

EXPERTS OPINION YOUTH ACTION VOLUNTEERS (YAV)

**The Tanzanian Heart Institute crisis 2008:
Causes and possible solutions**

August 2008

Summary

Tanzania's health services have very limited capacity to perform heart surgery, so that those with serious heart problems are treated abroad, particularly in India. The Tanzania Heart Institute (THI) is the first attempt to establish a specialised heart treatment facility in the country. For the last year, THI has been unable to pay its rent, and its landlord the National Social Services Fund (NSSF) is currently trying to evict it. This has caused a public outcry at the possible forceful eviction of critically sick people, while new cases are refused admission until the crisis is resolved.

The way forward

Either;

The Government of Tanzania agrees to bail THI out of the current problem given the fact that most citizens cannot afford treatment costs abroad and the Government is unable to treat them all. In the event this is the option, then the business plan for THI should be revisited by all parties concerned.

Or;

The immediate priority is for THI to vacate their premises as soon as possible and to avoid further risks to their patients by cooperating with NSSF rather than claiming they have legal grounds on which to resist eviction. NSSF also need to be more cooperative in assisting THI to vacate the premises in a manner that protects the lives of THI's patients.

Or;

NSSF enters joint venture with THI as the former is also planning to have a heart center.

Or;

NSSF sell the premise to THI

The underlying causes of the THI crisis are poor regulation by the Ministry of Health (MOH) and the intrusion of personal interests in the provision of health services to the public. There is a pressing need for the MOH to show leadership in setting up a transparent regulatory framework for providing services for heart patients. Better regulation will reduce the high financial risks involved in initiatives such as THI in future.

As a move in this direction, the MOH should commission a study to examine the costs and benefits of foreign and local treatment of heart disease.

Disclaimer: This brief report examines the current crisis in the Tanzania Heart Institute for the benefit of the general reader. It does not discuss technical or

clinical issues related to heart surgery or the costs and benefits involved in treating heart patients abroad as opposed to expanding local capacity to do the same. The experts opinion presents this report as a public service, and does not take sides in the dispute between THI and NSSF.

The Tanzanian Heart Institute crisis 2008: Causes and possible solutions

1.0 Background to the crisis

Dr Ferdinand Masau's life ambition was to establish Tanzania's first heart centre, where modern heart surgery could be practiced and Tanzanian patients would no longer have to travel abroad for treatment, at their own or the government's expense. This ambition took shape in Houston, Texas, where Dr Masau, aged 48, underwent cardiovascular surgery training between 1996 and 2000, and where THI was initially registered (see **Timeline**).

Timeline

Date Event

2000 Tanzania Heart Institute (THI) registered under the Private Hospital (Regulation) Act No. 6 of 1977 as a not-for profit hospital.

2003 September

MoU between National Social Security Fund (NSSF) and THI to rent renovated NSSF premises in Kinondoni. Hospital design by SES (Bonn).

October 2003

Tanzanian Minister of Health, Anna Abdallah and THI Founder Dr. Masau visit German Heart Centre, Munich (GHC-M).

2004

Tripartite Agreement drafted between THI, GHC-M and Tanzanian Ministry of Health to establish a cardiac surgery unit.

2005 February

Agreement finalised, but not signed by Minister of Health on 27th February as planned. No reasons given.

April 2005

Minister of Health Abdallah visits Ruby Hall Clinic, India

2006 March

Lease agreement signed between NSSF and THI until 2011. THI to pay two years rent and service charges (USD 1.3m) at the end of the year (March 2007).

May 2005

THI opens.

Building found not to have been renovated/extended according to original design, and incomplete.

US/German sponsors refused to proceed with sponsorship/ cooperation programme.

2007 May

NSSF take THI to court for non-payment of rent.

2008 June

THI given notice to quit premises by 25 July.

July 18-23, 2008

THI hosts the 5th African Heart Seminar

July 26, 2006

Attempts by NSSF to shift patients to Muhimbili National Hospital fail as patients refuse to be moved. Dr Masau interrogated by Commander of the Dar es Salaam Special Police Zone.

July 31, 2008

Eviction Order signed by Judge M Longway: all patients to be moved by 7th August.

