WHO Tanzania Country Office

Biennial Report **2018-19**

World Health Organization

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AMR	Anti-Microbial Resistance
ATM	HIV/AIDS, Tuberculosis and Malaria
CBS	Case-Based Surveillance
CCS	Country Cooperation Strategy
CSU	Country Support Unit
CTCs	Care and Treatment Centres
DFID	Department of International Development
DHIS2	District Health Information Software 2 (DHIS2)
DPC	Disease Prevention and Control
DPG H	Development Partners Group for Health
DTG	Dolutegravir
ECD	Early Childhood Development
ENAP	Every Newborn Action Plan
EPI	Expanded Programme on Immunization
ESPEN	Expanded Special Project on Ending Neglected Tropical Diseases
ETL	Electronic TB and Leprosy
FRH	Family Planning and Reproductive Health
GATS	Global Adult Tobacco Survey
Gavi	Global Vaccine Alliance
GHRS	Global Hepatitis Reporting System
GTS	Global Technical Strategy for Malaria
HBHI	High Burden High Impact
HiAP	Health in All Policies
HIVDR	HIV Drug Resistance

HPV	Human Papilloma Virus
HSS	Health Systems Strengthening
HSSP	Health Sector Strategic Plan
HTS	HIV Testing Services
IDRS	Infectious Disease Reporting System
IHR	International Health Regulations
KPIs	Key Performance Indicators
KVP	Key and Vulnerable Populations
LLINs	Long-Lasting Insecticidal Nets
MCC	Multisectoral Coordination Committee
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MTR	Mid-Term Review
MUHAS	Muhimbili University of Health and Allied Sciences
NACP	National AIDS Control Program
NBS	National Bureau of Statistics
NCDs	Noncommunicable Diseases
NHLQATC	National Health Laboratory Quality Assurance and Training Centre
NMCP	National Malaria Control Program
NMF	National Multi-Sectorial Framework
NSP	National Strategic Plan
NTLP	National TB and Leprosy Programme
PO RALG	President's Office Regional Administration and Local Governments
PrEP	Pre-Exposure Prophylaxis
PSI	Population Services International
REC	Reach Every Child
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDH	Social Determinants of Health
SWAp	Sector Wide Approach
TDHS	Tanzania Demographic Health Survey
TWGs	Technical Working Groups
WCO	WHO Country Office
WHO AFRO	WHO Africa Regional Office

Appreciation

The World Health Organization in Tanzania appreciates the following partners for their financial contribution and partnership in enabling the organization to achieve its mission to promote the attainment of the highest sustainable level of health by all people living in the United Republic of Tanzania:

- Bill & Melinda Gates Foundation
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- DG for International Cooperation and Development (DEVCO), European Commission
- GAVI Alliance
- Germany
- Republic of Korea
- Rotary International
- United Kingdom of Great Britain and Northern Ireland
- United States Agency for International Development (USAID)
- World Bank

Foreword

We, World Health Organization (WHO) in Tanzania, are pleased to share with you a summarized account of our work in 2018 and 2019. This report guides you across several stops and describes how WHO Tanzania worked in collaboration with government departments, international and national organizations, and donors to improve the health of the people of the United Republic of Tanzania. We highlight major achievements and opportunities for responding effectively to the health challenges in the country.

We commend the Government of the United Republic of Tanzania for the achievements made in 2018 and 2019 and for prioritizing the health sector in the national budget allocations.

We would like to express our sincere gratitude to the Government of Tanzania, development partners, local nongovernmental organizations and members of the communities for their support. WHO Tanzania Country Office is committed to playing its leadership role in matters concerning health, including providing technical support, building the capacity of the health sector to respond to health-related challenges facing the country.

Dr Tigest Ketsela Mengestu
WHO Representative

Introduction

This report covers the period of two years - 2018 and 2019 - and reflects the work accomplished over these 24 months. It highlights the delivery of results achieved in supporting the country and collaborating with partners to improve health outcomes in Tanzania.

