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SHOPS
Strengthening Health Outcomes *through* the Private Sector

Tanzania Program Profile

PROFILE

Summary: The Strengthening Health Outcomes through the Private Sector project implemented a two-year technical assistance program in Tanzania funded by the United States Agency for International Development from July 2013 to September 2015. The program had three main objectives: (1) improve the policy environment for private sector provision of HIV and AIDS and other essential health services; (2) increase the availability of information on the current and potential role of the private sector in HIV service provision; and (3) build private health sector capacity to deliver and scale up HIV and other essential health services. SHOPS used a multi-sectoral, participatory approach focused on sustainability and country ownership. This profile presents the goals, components, results, and the following lessons learned:

- Gathering and widely disseminating health information is fundamental for developing informed interventions and partnerships.
- District-level public-private partnership fora can facilitate alliances when supported by a neutral broker.
- The private sector is an important source of health services that can be more effectively leveraged through greater involvement in local planning and funding processes.
- National policies and guidelines that formalize task sharing can lead to rapid increases in service coverage and improved patient outcomes.
- Improving HIV and AIDS patient outcomes at the facility level requires both provider capacity-building efforts and targeted health systems strengthening interventions.

Keywords: AIDS, antiretroviral treatment, health systems, HIV, HIV counseling and testing, maternal and child health, nursing, private sector assessment, provider networks, public-private partnerships, public-private dialogue, Tanzania, voluntary medical male circumcision.

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Cover photo: James White

Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

Disclaimer: The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

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Finally, Dr. Emmanuel Malangalila led the Tanzania team in the implementation of the program. James White, R.N., of Abt Associates prepared this profile.

Tanzania
Program Profile

James White

CONTEXT

The United Republic of Tanzania, a democratic country in East Africa, has a population 50 million people, of which three-quarters live in underserved rural areas (World Bank, 2015). The country is comprised of 30 administrative regions and 169 districts. While Dodoma is the nation's legal and administrative capital, the coastal port city of Dar es Salaam remains the largest and wealthiest urban center, with a population of more than 3.58 million (IndexMundi, 2014). Tanzania's economy is driven by agriculture, which comprises more than one quarter of gross domestic product (GDP) and 80 percent of the formal workforce. The country is also rich in natural resources with large gold, diamond, iron ore, and natural gas extraction industries (UICCI, 2014).

Over the past decade, Tanzania's thriving industries have resulted in strong and sustained economic growth. With a five-year average real GDP growth rate of 7.3 percent (2010–2014), Tanzania has one of the fastest growing economies in Africa (World Bank, 2015). However, these gains have not translated to improved health or social outcomes, as many Tanzanians remain poor and vulnerable. Income levels are among the lowest in Africa and an estimated one-third of Tanzanians live in abject poverty. Tanzania is classified as a low income country (World Bank, 2015) and is ranked 153 of 187 countries on the Human Development Index (UNDP, 2013). An estimated 68 percent of Tanzanians live below the extreme poverty line of $1.25 a day (UNDP, 2014). The absolute number of poor increased by more than 1.3 million between 2000 and 2012, making it one of the poorest countries in the world (UNICEF, 2010).

Health Trends in Tanzania

Tanzania faces considerable health challenges that significantly restrict social and economic progress. In recent years, malaria accounted for over 40 percent of outpatient visits and cost an estimated $240 million per year in lost GDP (SHOPS, 2013). Infant, under-5, and maternal mortality have been historically high, while births attended by skilled professionals have been low. Access to essential health services has also been hindered by the largely dispersed, rural population. Despite these barriers, Tanzania's government has made great strides in improving health outcomes, especially in the key health areas of HIV and AIDS, malaria, and reproductive and child health. Between 2005 and 2013, life expectancy at birth and the percent of births attended by a skilled health professional both increased. Under-5 mortality improved by 46 percent, declining from 90 deaths per 1,000 live births to 52 over the same time period. Progress is largely due to improved malaria and diarrhea control measures, treatment of acute respiratory infections, improved personal hygiene and the expansion of preventive care, and curative health services. As a result, Tanzania is likely to achieve Millennium Development Goal 4, which seeks to reduce under-5 mortality rates by two-thirds by the end of 2015 (UNDP, 2012). National HIV testing campaigns and scale up efforts have been instrumental in steadily reducing adult HIV prevalence to an estimated 5 percent and increasing the number of people tested for HIV, including pregnant women (Figure 1).

Figure 1. Key health indicators in Tanzania

Indicator	2005	2013 (unless otherwise specified)
Life expectancy at birth in years	54	61 (2012)
Under-5 mortality (per 1,000 live births)	90	52
Percent of births attended by a skilled health professional	43	51
Adult HIV prevalence (15-49 years)	6.6	5.0
Percent of pregnant women tested for HIV and received results	14	76.7 (2012)

Sources: World Bank, 2015; UNICEF and World Health Organization, 2014; Global Health Initiative, 2011; Tanzania Commission for AIDS (TACAIDS) et al., 2013.

Gates Foundation

Malaria rapid test being performed in the outpatient clinic at the Bagamoyo District Hospital.

Despite these gains, significant challenges remain. Infant and maternal mortality rates are high, at 36 per 1,000 live births and 410 per 100,000 population, respectively (World Bank, 2015). The persistently high rates suggest significant barriers to accessing essential health services. There are roughly 1.4 million people living with HIV and an estimated 150,000 new HIV infections per year (AVERT, 2012). While Tanzania has a generalized epidemic, it disproportionately affects women and girls. Prevalence rates among adult women are 6.2 percent compared to approximately 4 percent among men (TACAIDS et al., 2013). A prevention of mother-to-child transmission (PMTCT) service coverage of 73–83 percent has resulted in declining transmission rates. However, the current mother-to-child transmission rate remains high at 16 percent (UNICEF, 2013). There are also vast regional disparities with much higher rates in the southern compared to the northern regions. For example, the northern region of Arusha has a prevalence rate of less than 2 percent, while the southern Iringa region reports a 16 percent prevalence rate (AVERT, 2012). Tanzania's government has responded by implementing several initiatives, including Development Vision 2025 and a National Strategy for Growth and Reduction of Poverty, which seek to reduce extreme poverty, improve health outcomes, and advance socioeconomic growth to middle income status by 2025.

Human Resources for Health

A severe shortage of health care professionals is constraining Tanzania's ability to achieve public health objectives. The nation has one of the world's worst provider-to-patient ratios, with only 0.02 physicians and 0.37 nurses and midwives per 1,000 people (AVERT, 2012). Many of Tanzania's qualified health workers have emigrated in pursuit of better pay, improved working conditions, and access to training opportunities (AVERT, 2012). Physician ratios are especially low in rural areas. While nurses and midwives are often available, they have historically been limited in their scope and ability to treat more complex health issues. The general lack of pharmacists, laboratory technicians, and other allied health professionals further constrains efforts to improve access to quality health services.

