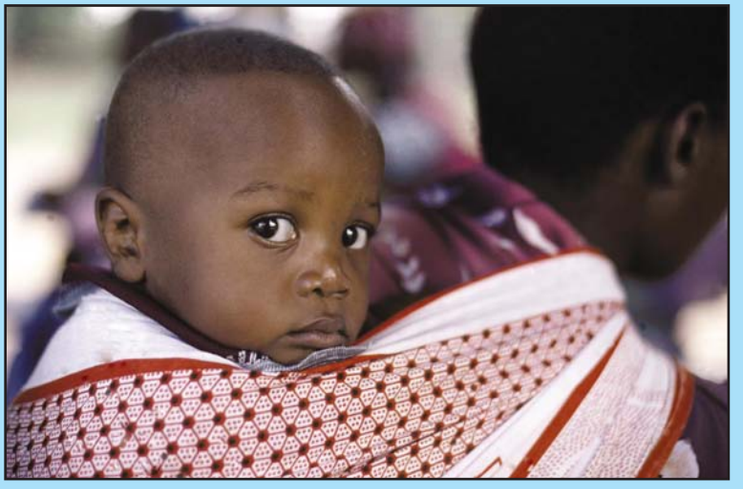
TEHIP News

Issue No.8
December, 2003
ISSN 0856-6917

Closing the Loop



A Newsletter of the IDRC/MOH Tanzania Essential Health Interventions Project

Front Cover:
Scenes from TEHIP's project areas.

Back cover:
More efforts and resources are now being channelled into a roll-out of tools developed by TEHIP and Council Health Management Teams of Morogoro Rural and Rufiji districts. The focus in the process is on the strengthening of Ministry of Health Zonal Training Centres.

Participants of the First Workshop for young African scientists on Malaria Research Methodology and Proposal Writing organised by the Malaria Research Coordination and Promotion (MALCOPROMIM). The workshop, held in Arusha in October 2003, served as an important tool for developing capacities for malaria research in Africa. Fourth from right (front row) is the Regional Administrative Secretary for Arusha, Joshua Kileo who officially opened the meeting. (Read more about malaria on page 9 and 10).

TEHIP News is published by the Tanzania Essential Health Interventions Project (TEHIP), a joint initiative of Tanzania's Ministry of Health and Canada's International Development Research Centre (IDRC). Contents do not necessarily reflect the views of partners working together in the development and implementation of the project.

Editorial Committee
Dr. Harun Kasale
Dr. Conrad Mbuya
Mr. William Lobulu (Guest Editor)

Correspondence should be addressed to:
Chairman,
Editorial Committee,
TEHIP News,
P. O.Box 78487,
Dar es Salaam,
Tanzania.
Tel: (255-22) 2130627
Fax: (255-22) 2112068

TEHIP offices are located at the National Institute of Medical Research, Ocean Road, Dar es Salaam

Web Page : http://www.idrc.ca/tehip

CONTENTS

Peeling onions when closing the loop

By Dr.Gabriel Upunda

When the Tanzanian Government was requested to host the Essential Health Interventions Project in response to the 1993 World Development Report (WDR), no one then could make an intelligent guess at what would be the outcome of the initiative. Six years into the implementation of the project, in full strength and in the context of on-going health reforms, we are overwhelmed by its absorbing outcome.

Dr. Gabriel Upunda

The WDR had only postulated that the adoption of a package of minimum essential public and clinical health interventions selected by evidence-based planning would lead to significant reduction in the overall disease burden. It was not however clear how this could be operationalized. Now we have a wealth of knowledge at our finger tips, thanks to the extensive research interspersed with development activities undertaken by TEHIP, Morogoro Rural and Rufiji Council Health Management Teams and other collaborators.

The diligently undertaken activities and investigations have not only made it clear how the goals can be achieved but have also provided an excellent opportunity to build on the existing health system and implement proposed changes in the nation's health sector reform system based on convincing evidence. Findings of the investigations have propelled us to a stage whereby we can confidently deliver basic health services effectively at the district level and below.

Luckily, I was involved right from the beginning and did not think we would come up with so many tools. At that time we were thinking more narrowly about the delivery of services. Now we have learned that putting these issues into action is like peeling an onion. At each level you reach, you have to say, " what have I learned!" and quickly capture what is good and what is bad.

Certainly, we have captured many useful things. The evidences that are now helping us to prioritise problems and allocate resources comprise population-based information on the burden of disease (BoD), cost effectiveness of interventions, capacity of health systems and community preferences. The Burden of Disease profile tool, for example, is poised to put our health planners, at all levels, in an advantageous position. The tool has enabled us to express the burden of disease data not in classical terms of the disease, hardly understood by planners, but in terms of intervention addressable shares of the BoD.

Results of the implementation of the tool speak for themselves. Where it has been put into practice, with other interventions, there is evidence that mortality rates have significantly been reduced despite the devastation of HIV/AIDS. With that tool in hand, it is now possible to target major components of BoD and subsequently increase equity in resource allocation, with an emphasis on the poor who bear the heaviest burden. That is just one of the many tools. What about the others in the "tool box?. Coincidentally, they all interface so conveniently that they are expeditiously bringing about improvements in the district health services and management. For example, the District Health Accounts tool that has been designed to help CHMTs analyse their budgets and expenditures can also integrate with the BoD profile so that budgets can be set against priorities as defined by the prevailing burden of disease.

The experiences and tools that were piloted in Rufiji and Morogoro Rural districts are ready to be shared with other districts in the country and the roll-out process is proceeding with great enthusiasm. Recent initiatives by the Ministry of Health, the United Nations Foundation for International Partnership, IDRC and the Word Health Organisation and other collaborators to promote Essential Health Interventions in more districts is a clear indication that planning based on evidence is *a la mode* in Tanzania. It is the only reliable vehicle that can steer us on the rough terrain to achieve our envisaged "Health for All" goals. The time is ripe for us to marshal our resources and place emphasis on the utilization of research results – let's close that loop and scale up.

Some experiences from TEHIP

- Strengthen decentralized planning and management capacity as a prerequisite for basket funding.
- Ensure practical planning and monitoring tools.
- Tools should steer towards interventions addressing largest disease burdens.
- Scale up sequentially.
- Engage community after manifesting improvements in quality.

Dr. Gabriel Upunda is the Chief Medical Officer in the Ministry of Health.

LEFT: Members of the IDRC Board of Governors, TEHIP staff and Kilombero District leaders. Her Excellency, the Canadian Ambassador to Tanzania Ms. Janet Graham (in white dress, front row) accompanied the delegation during the visit to TEHIP's areas of activities and roll-out points.

Members of IDRC Board of Governors visit Tanzania

Members of the International Development Research Centre (IDRC) Board of Governors visited Tanzania from November 5 to 8, 2003. The purpose of their visit was to familiarize themselves with the Tanzania Essential Health Interventions Project (TEHIP) outcomes since 1997.

