

# **TANZANIA UNIVERSAL HEALTH COVERAGE (UHC) ADVOCACY PLAN.**

*Leaving No One Behind*

**NOVEMBER 2021 - DECEMBER 2022**

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## LIST OF ABBREVIATIONS

CSOs	Civil Society Organizations
CHMT	Council Health Management Team
FBO	Faith Based Organization
GoT	Government of Tanzania
HSSP	Health Sector Strategic Plan
JAHSR	Joint Annual Health Sector Review
LGAs	Local Government Authorities
MoH	Ministry of Health
NGO	Non-Government Organization
PO-PSMGG	President's Office Public Service Management and Good Governance
RHMT	Regional Health Management Team
TDHS/MIS	Tanzania Demographic and Health Survey/ Malaria Indicator Survey
UHC	Universal Health Coverage
UHI	Universal Health Insurance

### 1.0 INTRODUCTION

Tanzania like many other African countries is striving towards the achievement of Sustainable Development Goals (SDGs), data have shown that the government has realized significant achievements in all of the key components of the health sector for the year 2020. A number of health facilities have been constructed and some are still in the process for completion. Consequently, such development has gone along with increased recruitment of human resources for health, development of the health management information systems (including digital health), increasing investment for infrastructure improvement through Direct Health Facilities Financing model, enhancement of availability of health commodities and medical supplies, development and improvement of leadership and governance structures.

Moreover, the number of Pregnant women attending the first Antenatal Care visit before 12-weeks of gestation age had increased from 34.3 percent in 2019 to 37.7 percent in 2020 (JAHRS 2020), ANC coverage for 4<sup>th</sup> or more visits and institutional delivery indicators are performing well at 90% and

83.1%% above the national targets of 60% and 65% respectively. Also, through strengthening regulatory systems, just to mention a few (JAHSR 2021)<sup>1</sup>.

However according to Tanzania Health Sector Strategic Plan V (2021-2016) there exist setbacks towards the realization of Universal Health Coverage in the country including limited performance of some service delivery indicators such as Maternal Mortality Rate, gender inequality, catastrophic health spending, and global pandemic of COVID-19.

Maternal Mortality Rate is still at 556 per 100,000 live birth a situation that is contributed by three delays in seeking care, reaching care and receiving care (TDHS/MIS 2015) contributing to 70% of the reported deaths caused by five direct obstetric factors namely hemorrhage, eclampsia, sepsis, abortion complications and obstructed. Other factors include weak referral system and Unfriendly and unsafe delivery infrastructure (Dilapidated buildings), limited access to maternal health information, traditions, and customs affecting access to care.

Tanzania has been and continues to be vulnerable to the ongoing global emerging Corona Virus Disease (COVID-19) outbreak and Tanzania's leadership has strengthened national response strategies, priorities, plans, and action though the performance especially in the vaccination of the population against COVID-19 where by May 2022 the country has cumulative total of 4,390,508 people who are fully vaccinated.

The increase in health infrastructure has not gone hand in hand with the increase in human resources for health where the shortage stands at 52% for all cadres while the primary health care is much affected with the shortage of up to 70% of Health care workers. This primarily affects the quality of health service delivery, the attainment of universal health coverage, and the achievement of desirable health outcomes in the country.

To sustainably respond to the challenges that affect the quality of health service delivery in the country, the initiative towards accelerating advocacy agenda on quality health service and the slogan by ministry of health of “*Leaving No One Behind*” the loose coalition of CSOs brought together through the support of Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility (GFF), Gavi, the Vaccine Alliance, UHC 2030, the Partnership for Maternal, Newborn and Child Health (PMNCH) and WACI Health designed its country Advocacy Plan after orientation on budget advocacy and accountability in favor of domestic health financing and UHC that focus on accelerating UHC in the country.

## **2.0 PRIORITIES OF THE UHC ADVOCACY IN TANZANIA**

In achieving UHC agenda in the country, the Coalition will work towards supporting country Health Sector Strategic Plan V towards promotion of quality health services through strengthening of health systems especially health financing specifically in equitable resource mobilization and utilization.