One strategy to address human resources for health (HRH) shortages and improve service quality is to train additional workers. However, Tanzania's public medical and nursing training institutions are currently unable to produce adequate numbers of providers to meet the demand for health services. Overall, there is an estimated 54 percent gap in the number of district-level clinical officers, nurses, and medical attendants available versus the number needed in the public sector (Sikika, 2010). Only 20 percent of the recommended number of clinical staff is employed, with less than 50 percent of new graduates effectively deployed to a public health post (NIH, 2012). Private medical training institutes (PMTIs) are a relatively new phenomenon in Tanzania and have the capacity to help address the HRH gap. While there are currently 11 accredited PMTIs operating in the country, they provide training to only 6 percent of the country's medical students. Financial barriers, difficult accreditation requirements, limited infrastructure, and insufficient teacher resources impede PMTIs from graduating a higher number of desperately needed health workers (SHOPS, 2013).

Karen Cavanaugh GH/HS

Private Health Sector

Engaging the private health sector can help address HRH shortages, increase access to essential health services, and improve health outcomes. Tanzania's private health sector has grown significantly since 1991, when the government removed restrictions on private practice. Over the past two decades, it has become diverse and complex, comprising a broad range of providers and stakeholders across the health system. Today, private health facilities are present across all regions and provide services at all health levels and focus areas (Figure 2).

A total of 878 for-profit facilities are registered with the Association of Private Health Facilities in Tanzania (APHFTA), including 787 retail pharmacies and accredited drug dispensing outlets that operate in both urban and rural areas. The sector also includes 55 private health centers and 36 private hospitals that provide 15 percent of total hospital services (MOHSW, 2012). The for-profit sector is also active in procuring and distributing medical products and technologies.

Figure 2. Distribution of facilities by sector and zone

Central Zone

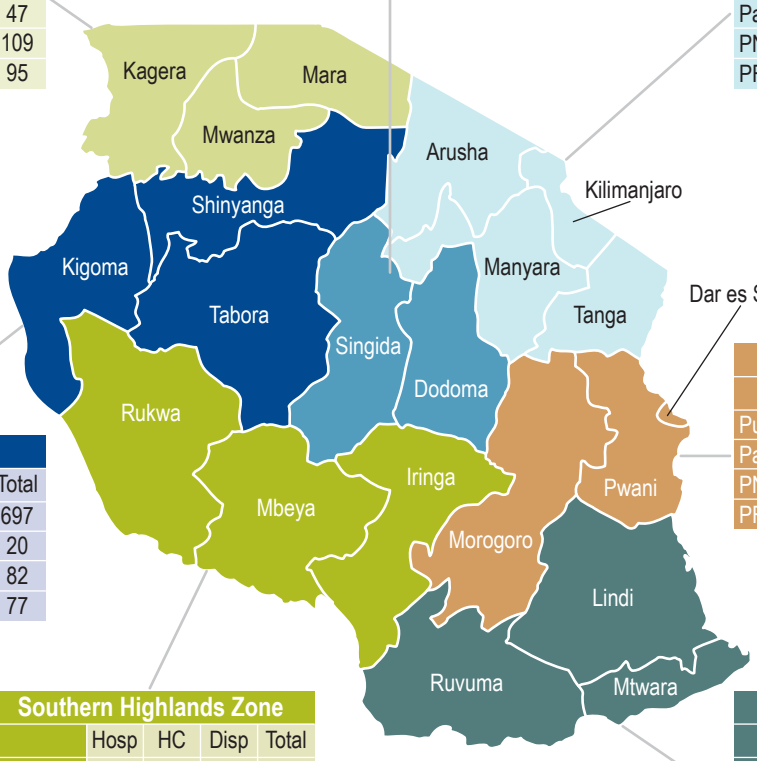
	Hosp	HC	Disp	Total
Public	8	13	379	430
Parastatal	0	1	9	10
PNFP	9	8	57	74
PFP	0	3	23	26

Lake Zone

	Hosp	HC	Disp	Total
Public	14	81	589	684
Parastatal	1	1	45	47
PNFP	21	17	71	109
PFP	2	7	86	95

Northern Zone

	Hosp	HC	Disp	Total
Public	18	89	629	736
Parastatal	2	1	31	34
PNFP	28	33	168	229
PFP	2	14	168	184



Western Zone

	Hosp	HC	Disp	Total
Public	13	60	624	697
Parastatal	0	0	20	20
PNFP	7	13	62	82
PFP	2	5	70	77

Eastern Zone

	Hosp	HC	Disp	Total
Public	14	45	438	497
Parastatal	5	6	44	55
PNFP	8	18	100	126
PFP	25	19	352	396

Southern Highlands Zone

	Hosp	HC	Disp	Total
Public	15	67	726	808
Parastatal	0	1	11	12
PNFP	17	35	118	170
PFP	5	5	72	82

Southern Zone

	Hosp	HC	Disp	Total
Public	13	49	504	566
Parastatal	0	0	8	8
PNFP	11	10	49	70
PFP	0	2	16	18

Note: The zones noted in Figure 2 are based on geographic groupings included in the Tanzania Demographic and Health Survey, 2010. *They do not represent administrative boundaries under the government of Tanzania.*

The country also has a robust nonprofit sector, including NGOs, faith-based organizations, and community-based organizations. Nonprofit organizations are second only to the public health sector in the delivery of health and support services. While present in both urban and rural settings, nonprofit organizations most often operate as cooperative extensions of government services in hard-to-reach settings not served by the Ministry of Health and Social Welfare (MOHSW). Faith-based organizations that fall under the Christian Social Services Commission (CSSC) are especially prominent in terms of infrastructure, HRH, and geographic reach; their network currently operates in 34 designated district hospitals in districts not served by the MOHSW. The government has designated them as referral hospitals that operate under service level agreements with district health authorities. Other faith-based facilities and hospitals are run by the National Muslim Council of Tanzania and the Shree Hindu Mandal organization. A broad range of NGOs and community-based organizations are also filling service delivery gaps at the village and ward levels and typically provide a package of services in a specific health area. For example, the Private Nurses and Midwives Association of Tanzania (PRINMAT) operates a network of 75 community-based maternity home facilities offering a package of family planning; antenatal care; and labor, delivery, and postpartum services as well as targeted child health interventions such as immunizations.

Currently, there are barriers that limit the private sector's involvement in providing essential health services and products. Despite their broad scope and reach, the government has not fully engaged the private sector in health policy and planning, expanding access to essential health services, or sustainably achieving national health priorities. While Tanzania has been a regional pioneer in creating a comprehensive national policy framework for public-private partnerships (PPPs), this has yet to translate to real results at the local level. The government created a national PPP coordination unit, initiated a PPP Technical Working Group (PPP-TWG) within the MOHSW, and prioritized strategic multi-sectoral partnerships. Large facilities and private sector umbrella organizations like APHFTA and CSSC are represented at the national level, but smaller networks and solo providers are often excluded. Councils do not consider the private sector for training and professional development opportunities that could help extend access to services to remote areas. They have also historically been excluded from health planning, including the annual comprehensive council health planning process. Another major barrier to private sector expansion is access to finance. Private providers seeking to scale up their services have faced prohibitive costs for commodity inputs, infrastructure upgrades, and other overhead costs. Credit needs in the private health sector vary by size of health facility and type of operation, and a lack of collateral is the most prohibitive factor limiting commercial bank lending to small-scale health businesses (SHOPS, 2013).

