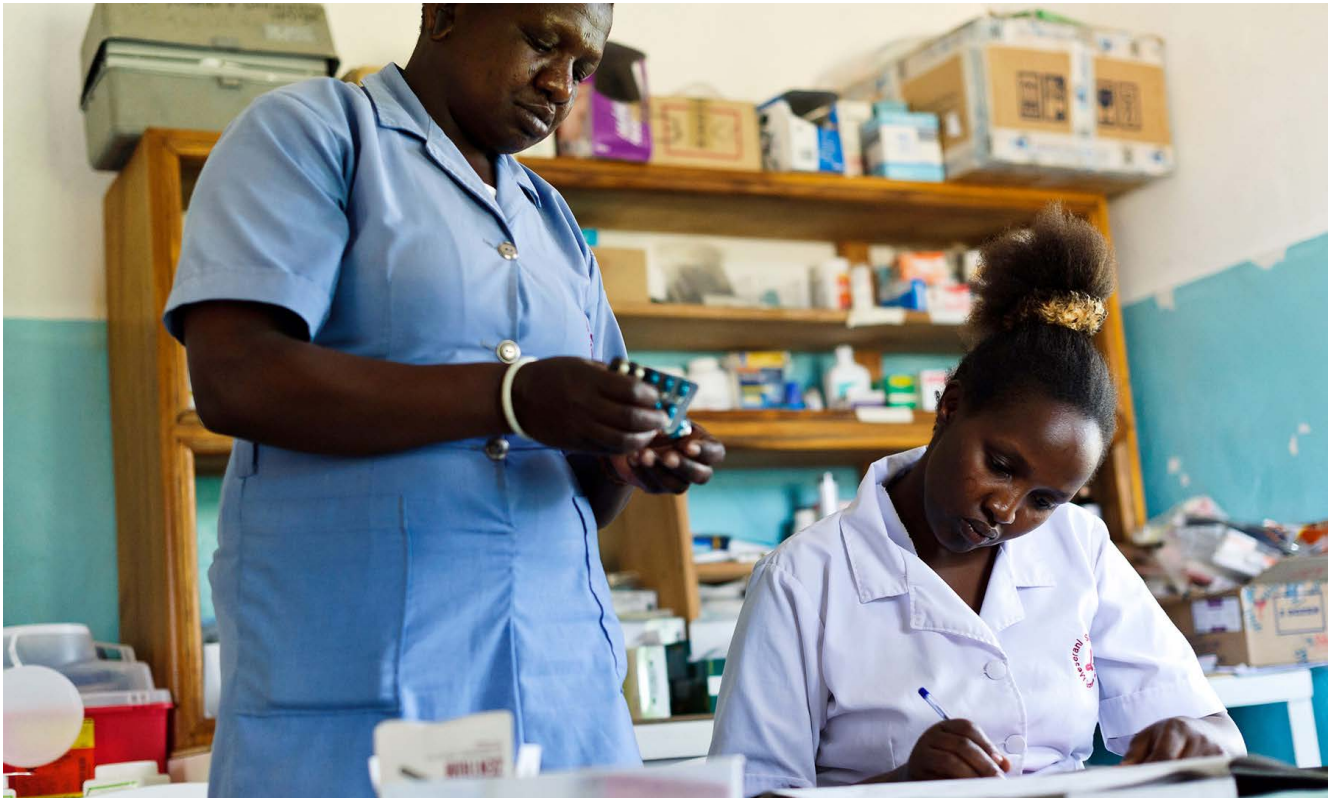
Supporting Family Planning Goals

HP+ supported the Reproductive and Child Health Section of the Ministry of Health, Community Development, Gender, Elderly, and Children to execute the [National Family Planning Costed Implementation Plan \(CIP\) 2019–2023](#), including:

- Developing and implementing a performance monitoring plan
- Updating the essential package of family planning activities and estimating their impact for [achieving the Sustainable Development Goals](#)
- Assessing options for mobilizing funding for family planning
- Conducting a gap analysis of funding coverage and activities for the first three years of the CIP
- Orienting 23 members of Parliament on the family planning CIP
- Supporting annual district action plans as part of routine planning and budgeting for 160 local government authorities

Developing Options for Sustainable Finance

The recent World Bank classification of Tanzania as lower-middle-income will require the country to increase domestic resource mobilization and gradually reduce donor dependence. HP+ has



explored ways to achieve this through revising insurance schemes for targeted groups, fostering efficiencies in programs through differentiated services for various levels of care, conducting a total market approach to family planning, and improving strategic planning. For example, the project supported generating evidence showing that [integrating HIV services into national health insurance](#) is a possible option for Tanzania to sustainably [increase domestic resources for HIV](#). As a result of the study, HP+ shared findings with stakeholders, which resulted in an invitation to present at the Tanzania Commission for AIDS symposium in 2019. Study results have informed discussions on the potential for HIV services to be included in a [single national health insurance plan](#) and informed ongoing policy dialogue on how to improve efficiency for HIV service delivery. Findings from an actuarial analysis conducted by HP+ were used by the health ministry in crafting responses to feedback from the cabinet on a draft health financing strategy. This work is being used by both USAID and the government of Tanzania in discussions related to health financing policy.