TEHIP, in collaboration with the Ministry of Health and Council Health Management Teams (CHMTs) of Morogoro and Rufiji Districts, tested how and to what extent evidence can guide decentralized planning in health. By integrating research and development efforts, the project developed new tools, approaches, and information systems that equip CHMTs at the district level to prepare plans based on local information. This enables funds for health interventions to be targeted to the most critical health problems.

While in Tanzania the Governors met with some of TEHIP's key stakeholders. They paid a courtesy call to the Permanent Secretary in the Ministry of Health, Ms Mariam J. Mwaffisi. They also visited some of the project's roll-out points in Morogoro Region.

Board of Governors members who participated in the visit were: Mary Coyle, Director, Coady International Institute, St. Francis Xavier University, Nova Scotia; Maurice Foster, Retired Parliamentarian, Ontario; Nora Olembo, Professor in the Department of Biochemistry, University of Nairobi; Rodger Schwass, Professor Emeritus and Senior Scholar, Faculty of

Ms. Mariam Mwaffisi Permanent Secretary in the Ministry of Health in a discussion with members of the IDRC Board of Governors when they paid a courtesy call to her office .

Environmental Studies at York University, Ontario; and Linda Sheppard Whalen, Chief Executive Officer for Long-term Environmental Action Centre in Newfoundland.

The Governors were accompanied by the Canadian High Commissioner to Tanzania, Her Excellency Hon. Janet Graham. In addition IDRC participants included Connie Freeman, Regional Director for IDRC's Eastern and Southern Africa Regional Office (ESARO) and Lee Kirkham, Regional Controller, ESARO, as well as Denys Vermette, Vice President, Resources Branch, and Johanne Bernier, Human Resources Director, both from IDRC, Ottawa.

Various products from the project, whose impact in health delivery have been decisive, are now being disseminated.An example of one of the tools that has proven to be of great use to district health planners, is the Burden of Disease Profile. The tool simplifies and communicates complex information on local mortality by transforming it into easy-to-read graphs, tables, and charts. The tool has enabled CHMTs to change their planning outlook from mere budgeting to actual priority setting and to allocate their scarce resources to cost-effective interventions that address the major causes of premature death. There is evidence that the interventions carried out in the project area have significantly reduced mortality rates despite the increasing ravages caused by HIV/AIDS.

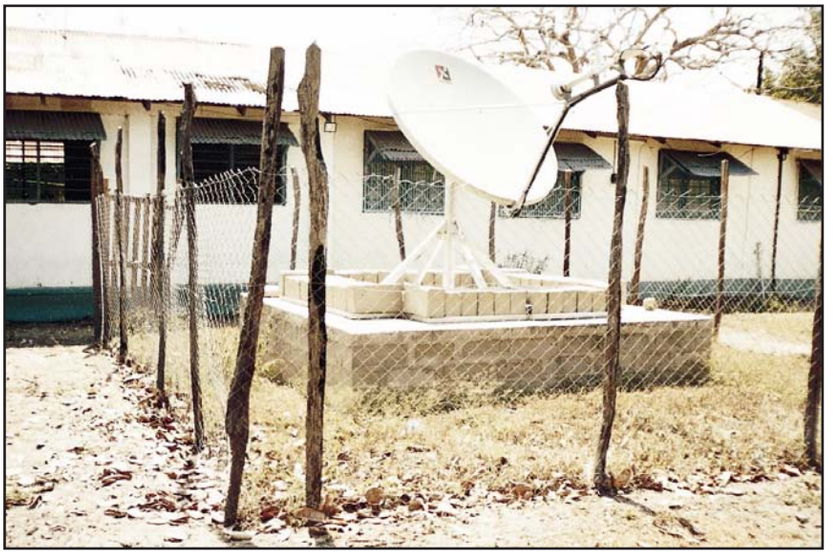
IDRC is a Canadian public corporation created to help developing countries use science and technology to find practical, long-term solutions to their social, economic, and environmental problems.

TEHIP's products and results can be viewed on its Web site at http://www.idrc.ca/tehip

The entourage had the opportunity to meet with an enumerator who was taking details of a household at Kivukoni village in Ulanga District.

Rufiji links up with the rest of the world

Rufiji is a remote rural district but certainly not beyond the reach of the information technology blitz.. Although most parts of the district are out of reach of landline telephones, cell phones and electricity, one can still communicate with the rest of the world. Thanks to the VSAT (Very Small Aperture Terminals) that has been installed by TEHIP at the Rufiji Demographic Surveillance System premises. The technology enables people to communicate via satellite in remote locations. With the technology one can receive and send text e-mail, surf the web at high speed or even conduct a video conference.



CHMTs find answers for TEHIP's core questions

After six years of project implementation, the Tanzania Essential Health Interventions Project (TEHIP) has successfully addressed the three core questions around which its activities revolved.

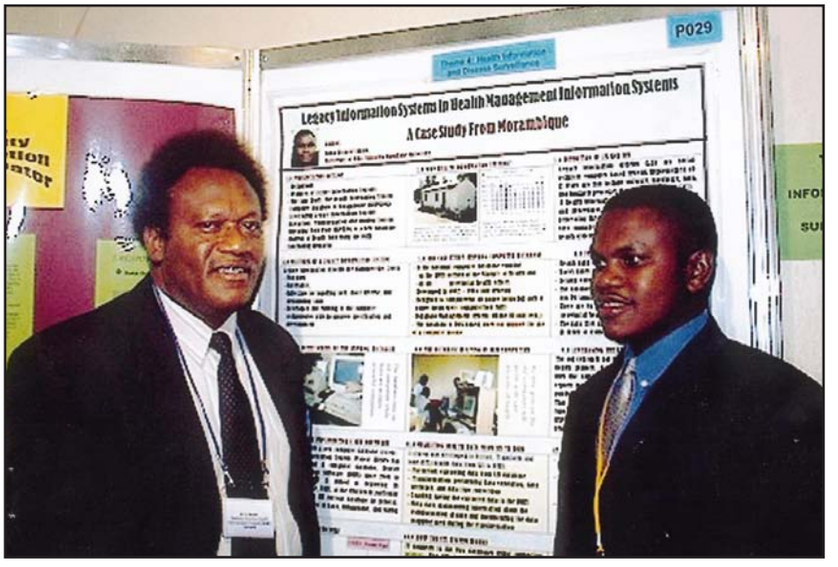
Research undertaken in Morogoro Rural and Rufiji districts from 1997 was geared to answer, in the context of decentralization, the following core questions. How and to what extent can Council Health Management Teams (CHMTs) do planning which is more evidence-based? How and to what extent can CHMTs implement evidence-based plans? How, to what extent and at what cost, does this reduce the burden of disease.

There is now evidence that CHMTs can undertake planning based on evidence, and are able to implement the plans. Moreover, there has been substantial improvement in the quantity and quality of the district health services and their management. These improvements have led to a substantial decline in infant, child and adult mortality.

