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

Authors: George Kabona (Ministry of Health - Neglected Tropical Diseases Control Program, Tanzania), Edward Owino, Jose Gonzalez, Agnes Munyua, and Alex Chekole (Results for Development – R4D). Richard Killian, Wemaeli Mweteni, Rose Marwa (RTI International – RTI).

HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Question 2: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into health system strengthening efforts?

Context

Neglected tropical diseases (NTDs) pose significant health, education and economic challenges in Tanzania, a country with a population of approximately 56 million. Endemic NTDs including lymphatic filariasis (LF), onchocerciasis, trachoma, schistosomiasis, and soil-transmitted helminth infections, cause suffering and disability-that limit participation in the workforce and economic productivity, and also limit educational attainment of school-aged children. This creates a cycle of poverty, leading to social stigma at the family and community levels.

Aligned with the objectives set by the World Health Organization for NTD control and elimination by 2030, USAID's Act to End NTDs | East (Act | East) led by RTI international, supports Tanzania's pursuit of sustainable provision of NTD services. Act | East efforts align with Tanzania's Health Sector Strategic Plan V July 201 – June 2026 (HSSP V) which provides a framework to guide health planning and collaboration through the Ministry of Health (MOH) with the President's Office of Regional Affairs and Local Government (PO-RALG)- to achieve Universal Health Coverage (UHC). They also align with USAID's Vision for Health Systems Strengthening 2030 for equitable and quality health systems; and USAID's support of country ownership and increased domestic resources for NTD control and elimination.

Tanzania's NTD Strategic Master plan 2021-2026 outlines planning for results, resource mobilization, and financial sustainability as priorities for eliminating NTDs in Tanzania. However, Tanzania faces significant challenges with a decline in external resources. For example, between 2015/16 and 2019/20, donor funding for NTD programs decreased by 37% from US$ 12.7 million to US$ 7.99 million, as highlighted by an Act | East/MOH NTD financing landscape assessment conducted in 2021. Health sector budgeting in Tanzania starts at the council level, which is the lowest level of government, but the assessment noted inadequate funding from the council and low prioritization of NTDs during planning and budgeting.

To address findings from the assessment, Act | East , collaborated with the MOH and the PO-RALG to enhance planning and budgeting capacities for NTDs in 15 NTD-endemic councils by empowering council health management teams (CHMTs) with data and skills to advocate for, and increase council resources for NTD programs. The CHMT membership includes District Medical Officer, District Nursing Officer, District Health Secretary, District Health Officers , District Pharmacist, District Laboratory Technician, District Dental Officer and District Social Welfare Officer – local stakeholders tasked with ensuring the needs of households are prioritized and included in council health plans and budgets.

Activity Description

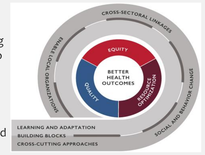
The MOH- NTD Control Program (MOH-NTDCP) in partnership with PO-RALG and with technical and financial support from Act | East, developed capacity of 15 CHMTs to increase NTD domestic resources at council level. These 15 councils were selected due to the high NTD disease burden and were also included in the NTD financing landscape assessment. The MOH, PO-RALG and Act | East used the following approaches between January 2022 and June 2023 to influence the planning and budgeting cycle at council level during the preparation of Comprehensive Council Health Plans (CCHPs), and influence budget allocation for NTD programming depicted in Figure 1:

a) Generated evidence on council budgets and plans to support CHMTs advocate for more health resources.
b) Built capacity of CHMTs in steps 1-3 of the Council Health Planning and Budgeting Cycle (Figure 1).
c) Facilitated a series of advocacy meetings with high-level stakeholders at PO-RALG, Ministry of Finance, MOH and technical workshops with CHMTs to equip them with the data and tools needed to effectively advocate for greater prioritization of NTDs during the preparation of CCHPs and influence budget allocation for NTD programming.
d) Provided technical support to the CHMT to track the budget process, funds approval, allocation, and disbursement using the national Planning and Reporting (PlanRep) -- the government's planning, budgeting and reporting web-based platform; through PO-RALG.
e) Developed an operational manual for planning and budgeting of NTD interventions at the subnational level, now referred to as a "*pocket guide*". The *pocket guide* provides simplified guidance for NTD planning and budgeting at the subnational level, developed from the National CCHP guide 2021 -2026.
f) Facilitated review of the CCHP planning and tracking tools to incorporate NTD assessment criteria and enable CHMTs obtain their NTD morbidity data and budgets during planning and budgeting. This paves the way for councils to plan for NTDs based on local disease burden and allocate local resources through the PlanRep system.

