



# Innovations Landscape Assessment in Tanzania

**PRESENTED BY:**

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**AND**

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# Objectives of the assessment

- Overall objective: to identify innovations that can be scaled to meet the needs and priorities outlined in The Tanzania Development Vision 2025, HSSP V (2021–2026) and One Plan III (2021/22–2025/26)
- Specific objectives:
  - Develop, in consultation with MOH and other development partners, a specific needs assessment that outlines the current gaps and bottlenecks in prioritized RMNCAH+N outcomes
  - Examine the innovations landscape in Tanzania to identify existing, proven systems and innovations in use
  - Support the institutionalization of innovations by providing technical assistance to the Government of Tanzania
  - Assess capacity (structural arrangement and existing systemic bottlenecks) of MOH in prioritization and scaling up of proven innovations

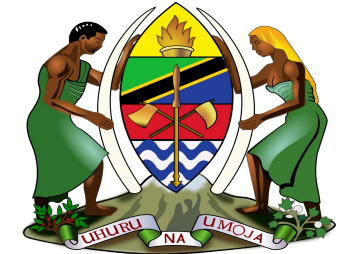
# The Challenge:

## Link innovation supply with government demand

To address challenges/barriers to scaling innovation there is a need to:

- i. Forge new collaborations within the health and development innovation ecosystem and
- ii. Align different partners' individual roles and contributions to optimize outcomes
- iii. Link the supply of innovations, particularly those that are de-risked/ validated for transitioning to scale, with demand from countries.

# The Response:



The GFF through R4D and IHA explored on how can innovation funders facilitate increased **public sector demand for** and **scaling of** health innovations



(Global expertise)



(Regional & Local expertise)

# Program Overview: Tanzania Enhancing Public Sector Demand for, and Scaling of, Health Innovations

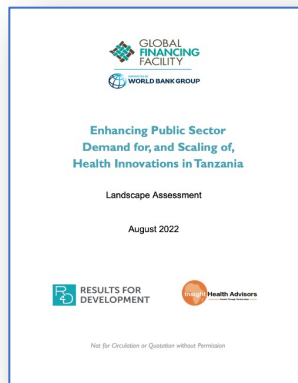
## Phases of the program

### Phase 1:

### SCOPING

(Jul-Aug 2022)

- Literature Review & Context Analysis
- Key informant interviews with local and international stakeholders



Report & Briefing Note



### Phase 2:

### DESIGN & CO-CREATION

(Sep - Nov 2022)

- Co-design of a locally-led 'Mountain Model' to enhance innovation demand and scaling
- National and regional cohorts co-designed Tanzania's proposed 'Mountain Model' and Action Plan
- Cohort present their recommended approach to senior GoT leadership for consideration



The "Mountain Model"

# Landscape Assessment Methodology

## Assessment Goals

- Landscape relevant policy frameworks and empirical barriers influencing RMNCH-N innovation within the Tanzania health system
- Understand supply- side opportunities in RMNCAH-N innovations

01

Literature Review



02

Key informant Interviews



03

Data analysis, synthesis and draft reporting



04

Validation of findings and final reporting



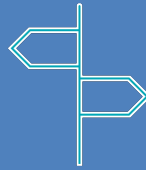
# Findings: Factors influencing demand for and scale up of health innovations



Report



Articulation of demand



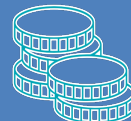
Incentives to look for innovations



Awareness of potential innovations



Ability to engage effectively with Innovations and Innovators



Financial resources and political will to fund scale-up



Rules, Regulations and Procedures



These factors interact with and influence each other

# Findings: Examples of challenges and potential solutions

Factors influencing demand for and scale up of health innovations	Challenges/Barriers	Potential Solutions
<b>#1. Public Sector Articulation of Demand</b>	No guidelines for sourcing, adoption, and scaling of innovations on service delivery, products, processes and partnerships	<ul style="list-style-type: none"><li>– The MOH to develop a guideline to facilitate implementation of innovations agenda in the health sector</li></ul>
<b>#2. Public Sector Incentives to Look for Innovations</b>	Some partners / innovators focus RMNCAH-N innovation only in one intervention without supporting other components	<ul style="list-style-type: none"><li>– To encourage integration of services</li></ul>
<b>#3. Public Sector Awareness of Potential Innovations</b>	Inadequate awareness on potential innovations available among public sector stakeholders	<ul style="list-style-type: none"><li>– To document and disseminate innovations at various forums and platforms e.g., professional conferences, meetings, technical working groups etc.</li></ul>