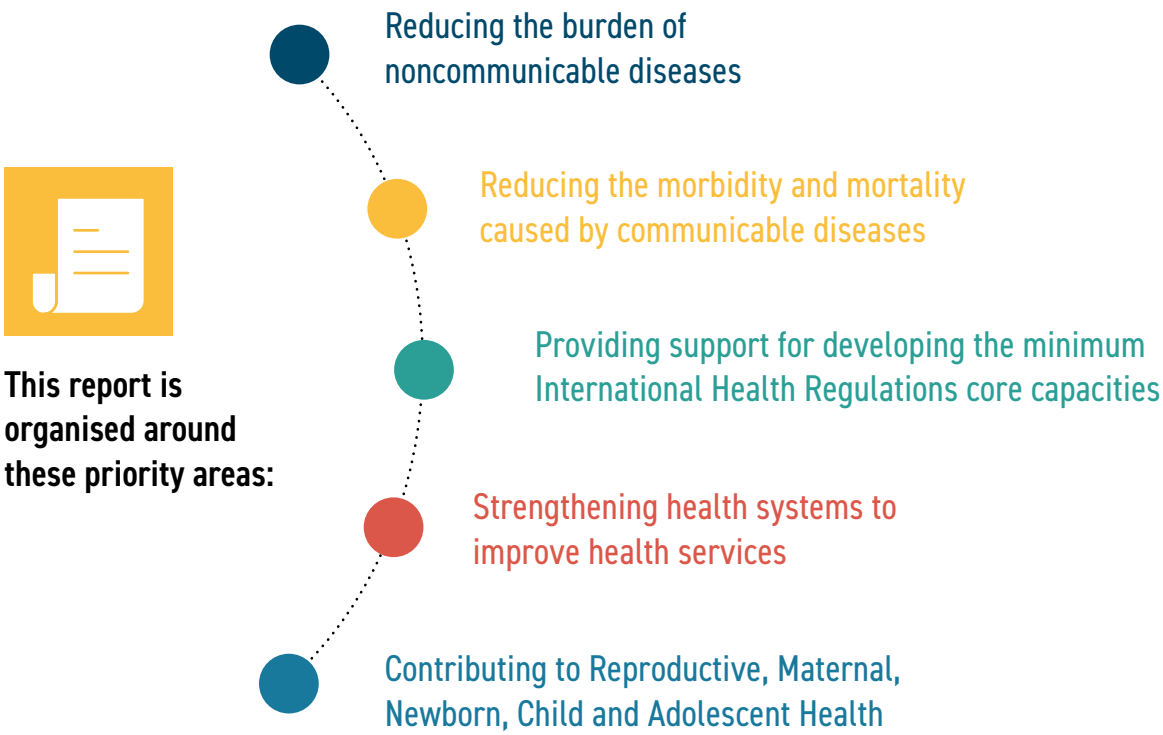
The WHO Country Office (WCO) played a critical advisory role with respect to the development of health policies and strategies, technical guidelines and mechanisms to implement norms and standards. It provided technical policy advice, contributed to sustainable capacity-building, strengthened management capacity and provided health leadership by coordinating efforts at the national, regional and district levels.

Achievements outlined in this report were made possible through strong national leadership, good governance, and collaboration with multilateral and bilateral partners and local and international nongovernmental and civil society organizations.

The report is organized around the priority areas (Fig. 1) outlined in the Country Cooperation Strategy (CCS) for the period of 2016-2020 for the United Republic of Tanzania namely:

- reducing the morbidity and mortality caused by communicable diseases through appropriate and effective interventions;
- reducing the burden of noncommunicable diseases (NCDs) through health promotion and reduction, prevention, treatment and monitoring of the risk factors;
- contributing to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and well-being, promotion of health through addressing the social determinants of health;
- strengthening health systems to improve the quality, equity in access and utilization of health services; and
- providing support for developing the minimum International Health Regulations (IHR) (2005) core capacities and strengthening the capacity to implement disaster risk management.

FIGURE 1: Priority areas of the Country Cooperation Strategy 2016–2020



01

EFFECTIVE LEADERSHIP AND PARTNERSHIPS FOR HEALTH

The mission of the WHO Programme in Tanzania is to promote the attainment of the highest sustainable level of health by all people living in the country through collaboration with the Government and other partners in health, and the provision of technical and logistic support to country programmes.

The WHO technical cooperation in the country is coordinated by the WHO Country Office (WCO) which comprises 52 staff members stationed at the main office in Dar es Salaam, sub-offices in Zanzibar and Dodoma, and field offices in Tanga, Mwanza, Kigoma and Iringa.