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<sup>1</sup> Annu Health Sector Performance Profile 2021.

Through HSSP V, the government is committed on the following priority areas;

- To increase domestic funding in the health sector budget with a view of meeting high priority needs in line with the overall country's priorities. Government will
- To review and update the Health Financing Strategy to be in line with the current situation and priorities.
- To expand the scope of health insurance by mobilizing citizens to join health insurance schemes to ensure that every citizen has access to health care without financial constraints.
- To strengthen capacities for and improve timeliness of routine Public Expenditure Reviews, National Health Accounts, supplemented by occasional Public Expenditure Tracking Studies.

In achieving the above priorities, the coalition will conduct series of advocacy campaigns toward the increasing commitment of the government and different stakeholders in UHC investment through campaigns aimed to influence the approval and adoption of universal health insurance bill in the parliament, strengthening engagement of CSOs in the review of the bill and present the views of CSOs to the members of parliament through social development committee, review and approval of national health financing strategy and champion its implementation.

The coalition will adopt various strategic engagement approaches to different actors at the Government through policy makers and implementers and other key stakeholders to spearhead the campaign. These campaigns sought to secure specific changes and commitments from the stakeholders responsible for the support of national UHC interventions.

### 3.0 STRATEGIC OBJECTIVES AND ACTIVITIES

The overall objective of this plan is to strengthen the capacity of CSOs engagement with national government towards acceleration UHC attainment in the country by the end of 2022. Specifically, the plan is aiming at achieving the following;

- a. Accelerating the CSOs engagement in review and endorsement of universal health insurance bill in Tanzania.
- b. Strengthen the capacity of CSOs engagement in the acceleration of community enrolment into universal health insurance in the country.
- c. Strengthen the engagement of CSOs loose coalition in the fate towards design and endorsement of country health financing strategy.
- d. Enhance the capacity of CSOs in the review of national health plans and budget and use them for advocating for change at all levels for influencing quality health service delivery in the country.
- e. Enhance engagement of CSOs in the knowledge generation through implementation research to inform policy implementation and change in the country through evidence-based approach.

#### **Activities against the objectives**

- a) Accelerating the CSOs engagement in review and endorsement of universal health insurance bill in Tanzania***

- i. Facilitate Coalition review of the presented Universal Health Insurance Bill and present the recommendation to the Parliamentary Social Development Committee
- b) *Strengthen the capacity of CSOs engagement in the acceleration of community enrolment into universal health insurance in the country.***
- i. Conduct training on Universal Health Insurance Scheme and overall health insurance schemes in the country (Understanding the benefits package and leveraging the alternatives)
  - ii. Design and disseminate communication materials for UHC and health insurance with specific message for different community groups i.e youth, elderly, and People living with Disabilities.
  - iii. Conduct advocacy campaigns for health insurance demand creation in the community by using customized approaches.
- c) *Strengthen the engagement of CSOs loose coalition in the fate towards design and endorsement of country health financing strategy.***
- i. Conduct consultative sessions with policy makers and policy implementers on the need for endorsement of nation health financing strategy towards UHC.
  - ii. Conduct review and share recommendation for improvement of the unendorsed national health financing strategy to make current and aligned with the current national health financing challenges
- d) *Enhance the capacity of CSOs in the review of national health plans and budget and use them for advocating for change at all levels for influencing quality health service delivery in the country.***
- i. Conduct review of national health budget performance and the assessment of proposed new year budget to inform policy priorities in the country.
  - ii. Conduct consultative dialogue with policy makers and implementers on the trend of national health budget implementation and share innovative solutions for addressing the bottlenecks towards its execution.
- e) *Enhance engagement of CSOs in the knowledge generation through implementation research to inform policy implementation and change in the country through evidence-based approach.***
- i. Conduct implementation study to inform citizens ability to pay, willingness to pay, hesitancy to pay, needs and expectation after paying, retention to services, strengths and weaknesses of existing models and upcoming health insurance models.
  - ii. Conduct dissemination sessions with various stakeholders including policy makers and implementers at all levels on the findings from various implementation research conducted on health insurance.

