

# Swiss-Tanzania Cooperation: Health Promotion and System Strengthening (HPSS) Project



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# Health Promotion and System Strengthening (HPSS) Project

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## Why is health sector support needed in Tanzania?

Good health is key for development and economic growth. Tanzania has increased investments and intensified its endeavour to provide access to quality healthcare to all citizens. Tanzania's national health sector strategic plan IV establishes the ambitious aim of *"Reaching all Households with Quality Health Care"* by 2020. During the last decade, the country has made impressive gains in improving people's health. However, there is still a long way to go until all Tanzanians have affordable access to quality care. Additional and innovative ideas are required for providing Tanzania with useful operative support to achieve national and international development objectives.

A number of development partners support Tanzania to strengthen its healthcare system and improve people's health. In 2011, the Swiss Agency for Development and Cooperation (SDC) established the project [Health Promotion and System Strengthening Project](#) (HPSS). It pursues the objective of improving access to, quality and utilisation of health services in Tanzania, and to see these services delivered by an effective and well-governed health system. Hereby, the Swiss government supports the Government and the people of Tanzania as they strive for improving health, living conditions and well-being.

## What is the HPSS project all about?

The HPSS project is a people-centered project that follows a comprehensive systems approach. As such, the HPSS project has become a flagship for Switzerland's support. It develops innovative solutions in partnership with the Government and supports their integration into national institutions, systems and policies. As the name

*Health Promotion and System Strengthening* indicates, the project follows a twofold strategy combining community-based health promotion with improved health care delivery and access to care. It builds on the evidence that shows that in tandem with the provision of better quality of care, the successful promotion of community empowerment improves people's health. The HPSS project operates at national, regional, district and community levels, always accompanying key interventions with operations research. Social inclusion, gender equity, and sensitisation regarding HIV and AIDS are core values that have been supported across all HPSS project activities.

### **What is unique about the HPSS project?**

The HPSS project works in an intersectoral, interdisciplinary and systemic manner and pursues several interrelated, complementary approaches. On the one hand, the Swiss-Tanzania cooperation project emphasises health promotion and preventive interventions for improving population health.

On the other hand, the HPSS project stresses the need for a well-performing healthcare system in Tanzania. Even if the health status of the population depends on many other factors and determinants, the availability of quality health services is important for people's health. Additional challenges derive from the double burden of disease Tanzania is facing due to the simultaneity of communicable and non-communicable diseases.

The HPSS project has always followed a health system strengthening approach. This comprises a variety of measures such as improved policy and govern-

ance in the health sector, investments in repair and maintenance services, better availability of medicines, and establishing a strong social health insurance scheme, amongst others.

### **What is the rationale behind the HPSS project?**

The HPSS project is strongly aligned with the Sustainable Development Goals (SDGs). The SDGs approach is holistic and reflects the close linkages between income, education, living and working conditions, which are highly relevant for people's health all over the world. The Swiss Agency for Development and Cooperation starts from the understanding that progress in people's health can only be achieved by working with the health and many other sectors like education, community development, governance, and others. This is why the project complements healthcare improvement with health promotion.



The HPSS project gives due consideration to the complexity of a systems strengthening approach, and works concurrently on several “building blocks” of the health system. Change management in Tanzania’s health system is a core concern of the HPSS project. The project has successfully contributed to achieving a number of system changes for improving the country’s health sector.

#### **HPSS’s fourfold systems support**

- Health-insurance cover through Community Health Fund (CHF) *Iliyoboreshwa* protects people from the financial burden of ill health
- Increased availability of medicines through the “Jazia Prime Vendor System” improves health care delivery
- Enhanced operability of medical equipment through health technology management saves costs and improves quality of services
- Health promotion empowers communities to identify health priorities, plan and take action to promote well-being and prevent disease.

### **What is the focus of the HPSS project?**

Capacity building has been at the centre of the HPSS project since the very beginning. The project aims at promoting capacity for addressing crucial questions and assessing policy choices and modes of implementation. Capacity building is more than training and includes the development of human resources, organisations, institutions and regulatory frameworks. Beyond having directly organised trainings, the HPSS project has established training courses at partner institutions on health promotion, medicine dispensing, health technology repair and maintenance, and a health insurance course is in the planning stage. Emphasis was laid on institutionalising

processes so they can be sustained in the longer term and reach a critical mass of district and facility level staff.

