

NEED ASSESSMENT AND AVAILABLE INVESTMENT OPPORTUNITIES IN THE HEALTH SECTOR: A CASE OF DODOMA REGION, TANZANIA

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ABSTRACT

The paper investigates the status of availability of health services and investment opportunities in Dodoma. The study obtained data through interview and documentary review. The collected data were descriptively analyzed to produce tables and pie charts to present different phenomena pertaining to the findings of the study. The study findings depict that the region has a very high deficit of the health facilities. The study has identified surveyed land and population growth (due to both natural and government shift) as important factor for attracting investment in the health sector. Furthermore it has been revealed that private sectors have invested very little in the health sector in the region. The paper calls for private sector to increase investment in the health sector. The government also is encouraged to set more funds in the budget that will enable the region to procure expensive equipments for health services.

Key Words: Dodoma, health sector, investment opportunities

INTRODUCTION

Health is an important element required for national development and poverty alleviation by all Tanzanians. To achieve this, the government through national health policies since independence has emphasized on delivery of equitable and quality preventive, promotive, curative and rehabilitative health services at all levels (URT, 2007). Better health service is one of the important aspects promoted by the Ministry of Health, Community Development, Gender, Elderly and Children as shown in its vision and mission statement. In its vision the ministry commits to offer health and social welfare services of high quality, effective, accessible and affordable, delivered by a well performing and sustainable national health and welfare system that encourages responsiveness to the needs of the people. In order to attain this vision, the ministry mission involves to facilitate the provision of equitable and effective health and social welfare services by formulating policies and guidelines, delivered by an adequate, competent and well-motivated human resource to improve the health and well-being of the public with emphasis on those most at risk.

With the stated vision and mission, the Government of Tanzania (GOT) has dedicated significant effort, through public and private providers, to deliver healthcare services to its citizens. The efforts shown in the health sector are meant to serve a population of 43,625,434 Tanzanians with a rate of growth of 2.7% per annum according to the 2012 census (Agwanda & Amani, 2014). Tanzania health service delivery is provided in different facilities owned by different stakeholders as table: 1 depicts (Ministry of Health and Social Welfare (MOHSW), 2015). The available health facilities in Tanzania are owned by government, faith based organization (FBO), parastatal or private organizations. The number of the availability of health facilities by ownership distribution is as indicated in table 1.

Table 1: Health Facilities in Tanzania by Ownership and Facility Type

Ownership	Hospitals	Health Centers	Dispensaries	Clinics	Total
Government	129	484	4502	5,115	4,418
FBO	79	141	626	—	860
Parastatal	15	12	116	846	186
Private	34	79	716	829	878
TOTAL	257	716	5,960	6791	6,342

Source: (Ministry of Health and Social Welfare (MOHSW), 2015; Boex, Fuller, & Malik, 2015).

The Government Shift to Dodoma Region

The government of Tanzania has officially declared to shift its ministries, parastatals and other agencies to Dodoma region as its headquarters before the end of year 2020. This shift is inevitably linked with various business-driven factors like trade, education, health, agriculture, physical infrastructure, real estate and others. However, for effective running of the above aspects, there is a need for reliable health services and facilities to the current population and incoming population in the region. Therefore, there is a prompting need to investigate the status of availability of health services in Dodoma and opportunities for future investments, since the shift of headquarters is expected to increase the demand for social services including health services in the region.

LITERATURE REVIEW

Conceptualizing Health Sector

According to WHO (1958), the term health has been defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The realization of complete physical, mental and social wellbeing are essential in fostering economic development and poverty reduction. The concept health has being broadly elaborated as ability possessed by people to grow to their full potential during their entire lives (Beristain, J. et al, 2004). In that sense, health is an asset individuals possess and has both intrinsic and instrumental value. Therefore the major goal of the health sector at national or local level include delivering of interventions to reduce mortality, disability and burden of diseases hence raise life expectancy (URT, 2003).

