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Public–Private Partnerships in health: it is time to walk the talk

Public–Private Partnership (PPP) is a contractual arrangement between public and private sector entities built on the expertise of each partner that best meets clearly defined public needs through the most appropriate allocation of resources, risks, and rewards. The cooperation may involve construction, renovation, maintenance, management, and provision of services. Public–Private Partnership allows the public sector to harness the management and delivery capabilities of private providers and also raise additional funds to support specified services. The term 'Public–Private Partnership' should, therefore, be distinguished from Private Sector Participation whereby a private sector delivers health and social welfare services including non-core services

The government of Tanzania has over the years affirmed that it recognises the role of the private sector in bringing about socio-economic development through investment. Due to the recognition of PPP in improving the health sector the Government, through the Ministry of Health and Social Welfare (MOHSW), has attempted various efforts to promote PPP health projects. Recently there has been development of National PPP Policy of 2009 and PPP Act no.18 of 2010 was enacted. The MOHSW like other Ministries is aiming at strengthening implementation of PPP in the Health Sector. The PPP desk/office was established at the Ministry Headquarters in 2009 to coordinate and spearhead the PPP activities in the health sector.

Enough has been said. It is time to walk the talk. Tanzania is hosting a regional PPP conference in the month of May, 2012. There are probably a dozen reasons why Tanzania has been chosen as the regional host country. We have, however, to believe that one of the reasons is that the country has demonstrated its commitment to PPPs in health. The health sector players have tried to do as much as they could in establishing strong PPPs in health. A PPP strategic Plan 2010–2015 and a PPP policy guideline has been developed, complete with a PPP training manual. Partners have been identified. Plans and targets have been set. IT IS NOW TIME TO IMPLEMENT.
The Editors, Dar es Salaam, May 2012

Engaging with the private sector in health

Claudia Kowald reports on the highlights of PPP and the forthcoming regional conference

In recent years Tanzanian's economic performance has experienced continuous growth and the forecast confirms this trend: it is expected that real GDP growth is at 6.9% in 2012 and 7.1% in 2013.[1] However, challenges inhibiting the move toward poverty reduction include country-wide advancing of the infrastructure and transport system, utilities (electricity, water and sanitation), sustainable financing mechanisms but also particularly social barriers like healthcare provision. The Government of Tanzania intends to improve this situation by setting out its National Development Vision 2025. Key development plans within this framework include the National Strategy for Growth and Poverty Reduction as well as The Five Years Development Plan. They call for strategic partnerships engaging with the private sector and civil societies. Following this road, Tanzania successfully managed within the last three years to establish a policy and institutional framework for implementation of partnership arrangements. This is set by the National PPP Policy (2009), PPP Act (2010) and PPP Regulations (2011). A central PPP coordination and finance unit was set up in order to manage complementary the entire process related to partnerships. Also, they are linked to a decentralised network of units set out in all sectoral ministries and at regional government level. Private Sector bodies are spearheaded by the Tanzania Private Sector Foundation and the Tanzania Chamber of Commerce Industry and Agriculture (TCCIA) as well as the Foundation for Civil Society.

In the health sector, traditionally the Government of Tanzania has been the main provider of health services but also the private health sector has likewise been in existence where religious organizations, traditional healers and birth attendants were the main private providers of health care at that time. According to the most recent statistics the distribution of hospitals in Tanzania Mainland December 2010 is in percentage by ownership: 42% religious, 39.6% government, 15% are private and 3.3% are parastatal. Concerning the distribution of health facilities in total, the government owns 70%, by private with 14% while the faith-based facilities own 13%.[2]

However, as one very important strategy to achieve anticipated goals in the provision of quality healthcare services, the National Health Policy and particularly the Health Sector Strategic Plan III call for collaboration between public, private and non-state actors. Taking the fact that partnership arrangements in health in Tanzania mainly involved direct service delivery, new innovative approaches are needed to use the increasing momentum in the Tanzania's health sector with regards to private sector development and investment. This is coupled with an increasing international interest in strengthening health systems by engaging with the private sector. It is therefore timely to build on this momentum and to mobilize the political and technical support required to match the increasing demand for sustainable partnerships.

