Title: Going operational with health systems governance: supervision and incentives to health workers for higher quality health care in public health facilities in Tanzania

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**Background**

Health systems governance is increasingly high in the global health agenda. However, most analyses focus on conceptual frameworks rather than operational aspects and impacts on health service delivery. Three notable health systems governance interventions are top-down supervision, bottom-up community supervision and incentive policies for health workers. Some evidence is available about the individual effectiveness of these tools towards higher quality of healthcare in Tanzania. Yet, little is known about their combined impact as policy tools available to local government authorities. This study analyzed quantitatively the joint effect of top-down and bottom-up supervision as well as incentive policies on proxies of quality of care.

**Methods**

The study employed multilevel logistic regression techniques on a dataset from the Demographic Health Survey (DHS), the 2014/15 wave of the Service Provision Assessment (SPA) survey, focusing on a representative sample of Tanzanian health facilities. The data included process of care measures from patient visit observations and exit interviews, infrastructural and managerial data related to the health facility from an inventory survey as well as specific information about healthcare providers from health workers interviews. From the available dataset we obtained proxy indicators for quality of care, intensity of supervision and incentives available to health workers. The proxy measures of quality of care are compliance to Integrated Management of Childhood Illness (IMCI) guidelines on the one hand, and patient satisfaction on the other hand.

**Results and discussion**

Three main results emerge from the study, contributing to fill the evidence gap and better address policies focused on improving the productivity of medical staff and consequently patients’ satisfaction. First, top-down supervision is not associated with increased quality of care. The existing supervision arrangements may be suboptimal, with low supervision intensity and/or lack of constructive feedback from supervisors. Second, bottom-up supervision that engages the community favors higher patient satisfaction. The community may be more aware of the effort put in place by health workers in their daily activities. At the same time, health personnel address better the needs of the community, with direct returns in terms of satisfaction even without quality improvements. Third, the provision of subsidized housing to health workers is associated with both higher healthcare quality and higher patient satisfaction. Moving away from their hometowns to address shortage of human resources in other parts of the country and with modest salaries, living arrangements seem to be an important motivational factor for Tanzanian health workers.