Health Systems Governance in Tanzania

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Outline

• Development of framework for the assessment of national health system governance

• Application of framework to a governance issue in Tanzania

• Selected results from research
Why increasing interest in governance in health systems?

- Rapidly increasing financial resources for health and health systems in low income countries
- Increasing recognition of the underlying importance of governance for efficient use and effectiveness of these investments
- Research on governance in health systems lacking
- For fuller understanding, there is a need to address governance from a broader systems perspective across all levels of the system
Towards a framework for assessing governance across the health systems
Application to an issue: Essential Medicines in Tanzania
Medicine Supply Tanzania, 2007

Source: WHO and MoHSW Tanzania
Essential Medicine System: Then and now

**Push ‘kit’: 1983 – 2008**

- Monthly deliveries
- Two standard sizes of kits for small and large communities
- No request needed from health facilities

*Simple, timely delivery*

**Pull ‘ILS’: 2004 – present**

- Quarterly ordering from health facilities based on estimated consumption calculation
- Paper forms manually filled out
- District checks forms before submitting to MSD
- Funds only released for MSD once orders are received

*Complex, irregular delivery*
Unaccountability of Essential Medicines, Rufiji District, 1999
Challenges in 2009 analysis:

- Incomplete forms
- Late submissions
- Calculations errors
Selected Design & Governance Issues

- Some vertical programmes excluded
- MSD monopoly; Funds only released once orders placed
- No reconciliation with health information system; Paper based

System Design Issues
- Requires complex calculations; Lack of continuous training for staff

Governance Issues
- Transparency
- Accountability
Essential Medicines in Tanzania “SMS for Life” August 2012- Paediatric Formula of ACT, 23rd August 2012

Key:
- Stock-out
- Supply
- No response

Movu Disp. Sumbawanga
- Coartem 8 yellow: 0
- Coartem 12 blue: 0
- Coartem 18 red: 0
- Coartem 24 green: 0
- Quinine injectables: 0

Reported on Aug 23, 2012
Cost differences between *public* dispensaries and *private* pharmacies
Medicine Dispensing Behaviour

Total

Public
- Non Compliant
- Compliant

Private
- Non Compliant
- Compliant

Non Compliant

Compliant

Stockout

Charged HI

‘False’ Stockout

Dispensed monotherapy during stock-in

Over charged consultation

Overcharged medicine

Charged <5 & 60>
Selected findings and conclusions

• In the era of real time information flow, health systems can and must become more accountable in responding to system failures (e.g. stock-outs)

• Non compliant behaviour (including stock-out) increased out of pocket expenditures by over 200%

• We are now using the framework to suggest potential intervention areas in the health system to strengthen the design and governance
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