Thus, the MoHSW in collaboration with partners involved in this arena are organizing a regional conference on engaging with the private sector in health in Africa. The conference will be held at Hyatt Regency Hotel on 14-16 May 2012 focusing on multi-stakeholder partnerships with participants from the private and public health sector as well as members of civil society, academia and professional associations. The conference will provide a platform for sharing partnership experiences to enhance the understanding of the private health sector in Africa and promote exchange and dialogue. Focus topics are social health protection, access to essential medicines, private health service providers and human resources for health which will be featured in different sessions including panels, working groups and case study presentations. The conference is coordinated by MoHSW and GIZ, in cooperation with USAID, R4D, DANIDA and KfW.

For more information http://healthpartnershipafrica.com/.

Development partners have realised the benefit of investing in the private health sector for good healthcare outcomes. Population Services International works with the private health sector in the promotion and delivery of quality reproductive and child healthcare services, through its Familia programme

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The role of the private sector in Tanzania has been steadily increasing over the last decades and both self-financing and not-for-profit healthcare providers make available solutions to the challenges faced by the Tanzanian health system. Pro-actively, Tanzania is moving forward to support the process of partnering by engaging into dialogue in various fora. Despite the efforts of implementing the established framework conditions, lots of work remains in terms of capacity development and awareness rising. Together by enhancing the participation of the private sector, Tanzania strives to improve the access and quality of health services in the country.

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Tanzania takes a new look into PPP

Tanzania Takes a new look into PPP: The recently developed Public Private Partnership Policy and the PPP Act will encourage Partnerships healthcare investments.

Public Private Partnership (PPP) has become an important part of any development agenda. The Public-Private-Dialogue (PPD) is important if the millennium development goals are to be achieved by any developing country. The two sides, public and private, have come to the realisation that they both need each other for their growth and survival. This is seen in all sectors of development. In the health sector PPD is the agenda of the day in all healthcare circles in Tanzania.

Some helpful definitions

A Partnership is a relationship between two or more entities with common interests engaged as joint principals in a business or a joint venture to achieve common goals. Usually each of these entities has specified rights and responsibilities related to their partnership.

Public means belonging to central or local government authority.

Private means not belonging to or run by either central or local government.

Public–Private Partnership is a contractual agreement between a public agency and a private sector entity. Through this agreement, the skills and assets of each sector (public and private) are shared in delivering a service or facility for the use of the general public. In addition to the sharing of resources, each party shares in the risks and rewards potential in the delivery of the service and/or facility.

PPP for health involves two or more partners from the public and private sectors that engage in a joint endeavour to achieve common health goals and objectives.

Partnerships can be informal or formal.

Dr Oberlin M E Kisanga, MD, MSc, CHHM, TGPSH, National Coordinator

PPP in health developments in Tanzania

In 2008, the National PPP Steering Committee was formed. The members were from the Association of Private Health Facilities in Tanzania (APHFTA), Christian Social Services Commission (CSSC), BAKWATA, Prime Minister's Office – Regional Administration and Local Governments (PMO–RALG), Ministry of Health and Social Welfare (MOHSW), Tanzania Public Health Association (TPHA), and selected development partners and representatives.

In 2009, a PPP desk officer was appointed at the Ministry of Health. Zonal PPP policy forums were also established, and many regions also organised forums for PP dialogue.

Regional PPP steering teams were also formed to coordinate and maintain the momentum of the newly found partnerships. Members of the forums were from the Regional Administrative Secretary's

The Government of Tanzania partners with the private health sector to deliver essential healthcare services to the public such as HIV/AIDS care and treatment services. PPP is the best way forward to utilise the private health sector potential in the delivery of healthcare services in Tanzania.

(RAS) office, Regional Health Management Teams (RHMTs), faith-based organisations (FBOs), civil society organizations (CSOs), council health teams, facility, governing committees (FGCs), APHFTA and other non governmental organisations (NGOs).

