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Dar es Salaam, Tanzania

The **Alliance for Reproductive, Maternal and Newborn Health** is a global partnership between USAID, DFID, AusAID and the Gates Foundation, with selected high-need countries in Africa and South Asia, to accelerate progress in reducing maternal and neonatal mortality. The Alliance will address key elements of Millennium Development Goals (MDGs) 4 and 5 where progress has been especially slow, through close, results-oriented coordination that supports country strategies to scale-up proven, high-impact interventions, and through exploring and adapting innovations that can advance health outcomes.

Under the auspices of the **Alliance**, USAID Tanzania and AusAID seek to develop a joint effort to benefit the health and welfare of the people of Tanzania and support the mandate of the Ministry of Health and Social Welfare (MoHSW). AusAID does not have an office in Tanzania and is seeking mechanisms to deliver on the Australian Government's commitment to support efforts to reduce maternal and neonatal mortality in Tanzania. USAID has a large and established health program in Tanzania and a health program management team located in Dar es Salaam.

After careful consideration of the health situation in Tanzania, the state of the current national programs, the use of existing USAID mechanisms and potential for immediate action and measurable impact, USAID has identified the following urgent funding gaps, where the progress of high-impact maternal and child health interventions may be slowed unless additional funding is obtained quickly:

1. Family Planning Commodities

A successful family planning program is critical to Tanzania's development; without it, most MDGs remain impossible. Tanzania has a young and growing population, high levels of teen-age pregnancy and maternal mortality, low levels of contraceptive use matched with high unmet need (as many as 3.2 million Tanzanian women would use family planning services if they could access products and services). Tanzania had a dynamic family planning program in the 1990's, but the program lost its political and financial support in the face of other priorities.

In March 2010, the Tanzanian MoHSW launched the National Family Planning "Costed Implementation Programme" (NFP CIP), an ambitious program to lift the Contraceptive Prevalence Rate (CPR) from 26% (2.2 million Tanzanian women using modern contraception) to President Kikwete's objective of 60% CPR, or approximately 5.4 million women using an effective method of their choice by 2015.

Yet the fate of the NFP CIP remains in question as Tanzania continues to face contraceptive shortages. Over the past three years, the national family planning program has been using stocks faster than the Government of Tanzania has replenished them. For much of last year, all of Government of Tanzania's Medical Stores Department's (MSD's) seven zonal warehouses have been stocked out of the two most popular methods: injectables and implants. At the end of 2010, the British Government, through DFID, assisted with a critical \$10 million contribution of family planning commodities. USAID used the delivery to develop assurances that the MoHSW would invest in

maintaining supply levels. Unfortunately, while some resources have been available, procurement is not timely and recent orders are taking months to delivery. Without assistance, Tanzania's family planning program risks falling back into a cycle of shortages.

Tanzania needs approximately \$ 15 million a year for contraceptives. The Government of Tanzania usually approves \$10 million in its annual budget for family planning commodities, specifically injectable contraceptives and implants, with USAID providing an additional \$5 million annually for IUDs and combined OCs and the Global Fund supporting male condoms. However, the MOHSW usually does not receive its budget allocation until very late in the fiscal year. At that point, support for family planning (not yet a line item) needs to survive as one priority among many. After funds are made available, the procurement process can take an additional nine months or more, as with the current order. Stocks of injectables and implants would run perilously low, jeopardizing the contraceptive coverage of many Tanzanian women, if development partners did not fill these funding gaps and use faster procurement processes.

The Government of Tanzania's budget was under pressure during 2010-2011 and Tanzania is now anticipating a weaker economic outlook for 2011-2012. MOHSW has been advised to prepare for cuts to basic health services in the 2011-2012 budget. Several USAID supported programs are building the capacity of the MOHSW to collect and present the data required to establish a family planning line item and protect the health allocation from cuts. USAID and other development partners are helping MOHSW quantify and explain to Treasury the likely consequences for contraceptive use and maternal and newborn mortality statistics if funding to basic health services including family planning is reduced.

For example, under the USAID/DELIVER project, USAID Tanzania provides the MoHSW with technical services to forecast commodity needs (Contraceptive Procurement Tables, or CPTs) on an annual basis, and then follow up with quarterly updates on stock levels and availability. This data is timely and accurate and has been critical to working out how to respond to the current shortages. The Family Planning component of the DELIVER contract is valued at US\$ 1 million , and is in addition to the US\$ 15 million that is spent on commodities as above.