GOALS

The overarching goal of SHOPS's engagement in Tanzania was to increase the provision of high quality HIV and AIDS services and other key health interventions through the private health sector. SHOPS sought to achieve this goal by supporting the following objectives:

- Improve the policy environment for private sector provision of HIV and other essential health services, including building awareness around PPP models and promoting district-level PPPs in health.
- Increase the availability of information on the private sector's current and potential role in HIV service provision.
- Build private health sector capacity to deliver and scale up PMTCT B+, VMMC, and other HIV and essential health services.

In 2012, SHOPS and the International Finance Corporation's Health in Africa Initiative used SHOPS's Assessment to Action approach to conduct a private health sector assessment in Tanzania. The assessment increased knowledge about the private health sector and supported the PPP-TWG and other stakeholder efforts to identify and address barriers to greater private sector engagement and PPP-focused health sector reforms.

Following the assessment, USAID/Tanzania invited the SHOPS project to identify and facilitate strategies to strengthen the role of the private health sector and help sustain the HIV response in Tanzania.

COMPONENTS

SHOPS designed a program in Tanzania that focused on increasing the provision of quality HIV and AIDS services through the private sector. The program also sought to strengthen communication between the public and private health sectors and support the PPP policy and coordination efforts of USAID/Tanzania and the MOHSW PPP-TWG. The process began with a detailed assessment of the private health sector to identify areas for greater engagement. After assessment findings were validated, SHOPS focused on the following three components:

- Promoting an enabling policy environment for greater private sector involvement in health.
- Increasing the availability of information on the private sector's role in providing HIV-related services.
- Building the private health sector's capacity to deliver and scale up HIV and other essential health services.

SHOPS consistently worked with a wide array of stakeholders, including government units, technical working groups, health councils and associations, financial institutions, commercial businesses and wholesalers, and public and private providers to design and implement a program built on the principles of sustainability, transparency, and mutually beneficial collaboration.

Assessing the Private Health Sector

Tanzania's Health Sector Strategic Plan III (2009–2015) and National PPP Policy (2009) both identified a need to better understand the depth and breadth of the private health sector. In 2012, Tanzania's government engaged the International Finance Corporation's Health in Africa initiative and SHOPS to conduct a private health sector assessment in mainland Tanzania. The key objectives of the assessment were to identify challenges that limit private sector involvement in health and inhibit PPP reforms, with the ultimate purpose of assisting the PPP-TWG and other stakeholders in developing a prioritized agenda for more effective private health sector engagement. The assessment also sought to determine the number and location of PMTIs and identify methods of increasing their ability to produce health care workers. More than 170 stakeholders from the public and private sector were interviewed during the assessment, which identified significant opportunities to effectively leverage private health sector capacity and resources to address urgent health challenges. Recommendations included:

Timeline

May 2012: Initiate data collection for private health sector assessment with HRH and PMTI components

February 2013: Disseminate assessment findings at East Africa Health Federation Conference in Dar es Salaam

July 2013: Launch USAID/Tanzania-funded program

February 2014: Conduct VMMC needs assessment in Mwanza

March 2014: Launch PMTCT B+ training with PRINMAT nurses and midwives

April 2014: Deliver first PMTCT commodities at trained PRINMAT facilities

June 2014: Roll out PMTCT B+ service delivery at PRINMAT facilities; facilitate stakeholder development of Tanzania's first scope of practice for nurses and midwives

September 2014: Initiate PPP sensitization workshops with CSSC

November 2014: Introduce TNMC scope of practice in Dar es Salaam; launch MeLSAT laboratory and diagnostics directory

February 2015: Initiate VMMC campaign

May 2015: Conduct ART training for nurses in Iringa and Njombe

June 2015: Launch nationwide MeLSAT directory online

- Establish and strengthen key institutions and processes to elevate and promote sector-wide public-private dialogue.
- Manage and scale up PPPs in health.
- Strengthen information sharing and networking at all levels.
- Increase private sector training opportunities in key health services.
- Support the Tanzanian Medical Laboratory Scientists Association coordinate multi-sectoral diagnostic equipment use.
- Involve and coordinate with PMTIs to expand the health workforce.

SHOPS collaborated with USAID/Tanzania and the PPP-TWG to design a program that addresses these issues through knowledge generation, training offerings, policy work, and community-level supply interventions.

Promoting an Enabling Environment for Greater Private Sector Involvement in Health

Tanzania's high disease burden coupled with finite public sector resources led the government to actively seek out ways to engage and leverage private sector capacity in strengthening the health system and meeting national health goals. As such, a critical component of the SHOPS program in Tanzania involved working with local public and private stakeholders to foster a more enabling policy environment for private sector involvement in health. As a key first step, SHOPS educated stakeholders on PPPs and other partnership mechanisms. SHOPS also sought to support the development of a scope of practice for nurses and midwives that would expand their general practice and task-sharing responsibilities.

District-level public-private partnership fora

Despite a robust national-level PPP agenda, including an emphasis on partnerships for health, PPP knowledge and practical implementation have not filtered to the regional and district levels where they could have the greatest impact. SHOPS found that many stakeholders at the district level lacked a strong understanding of national PPP for health policies and guidelines.

> "For Tanzania's health goals to be achieved, business as usual will not be enough. Our hope is that the private sector assessment and companion report will be the match stick that ignites innovation in Tanzania's health sector."
>
> *— Khama Rogo, Health in Africa Initiative*

To address these barriers, SHOPS partnered with CSSC and APHFTA to implement a series of district-level fora in the Njombe and Dar es Salaam regions to raise awareness about PPP policy and partnership opportunities. SHOPS assisted district participants to identify operational barriers and potential solutions to achieving district health goals through PPPs. Findings from these discussions informed the development of district-level action plans for implementing PPPs in health.

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To promote sustainability, SHOPS prioritized broad public and private representation and encouraged action plans that linked directly to the district's annual comprehensive council health planning cycle to ensure sufficient budgetary allocations for implementation. The fora built on similar efforts carried out by the MOHSW, Danida, and Germany's Deutsche Gesellschaft fur International Zusammernarbeit at the regional level. The content of the SHOPS forum, policy documents, and other relevant materials such as lessons learned from the fora were subsequently packaged for dissemination to inform future replication of the PPP engagement process.

Scope of practice for nurses and midwives

Tanzania's HRH shortages in both the public and private sectors severely limit the adequate provision of HIV and other priority health services. Some of these limitations can be addressed via effective task sharing among existing health professionals. For example, nurses and midwives provide a large proportion of total health services and are often the only primary or acute health care professionals serving rural and hard-to-reach populations. However, national policies have not adequately reflected or protected nursing practices, particularly in relation to health priorities that led to greater task-sharing needs. At the request of the TNMC and the chief nursing officer, SHOPS supported the development of Tanzania's first scope of practice for nurses and midwives. The scope was drafted during a week-long facilitated meeting with more than 45 key private and public stakeholders representing a broad range of academic, regulatory, and service delivery nursing institutions. SHOPS sponsored additional technical assistance from the Kenyan Council of Nurses and the Nursing and Midwifery Council of Ghana to support scope development.