"What we see at the moment are two districts that are using an evidence-based approach and tools that this project has developed", said Dr. Harun Kasale, TEHIP's coordinator when he was addressing a workshop on Capacity Strengthening and Management Reform in Johannesburg, South Africa from July 1st - 4th, 2003. The two districts supported by TEHIP, through basket funding and tools, are considered representative of normal rural districts and contain typical district council personnel.

TEHIP, in collaboration with the two district CHMTs, developed a District Health Accounts Tool that allows CHMTs to integrate all funding into the health plan, whether it comes from multilateral, bilateral, NGO, Government or community sources.

The tool allows the individual funding components to be mapped against specific health intervention priorities or delivery support budget lines. The district is thus better able to utilize an array of funding sources in a single integrated plan summary and this can even permit them to request budget line changes from donors/partners when they see that they are lacking funds in specific areas of their plan.



TEHIP's Coordinator Dr. Harun Kasale exchanging views with Mr. Juma Lungo, a Tanzanian student in Mozambique, during a conference on Public Health 2003 held in Capetown, South Africa from March 24-26. Mr. Lungo presented a poster on Health Information System.

In his paper entitled "District Strengthening in Tanzania: Tanzania Essential Health Interventions Project Tools and Experiences," Dr. Kasale noted that there was an increase of District Councils planning and prioritisation skills in other sectoral plans apart from health, for example in education.

"What we are finding", he said, "is that significant change in efficiency and effectiveness can be evoked by adding a comparatively small amount of money to the district health budget".

One of TEHIP's most potent interventions contributing to both the process impact and the ultimate health impact was the financial contribution to District Health Plans. In 1996 it was recognized that almost all the district health budgets were composed of personnel emoluments, and essential drugs and vaccines and there was little cash funding around which to plan new activities. TEHIP thus made available a contribution of up to US$ 2.00 per capita per year to the two districts where the project was executed.

Meanwhile, in a keynote address to the Public Health Association of South Africa on "Health System Development Priorities for Developing Countries," Dr. Kasale underscored the fact that capacity building of planners and health workers should be one of the priority areas, "if one is to see an effective working health system".

The performance of a good working health care system depends on a knowledgeable, skilled and motivated workforce responsible and capable of delivering services at a high coverage.

Dr. Kasale was addressing the Health Systems Trust-PHASA Conference on Public Health 2003 held in Cape Town, South Africa from March 24th - 26th, 2003.

Strategic Plan focuses on integration of health services

The Health Sector Strategic Plan for 2003 - 2008 aims at improving the health and well being of all Tanzanians with a focus on those at risk.

The strategic plan provides an overview of strategic objectives across the health sector. It is linked to the Draft National Policy 2002, the Health Sector HIV/AIDS Strategy and the Poverty Reduction Strategy. It takes into account the gender mainstream in the sector.

"In view of the prevailing level of burden of disease, as well as to maximize the impact of limited resources, the Government will emphasize the "Essential Health Package (EHP). It will ensure the delivery of the EHP at all levels to meet the needs of the poor", it is noted in the plan's future priorities.

The plan with a banner "Reforms towards delivering quality health services and clients' satisfaction" spells out that the delivery of basic health services at the district level and below, including communities will be strengthened.

To implement the plan, district health boards will be rolled out to take responsibility for management decisions for district health services and will be made accountable to the Local Government authorities. The role of the Central Ministry will be focussed to address issues of policy, governance, regulation, legislation, financing, monitoring and quality assurance.

The responsibility for implementation has been devolved from the President's Office, Regional Administration and Local Government (PORALG) to district and regional levels. Tertiary hospitals and other related hospitals at these levels will be managed by executive boards.

The plan addresses human resources for the health sector as a priority in order to respond adequately to the need for improved health services.

Primary concerns in the area of human resource development include: the right sizing and skill mix of the workforce, quality of training, balanced allocation of human resources across service levels and geographical areas, and incentive and remuneration packages.

Whereas the previous Programme of Work (POW) covering 1999 to 2002 focussed mainly on reforming the health sector and putting systems in place, the new plan highlights greater integration of health services, importance of human resources, importance of the Public Sector Reform Process and the role of PORALG in overseeing the proper functioning of regional and district hospitals, health centres, dispensaries and community level health services.

BOD tool articulates INDEPTH network interests

As the Burden of Disease profile (BoD) tool rolls out to districts across Tanzania, its usefulness in health planning has sparked tremendous interest in other developing countries.

Participants at an international workshop held in Dar es Salaam from October 14-16, 2002, aimed at introducing BoD, as a tool for health planning at district level, saw the need of developing an INDEPTH network working group for the tool.

INDEPTH is an international network of field sites with continuous demographic evaluation of populations and their health in developing countries. Its mission includes disseminating study findings with all external stakeholders to maximize impact on policy and practice.

During the workshop, which drew participants from 10 Demographic Surveillance System sites in Africa and Asia, it was underscored during discussions that INDEPTH should ensure that the BoD profile tool is introduced to all DSS sites.

The BoD profile simplifies and communicates complex information on the local burden of disease by transforming it into easy-to-read graphs, tables and charts. BoD data is expressed, not in terms of disease, but in terms of intervention, addressable shares of burden of disease.

Enthusiasm for the tool mounted after workshop participants had an opportunity to produce BoD profiles of their specific sites (districts) using their own mortality data after training on the BoD profile using Rufiji DSS data.

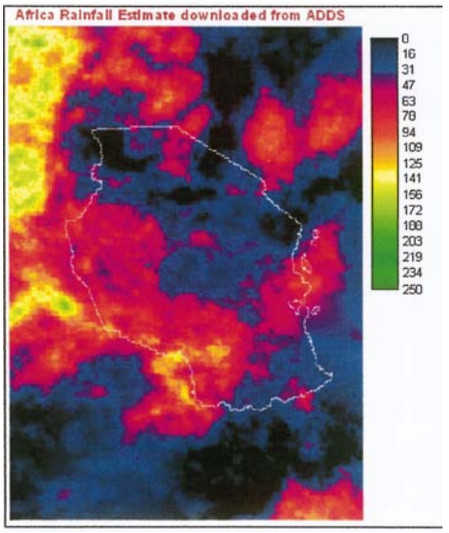
District Medical Officers attending the workshop pointed out that the strength of the tool revolves around the fact that data is presented in figures and graphs that are easy to follow.

Opening the workshop, Dr. H. Kitange, representative of Tanzanian MoH and chairperson of Tanzania National Surveillance System (NSS) emphasized the importance of DSS as a means of filling the gap of data requirements in developing countries. He also highlighted the need to link DSS data to policy and practice.

The INDEPTH workshop with a sub-theme of "DSS data influencing policy and practice" for the first time involved participants from DSS sites and the immediate consumers of DSS data, specifically district medical officers.