Alliance members are in position to address contraceptive security and support the NFP CIP. Our mutual interest is in leveraging real political support, commitment, and action through this contribution to the national program, including contraceptive security and assuring Tanzanian support to the sustainability of the maternal and child health services. Tanzania urgently requires approximately US\$ 23.2 million from the 2011/2012 National Budget to re-build stocks and supply clients. Given delays in procurement, there are important gaps appearing between the DFID supported commodities and the anticipated MoHSW orders. Assistance of US\$ 2.0 million will maintain stocks, while joint advocacy efforts will focus on the Tanzania budget process.

1. 1 Commodities Required

USAID proposes that AusAID support be used to purchase Injectable contraceptives and Implants. These are the most popular methods in Tanzania. USAID Tanzania proposes that AusAID support be split with 40% of the budget for Injectables and 60% on Implants. We do, however, reserve the right to continue monitoring all FP stocks and procurement plans as part of our on-going analysis and decide if modifications up to 15% of budget are necessary. USAID Tanzania is requesting line item

flexibility between the two commodities up to 15% without needing to modify this agreement. We would reserve the right to make this percentage change between and to potentially include up to 15% on other methods as stock levels in the country change and urgent gaps arise. USAID Tanzania will advise AusAID of these changes at least 30 days in advance of any change. Any commodity purchased will follow AusAID's family planning guidelines; specifically, that any FP commodities must be available in Australia and also must be legal in the host country nation where they will be given.

1.2 Procurement and Distribution

USAID Central Commodity Procurement (CCP) is the second largest contraceptive procurement body in the world after UNFPA, and all of USAID supported contraceptives world wide are procured and shipped from this entity. Prices on commodities are determined in a large multi-year contract and tend to be below what any other organization would be able to establish. In addition, USAID's central procurement is a nimble and highly responsive mechanism also because it holds a buffer stock for fast track orders so that shipments can be made in a timely manner, by sea or air. With DFID funding, USAID Tanzania was able to negotiate immediate delivery based on the MoU. The first tranche of commodities were available in Tanzania within weeks of signing and will be staggered over the near future on a rolling needs-based basis.

USAID Tanzania works directly with the Tanzanian Medical Stores Department by providing technical assistance and upgrading facilities. USAID rates the collection of commodities from the port and distribution to the districts across Tanzania as low risk. The Global Fund has also conducted an external audit of MSD operations in 2009 with a positive result. Monitoring and continuing performance improvement is one of the main foci of the additional support USAID Tanzania provides through USAID Deliver to the national supply chain system. Support for pharmaceutical commodities means a higher risk for investments but USAID has judged the risk for FP commodities to be low and the checks and balances established- sufficient at this time.

- Total Investment: US\$ 2.0 Million

2. Expanded Program on Immunizations/Measles Campaign

Since the introduction of the Expanded Programme on Immunizations (EPI) in 1975 to 1984, routine immunization DPT3 coverage was below 60%. In 1985, the coverage began to improve with the introduction of Universal Child Immunization (UCI) from 67% in 1985 to 85% in 1988. UCI is a multi-sectorial approach to booster immunization with high-level commitment from political, religious and other community leaders and resulted in increased public awareness and reception of immunization services. Coverage was maintained above 80% until implementation of the Health Sector Reform in 1996 decentralized management of health services. In 2001, the country received Global Alliance for Vaccines and Immunization (GAVI) support that contributed to an increase in coverage from 79% in 2000 to 94% in 2004, following which, coverage decreased gradually to 83% in 2007, its' lowest in 10 years.

Tanzania's country Multi Year Plan (cMYP) for the national immunization program is being finalized and will form the basis for the last GAVI proposal and must be signed off by the members of the Interagency Coordinating Committee (consisting of the Minister of Health and key staff, Medical Stores Department, Prime Minister's Office – Regional Authority and Local Government, Pediatric

Association of Tanzania and partners supporting immunization such as WB, WHO, UNICEF, USAID, Canadian CIDA and Christian Social Services Commission). The plan will facilitate the introduction of Pneumococcal vaccine (2012) and Rota virus vaccine (2013) in Tanzania thereby addressing two major causes of childhood mortality and morbidity; it includes all commodity and delivery plans (from storage to social mobilization and surveillance). This also includes costing with identification of available funding and gaps over the plan's span. GAVI guides countries toward increasing contributions to vaccine financing and sustainability of the program and Tanzania is considered one of six "highly committed countries" since it is already co-financing its vaccine procurements. Nevertheless, it is recognized in advance there will be potential shortfalls over the next several years and the GoT will need to mobilize additional support for this program as they prepare to 'graduate' from GAVI funding. In short, there is a need over the next several years to strengthen provision of routine immunization as new lifesaving vaccines are introduced. Currently, many District Councils have limited capacity to plan, budget and implement an expanded program of immunization and the immunization program is eager to develop district planning and budgeting tools in order to address the operational costs of the program.