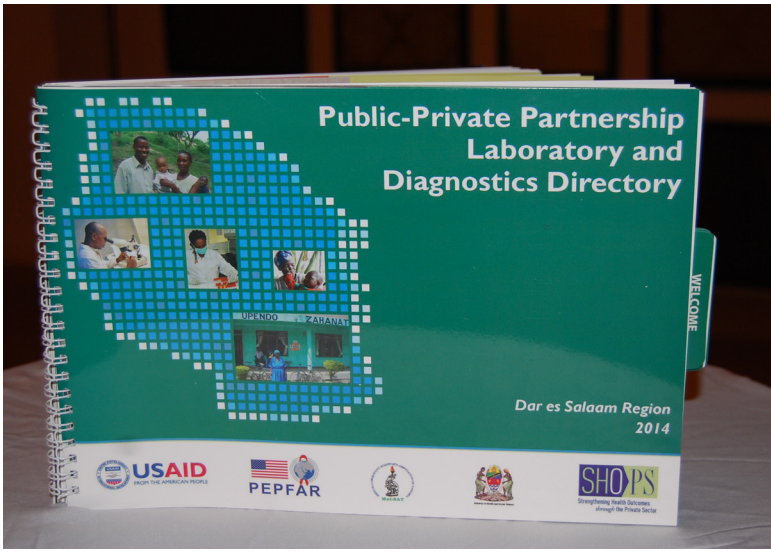
SHOPS engaged the chief medical officer and a range of medical, laboratory, and pharmacy stakeholders in an intensive validation process to ensure broad acknowledgement and agreement with the scope's inclusions and permissions. The resulting document clarifies, strengthens, and expands the scope of nursing and midwifery general practice and promotes responsible and enhanced task sharing in responding to HIV and other priority health challenges. It addresses nurses and midwives from all sectors, ensuring that they are protected and delivering the same comprehensive scope of practice. The document was formally ratified by the TNMC board of directors in October 2014 and launched by a representative of the MOHSW principal secretary the following month.

Increasing the Availability of Information on the Private Health Sector's Role in HIV Service Provision

Tanzania's health system is severely hampered by a lack of information sharing and networking between and among the health sectors. Better documenting and disseminating information is critical to facilitate partnerships and highlight the private sector's potential in contributing to health goals. The need for greater information sharing led SHOPS to develop a directory of medical diagnostic services to shed light on the current and potential role of the private laboratory sector.

Directory of medical diagnostic services in Dar es Salaam region

The private sector assessment (PSA) identified many missed opportunities to share, harmonize, and purchase diagnostic services among the public and private sectors. For example, stakeholders at large public hospitals lacked information about general and specialized diagnostic services available and under-utilized at nearby private health facilities.



James White

Similarly, private providers with surplus diagnostic capacity lacked information on proven methods to partner with the public sector. To address these information gaps, SHOPS partnered with the Medical Laboratory Scientists Association of Tanzania (MeLSAT) and the MOHSW diagnostic services section to compile a comprehensive directory of medical laboratory and radiology services in the Dar es Salaam region. The directory compiled contact and service details for a broad range of nonprofit, for-profit, and public facilities offering tests in more than 10 priority health areas including HIV and AIDS, infectious diseases, reproductive health, non-communicable diseases, and radiology. The platform also includes guidance on how to forge partnerships in the laboratory sector.

The MOHSW director of curative services in Dar es Salaam launched the directory in November 2014. The launch included a presentation of the directory and an informal networking event allowing stakeholders to initiate dialogue on PPP opportunities for equipment sharing and rationalization. Following the launch, the directory was converted to an online platform and expanded to include laboratories across the country, ensuring comprehensive information on Tanzania's diagnostic capabilities.

Building the Private Health Sector's Capacity to Deliver and Scale up HIV and other Essential Health Services

The PSA revealed that private sector facilities and community-based organizations are an increasingly important source of HIV and other health services in both rural and urban settings. However, private providers face several challenges to expanded service delivery. A major barrier is inadequate access to education, continuing professional development, and other opportunities that could expand quality service offerings. To address this barrier, SHOPS developed a PMTI alumni association to facilitate financial viability and built the clinical capacity of private health providers to deliver HIV services. Capacity-building efforts prioritized scaling up voluntary medical male circumcision (VMMC) provision; PMTCT B+ services via PRINMAT; and nurse-led prescribing, initiation, and management of antiretroviral treatment (ART).

Alumni association at Hubert Kairuki Memorial University

The growth of PMTI represents an opportunity to significantly increase the production of needed health workers in Tanzania. This growth is challenged by a lack of access to public funding and difficulties remaining financially viable. SHOPS conducted a needs assessment of Hubert Kairuki Memorial University (HKMU), a PMTI in Dar es Salaam, and identified the development of an alumni association as a strategic priority for securing new sources of revenue and fostering private sector networks and peer exchanges after graduation. SHOPS worked with HKMU alumni and the university to establish the association, develop an alumni database and operational guidelines, and recruit alumni members. Lessons learned from the HKMU experiences were developed to inform the creation of similar associations at other PMTIs.

Scaling up voluntary medical male circumcision provision

During the PSA and subsequent dialogue process, APHFTA members reported their ability to perform VMMC procedures through an innovative private sector model that offered opportunities to scale up access to VMMC services at a lower cost than traditional donor-funded campaigns. In 2014, SHOPS conducted a baseline needs assessment in Rorya district to document APHFTA's VMMC service approach and costs to inform potential program replication or scale up. The assessment found significant opportunities to increase the private sector's provision of VMMC services via APHFTA's membership but highlighted the need to align the services with PEPFAR quality standards. Based on these results, SHOPS developed a program to strengthen and scale up VMMC services through campaigns and health facilities in Rorya district, improve the quality of VMMC services delivered through APHFTA members, and build demand for services in the community.

Scaling up PMTCT B+ provision via the Private Nurses and Midwives Association of Tanzania

Tanzania recently adopted the World Health Organization (WHO) Option B+ guidelines for PMTCT and breastfeeding, which offers HIV positive women lifelong ART regardless of CD4 count. With more than 50 percent of births occurring at home, the new guidelines required extending community-based PMTCT services to accommodate the increased number of women eligible to access them. The PSA identified a number of private health facilities operating in rural and hard-to-reach areas where private nurses and midwives could be leveraged to meet growing demand. However, many private providers were excluded from the national PMTCT training required to deliver these services. In response, SHOPS collaborated with PRINMAT to scale up the delivery of PMTCT B+ services via the PRINMAT network of community-based maternity homes. SHOPS facilitated a partnership with the Ministry of Health's PMTCT unit to gain access to national PMTCT training curricula for PRINMAT providers. SHOPS also supported two PMTCT B+ training workshops on the new curricula and provided follow-up technical assistance to build provider and facility readiness to deliver services. The assistance incorporated training on monitoring and reporting, including using the government's data reporting registers and connecting to local district medical officers (DMOs) to access government procured and controlled HIV counseling and testing (HCT) and PMTCT commodities. PMTCT B+ services officially rolled out in June 2014. SHOPS used facility service data to identify additional areas for technical assistance, including addressing challenges accessing Ministry of Health commodities and facilitating public-private dialogue via a PMTCT roundtable among PRINMAT, the PMTCT unit, and district authorities.