Figure 1: Council Health Planning and Budgeting Cycle (CCHP) Process (Act | East support focused on steps 1-3)

Activity Impact

Act | East interventions are in line with the USAID Vision for Health Systems Strengthening 2030, policy objective for resource optimization, supporting countries finance their own self-reliance by mobilizing local stakeholders (CHMTs) to use various resources efficiently, effectively, and transparently to meet population health needs as much as possible within their resource envelope. The MOH and PO-RALG, with Act | East support, strengthened sustainable mechanisms and processes to integrate CHMTs, in identifying local priorities and demarcating more resources to allocate to NTDs. The activity did not create parallel processes but rather mainstreamed into ongoing and established council health planning and budgeting processes in order to strengthen the overall health system efforts.



By increasing local resources for NTDs, countries can improve horizontal equity, where those in need of more health services are able to access needed services regardless of ability to pay, and without facing financial hardship. The positive impacts of these interventions include:-

- **All 15 councils increased local resources for NTDs as compared to the pre-intervention period**. Figure 2 shows the total amount allocated to NTD programming between Financial Years (FY) 2019/20 and 2022/23 by the 15 councils from US $1,681.4 FY21/22 to US$26,904.5 in FY 2022/23 .
- **Facilitated integration of NTDs indicators in PlanRep to support evidence-based planning and budgeting.**
- **Councils identified flexible resources and reallocated to NTDs**. CHMTs were sensitized on the opportunities to reallocate funding across different revenue sources. CHMTs took advantage of this knowledge by reviewing all the different revenue streams and reallocating those that were more flexible, such as the health basket fund (Table 1).
- **Councils committed a higher level of resources than initially pledged.** All 15 councils pledged to increase the amount of NTD budgeted in the next financial year. A comparison of budgeted resources against the council pledges revealed the 15 councils budgeted more than pledged (Table 2).
- **Prioritization according to local needs**. Each council prioritized NTD interventions as per their disease burden, with most resources targeted at health promotion and prevention through IEC, preventive chemotherapy and water hygiene and sanitation (Figure 3). This may be attributed to increased knowledge of NTD interventions among the councils.

Evidence

Figure 2: Trend of NTD domestic resourced budgeted FY19/20 to FY22/23 in 15 councils

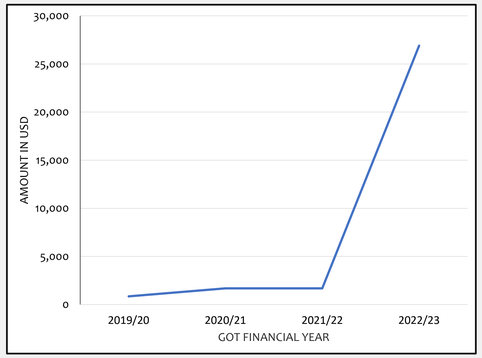


Figure 3: NTD Budget Allocation Per Intervention 2022/2023 Financial Year

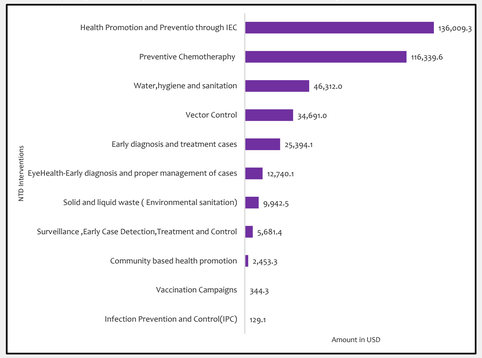


Table 1: Sources of fund for NTD interventions 2022/2023

Sources of Fund	NTD Budget (USD)	% NTD Related Budget
GoT General Budget		
Community Health Fund – iCHF	7,642.60	7.30%
Health Sector Basket Fund	43,262.52	41.50%
Other Charges Grants (OC Proper) Health Sector	2,109.98	2.00%
Own Sources	8,389.52	8.10%
User Fee	9,005.47	8.60%
National Health Insurance Fund – NHIF	1,161.93	1.10%
National Sanitation Programme	10,062.89	9.70%
Sustainable Rural Water Supply and Sanitation	22,574.17	21.70%
Sub Total GoT Budget	104,209.08	27.30%
Donors	277,772.91	72.70%
Grand Total	**381,981.99**	

Table 2: Council Adherence to NTD Budget commitments 2022/23

Council	Pledges(USD)	Budget (USD)	% of adherence
Kilosa DC	9,677	80,671	833.70%
Korogwe DC	23,631	71,887	304.20%
Mlimba DC	8,950	67,134	750.10%
Kyela DC	11,103	44,359	399.50%
Gairo DC	11,398	42,833	375.80%
Kiteto DC	2,222	18,281	822.60%
Masasi DC	5,226	13,748	263.10%
Longido DC	12,222	12,481	102.10%
Mkuranga DC	9,813	7,811	79.60%
Nkasi DC	9,187	6,202	67.50%
Moshi DC	11,279	5,822	51.60%
Ulanga DC	5,866	4,342	74.00%
Tunduru DC	11,648	2,801	24.00%
Kibaha DC	5,593	2,096	37.50%
Chemba DC	9,706	1,669	17.20%
Total	**147,522**	**382,136**	**259%**

Facilitators

- Political leadership and commitment by the President of Tanzania expressed by signing the Kigali Declaration. This commitment spurred momentum to address long-standing barriers to NTD programming, planning and budgeting, and raising domestic resources for NTDs.