It is also necessary to include the following statements in conceptualizing the term health as uttered by WHO at its first International Health Promotion Conference in Ottawa, Canada in 1986 (World Health Organization, 1986). First the term health means to reach a state of complete physical, mental and social well-being where an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Health can therefore be seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities (Seedhouse, 2004).

With the importance of health sector in building the economy, Tanzania after independence declared diseases among the enemy of development. In order to fight diseases the government established more health facilities, health care training institutions and provide free health care services all levels (Mujinja & Tausi, 2014). In the 1980, Tanzania efforts to fight the disease enemy were overshadowed by severe drought and underfunding that resulted into deterioration of health facilities in shortage of drugs and equipment (REPOA, 2008). To curb the deterioration in the health sector, Tanzania in 1990's began to implement multi-sectoral reforms including in the health sector (Lugalla, 1997). In line with other reforms, the health sector reforms and local government reforms aimed to transfer power, functions and responsibilities from the central government to the Local Government Authorities (LGAs).

With the health sector reforms, the central government and LGAs mandated to provide health services that result to improvement of life expectancy of the people living in the society. Both central and LGAs are to

ensure availability, adequacy, accessibility and affordability of health services (inputs) in their areas of jurisdiction (Adams *et al.*, 2002).

METHODOLOGY

Study Area

The study was carried out in the Dodoma region of Tanzania. Dodoma is located at the center of Tanzania. The region covers 41,311km² with a population of 2,083,588 people. It is divided into seven districts: Dodoma Municipal, Bahi, Chamwino, Kondoa, Mpwapwa, Kongwa, and Chemba. The districts are subdivided into 209 wards and 637 registered villages. It is further reported that less than 20% of all people in Dodoma reside in urban areas. The economy of Dodoma is based on subsistence agriculture and animal husbandry (National Bureau of Statistics, 2013). Dodoma like other regions in Tanzania has a high demand for health due to the high diseases burden (WHO, 2009; Mayige *et al.*, 2012).

Data Sources

The study used mainly secondary data to review the health services situation and available opportunities. Additionally primary data were obtained from the interview with the key informants of Dodoma that includes Regional Medical Officer (RMO), Health Management Information System Officer (HMIS) and Regional Nursing Officer. The key informants were involved in the study because of their direct involvement in the provision and management of health services in the region. The interview was used following its importance that interview is normally held in order to capture the experience of the informants from the area of the study (Gray, 2004). The interview was held in order to gain a broader understanding and clarification on health related matters in the region.

Analysis Techniques

The study adopted the descriptive analysis. The descriptive analysis was used as a way to transform primary and secondary data into a form that will make them easily understood and interpreted, rearranged and manipulated to give a meaningful sense (Zikmund, 2003). The analyzed data were presented in tables, bars and charts to represent different aspects of health services from the region. The descriptive analysis was applied to capture the health facilities, to establish the population of Dodoma by 2020 and the deficit of health facilities in the region.

FINDINGS

This part presents the analysis, interpretation and discussion of the findings. In that case, the analysis focused on establishing the status of health situation and the projected population growth if the government moves to Dodoma. Also this part reveals the available health opportunity in region.

The Current Health Situation in Dodoma

The findings have revealed that Dodoma region has a total of 8 hospitals, 39 health centers and 329 dispensaries providing health services to the region. As table 2 indicated, the burden of diseases in the region is still prevailing with Dodoma Municipal and Chamwino having the highest rates of cases reported in Malaria and HIV.

Table 2: Incidence of Diseases in Dodoma Region

Indicator	Year	Chamwino	Kondoa	Kongwa	Mpwapwa	Dodoma Municipal	Chemba	Bahi
HIV Cases	2012	5495	1783	2501	1539	11093	268	733
	2013	2997	2763	1824	2471	12445	268	1234
	2014	3395	3055	3521	2950	19372	271	1360
Tuberculosis Treated	2012	87	93	92	100	96	100	85
	2013	96	90	96	98	92	100	100
	2014	97	96	90	92	75	100	96
Malaria Prevalence	2012	28960	6873	146132	8627	8449	6873	13197
	2013	25602	1828	4643	12983	2851	5534	27956
	2014	23983	12901	23277	23277	28120	54587	35983

