CONSULTATION REPORT

ON

PUBLIC-PRIVATE PARTNERSHP (PPP) IN HEALTHCARE SYSTEM IN TABORA, TANZANIA

Tabora, Tanzania

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Background:

Healthcare in East Africa is at the crossroads. ODA for health is diminishing while the Faith-Based Organization (FBO), which once comprised more than 70% of healthcare infrastructure in Africa, is also decreasing in alarming speed.

With the financial constraints, the Government of Tanzania has asked the provincial/district health Ministries to facilitate private-public partnership to consolidate healthcare in this transition.

I met Dr. Rashid Said, the District Health Administrator, when I visited Korogwe in 2013. I was asked to evaluate operations of one of the FBO hospitals and to help develop their future plans. Dr. Rashid was keenly aware of PPP, as he was the main counterpart of PPP effort with the FBO hospital. In the past two years, we have successfully brought Operation Hernia (OH) in as a focused training module for PPP in Korogwe. The activities of OH are now extended and the organization became an international NGO, Hernia International (HI). The HI missions still continue on in Korogwe, however the FBO partnership has not been maintained as we wished. The FBO hospital parted from PPP and has moved on to their own way. In the middle of the transitional period, Dr. Rashid was assigned to the Tabora province and started to rebuild PPP all over again.

Tabora is geographically the largest province, occupying 9% of the size of Tanzania. The estimated population is 2,291,623 (2012 estimate), 80% of the population reside in rural areas. Most of them are subsistence farmers and beekeeping is one of the most common income sources among them.

The Tabor Public Health Department manages 42 healthcare facilities in the region; 3 hospitals (1 provincial referral, 2 district level), 1 health center, 37 dispensaries, and a maternity house. The maternity house is still in the planning phase.

With my previous cooperation with Dr. Rashid, I visited Tabora in August 2015 to assess whether we can further develop training programs in the province upon his request. The overall goal is to facilitate PPP in provincial/district levels in Tanzania to demonstrate 'success cases' to develop a viable partnership model for the country.

Findings/Assessment

The following are the findings of my meetings with members of the PPP as well as health committees, discussions with frontline primary care providers of remote

healthcare posts run by the government, and observations and discussions with health care providers of Kitete Provincial Hospital (a referral hospital) and St. Ann Hospital (a FBO hospital)).

1) PPP

- Each member of the PPP committee and CHMT (Council Health Management Team) merely exchange their wish list without digging into why they need the items on the list and how to obtain resources to reach their goals.
- The meetings were facilitated as a questions and answers session between the government officials and the participants. There was no opportunity for discussions to develop new approaches and solve problems as a group.

2) Healthcare posts

I visited two government primary care posts in similar settings: they are located fairly remote areas away from the main tarmac road with no electricity other than solar power (off the grid), and no tap water. Two nurses are working/living in the property to see 20-40 patients a day and deliver 5-10 babies a month.

- All of these four healthcare providers are fairly young, being assigned to the post right after their training.
- There are numerous knowledge and skills they would like to acquire including prenatal care, difficult deliveries, and medical emergencies (non-OB). One of the urgent needs was to learn how to deal with unconscious patients brought by the family members.

3) Tabora Provincial Referral Hospital (Kitete)

- Started as a military hospital/wound care station in 1906, Tabora Provincial Referral hospital known as Kitete, is the regional referral center with 350 beds, divided into 4 departments; OB/GYN, surgery, medicine and pediatrics.

- All medical staff, (MD or clinical medical officers) is general practitioners and there is no specially trained physician.

- One X-ray machine, and one U/S machine.

- 'ED' is part of OPD, no resuscitation equipment, no oxygen or no trauma kit.

- Hemorrhage is the number one cause of mortality among pregnant mothers.

- Doctors asked for everything on their 'wish list' including setting up ICU, ED, CT scan, specialty training, ventilator, EKG machine and etc.

3) St. Ann Hospital

- A FBO hospital (Catholic) opened 25 years ago.
- Currently 45 beds but building a new wing, which would have 100 beds when it opens in later this year.
- The New wing will be equipped with EKG machine and ED.

Recommendations:

1) PPP

- For effective team building and concrete outcomes, more opportunities for discussions and idea sharing should be incorporated, rather than mere questions-answers sessions and only exchanging ideas without making efforts to reach an agreement
- It has to be reinforced that the goal of meetings is to find ways to solve problems *together* rather than describing problems and pushing the blame back and forth among the participants.
- The focus of discussions is to transform the mindset of defending existing interests and territories to creating new collaboration.
- I would suggest to use the following steps as a structure for discussions in future meetings of the PPP committee;

1. Critically select most important issues from problem lists (Issues are something you can discuss to improve or make changes.)
2. Visualize or clarify issues among the group
3. Discuss these issues with only positive terms (Nobody is allowed to say 'we cannot do)
4. Develop action plans (solvable terms with time deadline)

2) Requesting equipment and devices

- Any medical equipment has to be brought in with technical training. It is people who treat patients not new technologies or machines

3) Training needs

- Make sure that any training programs for anyone (ex. doctors at the hospital, healthcare workers at the dispensaries) is goal-oriented, hands-on and on-site.