Health and social welfare PPP arrangements on the ground

Since the initiation of the national sector-wide approaches (SWAPs) the private health sector participation in this important forum has been remarkable. The private sector, NGOs, FBOs and public stakeholders all come together to discuss a common agenda and forge their way forward. There has also been, as a results, more facilities run on a PPP arrangement, most being FBO-owned facilities; for example, two of the four zonal referral hospitals in Tanzania are privately owned, 33 of the 134 council hospitals are private. Also bed grants to selected FBO facilities have been increased from TZS 7500/year in 2004 to TZS 50 000/year in 2009. Some 15% of the basket fund allocations are designates for the private health sector. The private health sector is being more involved now than ever before in the delivery of public health goods, e.g. vaccinations, TB and HIV service delivery, etc. By December 2011, 22 local government authorities had signed service agreements with private healthcare facilities, and 20 service agreements were on the process of being signed.

The new look of PPP

In November 2009, the first ever Tanzania's PPP policy was developed. The PPP Act soon followed in June 2010. The PPP Regulations no.18 (2010) was gazetted in June 2011. MOHSW PPP strategic plan 2010–2015 had already earlier shown the road map on PPP in the ministry. The MOHSW PPP policy guideline of 2011 is taking into consideration all the three documents, namely PPP Policy, PPP Act and the PPP Strategic Plan.

The PPP policy objective is to improve participation of the private sector in resource provision, capital investment, managerial skills and technology through efficient and sustainable PPP arrangements aimed at improved delivery of reliable and affordable social-economic services for Tanzanians.

Both the private and public health sector in Tanzania are today taking advantage of this newly found relationship – PPP in health, and the future of healthcare looks bright.

East Africa private health sector forms a healthcare federation

Early in May, 2012, healthcare umbrella associations of East African countries met in Kampala, Uganda, to adopt the formation of the East African Health Care Federation (EAHF). The Organisations that agreed to form the EAHF were the Association of Private Health Facilities in Tanzania (APHFTA), the Uganda Healthcare Federation (UHF), the Kenya Health Care Federation (KHF), and the Rwanda private health sector. Burundi and Southern Sudan are expected to join the federation in the near future. The adoption took place at a 3e-day private health sector conference organised by the Uganda Healthcare Federation. The conference attracted private healthcare providers and their associations from Uganda, Tanzania, Kenya, and Rwanda. Also attending the conference were high-level government officials from Kenya, Uganda, and Tanzania, led by the heads of Public–Private Partnership in their respective ministries of health. The conference was graced by Uganda's Ministry of Health Permanent Secretary, the Ministry of Health Director General, and the Minister of Health and Minister for the East African Community. Key regional business leaders in healthcare products manufacturing and service delivery, as well as development partners and academicians, participated in the conference, pledging to support the newly born healthcare federation.

With the formation of East African Common Market, the East African private health sector has realised the need to form a federation that will form a common platform to present regional private healthcare issues.

Another major event at the conference was the awarding of innovative healthcare projects in the East African region by the Center for Healthcare Markets Innovations (CHMI). It was the first Gala Awards Ceremony in the East African Regions by CHMI at the conference. The awards recognise organisations that have implemented remarkable innovative programmes in the delivery of healthcare services in East Africa. Twenty Awards were presented to East African Organisations that participated in the competition.

A section of participants at the East African Healthcare Federation Conference, Kampala, Uganda. The East African Healthcare Federation was born at the conference.

Samwel Ogillo, Co-Editor, Africa Health (Tanzania)

Towards the Millennium Development Goals: how far to go yet, Tanzania

The Ministry of health and Social Welfare in Tanzania has been carefully monitoring the developments in healthcare and success towards achieving the Millennium Development Goals (MDGs). There has been some notable success in several areas, but there are many obstacles to be overcome

The burden of disease in Tanzania is high, with communicable diseases still prevailing. But, increasingly, the country is confronted with the 'double burden of disease' due to the raise in non-communicable dseases (NCDs). HIV/AIDS, tuberculosis, and malaria are among the most prevalent infectious diseases in Tanzania. Over the past 10 years, positive trends on key health indicators are registered (see Table 1 over the page. In 2009–2010, the life expectancy at birth has increased to 59 years; under-5s and maternal mortalities have dropped to 81 per 1000 live births and 454 per 100 000 live births, respectively.[1]