August 7, 2008

THI challenges High Court eviction order. The institute filed an application for stay of execution of the order at the Court of Appeal pending determination of another application for revision of the High Court's decision given by Judge Stella Longway on June 30, 2008

Dr. Masau was encouraged to realise his ambition by the renowned heart surgeon, Dr. Denton A. Cooley, founder and President of the Texas Heart Institute (see **Text Box 1**). In May 2006, THI opened its custom-made premises in Kinondoni, Dar es Salaam, leased from Tanzania's National Social Security Fund (NSSF), and Dr Masau began to realise his life's ambition.

Or so he thought. For just two years later Dr Masau and THI are under siege. THI owes NSSF nearly two million USDs in rent, and the high court has issued an eviction order for Dr Masau to vacate the premises by August 8th. The prospect of heart patients being evicted from their sickbeds has turned the standoff between THI and NSSF into a national issue, involving the courts, the police, and political and religious leaders.

Text Box 1: About THI

'Tanzania Heart Institute was founded by Dr. Ferdinand B. Masau, a Tanzanian born cardiovascular surgeon, during his cardiovascular surgery training at the Texas Heart Institute in the United States. The THI is registered and incorporated in the State of Texas as a non-profit organization and is tax-exempted under the Internal Revenue Code Section 501 (c) (3). The organization has several members on its Board of Directors from Texas Medical Center among others being world-renowned heart surgeon, Dr. Denton A. Cooley who is the Founder, President and Surgeon-in-Chief of the Texas Heart Institute.'

Source: www.tanzaniaheartinstitute.org; See Appendix for a Who's Who of THI

2.0 What went wrong?

The principal actors in the THI saga are Dr Masau and his supporters in the USA, Germany and Britain, THI's landlord the NSSF, the government of Tanzania, in particular the Ministry of Health and Social Welfare, and public and private health service providers in Tanzania and abroad. Below we look briefly at each group in turn.

2.1 Dr Masau and his supporters

Most of THI's equipment and supplies have been provided free by benefactors in the US, including Dr Cooley of the Texas Heart Institute. A number of well-known physicians in the US, Germany and Britain have advised Dr Masau, and offered clinical support, equipment and training.

Dr Masau's initial intention was to set up heart surgery facilities in Muhimbili National Hospital, (MNH) where he worked as a research assistant (1982-84) and later as a registrar (1992) and heart surgeon (1995-2002). When, for a number of reasons, this attempt failed, Dr Masau turned to the private sector,

but only TMJ Hospital (Mikocheni) showed an interest in collaborating with him. This collaboration came to an end when Dr Masau tried to import a 40 ft container of hospital equipment from the US tax free, but was informed that private hospitals did not enjoy tax-free status. The Minister of Finance granted tax-exemption on condition that THI obtain its own premises.

In 2002, Dr Masau entered into discussions with NSSF, who agreed to renovate and lease a structure on a large plot in Kinondoni. The structure was finally renovated on the basis of a design by a German firm (SES Bonn) and THI entered into a five year lease with NSSF in March 2006. Only subsequently did THI realise that the renovations were incomplete and that the original design had been modified by the contractors. The most serious defect was that the surgery and Intensive Care Unit were not on the same floor, and the lift that was installed was too small to accommodate a patient being transferred from the surgery to the ICU. This led THI's American and German sponsors to suspend their planned support for open heart surgery.ⁱⁱ

By March 2007, the first two years' rent fell due, but THI defaulted, leading to the drawn-out legal wrangle that culminated in the eviction order of July 31st, 2008.

Dr Masau's second and equally worrying problem was the failure of the Minister of Health to sign the proposed Tripartite Agreement between THI, the German Heart Centre (Munich) and the Tanzanian Ministry of Health to establish a cardiac surgery unit (see below).

According to Dr Masau, the reasons for THI's problems are: 'Failure of the Government to sign the proposed Tripartite Memorandum of Understanding ..., and a failure of NSSF to renovate and complete the hospital building as per our agreement leading to THI collaborators to suspend their support...'ⁱⁱⁱ To avoid eviction, Dr Masau has actively lobbied key official actors, including the Minister of Labour, Employment and Youth Development, the Prime Minister, and the Parliamentary Social Services Committee. Though the Minister of Labour, Employment and Youth Development publicly upheld the NSSF position.