Carol J. Pierce Colfer/CIFOR

PRINMAT FACGBF maternity facility: A success story

Madame Asnat Mchopa is the owner and operator of FACGBF, a PRINMAT-affiliated heath facility in Bahamoyo district. FACGBF opened in 2012, providing a range of family planning/reproductive health, antenatal care, and labor and delivery services for a catchment population that includes 16,800 women of reproductive age. In the past, Asnat was unable to provide PMTCT services because she lacked access to essential commodities and training required by the Ministry of Health. Instead, she would provide HIV counseling during antenatal care visits and refer to the district hospital for PMTCT services as needed. She would communicate with the district hospital but was often unaware of her patients' outcomes.

In 2014, Asnat and her daughter Gloria, another nurse at the clinic, attended the SHOPS-sponsored PMTCT B+ training and immediately began offering HIV testing and PMTCT services at her clinic. She also connected with experienced staff at the district hospital to practice her skills and get guidance on how to improve her clinic. For its part, the district provides the full spectrum of PMTCT B+ commodities, including HIV test kits, dried blood spot (DBS) test kits, and antiretroviral medications (ARVs). As a result, FACGBF is now performing an average of 60 HCT visits a month and helped initiate 27 women on ART between June 2014 and February 2015. Asnat is even starting to see clients outside her district. Through close coordination with the public sector and the provision of high quality PMTCT interventions, Asnat and FACGBF demonstrate the rapid impact private sector providers can have extending the reach of PMTCT services.

James White

PRINMAT nursing school under construction

Scaling up nurse-led antiretroviral treatment services

Nurses and midwives have been restricted from providing full adult ART regimens due to limited access to required national trainings and the absence of formal approvals allowing them to independently prescribe and dispense ART. Building on service provision allowances clarified in the newly ratified scope of practice for nurses and midwives, SHOPS supported the National AIDS Control Program (NACP) deliver the first national ART training specifically targeting nurse and midwife prescribers. SHOPS—in partnership with the NACP and CSSC—identified nurse-led institutions with unmet demand for ART and existing treatment providing centers where physicians were limited or overwhelmed in their provision of ART. In late April 2015, 33 nurses and midwives (16 from Iringa region and 17 from Njombe region) were trained by SHOPS/NACP to become the first formally trained cohort of nurse and midwife ART prescribers in the country. As part of the six-day training, SHOPS also implemented a mentorship and quality improvement component that paired newly trained nurse-prescribers with physician mentors at nearby facilities who can now provide ongoing training, mentorship, access to commodities during stockouts, and supportive supervision to nurse and midwife ART providers. This model, and further task sharing of ART responsibilities to nurses and midwives, has been soundly endorsed by the NACP and the Ministry of Health.

Results

James White

RESULTS

Promoting an Enabling Policy Environment for Greater Private Sector Involvement in Health

District-level public-private partnership fora

Collectively, 67 stakeholders, including MOHSW officials, local government representatives, for-profit and nonprofit providers, USAID implementing partners, and local employers participated in PPP workshops co-sponsored by SHOPS and CSSC in Njombe Town and Makete. Over the course of two days, stakeholders in each district developed a landscape of the health sector at the district level and then identified and prioritized health gaps that PPPs could address. The major barriers identified during the meetings were inadequate human resources and commodities to meet health service needs, unfamiliarity with national PPP policy documents and service level agreement structures, and lack of clarity about potential partnership options. Discussions also revealed that although legally required to do so, neither district had established a PPP forum or identified a PPP focal person. While many private health entities were available to help fill these gaps, stakeholders in both districts acknowledged minimal effort engaging private sector providers beyond faith-based organizations.

The SHOPS-supported fora were a key first step in implementing effective partnerships. In some cases, it was the first time that public and private stakeholders were actively engaged to identify partnership opportunities. Each workshop culminated in the development of a PPP action plan to guide district council efforts to improve health outcomes at the district level. Plan development was accompanied by the election of a champion—someone who was highly committed to the partnership ideal and could continue to push the PPP process forward. In both cases, champions came from the private sector. Makete District Council signed a service level agreement with Consolata Hospital Ikonda for services and has already initiated payments. SHOPS also supported APHFTA to organize similar workshops in several districts throughout Dar es Salaam, including follow-up workshops to review concepts and progress.

Advancing the scope of practice for nurses and midwives

With SHOPS support, the TNMC and the Ministry of Health successfully launched Tanzania's first scope of practice for nurses and midwives in November 2014. More than 50 key stakeholders from the medical community attended the event. Consistent with the country's broader task-sharing efforts, the document contained several clarifications and

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The Ministry of Health and TNMC launch the first scope of practice for nurses and midwives.

expanded permissions for nurses and midwives, including permission to perform minor surgical procedures such as intrauterine device insertions and VMMC. In addition to general practice, it addressed competencies and established parameters in specialized health areas such as HIV counselling and testing, PMTCT, ART, family planning, integrated management of childhood illnesses protocols, and mental health. The scope also identified and defined the roles and responsibilities for an emerging cadre of advanced nurse practitioners engaged in nursing policy development, academics, and complex service delivery.

The TNMC board and several representatives of the Ministry of Health described the document's release as creating a new day for Tanzanian nursing, expanding the role of nurses and midwives to address HRH shortages, advancing the profession's standing, and increasing access to essential health services. International and domestic implementing partners expressed excitement about scope inclusions that protected existing nursing activities while expanding their role in delivering VMMC and prescribing ART. The scope also increased implementing partners' ability to mobilize nurses and midwives more broadly in implementing HIV and other essential health services projects. As such, the chief nursing officer and TNMC are facilitating rapid and widespread implementation of the scope permissions, immediately promoting more extensive involvement of nurses and midwives in addressing urgent health needs.

Key inclusions in the scope of practice

- Reinforces nursing and midwifery as autonomous and self-regulating professions.
- Outlines the scope of practice for general and specialized promotive, curative, preventive, rehabilitative, and palliative care.
- Specifies roles and responsibilities for nurses and midwives at all qualification levels.
- Reinforces prescribing authority, per protocol, for some acute, emergency, and chronic illnesses including PMTCT and ART.
- Permits the performance of minor surgeries, per protocol, and facilitation of major surgeries.
- Outlines special nurse and midwife functions across major health areas including public health, pediatrics and integrated management of childhood illnesses, and infectious diseases including HIV and AIDS.
- Lays out a specific scope and role for advanced practice nurse practitioners for the first time.

"The scope of practice is now one of the key documents outlining the roles of nurses and midwives in Tanzania and will be an important tool in safeguarding the profession in this country. The TNMC will now pursue the widespread implementation of the scope of practice throughout the country, and we encourage all stakeholders to apply it broadly in pursuit of better health care for Tanzania."