Tanzania has decentralised many Government functions through 'decentralisation by devolution', since 1994. The districts/councils are responsible for the delivery, planning, budgeting, and management of local public health services. Primary healthcare services form the basis of the pyramidal structure of healthcare services. Currently there are 6479 health facilities, about 33% of which are private healthcare facilities. About 90% of the population lives within 5 kilometres of a primary health facility. However, the quality health services is a major challenge due to acute shortage of health workforce, stock out of essential drugs, and operational budget for both the public and the private health sector.[2]

The total health expenditure in Tanzania has increased from US$14 per capita in 2002–2003 to US$26 in 2005–2006 (around US$920 million per year, 11% of Government total expenditure, and 5% of GDP). Spending is well-below the WHO threshold of US$54 per capita required to deliver a minimum package of services. The health system remains underfunded and hence reliant on donor funding: about 40% of the total comes from foreign governments, multi-lateral organisations, and other external donors. Out-of-pocket expenditure (OOPs) on health as percentage of total health expenditure decreased from about 41% in 2002–2003 to 23% in 2005–2006.[3] Most of the OOPs are spent on retail sale and providers of medical goods (44%); private not-for-profit (20%), followed by private self sustaining (about 15%). Public hospitals received less that 1% of the OOPs where as traditional healers received about 6%. It is estimated that 10% of the population has health insurance coverage (National Health Insurance Fund 5%, Community Health Fund (in rural areas) and Tiba Kwa Kadi (in urban areas) 4%, and Social Health Insurance Benefit and private health insurance together less than 1%).

Though the government staffing norms for health facilities exist, only 38% of positions are filled with qualified health workers, leaving Tanzania with a severe human resource shortage. The staffing shortage is seen in both the public and private health sectors. Tanzania has about 0.52 of practising skilled clinical health workers per 1000 people, who provides barely one-fifth of the workforce necessary to meet WHO guidelines for health worker density. This shortage is particularly severe in remote and rural districts and is exacerbated by the expanding population.

The effort made by the government to increase the health workforce is through expansion of pre-service training intake capacity. The government policy calls for the doubling of intake into the training network as documented in the Human Resources for Health Strategic Plan[4] and the Primary Health Services Development Plan.[5] MoHSW has tripled enrolment in the national health worker training system from 1013 to over 3500 trainees, bringing enrolment up from 16% to 54% of the goal of an annual intake of 6450 students. There is, however, concern about tripling the enrolment in the government training institutions, since the infrastructure was not designed to cater for such big number of students. This might result to compromise the quality of education being delivered by such training institutions. There are 116 training institutions (72 government, and 44 private and faith-based organisations). There are seven medical universities, of which six are private owned.

The health services provide a continuum of care for patients and clients through health promotion, preventive health services, care and treatment (curative services), rehabilitation services, and provision of services to the chronically ill and the elderly. The health sector consists of three tiers:

- District health services (in councils or municipality) under districts including household and community health, dispensaries and health centres, and district hospital and other hospitals. At this level, more

Samwel Ogillo, Association of Private Health Facilities in Tanzania

Table 1 Key health indicators (Source: HMIS 2010)

Indicator	1999	2004/05	2009/10	Target 2015	Description
Life expectancy at birth	54	56	59		Years
Under-5 mortality rate	147	112	81	54	Per 1000 live births
Infant mortality rate	99	68	51	38	Per 1000 live births
Neonatal mortality rate	36	32	26	19	Per 1000 live births
Immunisation coverage	76	85	88	85	Children aged 12–23 months
Maternal mortality ratio	529	578	454	265	Per 100 000 live births
Birth assisted by skilled health attendants	44%	46%	50.6%	80%	
Modern contraceptive rate	16.9%	20%	27.4%	30%	
HIV/AIDS prevalence	11%	7%	5.7%		

than 80% of the population get their primary health service.

- Regional health services, including regional referral hospitals and regional health management teams under regional administration. This level also provides the referral care and supportive supervision, to the district health services, to ensure availability of quality services.
- National level services, including specialised hospitals and special hospitals , training institutions, zonal resources centres; and ministries, departments and agencies under the administration of the central government

With 3 years to the MDGs, Tanzania has still some work to do towards reaching the national 2015 targets. Working with the private health sector through Public–Private Partnerships is seen as one of the best options of if the country is serious about attaining its 2015 goals, as stipulated in the Health Sector Strategic Plan III (2009–2015).