The HPSS project has become a point of reference for health systems strengthening in Tanzania. Alongside the [Ministry of Health, Community Development, Gender, Elderly and Children \(MoHCDGEC\)](#), the devolution of health services made the [President’s Office of Regional Administration and Local Government \(PORALG\)](#) the most important national counterpart. The HPSS project has facilitated the establishment of a “[Resource Centre for Health Systems Strengthening](#)” within PORALG as a platform for exchange and policy formulation between government institutions and development partner projects.

**Capacity** refers to the ability of individuals, institutions and societies to perform functions, solve problems, and achieve objectives.

### **What makes the project so people-centred?**

The nature of the HPSS project is demand-driven and participatory. Assessing people’s needs has been a hallmark of the project from the beginning and has led to a series of tangible results:

- Setting up of health promotion structures at community level and in schools on sanitation and non-communicable diseases with local authority funding
- Training materials, guides, processes and packages for communities, schools and health facilities to implement quality participatory health promotion

An important lesson learned from the HPSS project approach is that sensitisation campaigns must pay particular attention to low socio-economic groups and less educated citizens – all of whom have to be engaged from their own cultural perspectives and in their own language.

# The HPSS project support to promoting the health of Tanzanians

## Why does health promotion matter?

The HPSS project complements health-system strengthening with a successful health promotion approach. The impact of healthcare services on people's health can be overestimated. Many health problems are closely linked to social and environmental determinants. Income, education, hygiene, living and working conditions all play a critical role in defining people's health.

As in many other countries, Tanzania's health promotion approach was traditionally top-down with communities being passive receivers of health education messages. Health promotion is, however, a holistic, comprehensive and participatory concept within and beyond the health sector that enables people to increase control over their health. Supported by civil servants qualified to occupy clearly described jobs, health promotion empowers communities to actively address their health concerns by planning and accessing local authority budgets to support voluntary efforts.

## What is the benefit of health promotion?

The theory behind the HPSS project approach is that with effective participatory health promotion, communities will be better prepared to address their unmet needs with regards to health and well-being. The process started with communities prioritizing their health concerns within peer groups and priority-setting, followed by discussions among the whole community. In order to ensure sustainability, the project helped build the capacity needed for strengthening participatory decision making at all levels.

To date, the HPSS project health promotion component has responded to the priority health concerns in Dodoma Region through community sanitation projects and school health promotion. The most outstanding

success of the school-health programme was the early detection of chronic conditions and the reduction of diarrhoeal infections. A Sanitation Revolving Fund was established to seed-fund materials and tools needed for constructing latrine hardware. As soon as one village recovered the seed funds through social marketing, it forwards them to another within the district. Altogether, the HPSS project supported sanitation approach is reflected in a four-and-a-half-times increase in domestic latrine ownership.

### Health promoting achievements

#### School health:

- Over 154 sessions of school health screening, covering 90,000 school children with oral, eye, ear, worm and parasite examination; 2,532 pupils referred to specialist services
- More than 1,000 health promotion sessions conducted at more than 400 schools
- Reduction of diarrhoeal infections as a result of improved school hygiene and sanitation
- Implementation of health committees based on sanitation action plans agreed between local health committees and schools.

#### Community sanitation:

- Over 150 community health workers (CHW) from 148 villages trained on toilet slab casting and masonry
- A Sanitation Revolving Fund (SRF) established in 130 villages, funds revolved in 10 villages in Kondoia district
- More than 67,000 new public and domestic latrines built and 8,000 improved or upgraded

## What can be done for promoting health?

The HPSS project has strongly contributed to reducing policy gaps by supporting a broad array of policy documents, guidelines, and standard operational procedures, namely:

- National Policy Guidelines for Health Promotion
- National Policy Guidelines on School Health Promotion
- National School Health Programme Strategic Plan 2017-2022
- Strategic and Action Plan for the Prevention and Control of NCDs.
- National Guidelines for Water, Sanitation & Hygiene in Health Care Facilities
- National Sanitation Campaign Implementation Guideline
- National Guidelines for Verification and Certification of Open Defecation Free Communities.

Schools are very influential change agents since school children act as multipliers and help their households and communities in adopting improvements and implementing innovations. Sensitised children take steps to prevent ill-health also at home and promote some basic behavioural changes within their families. For example, they motivate their parents to get vaccinations, introduce elements of hygiene for preventing infectious diseases such as the use of clean water or treatment of tap water, and build latrines close to the homes.