Participants were drawn from Agincourt (South Africa), AMMP (Tanzania), Butajira (Ethiopia), FHRP (Bangladesh), Ifakara (Tanzania), Magu (Tanzania), Matlab (Bangladesh), Navrongo (Ghana), Nouna (Burkina Faso) and the hosts Rufiji (Tanzania). Other participants were the coordinator of the Tanzania NSS, Dr. H. Kitange and INDEPTH's Network Public Relations Officer, Dr. Osman Sankoh.

How to obtain rainfall estimates from satellite remote sensing



An example of a raster rainfall image for April 1-10, 2000 superimposed with vector boundaries of Tanzania. The colour plate correspondents to mm of estimated rainfall.

Demographic Surveillance System (DSS) sites in the INDEPTH Network without ground based weather stations can now obtain specific small-area rainfall estimates by taking advantage of free satellite remote sensing imagery available on the Internet.

DSS sites that monitor health in areas where malaria (or other vector borne diseases), pneumonia, diarrhoea, food insecurity, or other climate associated risk factors are common, may need to monitor local weather patterns within their DSS surveillance areas.

In view of the fact that climate is a major determinant of health in Africa for the most vulnerable populations in low resource settings, the data made available by the Africa Data Dissemination Service (ADDS) of the US Geological Survey provides free rainfall estimates for Africa and Asia. These data are updated every 10 days with legacy data dating back to 1995.

The Tanzania Essential Health Interventions Project (TEHIP) and the Rufiji Demographic Surveillance System (RDSS) have prepared a step-by-step technical guide to assist sites that may wish to use Geographic information Systems (GIS) and remote sensing to obtain such rainfall data. ADDS uses a technique for estimation of precipitation to augment the rainfall data available from the relatively sparse observational network of rain gauge stations. (See Indepth Technical Notes Series No. 1: www.indepth-network.net)

The guide was prepared by Rose Lusinde (TEHIP), Honorati Masanja (Ifakara Health Research and Development Centre, Eleuther Mwageni (RDSS), Marlies Craig (Medical Research Council, South Africa) and Don de Savigny (TEHIP's Research Manager).

Nine districts to benefit from UNF Project

A jointly funded project by the International Development Research Centre (IDRC) and the United Nations Foundation for International Partnership (UNFIP) will promote Essential Health Interventions in nine new districts in Tanzania.

Apart from continuing TEHIP's initiatives in Morogoro and Rufiji districts, the project being implemented under the auspices of the World Health Organization and the Ministry of Health, will cover Bagamoyo, Mafia, Kibaha, Mkuranga, Ulanga, Kilombero, Morogoro Kilosa and Kisarawe.

It is planned to extend from 2003 to 2005 and is expected to contribute to the reduction of childhood morbidity and mortality. This will be achieved through strengthening the district health management capacity to efficiently plan, implement and monitor health services using cost effective interventions.

The project builds on TEHIP's initiatives during the last seven years which, in collaboration with the Ministry of Health and WHO, addressed the needs and requirements for evidence-based planning at the decentralized level of the district. TEHIP, working hand in hand with CHMTs, has already set out specific capacity elements, tools and supportive strategies which have proven useful in enabling CHMTs to prioritize and implement their annual plans.

Some of the expected results from the project are improved evidence-based planning, management, monitoring and evaluation; strengthened CHMT capacity in management and administration of district health services and improvement of quality of care through improved health system support. Others are Integrated Management of Childhood Illnesses (IMCI) strategy implementation in all intervention districts; availability of evidence based information for planning purposes; and effective and efficient implementation of planned activities at all levels of project implementation. The United Nations Children's Fund has been coordinating another UNF funded project on IMCI in seven districts of Tanzania.

The project is expected to contribute to the reduction of childhood morbidity and mortality.

Grappling with new challenges to the Health Care System

Health Care Systems, which have traditionally been built around stopping the spread of infectious diseases, are increasingly facing new burdens.

In a recent press briefing in Dar es Salaam, the Director of Preventive Services, Dr. Ali Mzige said unless Tanzania takes note of the shift in the disease burden, the country's health care system was going to be overwhelmed and over-stretched.

As we struggle with the unfinished agenda of infectious diseases, malnutrition and complications from child birth, "We are faced with a growing epidemic of non-communicable diseases like hypertension (high blood pressure) diabetes, mental health disorders, injuries from road traffic accidents, cattle rustling and violence," he said.

The epidemic is already unfolding in both developed and developing countries. "As our retiring age has gone to 66 years, we anticipate more strokes, more diabetes and maybe more urinary retention cases among male adults or cancer of the breast and cervix among female adults as there are no health checks in our health systems."

Dr. Ali Mzige

In 1998, nearly 60 per cent of the global burden of disease was due to non-communicable diseases and injuries, both intentional and unintentional. In the developing world, non-communicable diseases such as depression and heart disease are fast becoming important causes of disability and disease.

The Director stressed that by 2020, over 70 percent of the global burden of disease would be caused by non-communicable diseases, mental health disorder and injuries. "Where will the Ministry of Health Tanzania put its money, in infectious disease control or non-communicable disease?" he asked. Innovative ways will have to be found to meet this resource crunch. Our health care system will have to adapt to this bewildering variety of disease and injuries even as we struggle with old problems.

Non traditional partners, Dr. Mzige said, will have to be found to extend care to all sections of society, especially the poor.

He pointed out that in Tanzania's hospitals, throughout the country in general, 50 - 60 per cent of the hospital beds are occupied by patients suffering from HIV/AIDS related cases.

Among the 62,000 patients suffering from Tuberculosis 30 - 40 per cent are HIV infected, 25 per cent of all cases of Tuberculosis are in Dar es Salaam.

About 70 per cent of the patients attending Muhimbili Hospital for physiotherapy (services which are very hard to get upcountry) are suffering from HIV related conditions.

"There is need to design a mechanism of filtering some of the cases to be taken care of in our community. An alternative way of delivering health care in the community should be home-based care for all chronically ill patients but with back up system e.g. hospitals, health centres and dispensaries," he said.

Voucher system to put more mothers and children under ITNs

A proposal approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) will see about 60% of pregnant women and children under five in Tanzania sleeping under Insecticide Treated Nets (ITNs) by 2005.

To realize goals of the Global scheme, the Tanzania National Voucher Scheme (TNVS) has been designed to massively increase the demand of ITNs by providing vouchers worth Tsh.2,500 to pregnant women. The vouchers will allow the recipient to buy an ITN for Tsh.2,500 off the regular retail price in outlets initiated and promoted by the programme. Current average retail prices for ITNs in Tanzania range from Tsh.3,500 to Tsh.5,000.

The initiative to increase the demand of ITNs follows earlier efforts that have proved ITNs the most successful means of controlling the number of cases of Malaria. The Ministry of Health thus made widespread use of ITNs a major health care priority.

About 60% of pregnant women and children under five in Tanzania will be sleeping under Insecticide Treated Nets (ITNs) by 2005.