# Findings: Examples of challenges and potential solutions

	Challenges/Barriers	Potential Solutions
<b>#4. Public Sector Ability to Engage Effectively with Innovations and Innovators</b>	Inadequate coordination of RMNCAH-N innovations and innovators	<ul style="list-style-type: none"><li>– To institute coordination mechanism and a responsible focal person at all levels</li></ul>
<b>#5. Public Sector Financial / Human and Materials Resources and Political will to Fund Scale Up</b>	Gap between budgeting and actual allocation / availability of funds for innovation or scale-up	<ul style="list-style-type: none"><li>– Policies and plans where innovation is prioritized are backed up with clear (and protected) budget commitments</li></ul>
<b>#6. Public Sector Rules, Regulations and Procedures for Procurement of Innovations</b>	Complex and long procurement process of innovations (products, services etc.)	<ul style="list-style-type: none"><li>– A need to ensure that the procurement procedures are simplified to allow effective procurement for innovations</li></ul>

# Findings: RMNCAH–N Policy Priorities & Potential Matching Health Innovations

PRIORITY AREA	PROMISING SUPPLY–SIDE INNOVATION MATCHES (examples)
<b>Maternal Health</b>	<ul style="list-style-type: none"><li>• On–job Training for Health Care Providers–Low Dose High Frequency</li><li>• <i>Mama na Mtoto</i> is a package of strategies approaches that helps health systems effectively implement a comprehensive suite of multi–level (district, health facility, and community) MNCH interventions.</li><li>• <i>M–Mama</i> program is a technology–driven emergency transport and referral system saving the lives of pregnant women and their newborns in rural areas by reducing delays in reaching and receiving care during an emergency transfer.</li></ul>
<b>Child health</b>	<ul style="list-style-type: none"><li>• Educational Kit with nutrition Messages for 1,000 days from conception to two years commonly known as “<i>Mkoba wa siku 1000</i>” in Kiswahili”.</li></ul>

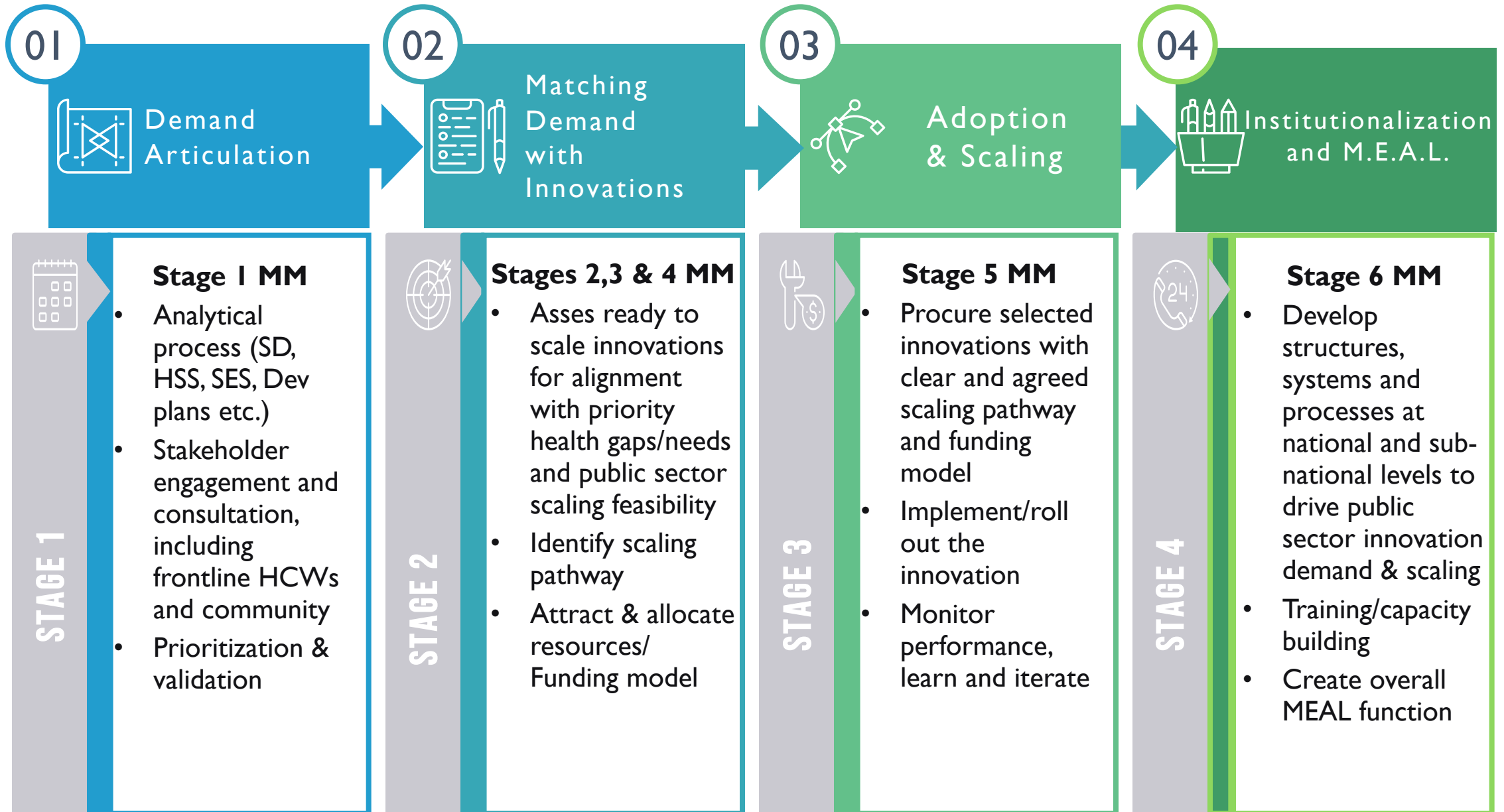
# Findings: RMNCAH–N Policy Priorities & Potential Matching Health Innovations