Source: (Regional Health Management Team (RHMT), 2015)

According to RHMT (2015), in providing health services, Dodoma region has 58% of the required qualified health staff indicating a 42% deficient in qualified human resource demand for health. Furthermore, Dodoma region is characterized by high maternal mortality rate (108/100,000), neonatal deaths (11/1000), infant mortalities rate (20/100) and under-five mortalities rate (40/100). Thus, the available statistics indicate unsatisfactory performance in the health sector worsened by the shortage of staff, inadequate health facilities and low investment by stakeholders (RHMT, 2015).

On the side of health facilities, the region has a total of 382 health facilities, which includes 329 dispensaries representing 51.7% of health facilities available at the village level, 37 health centers representing 0.18% of health facilities available at the ward level and 8 hospitals (See Table 2). Meanwhile, on ownership basis: 288 (87.5%) dispensaries are owned by the government, 30 (9%) Faith Based Organizations (FBOs), 8 (2.4%) owned by parastatals and 3 (0.9%) are defense owned. Moreover, the region has a total of 37 health centers out of which 31 are government owned, 2 are private owned and 4 belong to FBOs. As for the hospitals, there are 6 governments' owned and 2 FBOs' owned.

In responding to the Primary Health Service Development Program targets, table 3 shows that out of 636 villages in the region, only 329 (51.7%) have dispensaries and out of 209 wards only 37 (0.18%) have health centers. Figure 2 reiterates the acute shortage in the availability of health facilities in the region. It is further realized through table 3 and Figure 2 that, given the importance of the private sector in support of service delivery; little has been invested in the health sector in the region by the private sector.

Table 3: The Status of Availability of Health Facilities in the Region.

Facility	Available	Required	Deficit	Ownership				
				GVT	FBO	Parastatal	Defense	Private
Hospital	9	N/A	N/A	8	1	N/A	N/A	N/A
Health Centers	37	209	170	31	4	N/A	N/A	4
Dispensary	329	636	307	288	30	08	3	N/A
Clinics	2	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Source: Dodoma RMO – HMIS, 2015.