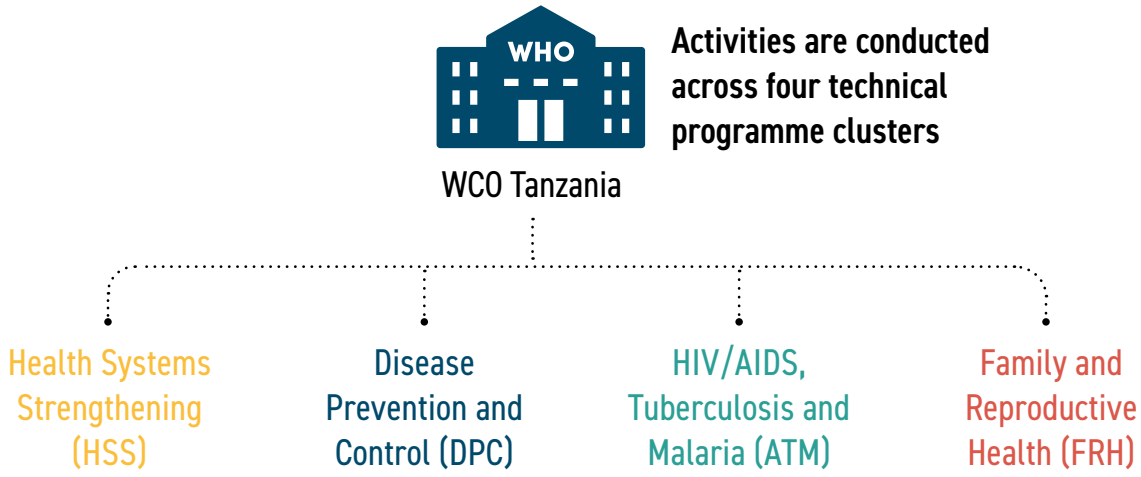
The WCO collaborates with multilateral and bilateral partners, and local and international nongovernmental and civil society organizations. The organization is an active player in the Sector Wide Approach (SWAp) and participates in the Delivering as One UN Framework in Tanzania. WHO is also a Secretariat to the Development Partners Group for Health (DPG H). The WCO seeks harmonization and alignment of partners' support with the national priorities and health sector development.

The Country Cooperation Strategy (CCS) for the period of 2016-2020 in the United Republic of Tanzania outlines the vision of WHO's work in the country. The CCS priorities advance implementation of the country's Health Sector Strategic Plan IV.

In undertaking its work, the WCO Tanzania conducts activities across four technical programme clusters (Fig. 2). These are the Health Systems Strengthening (HSS); Disease Prevention and Control (DPC); HIV/AIDS, Tuberculosis and Malaria (ATM) and the Family and Reproductive Health (FRH) Clusters. In line with the vision of the WHO Transformation Agenda, the Country Office clusters implement and report on 20 programmatic and managerial key performance indicators (KPIs).

The WHO Representative leads programmatic clusters, with operational support from the Country Support Unit (CSU), which is directly supervised by the Operations Officer and general supervision by the WHO Representative and the Director General Management Cluster at Regional Office. In Zanzibar, the sub-office is headed by a Public Health Administrator who provides support to Zanzibar in collaboration with the main WCO staff.