Given the proven cost effectiveness of immunization programs, USAID has been providing technical support to the MOHSW to prepare a successful application to GAVI for the introduction of the new vaccines. USAID expects to program at least \$200,000 in 2011 in support of the immunization program including support for the development of district costed plans so that district health management teams can adequately plan and budget for EPI needs.

In the meantime, accelerated measles mortality reduction strategies have shown remarkable progress in Tanzania. This has been achieved through the implementation of quality supplemental immunization activities (SIA), improvements in routine immunization and effective case management. The SIAs have been particularly instrumental as they offer a second opportunity to older children and the efforts to reach children who otherwise have not been accessed through the routine services. Despite these achievements, measles remains a highly contagious virus and recent outbreaks of thousands of cases in neighboring countries (e.g. DRC, Malawi, and Zambia) as well as the emergence of cases in Tanzania puts the country at risk of an outbreak in 2011-2012 unless preventive measures are taken immediately. Since the last quarter of 2010, the Tanzania has started experiencing outbreaks with 8 districts reporting measles cases with laboratory confirmation underway.

2.1 Measles Supplemental Immunization Activities

Given the interval of 3 years since the last supplementary immunization activity (SIA), confirmed outbreaks, and active measles virus circulation in Tanzania and bordering countries, the Global Measles Initiative recommends a follow up SIA in 2011 to ensure that the accumulation of susceptible children does not reach critically levels which could result in an epidemic of thousands of cases.

To prevent a major outbreak and reduce morbidity and mortality of measles, the government plans to conduct a nationwide follow-up SIA in October 2011, targeting a total of 6,691,196 children aged 9 – 47 months. As further benefit, the campaign proposes to integrate other critical child survival interventions - i.e. bOPV, vitamin A and deworming tablets. Not conducting this SIA could result in a

major measles epidemic (as is currently being experienced in bordering countries) affecting children and adults at a cost of millions of dollars; far more than the actual cost of the SIA.

Expected results

- 6.7 million children 9 months to 5 years will get the measles vaccine
- 8 million children will get bOPV
- 7.1 million children 9 to 59 months will get Vitamin A
- 6.2 million children will get deworming tablets

Expected Outcomes:

- Reduction in morbidity and mortality from measles
- Overall improved child survival.

Indicators for monitoring pre elimination goal activities

- Measles SIAs coverage rate
- Performance indicators of Measles Case Based Surveillance system
- Measles incidence rates
- Measles mortality rates

Additionally, a post-SIA evaluation survey will be conducted to measure the overall quality of the campaign.

The measles SIA has been approved by the EPI Inter-agency Coordinating Committee (ICC) . MOHSW is the implementing agency for the SIA, the plan is supported by the ICC with additional contributions from the international Measles Partnership (represented by Tanzania Red Cross locally). UNICEF is responsible for supervising social mobilization and vaccine procurement (Tanzania is in line for receiving the vaccines), while WHO is responsible for ensuring the quality of implementation by MOHSW and district and regional authorities. WHO also manages the funding for operational costs.

2.3 Costs

The integrated campaign is scheduled to take place in October 2011 and is estimated to cost US\$ 9,351,645 with funds pledged from GoT, Measles Partnership, WHO and UNICEF. Current commitments are not sufficient and the campaign desperately needs resources. Although the campaign is linked to the twice annual vitamin A supplementation and deworming program funded by the districts, but given the added scope of the activities, there is a remaining funding gap of approximately \$2,108,902 to cover half of the operational costs. MOHSW has asked that the EPI ICC help raise funds to cover the gap because MOHSW's request through the budget process has not been successful.

USAID/ Washington has a global grant mechanism in place that can provide funds to WHO/AFRO for the purpose of supporting child health activities in Africa. The USG support for the WHO/AFRO grant in Tanzania goes to support a senior technical advisor and WHO Tanzania support. WHO is responsible for supervising the operation of the campaign so the funds would go from AusAID – to USAID – through the regional WHO office to the WHO Tanzania office. These funds will fill the funding gap and support the central and regional/district level allocations tied to the

implementation of specified steps in the campaign. In effect, they will rollout and support the implementation of the actual campaign.