Moreover, the HPSS project health promotion component has successfully contributed to empower communities and community leaders to assume responsibility for health issues, take action, budget the investments required, and successfully claim funds from local and district authorities.



In the beginning, the HPSS project approach to health promotion focussed on responding to community concerns regarding infectious health problems such as diarrhoeal diseases. Now it is also supporting communities to reduce preventable risks of non-communicable diseases that are rising rapidly in Tanzania.

### Highlights of HPSS health promotion

- Setup of a district **Health Promotion Technical Working Group** bringing together health, school and community development actors from government and civil society
- **Amended government job descriptions** clarifying health promotion duties
- Implementation of a **training course** on Health Promotion at the University of Dodoma (UDOM)

# The HPSS project support to improved management and supply of medicine

## How to make medicines available to all Tanzanians?

A well-known challenge of healthcare facilities in Tanzania relates to health professionals being unable to treat patients because they do not have the needed medical supplies at their disposal. Erratic supply and frequent stock-outs of essential medicines are a common problem. The centralised procurement system for public health supplies through the Medical Stores Department (MSD) has long failed to supply the public sector with sufficient medicines and supplies.

For the people, availability of medicines is closely associated with perceived quality of health care services. Frequent unavailability of basic medical supplies deters people from using public health facilities; and it prevents them from enrolling into voluntary health insurance like with a Community Health Funds (CHF).

For achieving its overall objectives to improve community health and access to health care through strengthening concurrently both demand and supply, the HPSS project engages in the management of pharmaceutical products. Purchasing of medicines outside MSD used to be cumbersome and time-consuming. Health workers had to travel to suppliers, evaluate the offers and procure medicines that were out of stock at MSD.

### Health facility managers are taught to ask themselves:

- How can I correctly account for cash and medical supplies that are managed at this facility?
- How can I assure accountability?
- How can I provide patients the care and medicines they need?

## What has the HPSS project done for improving access to medicines?

Making medicine supply and availability more reliable challenges some deeply rooted habits. Leakage of medicines at various junctures of the supply chain is not uncommon. At this point, the systemic and comprehensive the HPSS project approach came into play. For improving medicine supply in public facilities, the HPSS project supported the regional and local administration to set up an innovative regionally-based pooling mechanism. This allows for the purchasing of supplementary medicines from a single, private pre-qualified pharmaceutical provider. The so-called "Jazia Prime Vendor System" is responsible for delivering medicines which MSD cannot provide in a timely way. The Jazia Prime Vendor System (PVS) is a public-private partnership arrangement that complements the government supply chain.

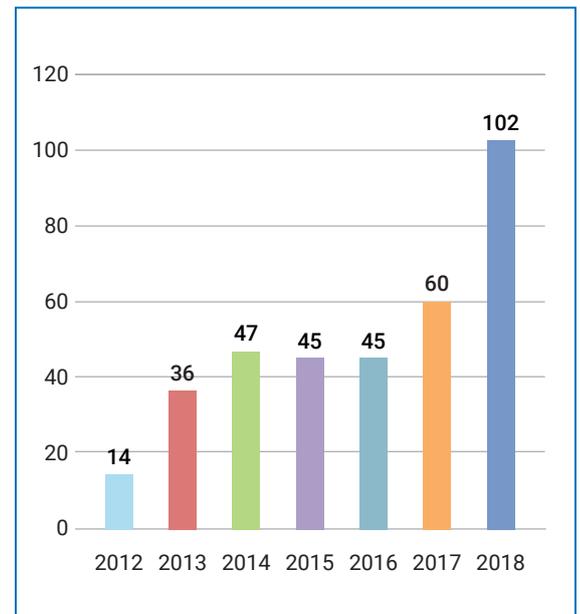
Ultimately, the HPSS project employs a multi-levelled strategy to strengthen the supply side of health care, including:

1. Capacity building of health care workers in supply management
2. Set-up of a medicine and financial audit system to increase accountability and transparency
3. A new one-year certificate course for vocational training of pharmaceutical dispensers in rural areas
4. A process of peer coaching for supply management that is funded through the district's own resources
5. Support of the MoHCDGEC in the revision of national standard treatment guidelines
6. Clinical training in the management of main illnesses in primary health care
7. Implementation of a peer assessment tool for facility health workers
8. The Jazia PVS as a complementary procurement pathway for continuous medicine supply