In another study, HP+ explored how Tanzania could finance maternal and neonatal healthcare

for the most vulnerable populations to address the high maternal mortality rate and improve maternal health outcomes. HP+ explored [barriers in access to maternal and newborn healthcare](#), options to address out-of-pocket expenses for patients, and the cost to government of subsidizing maternal and neonatal health interventions for low-income pregnant women. In a [separate study](#), HP+ explored two financing options to replace the “free-for-all” family planning policy in order to provide recommendations to the government of Tanzania on how to optimize the use of scarce public resources.

Evidence-Generation for Strategic Action

The Tanzanian government enlisted HP+ to contribute to several health sector strategic plans. HP+ supported development of a performance monitoring plan that paved the way for execution of the family planning costing implementation plan (CIP). HP+ followed that work with a rapid [landscape assessment](#) and funding gap analysis to coordinate communication and strengthen advocacy for family planning. As a result of HP+ support for the execution of the

family planning CIP, and its engagement of stakeholders to update the essential package of family planning interventions aligned with the CIP, the government now has a document that translates the national plan into actionable activities in line with the Sustainable Development Goals: the *National Package of Essential Family Planning Interventions and Activities for Inclusion in Comprehensive Council Health Plans*. As a result, 160 districts developed district action plans aligned with their CIPs and HP+ worked with the President's Office Regional Administration and Local Government to assess how family planning was included in council health plans and budgets.

Supporting the overall health sector, HP+ assisted government partners and nongovernmental partners to [prepare cost projections and prioritize interventions](#) achievable with available funding for Tanzania's fifth *Health Sector Strategic Plan 2021/22–2025/26*. This work included costing four component strategic plans: the fifth *Health Sector Strategic Plan*, *One Plan III* (the third

plan for reproductive, maternal, newborn, child, and adolescent health and nutrition), the noncommunicable disease strategy, and the human resources for health strategy. In the area of HIV, the project completed an [activity-based costing and management assessment](#) that provided an understanding of the key drivers of above-site costs for HIV programs that will help to better prioritize investments. A second phase of the activity will institutionalize the routine capture of HIV cost and spending data to generate information for strategy development and effective implementation.

Refining Approaches for Health Advocacy

In 2018, the environment surrounding family planning in Tanzania faced opposing sentiments by the country leadership, translating into slow decision making and restructuring of some programs, particularly related to advocacy and social behavior change. HP+ brought a

Scalable HIV Stigma Reduction

HP+ worked with local partners to [measure](#) and reduce HIV-related stigma and discrimination in health facilities, and adapted a [training curriculum](#), including adding a focus on youth, who also were among the facilitators. Activities included: creating stigma-reduction champions, posting codes of conduct, fostering accountability through client feedback, and recognition of staff for providing stigma-free care. Results include:

- The National AIDS Control Programme revised its national *Facilitator's Guide for Training Health Workers on Stigma and Discrimination Reduction*, using content from the HP+ guide.
- Tanzania saw fewer instances of discrimination—an estimated 35 percent reduction—and a reduction in client avoidance of HIV testing—avoidance down 34 percent.
- Youth reported a 77 percent positive change in staff behavior and a 27 percent reduction in their experience of stigma while accessing health services.



Participants at an HP+ stigma and discrimination training.

fresh approach to advocacy to find ways to package persuasive evidence for the right decisionmakers. HP+ mapped health sector advocates to better coordinate efforts, educated them on decision-making paths, sought buy-in from stakeholders, and provided grants to fund advocacy efforts. The tools developed with HP+ support should be useful for other sectors and other countries, particularly the [Messages and Supporting Evidence to Make the Case for Family Planning in Tanzania—A Resource for Advocates](#) and [Guide for Civil Society Organizations: Influencing Government Health Budgets in Tanzania—A Resource for Advocates](#).

The Way Forward

Recommendations for sustaining Tanzania's gains and accelerating progress include:

- The government should consult evidence generated on integrating HIV, maternal health, and family planning services into insurance schemes to inform decisions on reforms and promote universal access to services.
- The government and stakeholders should establish a more consistent effort

to mobilize and ensure efficient use of resources for the family planning CIP, such as establishing and maintaining an inclusive biannual planning process to generate an operational plan, identify gaps, avoid duplication among stakeholders, promote collaboration, and foster better stakeholder reporting.

- The government should redefine the free-for-all family planning policy to target only those who cannot afford to pay to receive subsidized and free products. This will support more private sector engagement and conserve public funding.
- Development partners should align their workplans to the *National Family Planning Costed Implementation Plan 2019–2023* strategic priorities while maintaining flexibility for innovation and continued improvement.

Additional information on HP+ work in Tanzania can be accessed at: www.healthpolicyplus.com/tanzania.

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