- Total Investment: US\$ 2,109,000 M.

3. Health System Strengthening

The health sector in Tanzania continues to face a severe human resource (HR) crisis that cripples the availability and quality of services to people across Tanzania. There is a shortfall of health workers at all levels, which is particularly acute in rural, hard-to-reach areas. Issues that hamper efforts to address this complex problem are insufficient trained staff, poor distribution of trained staff, poor remuneration, poor infrastructure, low output of qualified staff and the lack of attractive retention schemes. Recently, a multi-donor "Health Work Force Initiative" was developed to bring together all development partners who support the effort. For example, Tanzania's Global Fund Round 9 award for systems strengthening focused on several of the barriers to scaling up the work force in a sustainable way. Part for that award is for strengthening district efforts, yet contains only enough funding to support 70 of the 133 districts. In addition, the Government of Tanzania received funds for scaling up training "slots" in health training institutions, but these are not enough to scale up sufficiently nor outfit the designated facilities (desks, other learning resources, dormitory furnishings, etc.) JICA is working with the Ministry of Health and Social Welfare (MOHSW) on the development of an HR information system, and the US agencies are working with the districts on the collection and use of the HR data for planning, managing, and decision making.

Considerable momentum has developed as all of these commitments and related funding have fallen into place. Where there were no new health worker positions approved by the civil service commission and treasury in 2004, the number has been growing and this year nearly 7,500 new health worker positions were approved and funded. The Government of Tanzania has committed to doubling enrollment in health training institutions over the next 5 years. However training institutions require significant infrastructure improvement (from classrooms to septic systems). Now getting new personnel into training, graduated and deployed is a high priority.

3.1 Affectation of Health Workers and Retention

While health workers prefer urban assignments, the need outside of the urban areas is overwhelming where most locations are without housing, electricity, or basic services. The recent Pay Policy Reform makes it possible for financial and non-financial incentives to attract health workers to underserved areas. Global Fund support will help to build and outfit staff housing, provide solar power panels, provide communication and sometimes transportation for those who are willing to serve in remote areas. This support only covers half of the country (70 /133 districts), and the USG only has support for very limited housing in no more than 30 of the remaining districts, with a shortfall of 33 additional districts. The USG mechanism used for strengthening the districts could be used to develop housing and a minimum of essential equipment and supplies necessary to put new graduates to work.

3.2 Training Facilities

There is insufficient funding to outfit the health training facilities currently under construction. The MoHSW has 9 clusters of 23 training institutions that they have prioritized for construction in this calendar year. There is insufficient funding in the Global Fund support for the construction and for outfitting the facilities. There are mechanisms in place for construction of health facilities on the

priority list, purchasing and putting in place furnishings (desks, beds, other furniture), and purchasing learning materials and equipment for the training institutions.

The MoHSW has prioritized 2 regions with desperate shortages of personnel; Mtwara and Mbeya. With US\$ 1.0 M, USAID Tanzania would approach the 2 regions and work from improving the training institutions, and then the working and living conditions that the new personnel would be assigned to.

- Total Investment: US\$ 2.0 M.

4. Summary

USAID Tanzania anticipates completing these proposed activities in 12 months (up to 18 months for construction). All proposed areas of support would be achieved through existing procurement mechanism with no practical delays for new procurements. Implementing mechanism would be managed and overseen according to standard US Government regulations and policy directives. Reports would be submitted quarterly to AusAID documenting performance progress against program and financial frameworks. USAID's prioritization of its investments is laid out in a series of guiding Mission documents including: The Strategic Objective Agreement with the GoT and related underlying supporting documents such as the Mission Strategic Plan, Health sector assessments (including FP), USAID health portfolio strategic plan, Mid term assessment of USAID's family planning program (Aquire), and our most recent analysis and strategic mapping document- the Tanzania BEST Action Plan 2010 – 2015; Best Practices at Scale in the Home, Community, and Facilities.

In summary, USAID Tanzania proposes a balanced approach to its collaboration with AusAID, by working on contraceptive security and the methods most in demand, finding the final contribution necessary for the critical measles campaign, and improving learning and working conditions for new health care professionals. For each of these activities, there exists a partner organization who has been awarded an agreement based on their creativity, performance and cost. These agreements would be used to develop an expanded work plan and a quick turn around on activities. Management responsibilities are established and detailed in USAID's procedures and project officers will assume oversight responsibilities as mandated in USAID's policy directives (available on line and on file at USAID Tanzania).