- iii. Establish and use UHC Performance Score Card that will track performance progress of agreed UHC indicators per WHO standards and publicize for dissemination at all levels to inform country strategic performance.

#### 4.0 ANALYSIS OF POWER AND TACTICS FOR ENGAGEMENT

<u>WHO HAS POWER?</u>	<u>TACTICS</u>	<u>BUSINESS UNUSUAL TACTICS</u>	<u>WIN</u>
<ul style="list-style-type: none"> <li>● Permanent Secretary – Ministry of Health (MoH)</li> <li>● Permanent Secretary – President Office – Regional and Local Government Authorities</li> <li>● Director of Preventive services – MoH</li> <li>● Director of Health, Social Welfare, and Nutrition Services- PORALG</li> <li>● Assistant Director of Health Promotion - MoH</li> <li>● Donor community including those supporting health basket fund, supported by GF and others.</li> <li>● Non-state Actors (NGOs, CSOs, FBOs)</li> <li>● Professional associations/councils</li> <li>● Permanent Secretary – MoH</li> <li>● Director of Finance and Planning – MoH &amp; MoFP</li> <li>● Permanent Secretary – President Office – Regional and Local Government Authorities</li> <li>● Permanent Secretary – Ministry of Finance and Planning (MoFP)</li> <li>● District Executive Councils Directors</li> <li>● Parliamentarians</li> </ul>	<ol style="list-style-type: none"> <li>1. Consultative dialogues with permanent secretaries of respective ministries responsible for UHC to advocate and obtain commitment to endorse Universal health insurance scheme in the country.</li> <li>2. Mobilize strategic partners and regions to effectively plan and champion the implementation of the universal national health insurance scheme.</li> <li>3. Use Media through prints and electronic media to advocate for the Universal health insurance as the major approach for reach UHC.</li> <li>4. Engage other implementing partners through existing multisectoral Health Sectors' high-level dialogue platforms (led by the Minister for Health) to advocate for endorsement and roll out of the UHI for accelerating UHC.</li> <li>5. Participate into existing national platform such as multi-sectoral UHC high-level dialogue platforms led by the Minister for Health such as Joint Annual Health Sector Review Meetings; Annual Health summit, RMO and DMO meetings and disseminate various evidence collected</li> </ol>	<ol style="list-style-type: none"> <li>1. Use public opinion leaders by mobilizing the community based CSOs, and influential leaders to drive the campaign forward, also mobilizing, training institutions, community populations via their MPs, and engage them through strategic mass and social media to champion the UHC agenda</li> <li>2. Feature UHC implementation progress in both MOH and POLARG Ministries websites, share best practice in health sector platforms, strategic forums such as TWGs, and also use social media pages and mass media to promote scaling up of its implementation by the government and other implementing partners through creating a sustainable solution for UHC gap reduction in underserved communities.</li> <li>3.Feature evidences of UHC work in accelerating some heath</li> </ol>	<ol style="list-style-type: none"> <li>1. Endorsement of Health Financing Strategy.</li> <li>2. Finalization and endorsement of Universal health insurance bill.</li> <li>3. Increased enrollment of population to national health insurance.</li> <li>4. Increased rational of health sector budget to national budget.</li> </ol>

	<p>from research work while advocating for UHC in the country.</p> <ol style="list-style-type: none"> <li>6. Documentation of evidence and practice-changes that accommodate different UHC interventions in the country.</li> <li>7. Tracking and documenting the implementation of the government commitments made at the National level towards UHC.</li> <li>8. Conduct a consultative dialogue with counsellors, CHMT, ward village leaders and other community populations and engage them to champion the commitment made by GoT to accelerate enrollment of community into single national health insurance.</li> <li>9. Pitch UHC agenda in various print and digital medias to create awareness on UHC to different groups of people in the community.</li> </ol>	<p>targets –under the donor-funded vertical programs in social media pages and mass media to promote scaling up by the government through creating sustainable financial mechanisms for financing health sector.</p>	
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