FIGURE 2: Country Office programmatic clusters



02

REDUCING THE BURDEN OF COMMUNICABLE DISEASES

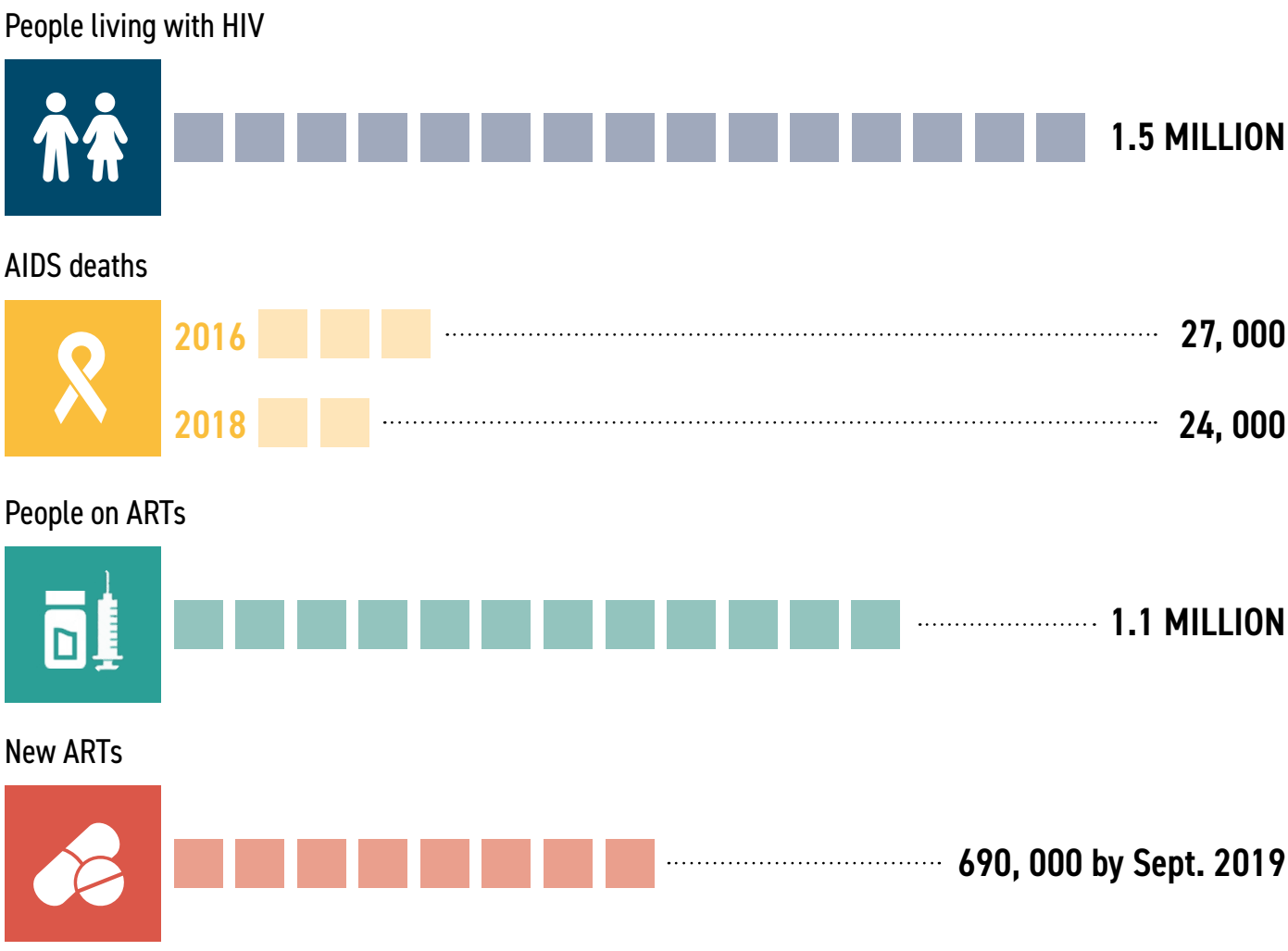
WHO scaled up coverage of cost-effective interventions for prevention and treatment to support Tanzania in tackling communicable diseases. In 2018 and 2019, WCO support on communicable diseases targeted HIV, tuberculosis, malaria, viral hepatitis, neglected tropical diseases (NTDs), and vaccine-preventable diseases, including hepatitis.

HIV/AIDS

The HIV response in Tanzania is guided by the Health Sector HIV Strategic Plan 2017-2022 and the National Multi-Sectorial Framework (NMF) 2018-2023, both aligned to the global 90-90- 90[1] targets. The government of Tanzania steers the coordination, implementation and monitoring of interventions supported by implementing partners. The country has a generalized epidemic with pockets of hotspots of key and vulnerable populations.

An estimated 1.5 million people were living with HIV in 2018. Annual AIDS-related deaths have dropped from 27,000 in 2016 to 24,000 in 2018. The country manages an antiretroviral programme that has over 1.1 million people living with HIV (PLHIV) accessing treatment (Fig. 3).

