ACE SOAS Consortium
Anti-Corruption Evidence
Making Anti-Corruption Real
SOAS University of London
LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE
ihi IFAKARA HEALTH INSTITUTE research | training | services

A new approach to strengthening accountability for better health outcomes for all: Insights from Tanzania

Authors: Masuma Mamdani, Hadija Kweka, Peter Binyaruka and Mary Ramesh, Ifakara Health Institute, Tanzania;
Dr Ntuli Kapologwe, Director of Health, Social Welfare and Nutrition Services, Presidents Office – Regional Administration and Local Government, Tanzania; Eleanor Hutchinson and Dina Balabanova, LSHTM; Antonio Andreoni, SOAS, University of London.

Project: Finding feasible approaches to reducing corruption, rule-breaking and rule-bending among frontline public healthcare providers in Tanzania.

Our research project considers new approaches to addressing inefficiencies and informal practices within Tanzania's public health system. We focus on uncovering the informal systems and relationships between formal and informal institutions and how these can be altered to reduce corruption and rule-breaking.

Key messages:

- Rule-breaking and rule-bending among frontline public healthcare workers includes informal absenteeism and charging informal payments, both of which pose a serious barrier to improving health outcomes.
- Rule-breaking occurs within systemic constraints, highly challenging working and living conditions, including delayed salaries and other entitlements, and poorly-aligned incentives from government and global health actors.
- The research will examine some of the identified interventions and reforms for possible approaches to address different types of rule-breaking, these will be assessed to identify possible solutions which are practically and politically feasible to implement.

Context: the health system in Tanzania

- **Tanzania's health system is stretched:** financing is fragmented and reliant on external support, with increasing out-of-pocket payments; worker motivation is low, coupled with severe shortages of staff, medicines and supplies.
- **Challenges relate not just to resource constraints but include:** rent seeking, high absenteeism rates and low productivity; ill-informed consumers and providers; and weak accountability, management and planning systems – all manifestations of a constrained system.
- **Health is not universal**, access is not equal, and with variations in quality, life outcomes are inequitable across socioeconomic groups.
- **Achieving Universal Health Coverage has been a key priority since independence.** Policy attention is focused on strengthening delivery of quality primary health services to optimize use of available scarce resources as well as to ensure equitable access to essential care.

Right to Health - dispensary Dar Es Salaam

Key economic, health status and health systems indicators for Tanzania Mainland

Economic indicators	
Population (million), 2016	55.56m (2016)
Annual GDP growth (%), 2016	7% (stable for a decade)
% below national poverty line, 2016	28.2%
Health status indicators	
Life expectancy at birth (yrs) 2015/6	64.9
Infant mortality per 1000 live births, 2016	40
Maternal mortality ratio per 100,000 live births, 2015	556
Health financing indicators	
Total health expenditure as % GDP, 2013/14-2016/17	1.9%
Health expenditure per capita, current	US$8-12
Public health expenditure as total health expenditure (THE), 2014	28%
Out-of-pocket payments as % THE, 2014	26%
External resources for health as % THE, 2014	37%