2.2 National Social Security Fund (NSSF). THI's failure to pay any rent at the end of the first year's lease (May 2007) led to a legal wrangle that has continued until today. THI considers that NSSF have adopted a complete non-cooperation policy in order to make sure that THI vacates its premises forthwith. There is little or no formal communication between the two, and THI learn of NSSF's eviction plans through the media.^{iv}

2.3 The Ministry of Health. External support to THI has come from the United States, Germany and Britain. In October 2003, Dr Masau and the Minister of Health Anna Abdallah visited the German Heart Institute, Munich (GHC-M) and in May 2004 a Tripartite Agreement was drafted between THI, GHC-M and the Tanzanian Ministry of Health to establish a cardiac surgery unit in Tanzania. The Agreement specified that heart patients should be referred to the local unit

rather than being sent to India, while difficult cases would be treated in Germany. But the Minister never signed the agreement, and no reasons were given.^v

The THI view is that the Minister was persuaded by officials and those sponsoring treatment in India that the existing arrangements were preferable, though this never became part of a public debate on the merits of the alternative treatment options. There is also a view that some of Dr Masau's 5 former colleagues at Muhimbili were unhappy with his high profile initiative to set up Tanzania's first open-heart facility.^{vi}

Shortly after the non-signing of the Tripartite Agreement, Health Minister Anna Abdallah visited the Ruby Hall Clinic in India--described as 'the largest Cardiac Centre in India'. A brief exchange of emails followed between Ruby Hall Clinic's Mr Pervez Grant and Dr Masau on a possible 'joint-venture', but there was no follow-up.^{vii}

The MOH sponsors Tanzanians for treatment abroad. Budget allocations for treatment of all cases (hearts included) were a modest TShs 1.16 billion in 2005/06 and TShs 1.15 billion the following year.^{viii} At the same time, the government allocated TShs 4.0 billion and TShs 2.0 billion in 2006/07 and 2007/08 respectively for setting up open-heart surgery facilities at MNH, as described in **Text Box 2**.^{ix}

Text Box 2: More heart surgery services coming on stream

'During the year 2007/08 a total of 28 hospital staff ... trained in India and Israel on open heart surgery returned to the country.' These included 'surgeons, ICU nurses, anaesthetists and biomedical engineers' who are 'now providing services after installation of equipment.' An MRI machine is being installed. 'In its bid to reduce referral of patients in need of open heart surgery abroad; the Ministry has finalised preparation for open heart surgery services at the Muhimbili National Hospital. Open heart surgery services started from May 21 2008 whereby up to June 30 2008 a total of 13 patients had benefited from the services. ... completion of construction of the paediatric ward complex which will also house theatres for open heart surgery is expected to be achieved in October 2008.'

Source Budget speech of the Minister of Health, Dodoma, July 2008

Most heart patients sponsored by the government or private charity go to India for treatment, normally at the Apollo Hospital. Other Tanzanian heart patients are sponsored by the Lions Club of Dar es Salaam. It appears that the Lions Club takes care of the cost of transport while the medical costs are covered by the government. It is claimed that the government sponsors 100 heart patients for treatment in India every year.

3.0 Unanswered questions

The above discussion raises a number of basic questions concerning the judgement of the main actors and their ability to work together to achieve common objectives. Though the three main actors (THI, NSSF, MOH) have all made mistakes, detailed below, the underlying problem concerns the lack of a clear regulatory mechanism for the management of public-private relations in

the provision of heart surgery and related services. These are detailed in the final section.

3.1 THI. Why did THI proceed with its venture in the absence of firm guarantees that heart patients would be referred by and paid for by the MOH? Why did THI sign the lease agreement with NSSF when there were so many queries about the quality and completeness of the renovations undertaken?^{x 6}
Did THI have a comprehensive business plan? How did it intend to cover outgoings of \$48,000 per month in rent and service charges?^{xi}

3.2 NSSF. How much did NSSF invest in the construction of the THI premises? Why did NSSF consider THI a viable tenant, capable of meeting monthly rental and service charges of \$48,000 per month, when THI had no experience of running a modern health facility and no guarantee of receiving referred patients and payment, from the Ministry of Health? Given the risks, how did NSSF justify the (unknown but large) investment in renovating and customising the Tazara Hostel?

3.3 The Ministry of Health. Why did the Minister of Health go along with the proposal to enter into a tripartite agreement with THI and the GHC-M only to change her mind at the eleventh hour? Did the Minister's visit to India and discussions with representatives of Ruby Hall Clinic relate in any way to the failure of the tripartite agreement?