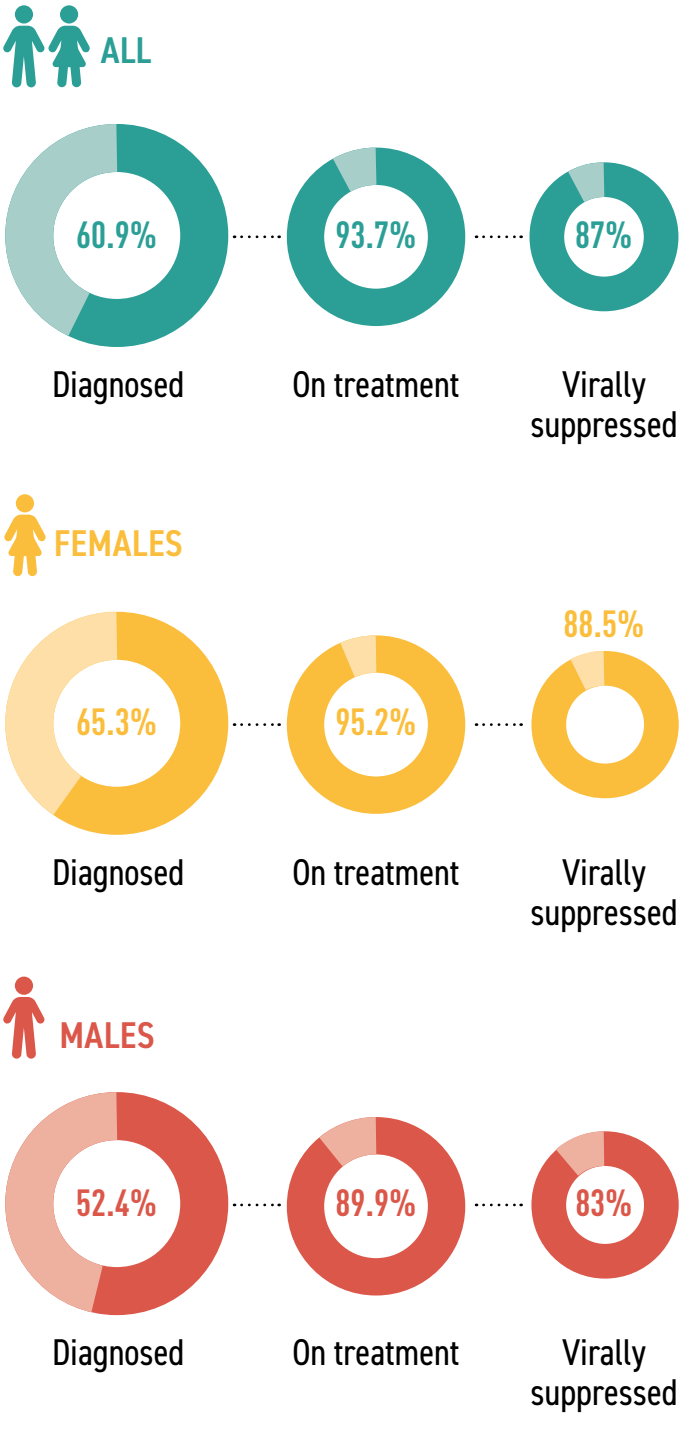
FIGURE 3: HIV Situation in Tanzania in 2018 (Source: THIS Report (2016/2017))



[1] By 2020, at least 90% of PLHIV should know their HIV status, 90% of those who are diagnosed HIV should be initiated on antiretroviral treatment, and 90% of those on treatment should achieve durable viral load suppression.

FIGURE 4: HIV Treatment Cascade based on the Tanzania HIV Impact Survey (THIS) Report (2016/2017)

Proportion of total HIV positive individuals (%):



Introducing New ART Formulations

In this biennial (2018-2019), the WCO supported the transition to more efficient dolutegravir (DTG)-based formulations as first-line regimens for adolescents and adults and optimized regimens for children. After successful consultative advocacy efforts, the paediatric technical working groups (TWGs) and the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) revised the National HIV and AIDS guidelines to incorporate the new formulations containing DTG for adolescents and adults, and newer optimized regimens in children. The new drugs were introduced through well-planned and monitored phases. First, DTG drugs were introduced in national and referral hospitals in March 2019, followed by regional hospitals in May 2019 and finally district facilities in July of the same year.

Tackling Low Viral Load Testing

WCO collaborated with the MOHCDGEC and other stakeholders to develop the VL Sample Referral and Results Feedback Guidelines that integrated HIV and TB sample referrals. It is expected that this will raise the number of PLHIV who test their viral load (VL) and get their results on time.

The WCO works with the Government to scale up access to HIV prevention, diagnosis, care and treatment services as outlined in the Country Cooperative Strategy (CCS) 2016- 2020.

Responding to ART Drug Resistance

The WCO collaborated with the MOHCDGEC and other stakeholders to respond to the increase in drug resistance to first-line regimens noted among PLHIV in Tanzania and the rest of sub-Saharan Africa. The WCO supported the development of the first five-year National HIV Drug Resistance Prevention and Control Plan (2018- 2022). Additionally, the WCO supported the development of the 2016 – 2017 HIV Drug Resistance Annual Report (Fig. 4) and guided the National Health Laboratory Quality Assurance and Training Centre's (NHLQATC) initial preparation of HIV drug resistance (HIVDR) surveillance. The WCO, the National AIDS Control Program (NACP) and the University of Dar es Salaam (UDSM) incorporate HIVDR early warning indicators in the District Health Information Software 2 (DHIS2) system, which will be upscaled to all care and treatment centres (CTCs) that have electricity upon successful piloting.

Targeted HIV Testing

To strengthen focused and targeted testing, the WCO, in collaboration with other partners, supported the MOHCDGEC to develop the Accelerated Plan on HIV Testing Services (HTS) 2019/2020. The plan prioritized interventions in geographical areas and populations based on the remaining burden of

unidentified PLHIV. To fasttrack its implementation, the WCO supported contextualizing the plan in nine high-burden regions and developing focused, targeted and prioritized HIV testing based on burden. The plan will also facilitate response to stockouts of rapid HIV test kits experienced in 2018.