Source: Todd et al., 2017; World Bank, 2017. EQUINET 2018

Methodology

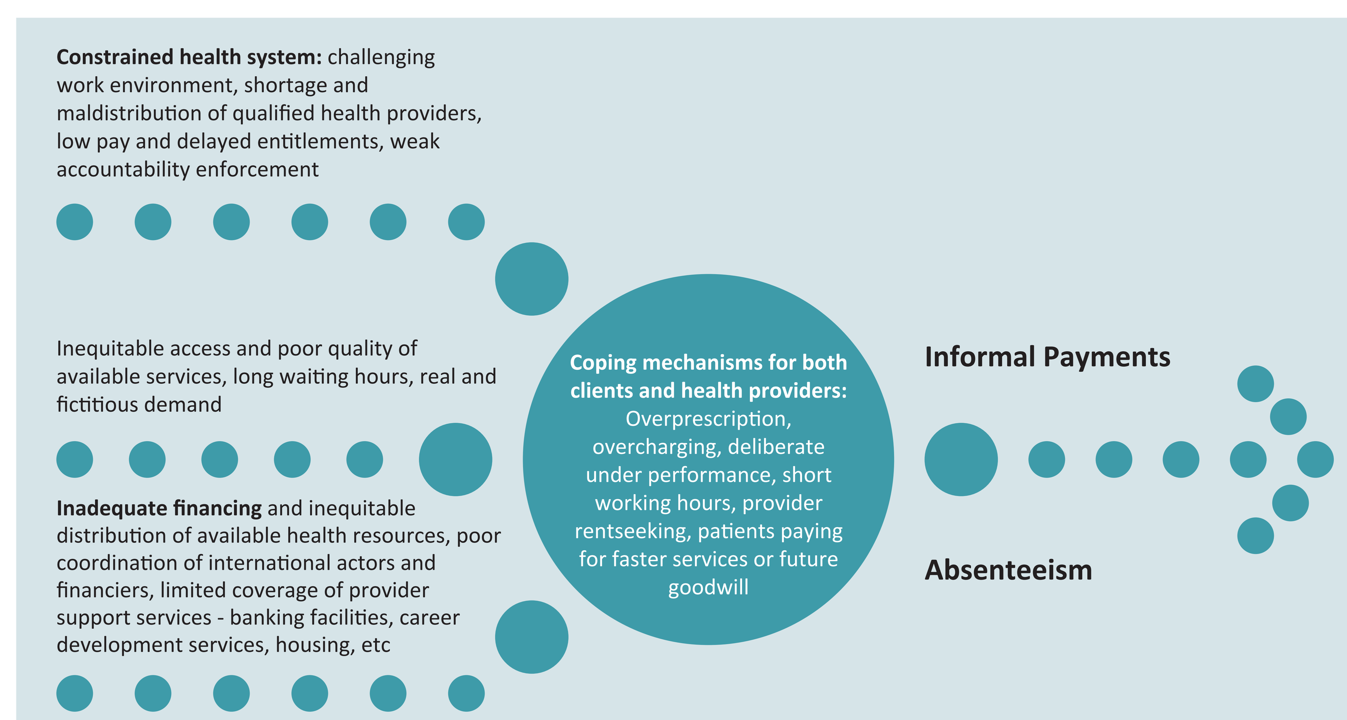
1. **Literature review:** provides a synthesis of the policy context and current challenges faced by Tanzania's health system; the different dimensions of corruption in the healthcare sector (in particular amongst frontline public health providers); their underlying determinants and consequences; and existing strategies, policies and interventions in place with potential for mitigating informal practices and corruption.
2. **Workshops:** two workshops were held in August 2018. The first with researchers, representatives from the civil society and public health providers from Dar es Salaam, the second with a mix of policy makers from regional and local government and international organisations. The workshops were used to identify the most common and detrimental corrupt practices that participants thought could be changed through policy shift and strengthened management oversight.

Next steps

3. **In-depth interviews:** qualitative interviews with a range of health workers and their managers to understand the dynamics behind informal rent-seeking practices, how the 'space' is made for corruption to occur, what 'necessitates' informal rent-seeking and how different cadres of health staff are involved.
4. **Health worker survey:** a survey of approximately 400 healthcare workers to understand spread of rule-breaking practices, including a Discrete Choice Experiment to examine decision-making and trade-offs by healthcare workers.

Findings so far

- **Results from background review and discussions during stakeholder workshops** suggest that **absenteeism** and **informal payments** are amongst the two most important forms of rule-bending or breaking among public health providers
- **Why does rule-breaking and rule-bending occur?** The divide between absenteeism and informal payments is quite blurred and will be examined further during this research: both appear to be a consequence of unmet expectations and needs of providers and health users, amidst a weak and stretched health system.



What we will do next

This project will try to assess the potential of some of the following recent health systems interventions and reforms (and possibly others) to address rule breaking and rule bending practices amongst front line providers:

- **Prepayment schemes:** an Improved Community Health Fund Scheme to formalise payments and limit rent-seeking behaviour among health providers in Tanzania.
- **Performance based financing:** incentivizes multiple levels of the health system for both quality and quantity of services, aiming to enhance provider accountability for results and encompasses broader health system strengthening measures.
- **Governance and accountability systems:** Health Facility Governing Committees operate in all public primary health facilities, as a mechanism for improving accountability between health care providers and communities.
- **District Health Facility Financing:** direct financing system is expected to facilitate quick disbursement of funds to all public health facilities across Tanzania Mainland, signalling a shift towards output-based payments to improve service delivery, strengthen public health centres, social accountability and community ownership of health services, ensure efficiency and effectiveness of basket funding and improve public financial management.

Making anti-corruption real: generation evidence from the health sector

The Anti-Corruption Evidence research consortium is a multi-country research programme funded by UK Aid, working with partners in Bangladesh, Nigeria and Tanzania. In Tanzania, the Ifakara Health Institute is working in close collaboration with PO-RALG, and with the London School of Health and Tropical Medicine and SOAS, University of London, to:

1. Identify the patterns of corruption among frontline public health providers and their managers
2. Explore the underlying determinants that give rise to the identified corrupt behaviours
3. Synthesize evidence on the impact of corruption on users of health services
4. Identify and assess the potential of accountability measures, including recent reforms, to constrain corrupt practices among front line public health providers and their managers
5. Make recommendations towards a more resilient, efficient and accountable health system.

More info at www.ace.soas.ac.uk

References

IHI, LSHTM, SOAS, upcoming ACE working paper October 2018, Strengthening accountability for better health outcomes through understanding health systems bottlenecks: Insights from Tanzania.

This publication is an output of a research programme funded by UK Aid from the UK Government. The views presented in this paper are those of the author(s) and do not necessarily represent the views of the UK Government's official policies.