In a nutshell, this comprehensive approach to medicines management has resulted in a series of positive outcomes in a complex setting:

- Improved pharmaceutical supply capacity and performance
- Increased number of trained and motivated pharmacy staff
- Higher availability of medicines, hence improved access to medical care
- More rational treatment of patients
- Enhanced transparency and better governance in the health sector
- Cost savings

### No pharmaceutical staff Dodoma all cadres



#### Success stories:

- Improved availability of essential medicines: from 53 % in October 2011 to 90 % in July 2018
- More transparency and accountability in procurement and payment procedures related to medicines
- Increased human resources for health: The vocational training programme for basic pharmaceutical staff with St. John's University mitigates shortage in rural areas (400 graduated and employed)
- Jazia PVS complements MSD and successfully engages the private sector
- National roll-out of Jazia PVS in all regions of mainland Tanzania



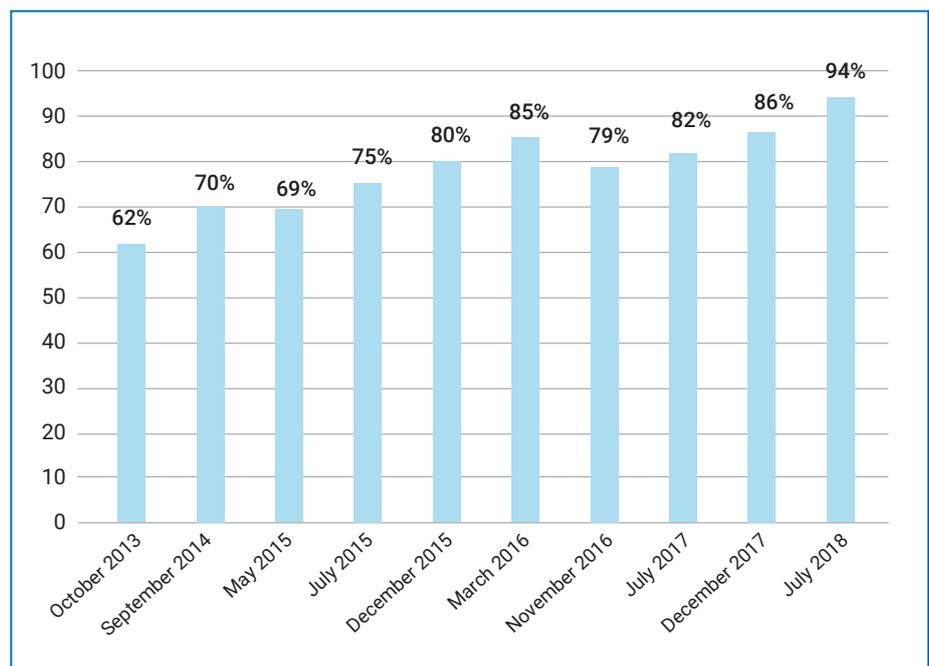
## What are the lessons learned from the Jazia Prime Vendor System?

The successful approach in medicines management provides convincing evidence that tangible improvements can be achieved with a combination of complementary interventions at various levels of the supply chain and beyond. Policy interventions that are designed in a transparent and participatory approach and in close collaboration with the responsible national authorities and institutions – including regional, district and health facility stakeholders – create ownership and ensure operational performance.

Combined with regular auditing and supportive supervision, the Jazia Prime Vendor System has shown remarkable results. Availability of medicines at health facilities and, thus, access to medicines and medical supplies has significantly increased.

The Jazia Prime Vendor System is promising to be sustainable since it is a complementary, but not a parallel system built on existing government policies and guidelines, and since it operates within the regional government structure where it has contributed to enhancing accountability. After the system proved successful in three regions (Dodoma, Morogoro and Shinyanga), PORALG decided to roll-out the Jazia Prime Vendor System in all regions of mainland Tanzania.

### Availability of tracer medicines in Dodoma region



# The HPSS project support to better Health Technology Management

## What are medical devices needed for?

Availability and operability of medical devices poses great challenges to Tanzania's health sector. Selecting and maintaining medical equipment, as well as safely and effectively using them requires the combination of science, technology, and professionalism. Biomedical technicians are required for installing, repairing, calibrating and troubleshooting medical biomedical instruments, medical devices and machines used in healthcare settings. Health Technology Management (HTM) is thus crucial for providing quality health care.