The TNVS, which is expected to be a sustainable long term ITN distribution system in Tanzania, will be implemented jointly by the Ministry of Health, Non Governmental Organizations, social marketing and civil society groups, and private sector manufacturers and distributors of ITNs.

According to the scheme design, the logistics contractor will be responsible for managing most of the private sector

continued on page 10

Catalogue of challenges:

- Malaria kills 100,000 annually. There are 16 million related cases annually countrywide.
- 30 - 60% of under five children's deaths caused by malaria would be reduced if insecticide treated nets (ITN) are used.
- ITN sells at a cost of 3,500/= to 5,000/= and is effective if given to mother and children per household.
- 50,000 children under the age of five die annually due to diarrheal diseases.
- 4,000 children become blind annually due to Vitamin A deficiency.
- 7,000 - 8,000 women die of pregnancy related complications this is equivalent to 20 women dying daily for 365 days non stop.
- 20% of the women who die of pregnancy related complications die of malaria.
- About 2 million people are estimated to be living with HIV/AIDS

MoH examines alternative malaria treatments

As part of the National Malaria Control Programme's (NMCP) efforts to find alternative treatments for the disease, the Rufiji Council Health Management Team has made available an anti-malarial combination therapy in all health facilities in the district.

The combination, launched on August 30, 2003, includes sulfadoxine-pyrimethamine (SP) - the nationally recommended treatment for malaria - and another drug, artesunate that makes SP work more efficiently.

Rufiji District with a population of about 187,000 is the first place in Africa to make this combination treatment available for routine treatment of malaria. The combination treatment has been proven safe and effective in studies on more than 700 patients throughout Africa.

Studies in Tanzania conducted by the Inter-disciplinary Monitoring Project for Anti-Malaria Combination Therapy (IMPACT) since 2000 indicate that the therapy has been almost 100% effective without causing any additional side effects.

The combination therapy which is offered in health facilities at no additional charge to the standard treatment, is recommended for patients of all ages in Rufiji District who are suffering uncomplicated malaria.

continued on page 11

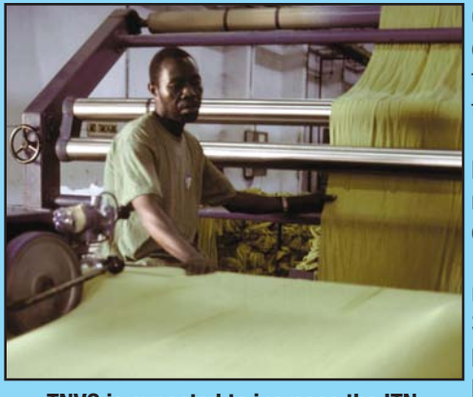
Promotion of 'Hati Punguzo' scheme will cover the whole country

continued from page 9

aspects of the project including the secure handling of vouchers to health clinics, the redemption of vouchers through various retail and distribution channels, the assurance of ITN supply throughout the country and reporting back to the Ministry of Health through the ITN cell.

The Training and Promotion Contractor will be responsible to ensure that the public health sector is well trained and adequately prepared to distribute vouchers. The contractor will also ensure that there is widespread promotion and public awareness of the "Hati Punguzo" (discount voucher) programme throughout Tanzania.

The TNVS design involves a co-ordinated distribution of vouchers that will



TNVS is expected to increase the ITN stock in Tanzania by over 1,000,000 nets.

be monitored and tracked through a bar code located on each voucher. Regional Mobile Units managed by the Logistics Contractor (LC) are part of the strategy to ensure that the system functions well and that retail outlets for ITNs exist throughout the country.

The TNVS is expected to increase the ITN stock in Tanzania by over 1,000,000 nets in a two year period and the overall cost of the programme is US$ 9,415,439.

Malaria is the leading cause of morbidity and mortality in Tanzania. About 30 million of the country's 33.5 million people are at risk from malaria. The population exposure to Malaria has created a heavy burden on the health system with over 16 million cases of malaria reported per year, resulting in over100,000 deaths annually. The economic impact of Malaria on the country's economy is enormous.

continued from page 10

The combination therapy which is offered in health facilities at no additional charge to the standard treatment, is recommended for patients of all ages in Rufiji District who are suffering from uncomplicated malaria.

However, some people will benefit more from other treatments or should not take the combination treatment. These include children who are less than two months old; pregnant women, or women nursing children who are less than two months old; people with severe malaria; and people who have had allergic reactions to SP or related medicines.

The drug, according to information released by IMPACT - Tanzania, must be taken by patients once a day for three days in order to completely cure malarial infection, even though people may feel relief very quickly after starting the combination treatment.

It is expected that over 200,000 people in Rufiji will use the combination treatment each year.

Multiple research studies are underway to evaluate the effectiveness of the combination treatment in Rufiji District compared to national standard treatments in three other districts - Kilombero, Ulanga and Morogoro Rural.

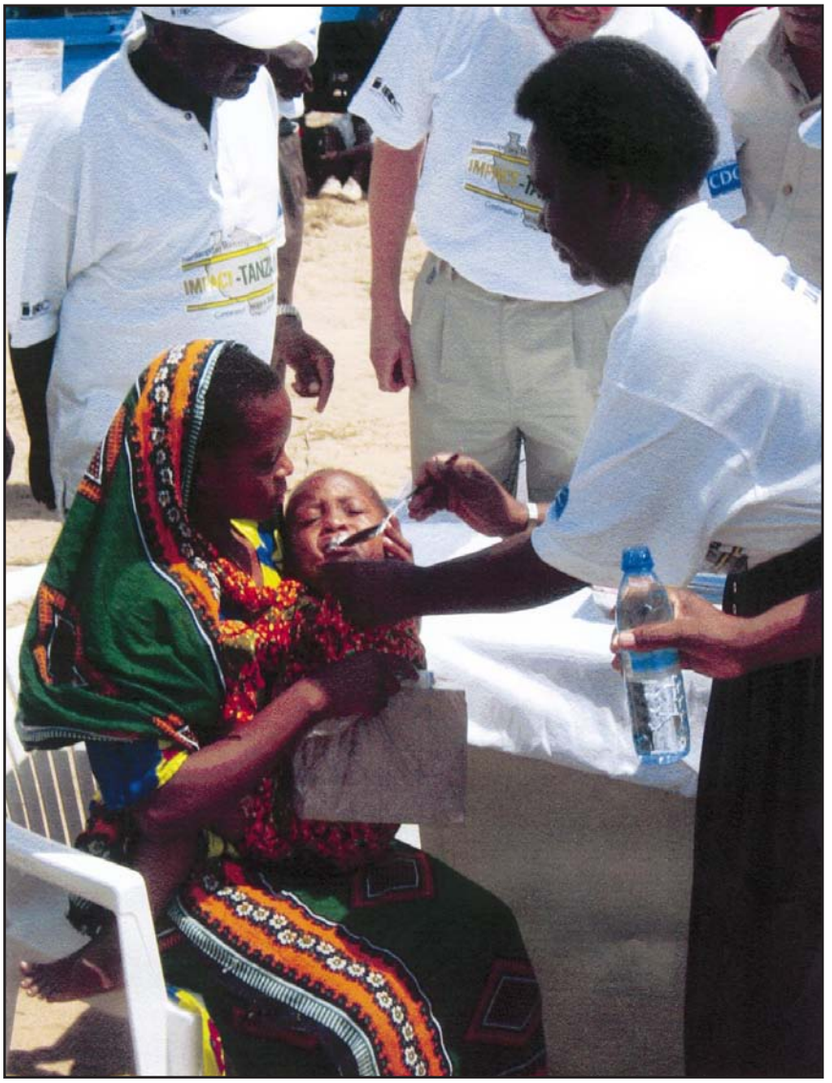
At the end of the project, IMPACT-Tanzania will provide information to policy makers to help guide future choices for malaria treatment in Tanzania and elsewhere throughout Africa.