— Dr. Khadija Malima (TNMC board chair)

Increasing the Availability of Information on the Private Health Sector's Role in HIV Service Provision

Laboratory and diagnostics directory in Dar es Salaam

Approximately 50 laboratory professionals attended a formal launch of the *Laboratory and Diagnostics Directory for Dar es Salaam Region*, which contained information from more than 75 for-profit, nonprofit, and public facilities on more than 125 separate laboratory and radiology tests in nine priority disease areas (Figure 3). The directory also included information on:

- Availability of laboratory services.
- Location and hours of operation.
- Turnaround time for specific tests.
- Available equipment.
- How to develop laboratory sector PPPs.

More than 500 copies were printed and distributed to launch participants and MeLSAT members. Participants noted immediate uses for the information, including helping to identify partnership opportunities and maximizing all available diagnostic resources and capacities. Preliminary follow-up with participants revealed that two districts were already in discussions to develop PPPs between private lab providers and their Ministry of Health counterparts utilizing the PPP process included in the directory.

> "The shortage of medical doctors, especially in rural areas, makes it imperative to permit properly trained nurses and midwives to provide a wider range of health services as per relevant national protocols. Together, these critical health care workers will help the MOHSW better respond to HIV and AIDS, infectious diseases, chronic and non-communicable diseases, mental health, and maternal, newborn, and child health needs."
>
> *— Miriam Lutz (USAID health director)*

Stakeholders noted that information contained in the directory requires ongoing maintenance. New laboratory equipment and tests are becoming increasingly available, meaning that regular updates are required to ensure optimal utility. Given the positive feedback in Dar es Salaam and the need to regularly update content, SHOPS transferred the directory and data entry process to an online format and expanded it to include public and private labs across Tanzania. The website is expected to launch in late June 2015.

Figure 3. HIV screening tests available in Ilala district

	FACILITY NAME								
Diagnostic Tests	**AAR Health Centre**	**AGA Khan Hospital**	**Amana Hospital**	**AMREF Tanzania Laboratory**	**Apollo Medical Centre**	**ARAFA M6 Dispensary**	**Buguruni Anglican Health Centre**	**Buguruni Health Centre**	**Burhani Charitable Health Centre**
HIV Rapid Tests	✓ 30 Mins Strip/Cassette (Kit) Backup? No	✓ 1 Day Strip/Cassette (Kit) Backup? No	✓ 30 Mins Strip/Cassette (Kit) Backup? No	✓ 30 Mins Strip/Cassette (Kit) Backup? No	✓ 30 Mins Strip/Cassette (Kit) Backup? No	✓ 15 Mins Strip/Cassette (Kit) Backup? Yes	✓ 45 Mins Strip/Cassette (Kit) Backup? No	✓ 1 Day Strip/Cassette (Kit) Backup? No	✓ 1 Day Strip/Cassette (Kit) Backup? Yes
Alere Determine HIV 1/2	✓ 30 Mins Alere Determine Kit Backup? No	✓ 1 Day Alere Determine Kit Backup? No	✓ 30 Mins Alere Determine Kit Backup? No	✓ 30 Mins Alere Determine Kit Backup? No			✓ 45 Mins Alere Determine Kit Backup? No		✓ 15 Mins Alere Determine Kit Backup? Yes
Unigold HIV	✓ 30 Mins Unigold Kit Backup? No	✓ 1 Day Unigold Kit Backup? No	✓ 30 Mins Unigold Kit Backup? No	✓ 30 Mins Unigold Kit Backup? No			✓ 45 Mins Unigold Kit Backup? No		✓ 15 Mins Unigold Kit Backup? Yes
HIV Elisa				✓ 1 Day Washer Reader Backup? No					

Building the Private Health Sector's Capacity to Deliver and Scale up HIV and other Essential Health Services

Hubert Kairuki Memorial University Alumni Association

With SHOPS assistance, the HKMO association contacted approximately 800 former students—73 percent of all identified alumni—through direct emails, SMS, newspaper advertisements, and social media. The association registered 42 percent of HKMU graduates in the alumni database. Of those, 200 alumni (27 percent) signed up for the association. While the HKMU Alumni Association is still nascent, it has already been successful in reconnecting alumni to the school, current students, and each other. As a long-term strategy, it has potential to be a source of additional funds for the university and to improve sustainability through increased operational revenue generated by alumni annual registration fees. The HKMU Alumni Association start-up model also revealed lessons for replication in PMTIs across sub-Saharan Africa. Chief among these lessons is to identify association champions who are influential and can clearly articulate the benefits of joining an association to potential members.

Scaling up the provision of voluntary medical male circumcision via APHFTA and Jhpeigo

In April 2015 SHOPS, through partner organization Jhpiego, successfully trained 20 providers from Shirati Health, Education, and Development—a member NGO of APHFTA—to deliver VMMC services up to PEPFAR quality standards. Training was also provided to community mobilizers to help raise awareness in Rorya district about the importance of male circumcision as an HIV prevention strategy and to link clients to providers. The newly trained providers performed 200 circumcisions in May 2015, the first month in which they offered the service. They are currently scaling up efforts with the hope to provide up to 7,000 circumcisions by the end of June 2015.

Scaling up the provision of PMTCT B+ via PRINMAT facilities

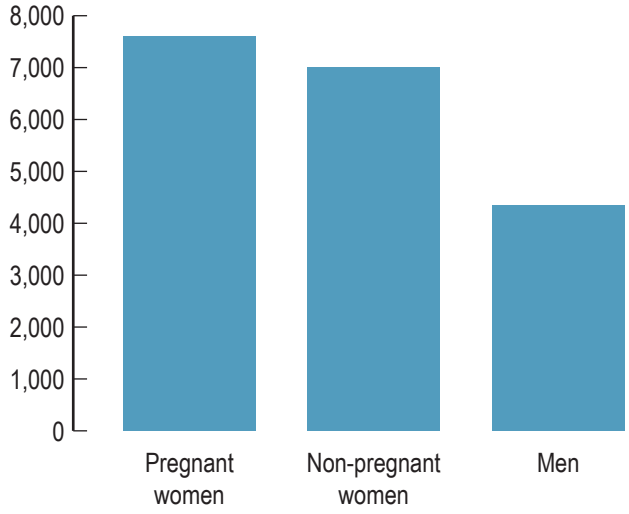
SHOPS partnered with PRINMAT's national headquarters to facilitate private sector access to national PMTCT training and commodities and scale up the provision of PMTCT B+ services via PRINMAT-affiliated facilities. The activity was built on a foundation of direct and open dialogue between public and private PMTCT stakeholders, which helped forge strong partnerships and a sense of shared purpose among PRINMAT, the Ministry of Health PMTCT unit, and district PMTCT authorities. Multi-sectoral stakeholder buy-in led the Ministry of Health PMTCT unit to allow a cohort of PRINMANT-affiliated nurses and midwives to become the first trainee group for the new national PMTCT B+ curriculum. This approval was a significant result; private providers have historically had limited access to such training, so the approval demonstrated strong commitment on the part of government PMTCT authorities. Seventy nurses and midwives representing 53 PRINMAT facilities across 18 regions and 32 districts attended the SHOPS-supported training on PMTCT B+ service provision and the use of MOHSW's data registers to properly report health statistics per national protocols. Following the trainings, SHOPS and PRINMAT headquarters personnel focused on strengthening provider and facility readiness for service provision. SHOPS successfully connected the newly trained providers and their facility managers with DMOs and district pharmacists to gain access to HCT and ART commodities and government registers. SHOPS also worked with each facility to ensure quality data were reported each month.