Key Populations

The WCO funded an assessment of key and vulnerable population (KVP) services and has reviewed findings and recommendations that will inform policies and enabling environments for improving utilization of KVP services.

For Zanzibar, WHO oriented the Zanzibar HIV Programme, Ministry of Health (MOH) on the WHO pre-exposure prophylaxis (PrEP) guidelines, including justification for PrEP implementation in the local context.

HIV Information

In strengthening the quality of HIV information for enhanced programmatic decision-making, the WCO supported the development of HIV and other health dashboards in DHIS using WHO standard data analyses packages. This went hand in hand with the training of national and subnational staff in data use and health information strengthening. WHO facilitated the development of an Electronic TB and Leprosy (ETL) module and TB dashboard in DHIS2 and the subsequent training of all regional TB focal persons on the use of the ETL module. Support has also been provided in the development of a TB dashboard that supports quick decision-making at both national and subnational levels.

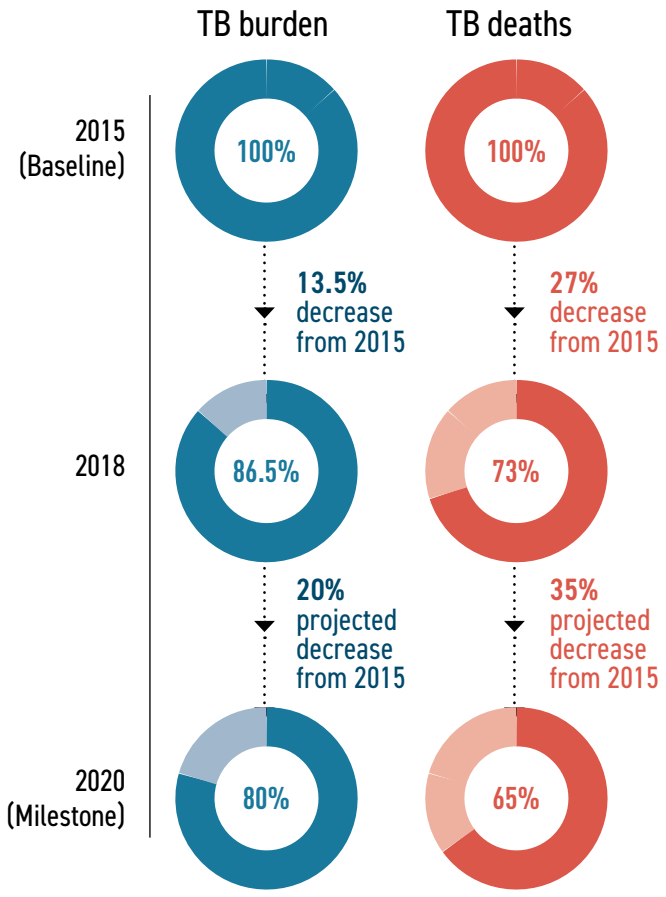
Tuberculosis

In 2019, WHO estimated Tanzania to have an annual TB burden of 142,000 TB cases, which is a 13.4% decline compared to year 2015.

This means that the country is on track to achieve the 2020 milestone of reducing TB burden by 20% from the baseline of year 2015. The positive decline is also noted in the reduction of TB deaths by 27% in 2018 compared to 2015, whereas the 2020 milestone is a 35% reduction in TB deaths (Fig. 5). Data reported in 2018 show an increase in case notification compared to previous years (Fig. 6). Notified cases present only 53% of the TB burden in 2018.

The United Republic of Tanzania is among the 30 countries with the highest burden of tuberculosis globally.

FIGURE 5: Progress towards 2020 Goals in Elimination of TB in Tanzania



More than 50% of TB cases in Tanzania are attributed to undernourishment caused by poverty, worsened by the direct and indirect costs related to TB diagnosis and treatment.

The WCO supported the development of a comprehensive framework for finding missing TB cases, which now guides the national TB programme and partners on approaches and support required to improve case detection and bringing TB patients to treatment.