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Forthcoming event

The First Africa Diabetes Congress will be held at the International Conference Centre in Arusha, Tanzania from Wednesday, July 25 to Saturday July 28.

The Congress is organised by the International Diabetes Federation (IDF) Africa Region, with anticipated participation by members of the Pan-African Diabetes Study Group (PADSG), Pan-African Diabetes Educators Group (PADEG), Pan-African Association for Foot Care (PAAFC) and all those working in the area of diabetes and other non-communicable diseases (NCDs).

The Congress will bring together more than 500 key stakeholders and leaders to discuss ambitions, priorities, and actions for change in diabetes and NCDs within the Africa Region. The First African Diabetes Congress is regarded as a highly influential event that will raise attention to the health care delivery in diabetes and other NCDs in the Africa Region. The main focus will be on the prevention of complications and improved quality of life of people living with diabetes and other non-communicable diseases.

For more information please visit http://www.africadiabetescongress.org.

Tanzania establishes a continuing professional development (CPD) award system

Current regulations for medical practitioners have been sadly lacking. The Medical Association of Tanzania has worked hard to rectify this

Tanzania has finally established a continuing professional development (CPD) award system, thanks to the Medical Association of Tanzania (MAT) doing its best to make this a reality.*

A consultant was engaged in the first quarter of 2012, with the support of several development partners in Tanzania to work with MAT in making the long-awaited award system a reality. The award system comes at a time when Tanzania is preparing to review its medical and dental practitioner's act, which will require every practitioner to achieve a set number of CPD credit hours each year. All medical practitioners will also be required to renew their practising licenses each year. The regulations will apply to medical doctors, dental officers, assistant medical officers, assistant dental officers, clinical officers and dental assistants. The current regulations do not enforce annual registrations, nor are there annual fees and CPD requirements.

It is also proposed to amend the current Medical and Dental Practitioenrs Act to make provisions for CPD that are linked to renewal of licence. The Medical Council intends to undergo major changes in its administrative structure to make it autonomous, and will in many ways support itself from fees that will be collected, and from its investment. This will allow the council to establish itself out of the ministry.

Many medical professionals view the current location of the council at the ministry as being restrictive for the council to make its own day-to-day operational decisions without the interference of the Ministry of Health and Social Welfare. There has also been increasing concern over the lack of a CPD award system, which allowed doctors to practise indefinitely without seeing a need to attend refresher courses.

The CPD award system will be implemented through CPD-approved providers, including medical schools, medical professional associations, and healthcare umbrella association. These include the Christian Social Services Commission (CSSC) and the Association of Private Health Facilities in Tanzania (APHFTA); MAT will be the accrediting body.

Dr Edith Ngirwamungu, Immediate Past President, Medical Association of Tanzania

The Medical Association of Tanzania

Physician's Recognition Award

Dr. Your Name Here

has fulfilled the requirements for the Physician's Recognition Award in Continuing Medical Education

completed during calendar year
2012

President Secretary

A sample CPD award certificate

Four types of credits will cover a variety of CPD/CME activities:

- **External credit**: This type of credit includes large conferences and workshops where external guests might be invited to participate. At least half of the required credits must be earned in this category unless a waiver for undue hardship is requested. A small portion of external credit may be earned by distance education or internet courses.
- **Internal credit:** This type of activity is usually in a small group without guests from outside of the hospital. Examples might include a breakfast meeting at a District Hospital or a journal club. Credit is granted by CPD-Accredited Providers.
- **Personal credit**: Another type of credit is for self-study. A small part of the required credits must include this type of self-reported credit.
- **Exemption credit**: The fourth type of credit recognises that persons enrolled in a health-related degree or diploma programme meet CPD requirements. Also, persons who suffer a devastating illness may be excused from CPD for a period of time.
- **Total credit points required**: A total of 20 credits is required for an award. For an award with honours, 50 credits are required.

* As reported in APHFTA Newsletter-April, 2012.

Continuous Professional Development (CPD) class in progress for private healthcare providers at the APHFTA Training Centre, Dar es Salaam. CPD will soon be a requirement for medical practice licence renewal in Tanzania.

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