  Her Excellency President Dr. Samia Suluhu Hassan was delighted to learn that the Kigali Declaration's first goal emphasizes the need for a person-centred approach.-To this end she affirmed " ***pledge my entire support to guarantee that these and other goals in the declaration are achieved"***

- Supportive and conducive regulatory framework as elaborated in the *NTD Sustainability Plan 2021 -2026 and NTD Strategic plan 2021-2026, which* outline the need for domestic resource mobilization, and financial sustainability as a priority for eliminating NTDs.
- A well-coordinated, multi-sectoral approach by the MOH, with clear roles and responsibilities across partners and government, and good working relationships between Ministries of Finance, MOH and PORALG.
- Coordination platforms between MOH-NTDCP and PO-RALG supported NTD related health system strengthening activities in the 15 councils.

Challenges

- ***NTDs are grouped together with other communicable diseases e.g., malaria, TB, HIV/AIDs, STIs, epidemics (cholera, measles) in planning and budgeting.*** As a result:
  - NTDs "compete" for resources with communicable diseases with higher disease burden and morbidity/mortality rates.
  - NTD activities may be proposed but later dropped if councils need to make budget cuts to maintain their budget ceiling.
  - ✓ Act | East is working with the MOH and PO-RALG to address this through high level advocacy to elevate NTDs as a stand-alone priority area in the CCHP guidelines.
- ***Insufficient quality of NTD epidemiology data to inform planning and budgeting process.*** DHIS2 lacks comprehensive NTD epidemiology data to inform CCHPs. This results in inaccurate estimates and under resourcing of NTDs interventions.
  - ✓ This is being addressed through a recommendation for additional epidemiology tables to be added in the DHIS2 which are under the consideration of the MOH.
- ***PlanRep system lacked specific NTD planning and budgeting modules :*** A significant challenge to increasing council resources for NTDs was the lack of a specific planning and budget module within PlanRep therefore councils would miss opportunities to add NTD interventions within the CCHP.
  - ✓ Act | East worked intensively with MOH-NTDCP, PO-RALG in designing NTD planning and budgeting modules to be incorporated in the system.
- ***Assessment checklists in Plan Rep lack specific criteria for NTD interventions.*** Because of this gap, the budget assessment is conducted manually introducing errors and delays in the process.
  - ✓ This is being addressed this by developing assessment criteria to be added in the NTD budget assessment tool.
- ***Some stakeholders were not included in the CCHP process :*** The annual review, planning and budgeting meetings conducted by MOH-NTDCP and RTI, involve NTD Coordinators for Health and Education, District Pharmacists, and Accountants while some key members (District Planning Officers, District Medical Officers , District Health Secretaries and NTD coordinators) in the councils who could advocate for NTD resource allocation at the council level are not involved in these meetings.
  - ✓ Advocacy is ongoing for these key members to be included in the planning and budgeting meetings.

Lessons Learned

a. Integration of NTD indicators and activities within the existing HMIS increases efficiency of the CCHP cycle
There is growing consensus that streamlining functions across programs can reduce duplication and misalignment while maximizing returns on health sector resources.

Parallel systems, national health information systems and planning and budgeting tools (DHIS2 and PlanRep) have limited inclusion of NTD data. Indicators in the PlanRep system are few, not well organized and do not provide a sufficient basis for planning. Councils using these national systems lack key data to inform the inclusion of NTD interventions into their CCHP.

Future progress toward achieving NTD targets will depend on bringing NTD programs, functions, and interventions into the mainstream of broader health systems. For example, embedding a subset of NTD indicators in the DHIS2 and Plan Rep, and creating specific NTD tables in the PlanRep system will enable councils to access NTD data for annual planning and budgeting and ensure that planned NTD interventions are captured in the CCHP. This will also enhance the monitoring of funding and implementation of planned NTD activities, and increase NTD visibility for councils, enabling evidence-based decision-making on NTD planning and financing.

b. NTD planning and budgeting requires all relevant actors engaged in the process
The national NTD program conducts annual review, planning and budgeting meetings separate from the CCHP process. These meetings only involve those who work closely with NTD implementation at the council level. This presents a missed opportunity to include key members engaged in the broader CCHP process, and leaves NTDs out of broader conversations. Stakeholders suggested to broaden the meeting participation to include District Planning Officers, District Medical Officers and District Health Secretaries. These offices are critical in setting budget ceilings and advocating for resources across health priorities.

c. There are opportunities to increase sub-national resources within current resource envelopes to augment domestic financing for NTDs
NTDs financing gaps can be addressed at national and sub-national levels to ensure adequate financial support for NTD interventions. The existing health financing gaps are large and need a complimentary approach, bringing all stakeholders together to diagnose, understand and identify opportunities to optimally use resource envelopes to address population health needs.

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