Sustainable NTD Financing in Tanzania: Integrating NTD Planning and Budgeting in sub-national Council Health Planning and Budgeting processes

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Activity Description

The NTD Council Coordination Program (NTDCP) in partnership with Plan Rep, with technical and financial support from Act | East, developed capacity of 15 councils to increase NTD domestic resources at council level. These 15 councils were selected due to their high NTD burden and were also critical for enhancing health planning and budgeting processes.

• Developed a communication strategy to increase NTD awareness and advocacy among councils and their key stakeholders.
• Worked with Councils to develop comprehensive plans and budgets for NTD interventions aligned with the National NTD strategic plan.
• Strengthened the capacity of key stakeholders (District Planning Officers, District Medical Officers, District Health Secretaries and NTD coordinators) in the councils to advocate for NTD programs.

Activity Impact

Act | East’s KJIC joined in a collaborative process with NTD Councils to ensure that NTDs issues in health planning and budgeting are effectively addressed. This led to increased advocacy for NTDs and facilitated a series of advocacy meetings with high level stakeholders. Additionally, Act | East facilitated integration of NTD indicators in budget planning and budgeting processes, with the aim of strengthening the overall budget systems.

Evidence

Figure 2: Trend of NTD elements reviewed budgeted (FY 2019/20 to FY 2021/22)

<table>
<thead>
<tr>
<th>Year</th>
<th>NTD Elements Reviewed</th>
<th>Budgeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019/20</td>
<td>11,279</td>
<td>7,811</td>
</tr>
<tr>
<td>2020/21</td>
<td>25,000</td>
<td>104,209.08</td>
</tr>
<tr>
<td>2021/22</td>
<td>104,209.08</td>
<td>129.1</td>
</tr>
</tbody>
</table>

Table 2: Council Advocacy Activities 2019 - 2021

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<table>
<thead>
<tr>
<th>Year</th>
<th>Councils</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019/20</td>
<td>15</td>
<td>Advocacy for more health resources including NTDs</td>
</tr>
<tr>
<td>2020/21</td>
<td>15</td>
<td>Advocacy for increased council resources for NTD programs</td>
</tr>
<tr>
<td>2021/22</td>
<td>15</td>
<td>Advocacy for increased council resources for NTD programs</td>
</tr>
</tbody>
</table>

Lessons Learned

1. Integration of NTD indicators and activities within the existing HMIS increases efficiency of the CCHP cycle: There is growing consensus that embedding functions across program can reduce duplication and silo mentality within health systems.

2. Plan Rep: Systematic reviews on specific NTDs provide a clear understanding of NTD budgeting and planning needs.

3. Advocacy for increased council resources for NTD programs: Act | East worked with the councils to advocate for increased council resources for NTD programs.

4. Collaboration with Councils and the Ministry of Health: Act | East collaborated with the Councils and the Ministry of Health to enhance planning and budgeting systems.

5. Council Advocacy Activities: Act | East worked extensively with the councils to ensure that NTD programs were prioritized and included in council health plans and budgets.

Challenges

1. The high burden of NTDs in Tanzania requires additional resources and funding.

2. Limited access to financial resources at the subnational level.

3. Lack of coordination and collaboration between different stakeholders.

4. Insufficient planning and budgeting for NTD programs.

Facilitators

1. Political leadership and commitment by the President of Tanzania expressed by siding the High-Level Advocacy. This commitment served to elevate NTDs as a priority.

2. Support and collaboration with stakeholders, including the Ministry of Health and local government.

3. Act | East’s continued engagement with the councils to ensure that NTD programs were prioritized and included in council health plans and budgets.

4. Collaboration with councils and the Ministry of Health to enhance planning and budgeting systems.

5. Council Advocacy Activities: Act | East worked extensively with the councils to ensure that NTD programs were prioritized and included in council health plans and budgets.

6. Addressing the needs of key stakeholders in the planning and budgeting processes.