PRIORITY AREA	PROMISING SUPPLY-SIDE INNOVATION MATCHES
<b>Adolescent health</b>	<ul style="list-style-type: none"><li>• Whispa Health- A service innovation that helps to educate young people on their Reproductive Health Rights and connect them to Products and services;</li><li>• AMUA innovation Accelerator – a mentorship driven- that supports young entrepreneurs with seed funding, training and skills development to build innovative solutions that address their unique Sexual Reproductive Health Rights (SRHR) needs</li></ul>
<b>Family planning</b>	<ul style="list-style-type: none"><li>• Participatory Action Learning (PLA) groups to address barriers preventing access to Maternal and Child Health Services at community level.</li><li>• Post-partum family planning (PPFP) Comprehensive package: Antenatal period with counselling at facility and community-based antenatal care (ANC)</li><li>• Integrated MIYCN and PPFP service delivery is feasible to implement and has led to improvements in service provision and uptake</li></ul>

# The Mountain Model – Process

- The mountain model is a frame of reference designed to help a **government-led, demand-driven process**.
- Rather than prescribe activities in advance, it is built around a **continuous process of contextual co-creation** whereby governments outline existing priorities, challenges and opportunities around scaling health innovations and identify ways in which facilitators of the Mountain Model and other ecosystem actors can help achieve that.
- There is **no set timeframe, sequencing or metrics of success** driving progression from one stage to another – governments should think about the pace and level of effort / activity they feel is appropriate for each stage and feel able to flexibly constrict or extend these as their circumstances or priorities change.