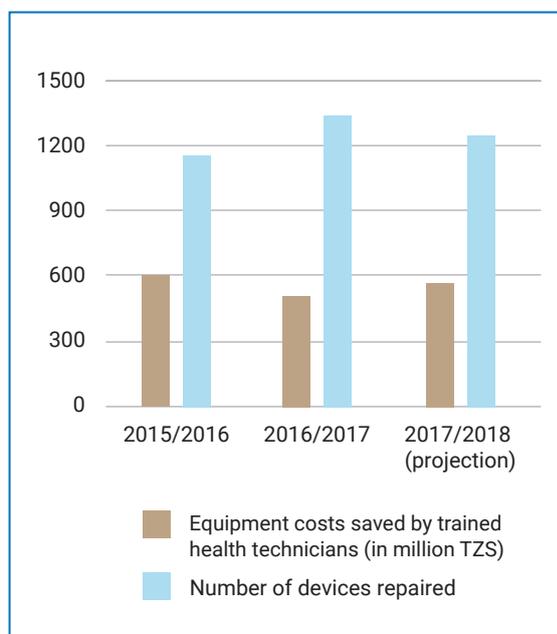
HTM has proven its potential to improve healthcare delivery, reduce expenditure and foster universal health coverage. The HPSS project has strongly supported Tanzania's endeavour to make health technology fully operative. The most relevant outputs of the project refer to the implementation of a regional inventory of medical equipment, the development of curricula for dispensers and artisans, and successful training of health technicians.

## What is the rationale behind HTM?

Today, Dodoma region has a centralised inventory of medical devices and machines in public facilities. Whenever a device is failing, health workers can provide the HTM department at Dodoma Regional Hospital and District Workshops with the registration number. This allows identifying the device, and immediately starting the procedures for making it operational again.

The HPSS project has also supported the development of training programmes and curricula for dispensers and artisans. Today, a National Technical Level Training (IV, V) is under way to qualify for a diploma technician. Since the beginning, a total of 23 Biomedical Engineering

**Equipment costs saved by trained health technicians (in million TZS)**



Technicians, over 40 Health Administrators, and the considerable number of 1,200 Health Care Workers successfully underwent the training organised by the project.

Health technicians improve the usefulness of registered medical equipment by providing needs-based and tailor-made training for health workers in order to enable them to use all devices available in health facilities. The positive impact of health-technology improvements was decisive for the Dodoma region to win a presidential certificate for being the best healthcare performers in Tanzania. The MoHCDGEC aims at rolling out the HPSS project approach to improve health technology management in public healthcare providers.

Health technology management clearly reflects the project's system approach. On the one hand, it accomplishes healthcare delivery and financing with technical and managerial support. On the other hand, it envisages and challenges attitudes, which tend to reduce the efficiency of healthcare provision. One problem derives from the widespread habit to declare medical devices as damaged in order to buy them for a very low price and either use or sell them thereafter. Moreover, intransparent procurement practices provide opportunities for corruption and cause higher costs. The project helps overcome these habits by supporting health workers and incentivising fairness and trustworthiness, a must for reaching all Tanzanians with quality healthcare and achieving universal health coverage.



#### **Positive effects of operative clinical equipment:**

- Better use of human resources since physicians and other health professionals can better apply their clinical knowledge
- More efficient delivery of health services
- Improved quality of care due to a broader range of available diagnostic and therapeutic procedures
- Higher satisfaction of health workers
- Time and money savings for patients
- Increased satisfaction and confidence of patients in health services

# The HPSS project support for achieving universal health coverage

## What does Tanzania's health financing system look like?

The aim of the Government of Tanzania, "Reaching all Households with Quality Health Care" by 2020, requires implementing social health protection for all Tanzanians. Therefore, achieving universal health coverage is a key priority in Tanzania's health policy. For increasing equitable access to care and improving the quality of health services, the country has to overcome the existing lack of effectiveness and efficiency in health financing. Particular challenges arise from the fact that most Tanzanians are working in the informal economy as self-employed farmers, service providers or craftspeople, not being on the payroll of an employer. Since 1996, the Government of Tanzania established Community Health Funds as locally based pre-payment schemes to finance part of basic healthcare services and to complement the government health investments, aiming to support specifically the rural and informal sector population.