4.0 The way forward

The current situation is a mess. THI cannot pay its rental arrears. NSSF has invested heavily in converting the former Tazara Hostel into a customised hospital, and will realise little from auctioning THI's specialist machinery. The government is spending substantial amounts of money on setting up an alternative heart facility in MNH, which may or may not be operational, while it continues to sponsor heart treatment abroad, mostly in India, as do charitable organisations.

Overall, the THI saga reported above reveals a lack of governance skills and practices relating these actors to one another.

There is clearly a lack of policy leadership from the Ministry of Health, a failure to properly regulate the private profit and not-for-profit health sector, in particular relating to the practice of sending heart patients abroad rather than creating local capacity to perform heart, including open-heart surgery.

However, it should not be taken for granted that practicing open-heart surgery locally can be cost effective in present circumstances compared to sending patients abroad, although clearly there are other reasons for wanting to localise such 'prestige' medical activities.

External partners tend to enter the scene from the clinical side of heart surgery, rather than the policy, planning or financial sides. The main issues from their perspective are supporting local initiatives such as THI by providing equipment, training and surgeons. Typically, THI has a number of external partners willing to enter into more or less permanent support relationships. But these are *ad hoc* and uncoordinated activities, and they may not be addressing basic questions of sustainability and cost-effectiveness.

Thus, the solution to the THI saga does not entail simply finding ways of localising heart surgery in Tanzania as quickly as possible. The immediate issues are dealt with first, the underlying issues thereafter.

4.1 THI should:

- Accept that their continued occupancy of the NSSF premises is unsustainable and there is no reason why NSSF members should continue to subsidise the services THI provides to its patients.
- Move to much cheaper premises and reduce staff if it intends to function as a financially viable entity.
- Undertake a thorough cost-benefit analysis before embarking on any new initiatives.
- Solicit further local and external support of any kind as and when the MOH has made firm commitments to support THI.
- . Solicit funds to get its own premise

4.2 NSSF should:

- Explain to the public the interest between CEO of NSSF as member in the Board of Directors of THI and this unviable lease agreement between THI and NSSF
- Investigate how such a risky tenancy arrangement was entered into in the first place, making public the formal procedures and controls in place for vetting investments of this magnitude.
- Write off the THI rent and interest accrued as a bad debt.
- Confirm or deny the rumour that their next tenants on this property will include Apollo Hospital of India and local partners.
- . If possible enter joint venture with THI

4.3 MOH should:

- Take full responsibility for its failure to regulate heart surgery in the public interest, which has contributed significantly to the present crisis at THI.
- Take the lead in finding interim solutions to the crisis while setting up the necessary regulatory mechanisms to make sure the same thing doesn't happen again.
- Commission a study to measure the costs and benefits of promoting local heart surgery as opposed to sponsoring treatment abroad.
- . Support THI initiatives

4.4 THI supporters abroad should:

- Continue to support THI in any way possible while ensuring and implementing clear understanding of the political, policy and financial context in which THI operates.

In the longer term, improvements in the governance of heart surgery provision require:

- Cooperation and coordination rather than competition and conflict between the government and health professionals in both public and private sectors.
- Government leadership in setting up a transparent regulatory framework and guidelines for establishing private heart services.