In 2001 the Ministry of Health recommended SP as an interim step replacing chloroquine for the routine treatment of uncomplicated malaria.

Launching the combination therapy at Umwe primary school premises in Rufiji district, the Minister for Health, Hon, Anna Abdallah said that the evaluation of combination treatment for malaria is among research activities that have been given priority by NMCP.

The activity has been given priority because experience in the use of combination treatment in the Far East has shown three advantages, namely:

- The combination treatment cures malaria more effectively.
- Using the two medicines together, the development and spread of drug resistance can be slowed down.
- It can reduce malaria transmission overall.



Permanent Secretary in the Ministry of Health Mrs. Mariam Mwaffisi administering a dose of SP + artesunate when the combination was adopted as first line malaria therapy in Rufiji district.

The results of this research will help the Ministry of Health make appropriate decisions based on scientific evidence, to combat this killer disease.

IMPACT - Tanzania is a collaboration between the Ifakara Health and Research Development Centre, US Centers for Disease Control and Prevention, Tanzania Ministry of Health National Control Programme, Council Health Management Teams for Rufiji, Kilombero, Ulanga and Morogoro Rural , National Institute of Medical Research, Tanzania Essential Health Interventions Project, Adult Morbidity and Mortality Project, Muhimbili University College of Health Sciences and the London School of Hygiene and Tropical Medicine (UK).

Mothers waiting for their children to be attended at a health facility. A recent study suggests that IMCI can lead to rapid improvement in the quality of under-five care.

Survey shows children under IMCI receive better care

Findings from the health facility survey conducted in August 2000 indicate that children in districts covered by the Integrated Management of Childhood Illnesses (IMCI) programme received better care and the caretakers of the children were more likely to receive appropriate counselling.

The Multi-Country Evaluation of IMCI (MCE-IMCI) sought to generate information about the effectiveness, cost and impact of IMCI that can be used to strengthen the delivery of child health interventions and the implementation of the IMCI strategy.

The survey compared quality of case management and health systems support indicators in two districts with IMCI and two others without IMCI. It was conducted in Morogoro Rural and Rufiji as the IMCI implementing districts and Kilombero and Ulanga as the non IMCI Districts.

During the survey, information on 29 indicators related to assessment, classification and treatment of the child, counselling and communication with the mother/caretaker and levels of health systems support were used. The availability of eight essential drugs and four vaccines was also assessed.

To obtain the information, a stratified random sample of 20 facilities was selected in Morogoro Rural and Rufiji districts. These were selected from government health facilities at dispensary and health-centre levels providing out-patient care for children under five years. There are a total of 65 and 49 government health facilities in Morogoro Rural and Rufiji districts respectively. In Kilombero and Ulanga districts; where there are only 16 and 19 government health facilities respectively, all dispensaries and all health centres were included.

Within chosen health facilities, the first six sick children aged two to 59 months attending on the day of the survey for an initial visit for any illness, and whose mother consented to take part, were eligible for inclusion. Re-examinations of the child and exit interviews with the caretaker were conducted by a "gold standard' clinician for each child for whom case management was observed.

The study suggests that IMCI can lead to rapid improvement in the quality of under-five care and therefore is likely to lead to rapid gains in child health survival and development, if adequate coverage levels can be achieved and maintained.

IMCI is a broad strategy that encompasses a wide range of interventions for reducing mortality and morbidity associated with the major causes of childhood illnesses, namely malaria, diarrhoea, measles, acute respiratory infections (mainly pneumonia) and malnutrition.

New efforts give AIDS Patients new lease of life

An agreement between US former President Bill Clinton's Foundation and four pharmaceutical companies in developing countries to halve the price of anti-retroviral drugs (ARVs) used to treat HIV/AIDS gives a new lease of life to the about 2.2 million people infected with HIV.

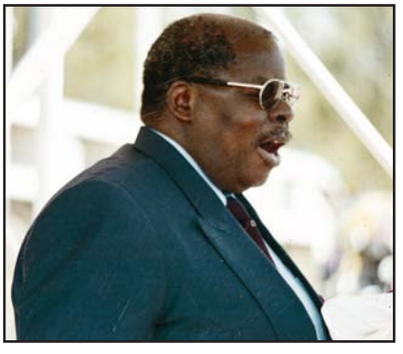
The agreement reached in October, 2003 challenges Tanzania's health delivery system to incorporate a programme to put more than 423,000 AIDS patients on ARVs by 2008.

Under the agreement that has been applauded by the World Health Organization and developing countries, Tanzania is eligible to purchase ARVs from manufacturers at the Clinton Foundation negotiated prices. The four manufacturers in the agreement are Aspen Pharmacare Holdings Ltd of South Africa, CIPLA Ltd of India, Ranbaxy Laboratories of India and Matrix Laboratories of India.

The price of some of the ARV formulations will fall from between US$ 418 and US$ 300 to less than US$ 140 and US$240 per patient per year. The deal also provides for additional price reductions as volume increases.

During the 2003 World Economic Forum in Davos, Switzerland, President Benjamin Mkapa discussed with former President Clinton the possibility of a larger intervention in the health delivery system in order to assist more AIDS patients to gain access to ARVs.

According to a State House statement the conclusion of the deal was a great day for the 2.2 million Tanzanians infected with HIV, their families and friends, their employers and clients, the community and the entire country.



Tanzania President Benjamin William Mkapa

Former US President Bill Clinton

Addressing the Medical Association of Tanzania on October 30, 2003 President Benjamin Mkapa said that priority in assisting HIV/AIDS patients, under the HIV/AIDs Care and Treatment Plan scheduled to start early next year, would be on people who are willing to test their HIV status.

The WHO which welcomed the pact on lowering AIDS drugs prices in developing countries aims, with its partners, to provide anti-retroviral therapy to three million people in poor countries by the end of 2005.