Despite relatively low contributions augmented by government subsidies, the expectation to enrol most Tanzanians for the past ten years has not come true. CHF penetration rarely exceeded 10% of the population. This was mainly due to the fact that the benefit package was restricted to primary care available in the nearest dispensary or health centre.



### Key features of CHF *Iliyoboreshwa*:

- Purchaser-provider split: Management shifts from health facilities to specialised local-government structures
- Enrolment at community level close to the people
- Affordable contributions, with option of payment by mobile money
- Broadened benefit package: Services at primary-care facilities, secondary and tertiary care hospitals covered
- Portability of entitlement: Access to health services at any healthcare provider in the network nationally
- Mixed provider payment: Combination of capitation and performance-based payment
- Improved financial and administrative management capacities at insurance and provider levels
- Efficiency and transparency enabled by a robust IT system

For details see [chf-iliyoboreshwa.or.tz](http://chf-iliyoboreshwa.or.tz).

## What is new about the “improved CHF” (CHF *Iliyoboreshta*)?

Today, the country strives for mandatory health insurance for all citizens as a key driver for better health. As a part of its endeavour to achieve universal health coverage by 2020, the Government of Tanzania thoroughly reassessed the initial CHF approach and decided to further develop it into fully operational and effective social health protection schemes. Political decision-makers could here build upon extensive experience gained in Tanzania. Among others, the new “improved Community Health Fund” (CHF *Iliyoboreshta*) drew important features from the model implemented by the HPSS project.

One important step was enrolment at community level, where people live, instead of expecting them to go to health services for this purpose. The HPSS project introduced innovations such as mobile enrolment and contribution payment which make health insurance easily accessible, reduce operational costs, and support professional governance and administrative structures for the CHF *Iliyoboreshta*. Following the HPSS project and other models, CHF *Iliyoboreshta* covers a much broader benefit package including hospital care in public facilities. Users highly appreciate the liberty to access health services for a moderate insurance contribution at any accredited health facility in the country.

In the new national CHF *Iliyoboreshta* model, funds are no longer managed by the District Medical Offices but go directly to CHF offices managed by the Regional Administration. CHF *Iliyoboreshta* also reduces the administrative workload for health care providers, as they now receive reliable and effective payment according to both population covered and services delivered. Following its systemic approach, experience gained during the implementation of the HPSS project-supported CHF *Iliyoboreshta* in three regions has significantly contributed to the new national CHF *Iliyoboreshta* model. Standard Operating Procedures and Financial Management Guidelines elaborated by the HPSS project in supporting the CHF *Iliyoboreshta* were adjusted and endorsed by the President’s Office - Regional Administration and Local Government and are now employed by the CHF *Iliyoboreshta* nationally.

### **Contribution of the HPSS project to CHF *Iliyoboreshta*:**

- Redesign of enrolment, fund flows and reimbursement
- Purchaser-provider split: Shift of CHF *Iliyoboreshta* management from health facilities to local governments
- Expansion of the benefit package
- Portability of entitlement to services
- Set up of an outstanding, tailor-made Insurance Management Information System (IMIS)

## What is a good management information system?

Performance and success of an insurance scheme requires strong and effective data management. Powerful IT systems are indispensable for managing complex data sets about beneficiaries, contributions, services, providers, fund flows and others needed for running health insurance. Since 2012, the HPSS project has undertaken great effort to develop a fully operational management tool for community health funds. As a result, CHF *Iliyoboresha* has now a robust, tailor-made IT system at its disposal. The design of the Insurance Management Information System (IMIS) was a big part of the HPSS project intervention. IMIS supports all business processes of the new CHF *Iliyoboresha* scheme, ensures availability and precision of information, accelerates operations, creates transparency and helps to reduce fraud (<https://www.swisstph.ch/en/about/scih/sysu/health-economics-and-financing/imis/>).

The centralised IMIS is crucial for making CHF *Iliyoboresha* membership portable. Beneficiaries can access health services at any accredited health facility in the country. Although the CHF *Iliyoboresha* schemes are backed by one central IMIS server, regions retain the ability to define their own insurance products, pricing options and service packages. IMIS can accommodate the region-specific parameters, even when reimbursing cross-region service provision.

## What are the key features of IMIS?

IMIS is a comprehensive IT system based on an easy-to-use and easily accessible technology. IMIS provides a centralised web- and smart-phone based application for any kind of health insurance operations. This brings processes closer to clients and makes health insurance more inclusive, particularly for the informal sector and rural areas where cost effective and easy to manage solutions are of high importance.