Framework on Finding TB Missing Cases

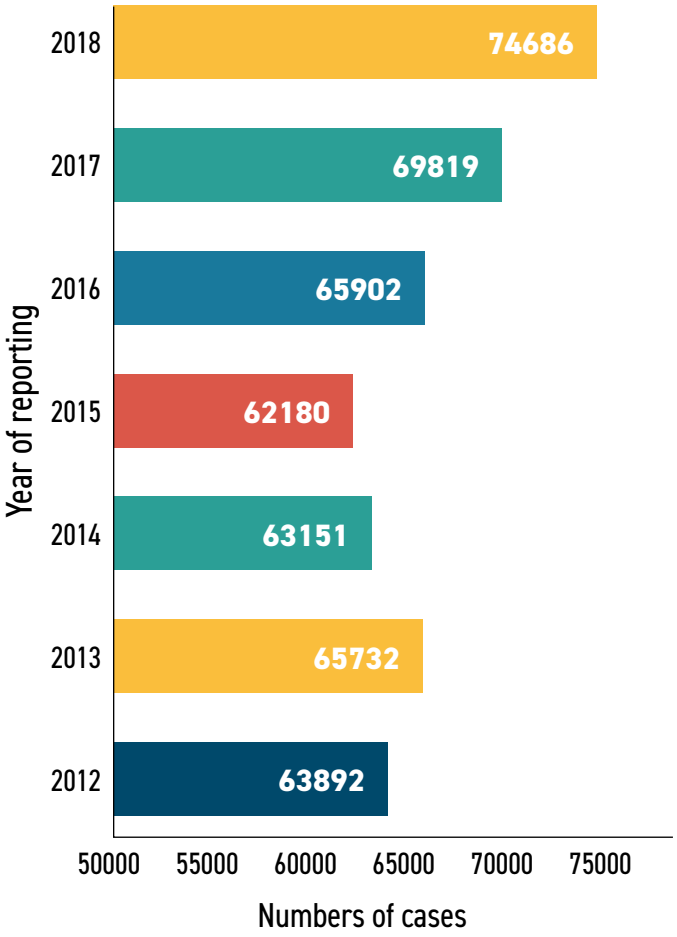
In line with global recommendations and support from the Stop TB Partnership, the WCO facilitated the introduction of paediatric fixed-dose anti-tuberculosis drug formulations that are more palatable and therefore minimize the risk of under-dosing or over-dosing for children. The WCO supported the National TB and Leprosy Programme (NTLP) to establish the TB community Technical Working Group that will engage communities as guided by the national guidelines on ENGAGE-TB.

One of the priority global targets in ending TB is protecting TB patients and their households from the catastrophic costs caused by TB. The WCO and the Ministry of Health and WHO Headquarters mapped the current social protection landscape and identified platforms and/or opportunities that could support the needs of people affected by TB.

WHO supported monitoring the implementation of the TB Drug Resistance Survey. The findings show no increase in DR TB among new and re-treatment patients.

Findings show that there are no specific policies to offer social protection for TB patients and only TB patients with multi-drug resistant TB receive transport allowances. The findings of this assessment will supplement ongoing national TB Patient Cost Surveys that began in 2019.

FIGURE 6: Notified TB cases from 2012 – 2018



Viral Hepatitis

The international community has set a goal to end hepatitis by 2030. The WCO supported the development of the Viral Hepatitis Strategic Plan for Tanzania Mainland (2018-2022) and the Zanzibar National Strategic Plan (2019-2023). The plans will guide programming and resource mobilization. The WCO supported the MOHCDGEC to collect baseline data on hepatitis B and C and submitted national data, for the first time, to the Global Hepatitis Reporting System (GHRS) in 2018.

In July 2018 and 2019, MOHCDGEC and WHO officiated during the commemoration of World Hepatitis Day in both Mainland Tanzania and Zanzibar. During the commemorations, Zanzibar launched the Viral Hepatitis Strategic Plan.

In 2018, the WCO supported the MOHCDGEC to submit for the first time national data in the Global Hepatitis Reporting System.

Malaria

Revitalizing the Drive to End Malaria

In February 2018, WHO supported the National Malaria Control Program (NMCP) on Mainland Tanzania to carry out a Mid-Term Review (MTR) of the National Strategic Plan (NSP) in a consultative meeting with malaria experts globally including the Global Malaria Programme (GMP) and WHO AFRO. Overall, the recommendations suggested a major review of the current National Strategic Plan for Prevention and Control of Malaria (NMSP) 2015-2020 towards a strategic direction that would lead to greater impact. The justification for a supplementary strategy was the steady decline in the incidence of the disease and the diversity in transmission intensity. On top of that, the Global Technical Strategy for Malaria (GTS) 2016-2030 recommends that endemic countries, including Tanzania, should conduct an epidemiological stratification of malaria to optimize the implementation of the recommended malaria interventions.

The epidemiological stratification, which was performed by the NMCP in collaboration with WHO and other malaria partners, identified four epidemiological strata and one operational stratum. The epidemiological strata are: very low, low, moderate and high. The urban setting was identified as the only operational stratum.