In a WHO statement issued on October 23, the organization however cautioned that speedy distribution and effective care are still vital to ensure fairer treatment for patients around the world.

MoH applauds reproductive and child health programmes

The Permanent Secretary in the Ministry of Health, Ms Mariam Mwaffisi has commended USAID's efforts in facilitating the implementation of Reproductive and Child Health and HIV/AIDS programmes in Tanzania.

In a speech read on her behalf by the Director of Preventive Services, Dr. Ali Mzige during the Fourth International Meeting on Women and Health in Dar es Salaam, the Permanent Secretary noted that most of the participants to the meeting were involved in Reproductive and Child Health and contributed to the control of AIDS transmission.

USAID's key areas of focus have observed national priorities and supported public, voluntary and social marketing endeavours, she noted.

In Tanzania, like most sub-Saharan countries the HIV/AIDS epidemic is increasing tremendously, mostly affecting the highly productive age and mainly associated with risky sexual behaviour. At least 75,000 HIV-positive babies are born annually in Tanzania.

The Permanent Secretary emphasized the need to complement the Ministry of Health's efforts through strategic planning, capacity development, behaviour change, communication and other such interventions, acknowledging the technical support that is already being provided through collaborating agencies.

Reiterating the need for quality, she informed the audience that in 2000-2001, the Reproductive and Child Health programme coordinated a series of assessments to determine root causes of poor performance. This revealed client's expectations of quality from the health system as the most important issue.

continued on page 14

continued from page 13

The MoH has embarked on a quality improvement of health services in the areas of capacity building, Focussed Antenatal Care (FANC), Post Abortion Care (PAC) Long-Term and Permanent Methods (LTPM), Syphilis Screening, Presumptive Malaria Treatment (PMT) in pregnancy and logistics improvement.

She said what is unique about these systems is that they include recognition and awarding mechanisms, packaged neatly in an initiative that is being implemented in three pilot regions under USAID support.

Meanwhile, the World Health Organization has urged African countries to strengthen their commitment and political will to reduce and save the lives of thousands of women who die of maternal complications every year.

The Director of Family and Reproductive Health at WHO, Dr. Doying Oluwole who was attending the Fourth International Meeting on Women and Health in Dar es Salaam said some African governments have experienced success, proving that political will can be an effective means to combat maternal deaths and disabilities, resulting from pregnancy.

Dr. Oluwole said two African countries, Mauritius and Seychelles have made great strides. She told the meeting that maternal mortality in Mauritius today is almost zero per 100,000 live births.

The reduction was made possible after the government decided to allocate adequate funding to healthcare by offering free health services and free education and also structures to facilitate access to healthcare.

Dr. Oluwole said that political commitments enable health facilities to have skilled personnel, provision of emergency obstetric care equipment and supplies, provision of emergency transport and radio communications.

This however, does not necessarily mean a country must be rich to achieve healthcare goals but should be committed to prevent the death of its women.

RDSS finds new home

The Rufiji Demographic Surveillance System (RDSS) created in 1998 through IDRC/TEHIP funding, will soon start operating under the auspices of the Ifakara Health Research and Development Centre (IHRDC).

RDSS formed the Health Impact component of the TEHIP Research Plan and was concerned with accurately assessing the impact of TEHIP's interventions within the two pilot districts of Morogoro Rural and Rufiji.

The transfer of ownership and running of RDSS to a Tanzanian institution is part of the sustainability strategy of TEHIP which has been testing how and to what extent evidence can guide decentralized planning of the health sector.

Given the need to continue the RDSS, it was vital that an appropriate home be found for RDSS to enable it to function after the official end of TEHIP in order to monitor the impact of TEHIP's interventions. Also, the value of RDSS within the health sector and in other sectors including poverty monitoring (within the context of on going HIPC/PRSP initiatives in Tanzania) is increasingly being recognized.

IHRDC has the best institutional environment to permit the Demographic Surveillance System sustainable development because it has also been running a similar DSS site which shared, among other factors, the same methodology and software.

The aim of RDSS under TEHIP has been and remains, to provide appropriately packaged burden of disease data to district health authorities and the Ministry of Health to inform the setting of planning priorities and evidence-based decision making and to monitor the impact of health reforms and other human development interventions.

The RDSS comprises 31 villages with a population of about 93,000 in 19,000 households.

A Memorandum of Understanding drafted between IDRC, TEHIP, the Ministry of Health (MoH) and IHRDC is in its final stages.

As part of the IDRC sustainability strategy it was also agreed that funding be made available for a specific consultancy to explore the potential and design of an "Evidence to Policy" linkage institution. The result of the consultancy would be a project proposal

continued on page 15

Some of the staff of the Rufiji Demographic Surveillance System now working under the auspices of the Ifakara Health Research and Development Centre.

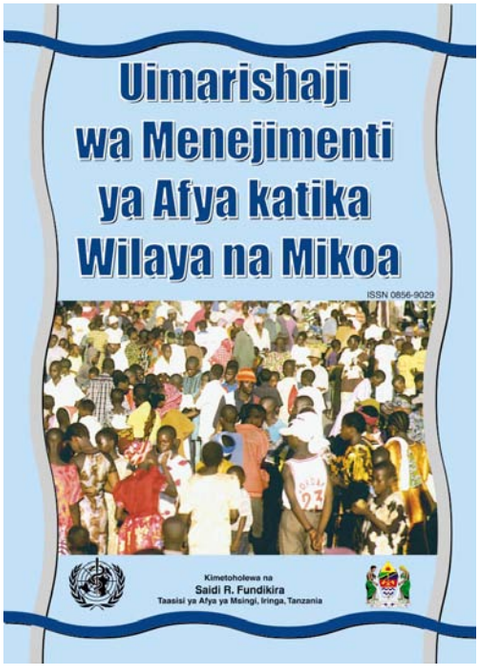
continued from page 14

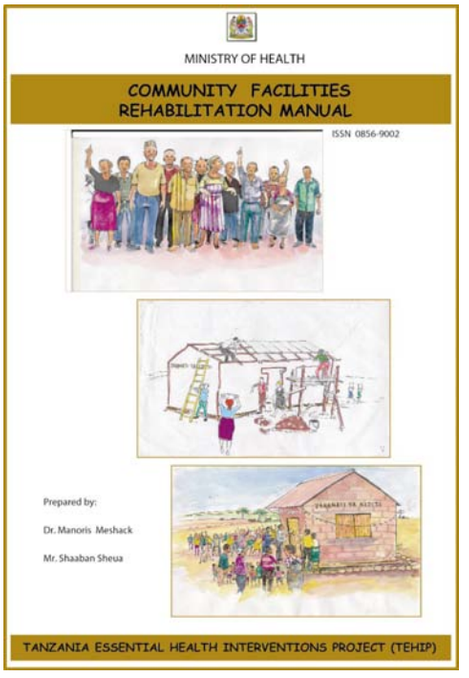
for further expanding upon the concept and design should the results look promising.