Moreover, the system reduces bureaucracy and transaction time. It allows for managing and standardising paperless enrolment, renewals, identification enquiry, contribution collection, claiming, provider payment and feedback collection. IMIS comprises cost-effective identification mechanisms, synchronises a battery of off-line installations, and is designed for flexible adaptation to insurance products.

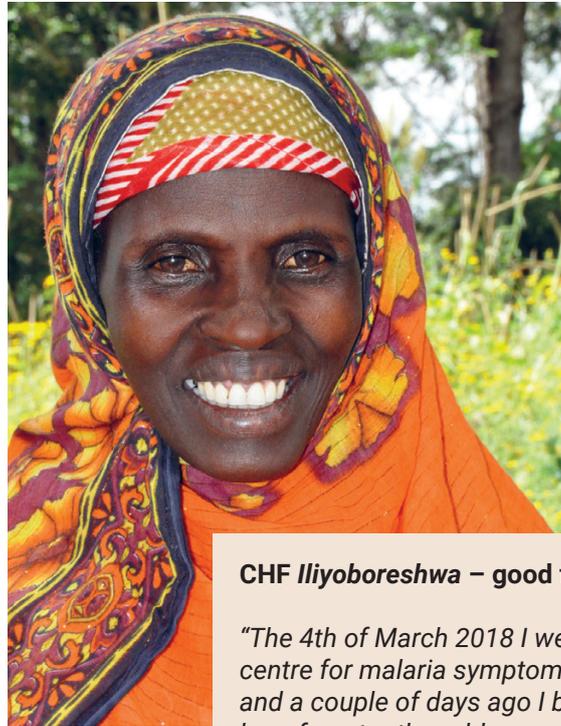
IMIS is a fully functional and open-source licensed application being made compatible with other technologies catering to Universal Health Coverage, such as the national HMIS (DHIS 2) in Tanzania. The software source code is now publicly available creating a global community of developers and users around IMIS in the "openIMIS Initiative" (<https://www.openimis.org>), which will be able to further enhance and improve the system through their experience and expertise. Together with catering for new implementation needs, the continuous inclusion of technology advances will ensure better modularity and continuous system growth.

## What will the impact of CHF *Iliyoboreshwa* be for the people?

The HPSS project actively and effectively supported the further development of Community Health Funds and their transformation into a proper health insurance scheme. The rationale behind is to provide a health-insurance package which offers reliable financial protection from bad health and is attractive for the Tanzanian population. This is particularly challenging in an environment where people are not familiar with the concept of health insurance. However, CHF *Iliyoboreshwa* has a huge potential to contribute to a better understanding and uptake of health insurance in Tanzania. This is essentially due to the fact that:

- CHF *Iliyoboreshwa* is affordable and easy to join
- enrolment procedure is simple and fast
- coverage includes primary, secondary and tertiary care
- benefits are portable and thus accessible at all accredited health facilities countrywide.

The improvements of CHF *Iliyoboreshwa* are complemented by the results promoted by the HPSS project's other components and the multi-level approach of the project. In particular, better availability of medicines, operational medical devices, improved treatment guidelines, and overall better clinical procedures are crucial for a health insurance to be successful and persuasive. Health promotion in the long run reduces avoidable cases of disease and thus contributes to making health insurance affordable. Health insurance coverage protects lives and enables families to invest their resources into improving their well-being and not to worry about the costs of catastrophic events of ill-health.



### CHF *Iliyoboreshwa* – good for the people

*“The 4th of March 2018 I went to the health centre for malaria symptoms and cough, and a couple of days ago I brought my son here for a tooth problem and flu. We both received good treatment and services using our CHF cards. CHF is very good, I would even pay more if referral to big hospitals would be included.”*

**Mwajabu Huseni, 45 years, Mnenia Village, CHF member since 2014**

### Key achievements of CHF *Iliyoboreshwa* in Dodoma, Shinyanga and Morogoro Regions

- 2,238 enrolment officers across villages in 23 districts are in place and functioning
- Over 1 million people enjoy portability of their CHF cards and can access services in 2290 health facilities (spread across 9 regions of Tanzania)
- 1,812,614 individuals registered in IMIS having enrolled for CHF at some time
- TZS 3,087,254,942 (appr. USD 1.3 million) paid out as claims payment up to July 2018 since the introduction of CHF *Iliyoboreshwa* in 2012.



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