# PROPOSED TANZANIA PUBLIC SECTOR SCALING PROCESS



# Proposed Tanzania Model For Enhancing Public Sector Demand for & Scaling of Innovations



## THE PROPOSED JOURNEY



**The Champions**  
Government  
Donors & Intl Organizations

**The Guide**  
Local intermediary org  
Listen, Learn, Connect, Support

**The Cohort**  
National Regional and  
Council Public Health  
Officials



**The Innovators**  
Local / International  
Entrepreneurs

**The Summit**

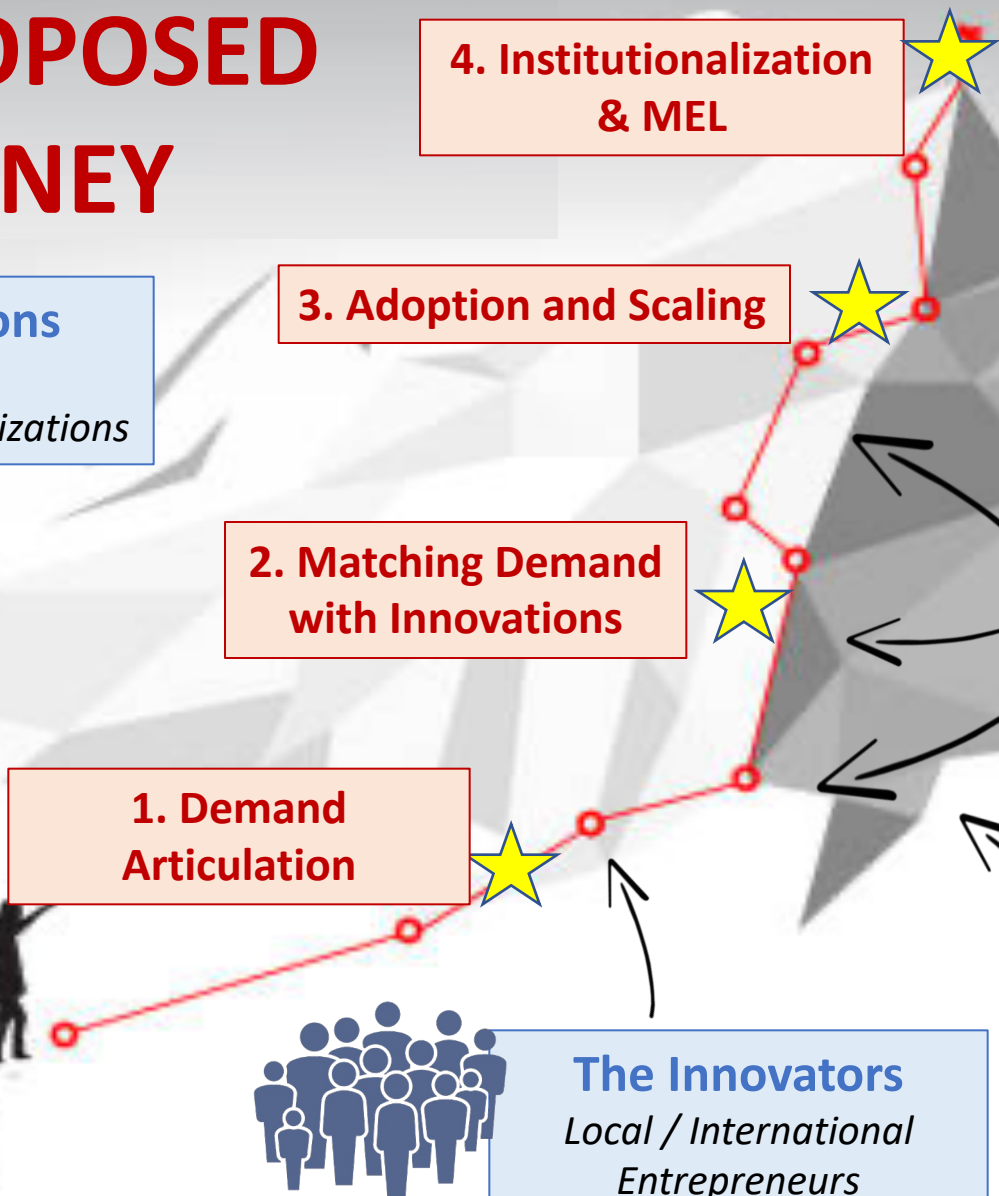
- Successful scaling of innovations impacting local priorities and global goals
- Sustainable local capacity to implement the model
- Learning for other countries/contexts

**Learning Basecamps**

- All parties
- Exchange & Synthesis of learning
- Local Management Skill-Building



**The Supporters**  
Local, National, International  
Public, Private, Academic  
Specialised Knowledge,  
Funding, Tools & Networks



# Next steps

- Set up an interim steering committee to implement the recommendations and the action plan as we await the establishment of formal structures
  - ✓ MoH, PoRALG and Regional champions of innovations as members
- Develop Terms of references, roles and responsibilities for the steering committee
- Develop guidelines for prioritizing and assessing innovations
- Build capacity for the identified and appointed focal persons, steering committee and innovation teams
- Map partners and identify available priority innovations in various areas of health and innovators to collaborate with.
- Encourage transparency between innovators and organizations so as to encourage co-creation
- Test proposed Tz Mountain Model in 1-2 regions in Tanzania (including Dar es salaam region)