An exploration of institutional capacity development within the MoH to facilitate TEHIP product national expansion has also been given due consideration in IDRC's exit strategy. It was agreed that funding would be made available for a consultancy to investigate the consolidation and expansion of a Zonal Training Centre network around the country. The network would be capable of addressing health workers training and capacity building including the national incorporation of TEHIP's tools and strategies.

The IDRC exit strategy arose through demands to TEHIP from its Ministry of Health collaborators that the valued and field tested products and tools be actively moved into the country's decentralized Health Sector process. The sustainability of the TEHIP process was addressed at a meeting held in November 2002 which brought together representatives from TEHIP, MoH and IDRC.

Legacies in user friendly formats





One of the legacies of the Tanzania Essential Health Interventions Project (TEHIP) implemented since 1997 are user friendly publications that provide practical guidance to health workers and communities in their day to day activities.

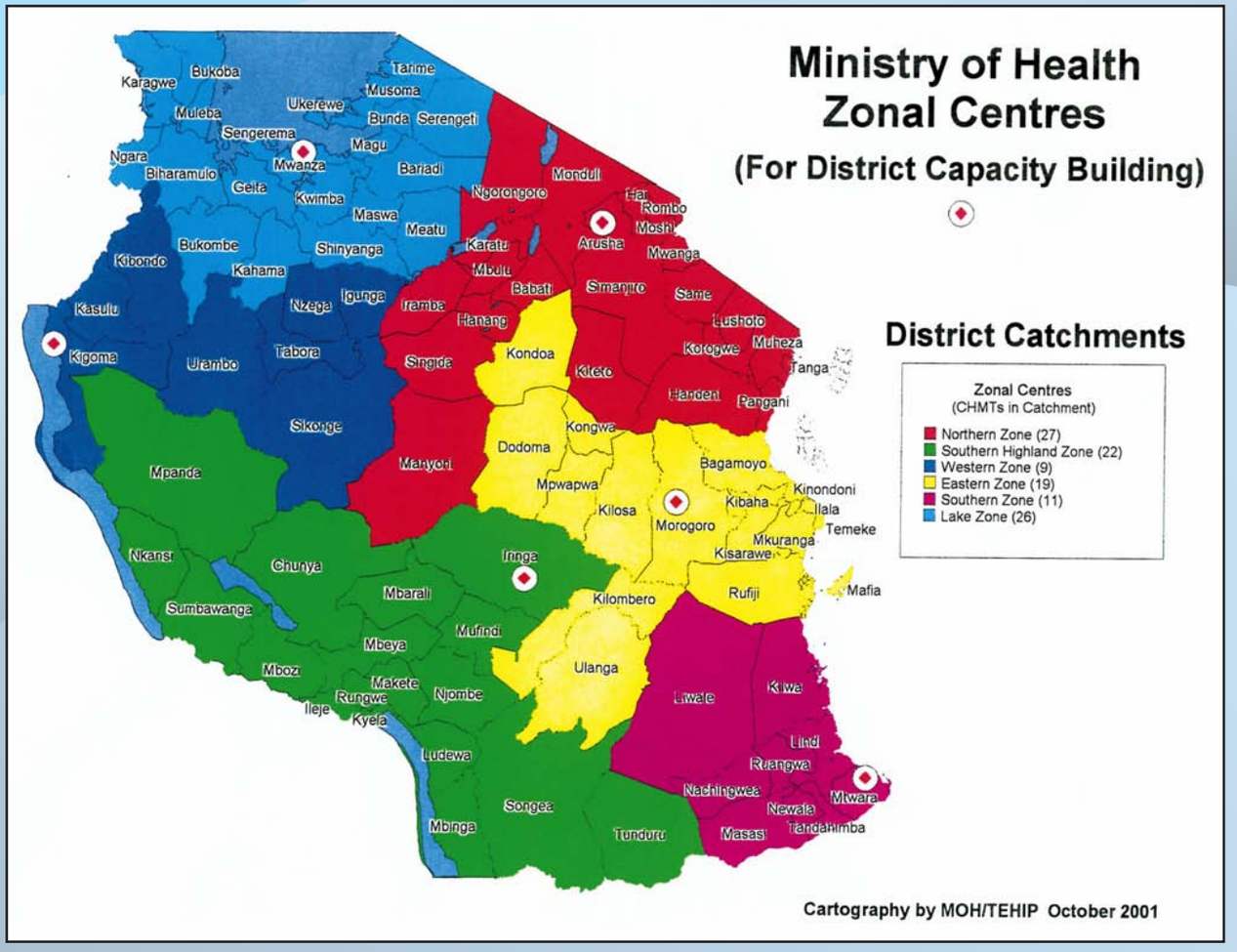
After testing and developing tools that will go a long way in reinforcing on-going health sector reforms TEHIP, under the auspices of the Ministry of Health and in collaboration with Council Health Management Teams (CHMTs), worked out a Community Facilities Rehabilitation Manual aimed at facilitating dialogue between local communities and their respective authorities. The manual was developed from actual training and experiences in the rural districts of Morogoro and Rufiji.

The 30-page manual provides guidelines on community based approaches to rehabilitate health facilities, the rule of thumb being cost effectiveness.

The guidelines are based on participatory approaches in planning and implementation recognizing that local people have much better knowledge of local conditions, problems, deficits, available resources and insights into potential problems. The manual is available to CHMTs in both English and Kiswahili and is widely used in training workshops.

Having the necessary health resources and facilities is one thing and managing them is another. CHMTs often fundamentally lack the appropriate capacity for planning, management, administration and thus implementation skills for improved health service delivery. With permission from the World Health Organization, TEHIP facilitated the adaptation of "Strengthening Health Management in Districts and Provinces", a strategy that incorporates a set of tools and techniques to strengthen health management. The strength of the method outlined in the adapted booklet *"Uimarishaji wa Menejimenti ya Afya Katika Wilaya na Mikoa"* is the fact that it enhances problem solving and analytical skills.

TEHIP has also produced a number of two page "Briefs". The "Briefs" aim to inform a wider audience about the project's findings and lessons, as well as its innovative products that have been successfully tested and applied in the field. Each "Brief" is a two-page summary of key information and is published in both English and Kiswahili.



TEHIP News

TEHIP News is a development oriented newsletter published by the Tanzania Essential Health Interventions Project (TEHIP). It is aimed at linking health development workers and researchers, especially those struggling with questions about how best to allocate human and financial resources to maximise the health status of populations in low income countries. TEHIP hopes that the newsletter will stimulate new ideas and enthusiasm. The newsletter is free of charge to institutions and individuals working to promote health and development. The newsletter is also available on the IDRC website: www. idrc.ca/tehip/.To be included in our mailing list write to:

TEHIP News, P. O. Box 78487, Dar es Salaam, Tanzania
Web Page: http://www.idrc.ca/tehip