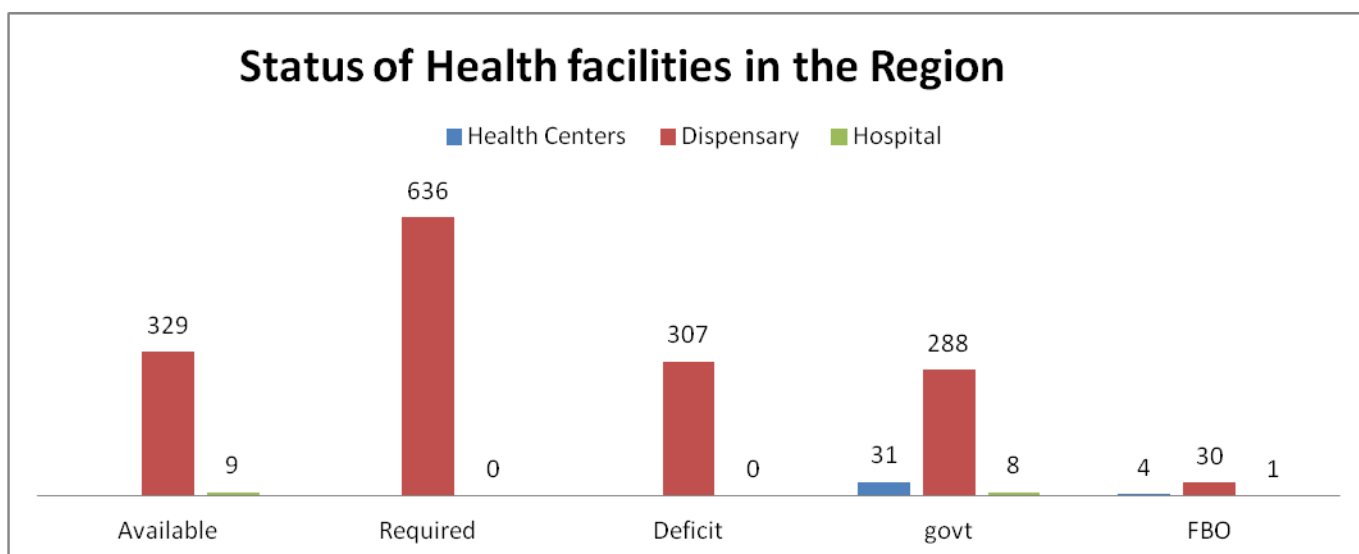


Figure 1: Status of Health as extracted from Dodoma RMO- HMIS (2015)

Therefore, the preceding health situation (table 3) highlights the need for public and private stakeholders to realize deficiency and investments opportunities in health services delivery in Dodoma region.

In an interview with the RMO, it was revealed that the region has identified sufficient land for erecting health facilities in which Dodoma Municipal has set aside 20 hectares, Chemba district 23.7 hectares, Bahi district 17 hectares and Chamwino district has set aside the following plots: plot 889 Block D square meter 38791 and plot 892 Block D square meter 39811. It came out clearly during interview that the region experience several challenges when ensuring availability of health services. The key reported challenges inadequate medical supplies, persistence of motorcycle road accident, shortage of health staff and delay seeking medical consultation among community members.

Projected Demand

According to National Bureau of Statistics (2013) the average annual growth rate of population is 2.7% in Tanzania. Such trend as depicted in Table 4 reveals normal population increase of 23.7% in the region by 2020. Furthermore, the government shift to Dodoma will alter the normal population growth to higher rates and result to more health service delivery deficit in the region.

Table 4: Population Growth in Dodoma by 2020

Year	Growth Rate	Total
2012	0	2083588
2013	56256.88	2139845
2014	57775.81	2197621
2015	59335.76	2256956
2016	60937.82	2317894
2017	62583.15	2380477
2018	64272.89	2444750
2019	66008.26	2510759
2020	67790.48	2578549

Source: Extracted and Computed from Census General Report, 2013.

The increase of the number of population (due to increase growth rate and government shifting to Dodoma) will lead to increase in health facilities and services demand in the region.

Therefore, given the projection that the population is growing by 2.7% per annum and the government is shifting to Dodoma, then by 2020 the population will be more than 2.5 million in the region; hence the need to:-

- Eliminate the existing deficit of health facilities by increasing number of health facilities by private and public sector investors. This will synchronize balance between population growth and health provision in the region.
- Increase the number of diagnostic services particularly Magnetic Resonance Imaging (MRI).
- Increase investment in the health sector to curb infant and maternal mortality in the region

CONCLUSION

From statistics obtained, the study found that Dodoma region suffers deficit of health facilities while stakeholders from the private sector have done little compared to government in the health sector investments particularly investing in dispensaries and health centers. Furthermore, the region suffers from shortage of health workers particularly in the rural areas. Therefore, health sector in Dodoma is full of untapped opportunities for investment.

In line with untapped opportunities, Dodoma region is blessed with the availability of the ample surveyed and planned land by CDA and local districts authorities ready to attract investors in the health sector. The planned and surveyed land is blessed with water, electricity and roads ways for enabling any project to materialize in time.

RECOMMENDATION

This study recommends the private sector to increase involvement in the health sector investment in Dodoma region and the government to set more funds to procure important health diagnostic equipment's like MRI which cannot easily be afforded by the municipal and local authorities. Furthermore, it is necessary to recruit more qualified health workers for providing health care to the growing population. The private sector should shoulder hand with the government efforts investing in the health sector. The region has plenty of the surveyed land that the private sector can use in order to build more health facilities and training institutions. The private sector can use the opportunity of the Tanzania PPP policy (2009) to support the efforts already shown by the government. Public Private Partnerships (PPPs) are viable means to address constraints of financing, management and maintenance of public goods and services by government or private sector.

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