Endnotes

- i THI claims to have \$6m worth of assets, mostly equipment from the United States.
- ii 'Has THI developed a viable location on the first floor for post-surgical care of cardiac patients ...? We are planning our 2007 programs, and until we know that this issue is resolved, we cannot consider sending a team to perform surgery. We are, of course, very enthusiastic about continuing to provide clinical training, clinical engineering and information technology support.' Email message to Dr Masau from Lou Schonder, Director of Medical Programs, Project Open Hearts, Upper Darby PA, USA, Nov 19, 2006
- iii THI letter to NSSF, 26 June 2008
- iv There are unsubstantiated rumours that NSSF are planning a deal with Apollo once they have evicted THI.
- v An offer of *pro bono* assistance from some senior British heart surgeons in 2006 did not materialise due to lack of official endorsement by the MOH (Interview with Dr Masau, 03/08/08).
- vi Dr Masau is junior to these former colleagues, some of whom are now involved in setting up a heart surgery unit in Muhimbili (see text). At least two (Drs Lwakatare and Masele) criticised Dr Masau for claiming success in his treatment of heart patients, which they consider unethical. On the other hand, a senior MOH official claimed that THI has no permanent doctors and provides 'substandard' services, so that the Ministry 'cannot risk people's lives' by sending them there for treatment. (Sichalwe 2008). These claims are supported by the following comment from a former senior MOH official who sought treatment in the THI in 2006: *'My impression was that the Institute was at its infancy, with inadequate organisational, managerial, financial and technical capacity to function as a specialized heart institute. It was an ambitious venture that was probably started with too many assumptions.'*
- vii The Minister gave Mr Grant Dr Masau's email contact. In his email dated 13 April 2005 Mr Grant says 'We are very happy to set up a Cardiac Center in Bahrain (sic!) with you as a partner. The Health Minister says she may be able to give some land and possibly take some equality (sic!!) in the project.' Presumably Mr Grant meant 'Dar es Salaam' rather than 'Bahrain' and 'equity' rather than 'equality'. The above suggests that the Minister was interested in a personal involvement in the proposed 'partnership', and that the non-cooperation with the Germans resulted from lobbying on behalf of Ruby Hall and/or Apollo, who stood to lose some or all of their Tanzanian patients if the Tripartite Agreement went through.
- viii Source: United Republic of Tanzania 'Maelezo kuhusu makadirio ya mapato matumizi ya kawaida na miradi ya maendeleo kwa mwaka 2006/07', na mwaka 2007/08. These are budget allocations, not actual expenditure.
- ix The budget lines are described as follows: 'kuwezesha uanzishwaji wa taasisi magonjwa ya moyo.' ('To prepare the establishment of a heart institute') (2006/07) and 'kuanzisha huduma ya upasuaji wa magonjwa ya moyo.' (To begin providing services for heart patients) (2007/08). There are claims that no heart surgery is currently taking place in Muhimbili.

x The renovations were undertaken by a Chinese construction company under the supervision of Sumar Varma and Associates of Dar es Salaam. THI listed a total of eleven 'discrepancies', later extended to nineteen (letter from THI to NSSF dated 20 July 2006 and from NSSF to Sumar Varma dated 22 September 2006).

xi Dr Masau (interview 03/08/08) claims capacity to perform five open heart interventions a week, that could be referred by the MOH at TShs 5m per case, yielding a weekly 'income' of TShs 20m, or about 80m a month., which is more than enough to pay the rent. But the patients are not being referred by the MOH, and this risk should have been incorporated in the business plan.

Appendix 1: Who's Who at the THI

Patron of Tanzania Heart Institute

Dr. Denton A. Cooley, Founder, President and Surgeon-in-Chief of the Texas Heart Institute.

Board of Directors

Chairman: Dr. Ferdinand B. Masau, MD, Founder and President of the Tanzania Heart Institute

Secretary: Mr. Deo Lyato, MBA, Tanzania

Members:

Dr. Edwin Mung'ong'o, Representative from Ministry of Health, Tanzania

Dr. Ramadhani Dau CEO, National Social Security Fund, Tanzania

Dr. Adelhelm Meru, Engineer and Training Specialist, Tanzania

Mr. Alfred Philip Representative from CRDB Bank LTD, Tanzania

Mrs. S.M.J. Mwambenja, CEO, Exim Bank, Tanzania

Hon. Getrude Mongella, MP and President of the African Union Parliament

Dr. Doreen Rosenstrauch, Assistant Professor, Texas Heart Institute and University of Texas Health Science Center at Houston, USA

Mr. Lee Evey, Assistant Director, Respiratory Therapy, Texas Children's Hospital, USA

Ms. Rita Lenz , CEO, Project Open Hearts, USA

Dr. Thomas Pezzella, President and CEO-World Heart Foundation and ICHF, USA

Dr. Guenter Hennersdorf, Consultant Cardiologist, SES-Germany

Members of the Medical Advisory Board

Dr. W. Gerald Rainer, Professor of Thoracic and Cardiovascular Surgery, Historian and Past President of Society of Thoracic Surgeons, from Denver, Colorado

Dr. Denton A. Cooley, Founder, President and Chief Surgeon of Texas Heart Institute, Houston, Texas

Dr. Yadin David, Director of Biomedical Engineering and Telemedicine, Texas Children's Hospital and Texas Heart Institute

Appendix 2: Sources

Official

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Christoph Brückner, Hospital management consultant, 5 August 2008

Renatus Ndubikile, Chief Accountant, THI, 5 August 2008

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