> "This document and the information it contains is beneficial to all health workers, health managers, and the citizens of Tanzania in general. Many of the labs in the country are undersubscribed, with others having equipment and staff that are under-used. Therefore, there is room for partnership and collaboration with the goal of providing better health and services for all Tanzanians."
>
> *— Mr. Sabas Mrina (MeLSAT chair)*

SHOPS completed nine months of service monitoring between June 2014 and February 2015, compiling service data and patient outcomes from the 53 PRINMAT facilities offering PMTCT B+ service provision (Figure 4). During this period, 14,700 people, including 7,599 pregnant women, were tested for HIV; 337 of the pregnant women tested positive, resulting in a prevalence rate of 4.4 percent. Roughly 94 percent were initiated on ART, including 283 (84 percent) during antenatal care visits and 35 (10 percent) during labor and delivery (Figure 5). Sixty-five women were referred to other points of care, mainly public care and treatment centers, due to lack of ARV commodities at the PRINMAT facility where they received a positive HIV test.

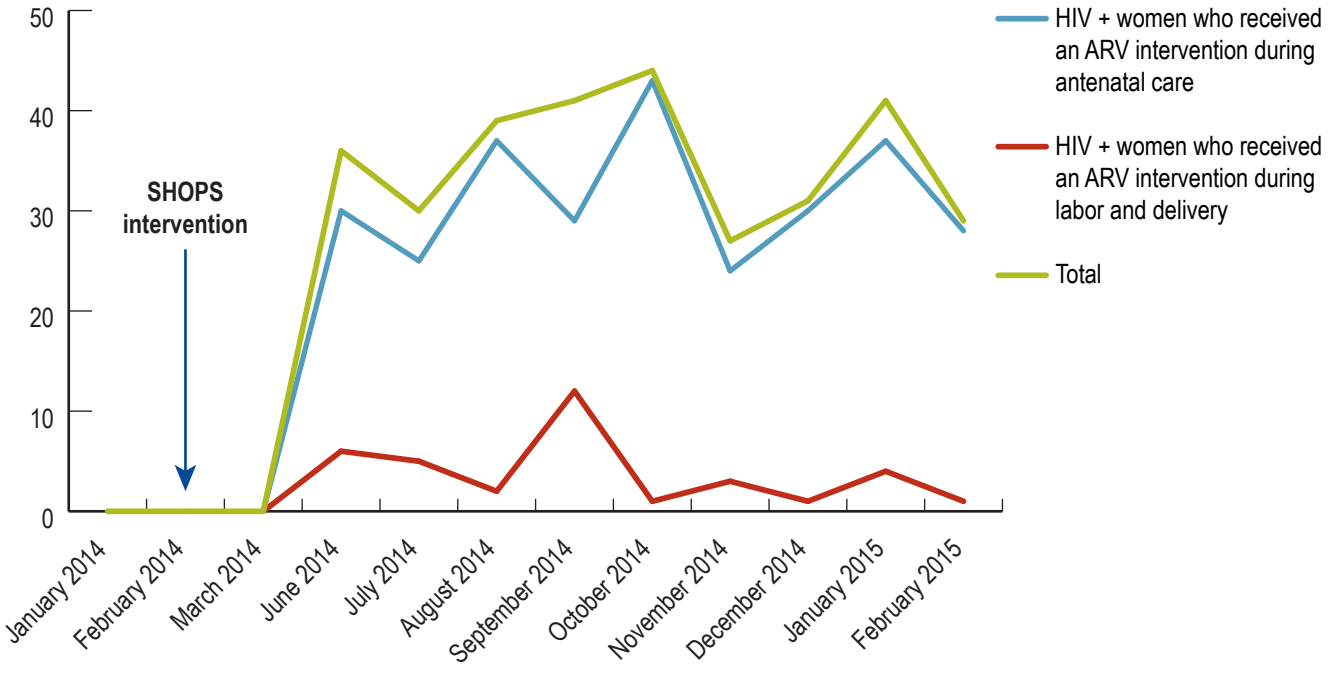
During the reporting period, 157 babies were born to HIV+ mothers and received Nevirapine at PRINMAT facilities. This is a significant increase over the nine babies born to HIV+ mothers in the three-month baseline period (January–March 2014) preceding the SHOPS intervention. Of these 157 babies, 47 received a HIV DBS test at a PRINMAT facility six weeks after birth. Eighty-nine percent of HIV-exposed newborns receiving a DBS-PCR test at a PRINMAT facility tested HIV-negative,

Figure 4. HIV counseling and testing visits to PRINMAT facilities by patient type, June 2014–February 2015



demonstrating the protective benefits of antenatal PMTCT interventions. The remaining babies were either referred to other centers because of a lack of DBS test kits at the PRINMAT facility (84), or lost to follow-up or still too young to be tested (26).

Figure 5. Number HIV+ women initiated on ART at PRINMAT, June 2014–February 2015



HIV status of newborns receiving dried blood spot testing at PRINMAT facilities

During the period of implementation, 47 HIV-exposed newborns and infants were provided with a DBS-PCR HIV test at a PRINMAT facility. Of those tested, 42 were non-reactive (HIV negative) and only 5 were reactive (HIV positive). This provides a mother-to-child transmission rate of approximately 10 percent among infants who were born at and received a DBS-PCR at PRINMAT facilities. By comparison, a mother-to-child transmission rate of 15–40 percent is expected during gestation or labor where no PMTCT intervention is provided.

Overall, the PMTCT activity was a great success. The number of providers properly trained and able to offer essential HCT and PMTCT services increased. However, this success was met with some challenges. First, SHOPS provided financial support to print and deliver registers for PRINMAT facilities following reports that districts lacked funds to cover this need. While a short-term solution, the shortage exposed a possible information management and data reporting barrier to scaling up private sector PMTCT services. Some PRINMAT facilities also experienced difficulties obtaining all or some PMTCT commodities from the public sector. Following the training, approximately half of the 53 facilities (in particular those in the Dar es Salaam region) were immediately sent HIV test kits, DBS-PCR kits for infant testing, and first-line combination ARVs for PMTCT. These facilities typically had an existing relationship with their DMOs and had received public commodities in the past for immunizations and other public health services. The remaining facilities faced greater challenges to commodity access due to lack of district buffer stock, resistance from DMOs in some areas, and/or widespread public stockouts. To mitigate these issues, SHOPS provided ongoing PMTCT assistance to PRINMAT headquarters and individual facilities to help facilitate commodity access. These efforts included ensuring that new trainees had the proper certificates and were connected directly to district health management for commodities. In several cases, DMOs reported a desire to provide commodities but a lack of buffer stock prevented them from providing to PRINMAT until the next drug procurement cycle. In three isolated cases, despite a national directive approving PRINMAT's access to PMTCT commodities from the national PMTCT unit, DMOs expressed resistance to provide the

Soonie Choi

SHOPS trained PRINMAT providers on the government health management information system and reporting requirements.

private sector with publically procured commodities until a full facility inspection was conducted. In these cases, SHOPS worked with PRINMAT headquarters to ensure that the facilities were scheduled for an inspection as part of ongoing district management and supervision of new PMTCT sites.