- Training on emergency care/trauma care has high priorities as St. Ann Hospital is now opening up new emergency room in a few month. The concept of ATLS or modified ATLS should help medical professionals greatly. The Canadian Network for International Surgery (CNIS) would be a helpful contact since they spearheaded trauma care in East Africa many years ago.

- The training programs focusing on specific area, such as hernia, should be continued and other areas will be added as needed. The hernia program positively gave local medical professionals an opportunity to sort out what they need to do to and actually select candidates and get them prepare for the surgery.

- A simple habit makes a big difference. Asking questions such as 'what specific technique or knowledge will help me now?", "what kind of changes should I expect when I master these techniques?" are highly recommended.

1. Goal-oriented (focus on specific knowledge or techniques)
2. Hands-on (not theories, but focus on practicality)
3. Appropriate (locally maintained, applicable, contextually appropriate)
4. On-site (Not removing learners from their reality)

Future plans:

1. The Swiss surgical team from HI is visiting for hernia operation in November.
2. Drs. Gunini and Rashid will prepare a report on of 'job retention by dispensary health workers' by mid-October. Drs. Gunini, Rashid and Mori will discuss the results via Skype.
3. Dr. Mori will contact CNIS to facilitate trauma care training in Tabora.
4. Dr. Mori will ask his colleague in Malawi to visit Tabora in early next year to follow-up with the progress and prepare for the visit of Cleveland team in August 2016.
5. Dr. Mori will organize a group of biomedical engineering students at Case Western Reserve University to come out in Summer 2016 to help improve some electric equipment, solar panel & etc.
6. Dr. Mori will come back between July 25 – August 3rd 2016.

SCHEDULE FOR PROF. MASAHIRO J MORIKAWA VISIT FROM 5th TO 7th AUGUST 2015 IN TABORA DISTRICT

S/No	EVENT	TIME	RESPONSIBLE PERSON	PLACE OF EVENT
DAY ONE(1): 5th, AUGUST 2015				
1	Arrival of Professor MasahiroJ.Morikawa at Tabora Airport	11:25 Hours	RMO, DMO, MD	Tabora Airport
2	Professor MasahiroJ.Morikawa Travelling to Frankman Palace Hotel. Arrangements for accommodation and Lunch at Orion Hotel	11:45Hours – 14:00Hours	RMO, DMO, MD	Frankman Palace Hotel
3	Professor MasahiroJ.Morikawa Meeting with Municipal Director, Heads of Department and CHMT members	14:00Hours – 15:30 Hours	RMO, DMO, MD	Tabora Municipal Council Conference Hall
END OF DAY 1				
DAY TWO(2): 6th, AUGUST 2015				
S/No	**ACTIVITY**	**TIME**	**RESPONSIBLE PERSON**	**PLACE OF EVENT**
1	Professor MasahiroJ.Morikawa Paying Courtesy Call to Regional Administrative Secretary and District Commissioners’ Office	8: 00 – 8:30Hours	RMO, MD	Regional Commissioners’ Office

2	Professor MasahiroJ.Morikawa Meeting with RHMT Members and Kitete Hospital Management Team Members and Later Visiting Departments/Sections of Kitete egional Refferral Hospital	8:30Hours – 11:00Hours	RMO	RMOS' Officer
3	**TEA BREAK**	**11:00Hours – 11:30Hours**	**RMO, MD, MMOH**	**Tabora Orion Hotel**
4	Professor MasahiroJ.Morikawa Visiting Mirambo Hospital, St.Anna Hospitals	11:30 Hours – 13:30 Hours	RMO, MD, MMOH	Tabora Municipal Council
5	**LUNCH BREAK**	**13:30Hours – 14:30 Hours**	**RMO, MD, MMOH**	**Tabora Orion Hotel**
6	Professor MasahiroJ.Morikawa Visiting: St.Phillipo Health Centre, Isevya, Kiloleni, Town Clinic and Ng'ambo Dispensaries	14:30 Hours – 16:30 Hours	RMO, MD, MMOH	Tabora Municipal Council
7	Wrap up with Drs. Rashid and Gunini	18:00-21:00	RMO, MD	Orion Hotel
END OF DAY TWO(2)				

DAY THREE(3): 7th, AUGUST 2015				
S/No	**ACTIVITY**	**TIME**	**RESPONSIBLE PERSON**	**PLACE OF EVENT**
1	Professor MasahiroJ.Morikawa Meeting with NGO, PRIVATE for PROFIT and FBO Health Care Providers, CHSB Members	8:30 Hours – 10:00 Hours	RMO, MD, MMOH	Tabora Municipal Council
2	Departure to Tabora Airport	10:15Hours	MMOH	Tabora Municipal Airport

KEY:

CHMT – Council Health Management Team
MD – Municipal Director
MMOH – Municipal Medical Officer of Health
RHMT – Regional Health Management Team
RMO – Regional Medical Officer