



# Tanzania Essential Health Interventions Project (TEHIP)



*A joint initiative of Tanzania's Ministry of Health and the International Development Research Centre (IDRC)*

## Brief No.1: TEHIP Overview



Resources for essential health care are no match for the catalogue of health problems in the developing world. In 1993, the *World Development Report — Investing in Health* proposed ways for low-income countries to cope with this imbalance by directing available resources more strategically to where health needs are greatest. The report also suggested that providing packages of essential clinical and public health interventions to 80 percent of the population in low-income countries could substantially reduce the burden of disease.

The Tanzania Essential Health Interventions Project (TEHIP) has been testing how these ideas can be practically implemented in two typical, rural Tanzanian districts — Rufiji and Morogoro Rural — since 1997. TEHIP, by integrating research and development efforts, is developing new tools, approaches and information systems that enable Council Health Management Teams (CHMTs) at the district level to develop local plans based on local data rather than merely implementing plans or programs imposed from above. Health interventions are thus more targeted at the most critical health problems.

TEHIP, a joint initiative between IDRC and Tanzania's Ministry of Health, has harnessed the efforts of a wealth of national and international collaborators. The project is contributing to ongoing national health sector reforms that aim to improve the efficiency and accessibility of health services throughout the country.

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### How TEHIP works

TEHIP is pioneering new approaches to health planning and priority setting as well as measuring the resulting impact on the health of people. The project is achieving this by:

**Supporting research:** The TEHIP research program has four components: developing and piloting district-level health planning tools; documenting changes in health systems at both the Council Health Management Team (CHMT) and health facility levels; monitoring trends in health-seeking behaviours at the household level; and tracking health impacts through continuous demographic and health surveillance at the household level. Researchers are all drawn from various Tanzanian institutions.

**Supporting development:** TEHIP is working to build the tools and capacities of CHMTs to plan and manage health resources using





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*The International Development Research Centre (IDRC) is a public corporation created by the Parliament of Canada in 1970 to help researchers and communities in the developing world find solutions to their social, economic, and environmental problems. Support is directed toward developing an indigenous research capacity to sustain policies and technologies developing countries need to build healthier, more equitable, and more prosperous societies.*

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local sources of evidence. It is also helping the teams to improve and expand the delivery and use of the health interventions that they have selected.

**Providing funds:** To help the districts implement their plans, TEHIP has increased health budgets by less than US \$1.00 per person per year, bringing annual per capita funding for health care in the two districts up to about US \$4.00. Health systems, service delivery, and utilization of essential health interventions have improved and research is now assessing the impact on the burden of disease. Tanzania has now initiated similar per capita funding in at least two-thirds of the districts through the new, sector-wide government/donor partnership “Basket” grants.

## Evidence for health planning

TEHIP has developed and refined several tools to help CHMTs to collect and analyse information and to improve health service delivery. The TEHIP “tool box” includes:

- **Burden of Disease Profiles** to show health needs at the community level;
- **District Health Accounts** to map district health budgets and expenditures in relation to the burden of disease and other criteria;
- **Integrated Management Cascade** to network health facilities.
- **Facility Rehabilitation** to improve health service delivery, community responsibility and involvement.

Such tools are providing the “evidence” that enables the CHMTs to set priorities and allocate resources as part of their planning process. For example, using a tool developed by TEHIP, Council health managers analysed their budget priorities against the prevailing burden of disease in the district. The analysis showed that malaria accounted for 30 percent of the years of life lost because of deaths. As a result, CHMTs increased the budget for malaria prevention and treatment programs from 5 percent to 25 percent.

## Partners

TEHIP partners work together on a National Steering Committee to provide overall policy guidance in the development and implementation of the project. The partners are:

The Government of Tanzania (Ministry of Health and Ministry of Local Government); IDRC; the World Health Organization; UNICEF; and the Canadian International Development Agency. Tanzanian technical partners include: the Ifakara Health Research and Development Centre; the Muhimbili College of Health Sciences, Institute of Public Health and the University of Dar es Salaam Institute of Development Studies.

TEHIP supports more than 70 full-time field workers in research and evaluation with an additional 10 working part-time as module leaders and principal investigators. A core team manages the project from a base office located in the National Institute for Medical Research in Dar es Salaam.