In April 2015, SHOPS expanded PMTCT B+ training to an additional 35 PRINMAT providers. This will ensure that all 75 facilities in the PRINMAT network are able to provide high quality PMTCT B+ services to rural- and community-based populations throughout Tanzania.

Scaling up nurse-led prescribing, initiation, and management of antiretroviral treatment

SHOPS worked with CSSC and regional health leadership in Iringa and Njombe to identify priority facilities for ART scale up and prepare for a nurse-focused ART training. Upon identifying facilities, SHOPS partnered with NACP, the CSSC Tunajali project, and the district health management team and regional AIDS coordinators of Iringa and Njombe regions to conduct Tanzania's first national ART training targeting nurse- and midwife-led facilities. By May 2015, 33 nurses from the public and private sectors had been trained in nurse-led prescribing, initiation, and management of ART, which also served as a pilot test of new materials recently produced by NACP that reduced the required training time from nine to six days. The newly trained practitioners will receive ongoing supportive mentoring and supervision from nearby physician-led facilities and the district AIDS coordinators. The NACP deemed SHOPS's pilot training a success and have recommended nationwide ART training for nurses and midwives as part of ongoing HIV and AIDS task sharing.

DFATD/MAECD

Lessons Learned

Gates Foundation

LESSONS LEARNED

A number of lessons were learned from the SHOPS program in Tanzania that can inform future private health sector development.

Gathering and widely disseminating health information is fundamental for developing informed interventions and partnerships.
Stakeholders from all levels and sectors of the health system require access to concise, accurate, and usable data to develop informed interventions and partnerships. Information at the national level is of little use if it does not reach those who can apply it at the local level. SHOPS made great strides in expanding access to data for decisionmaking; the private sector assessment, facilitated stakeholders' dialogues, diagnostic directory, and policy and technical documents all contributed to Tanzania's body of knowledge. SHOPS's efforts to build a general consensus in developing these documents and widely disseminate the findings directly supported partnership building and improved access to essential HIV services. These early successes strongly suggest a need for continued efforts to ensure that information is packaged to promote partnerships and are distributed to public and private stakeholders at all levels of the health system.

District-level public-private partnership fora can facilitate alliances when supported by a neutral broker.
Public-private partnerships at the local level require open and transparent dialogue among public and private stakeholders. As evidenced by SHOPS's efforts in Njombe and Dar es Salaam, a neutral broker can support the early stages of engagement by addressing the communication gap between the sectors, facilitating meetings, and ensuring that participants have access to necessary policies, guidance, and information on structuring partnerships.

The private sector is an important source of health services that can be more effectively leveraged through greater involvement in local planning and funding processes.
Public-private partnerships are more likely to be successful when clearly aligned with existing planning processes. Historically, Tanzania's private health sector has been excluded from contributing to the annual comprehensive council health planning process and other local planning processes because district health authorities viewed PPPs as outside their regular mandate. Achieving and sustaining successful partnerships between the sectors require efforts to align incentives and jointly develop action plans and implementation approaches. Ongoing efforts should focus on better integrating the private sector in planning and funding cycles at the regional and district levels to ensure that all resources are adequately employed to meet district health goals.

National policies and guidelines that formalize task sharing can lead to rapid increases in service coverage and improved patient outcomes.
Tanzania has historically engaged in task sharing to address HRH shortages. These efforts were informal and did not systematically address human resource needs. Formal policies maximize potential gains from task sharing while legally protecting providers offering services outside their regular scope. SHOPS's work in formalizing a scope of practice for Tanzania's nurses and midwives generated consensus around the cadres' responsibilities and helped to focus and scale up formal task-sharing activities. The new scope extended service coverage, broadened the reach of the health system to previously under-served areas, and reduced the burden on physicians and overwhelmed points of care.

Improving HIV and AIDS patient outcomes at the facility level requires both provider capacity building efforts and targeted health systems strengthening interventions.
PEPFAR 3.0, which aims to help achieve an AIDS-free generation by targeting the response to the epidemic, prioritizes scaling up facility-level provision of essential HIV prevention, testing, and treatment services. Capacity-building efforts, such as service delivery trainings and increasing the availability of data for decisionmaking, are critical to improving the availability and quality of facility-level HIV service provision. However, rapid scale up of quality HIV services also requires additional interventions across multiple elements of the health system. For the private sector, this includes access to controlled public sector commodities such as ARVs, consistent and accurate reporting of health data, and strong referral and communication links between public

and private providers. As SHOPS's experience in Tanzania reveals, successfully harmonizing of multiple health systems areas can lead to rapid scale up of HIV service delivery and promote improved patient outcomes.

CONCLUSION

The SHOPS program in Tanzania effectively supported increased delivery of high quality HIV prevention, care, and treatment services as well as other maternal and child interventions through the private health sector. Emphasis was placed on improving the policy environment, increasing the availability of information about the private health sector to inform partnership, and building private provider capacity to deliver and scale up essential HIV prevention, care and treatment services. Since SHOPS launched activities in 2013, the program has accomplished several key milestones, including the following:

- Supported the launch of the first scope of practice for nurses and midwives, which promotes greater task sharing with both public and private nurses and midwives across a number of health areas and expands the professions' role in prescribing medicines and delivering advanced services in family planning, VMMC, PMTCT B+, and ART.
- Facilitated private sector access to the national PMTCT B+ training curriculum and government PMTCT B+ commodities provided to PRINMAT facilities. This resulted in 18,713 HIV tests being provided to adults and children and 318 pregnant mothers being initiated on ART during the first nine months of implementation.
- Supported the first national ART training conducted by the NACP focused on nurse and midwife initiated and managed ART, allowing for nurses to prescribe, initiate, and manage adult ART as per the new scope of practice and national ART training guidelines.
- Supported the development of Tanzania's first online medical laboratory and diagnostic directory, which will allow health providers and the general public to easily search through hundreds of medical tests and laboratory facilities available throughout the country.

SHOPS's achievements were the direct result of a multi-sectoral and participatory approach focused on partnership, sustainability, and strong country ownership. The program demonstrates that the private sector is a critical source of health service delivery and can be leveraged to increase access to essential public health services such as VMMC, HTC, ART, safe delivery, and other priority health interventions. When appropriately pursued and linked to district-level health planning and funding processes, these efforts can be made sustainable through effective partnership at the level of service provision. Sustaining high impact results through public-private collaboration will require ongoing efforts to align incentives, jointly develop action plans and implementation approaches, and ensuring that both public and private partners commit to the partnership in order to ensure services can be extended to all Tanzanians requiring them.

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For more information about the SHOPS project, visit: www.shopsproject.org

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