FIGURE 7: Macro-stratification; malaria epidemiological and operational strata

Count of regions		
Stratum	**Epi strata**	**Epi + non epi strata**
Very Low	3	3
Low	6	5
Moderate	6	6
High	11	11
Urban	-	1
Total	26	26

Beyond the epidemiological stratification, the NMCP, in collaboration with WHO and partners, developed appropriate intervention packages suitable for each stratum. This is a major milestone for the malaria control programme in the country and will go a long way to enhance value for money.

Introducing Malaria Case-Based Surveillance in Tanzania

The WCO worked with the NMCP to develop a protocol for Case-Based Surveillance (CBS) of malaria in Tanzania. The protocol is built on the epidemiological stratification that classified malaria disease burden in Tanzania into high, moderate, low and very-low (Fig. 7). The protocol is aligned to the Global Technical Strategy for Malaria (GTS) 2016-2030 ensuring that all cases in the low to very-low areas in the country are characterized, treated and investigated timely while identifying, managing and clearing further transmission in respective communities. An internal review of the draft CBS protocol is underway.

High Burden to High Impact Initiative in Tanzania

The *World Malaria Report 2017* shows that around 71% of the estimated malaria deaths occurred in 10 countries in sub-Saharan Africa (Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania) and India. Consequently, WHO has put forward the "High Burden to High Impact (HBHI)" initiative, a country-led response to reignite and refocus the fight against malaria based on Global Technical Strategy recommendations and targets.

HBHI foundational activities triggered impetus for change. Now NMCP and WCO Tanzania are packaging evidence to equip a country-wide advocacy drive.

The WCO guided the process of assessing Tanzania's political will, case management, surveillance, monitoring and evaluation, vector control, partner mapping and social and behaviour change communication to end malaria. This assessment showed progress and gaps in malaria control efforts in Tanzania and mapped stakeholders and their roles in malaria control. Subsequently, partners defined Tanzania's capacities to reduce malaria burden according to four response elements: political will to reduce malaria deaths; strategic information to drive impact; better guidance, policies and strategies; and coordinated national malaria response. The HBHI foundational activities created impetus for change in several strategic areas to aid in curbing the disease.

Attacking mosquito vector species that have become resistant to insecticides

The malaria team facilitated and monitored the distribution of long-lasting insecticidal nets (LLINs), which are treated with a chemical substance (synergist), Piperonyl butoxide (PBO). The chemical is able to break the defence of mosquitoes that have become resistant to standard LLINs. The President's Office, Regional Administration and Local Government (PO-RALG), Population Services International (PSI) and VectorLink introduced the PBO-LLINs through the School Net Program Round 7 (SNP7) in Geita, Kagera, Mwanza and Kigoma. WHO approved PBO-LLINs for use in malaria endemic areas where metabolic resistance in mosquitoes has been identified. The PBO-LLINs distribution through the SNP was a response to the spread of insecticide resistance in the country.

The SNP is one of the distribution strategies used to sustain insecticide-treated bed net (ITN) coverage levels above 85% of the target set by the MOHCDGEC through the national malaria strategic plan. The programme distributes nets to primary school children to deliver to households.

The China-UK-Tanzania Pilot Project on Malaria Control

Alongside an independent consultant, the WCO is the internal evaluator of the China- UK- Tanzania Tripartite pilot project on malaria control that deploys Chinese experience in malaria control to the African context combining local expertise and technology.

Implemented by the National Institute of Parasitic Diseases, China CDC and Ifakara Health Institute in Tanzania from April 2015 to June 2018, the first phase of the project sought to:

- reduce malaria mobility by over 30% in 2018 compared with the baseline in pilot communities;
- strengthen the capacity of malaria control at the local level by adapting the Chinese 1-3-7 malaria surveillance and response model in combination with the WHO-Test, Treat and Track (T3) strategy in the pilot communities; and
- explore an appropriate model and mechanism for China's support in contributing to the fight against malaria that could be scaled up in Tanzania and other African countries.

The programme was implemented in four wards in Rufiji District in Tanzania. Two intervention wards (Ikwiriri and Chumbi) and two control wards (Kibiti and Bungu). The Chinese and Tanzanian teams developed the Malaria Reactive Community-based Testing and Response **(mRCT- Response)** that adapted Chinese expertise to the Tanzanian context. It utilizes existing health facility data combined with vector surveillance results to select priority neighbourhoods to conduct community testing and treatment on a weekly basis, termed the 1-7 approach.

To validate the results observed in 2015-18, phase-2 of the China-UK-Tanzania Malaria project began in July 2019 with the aim of integrating the 1-7 mRCT-Response strategy with locally available resources to ensure sustainability, including packaging best practices and lessons learnt for the national and international stakeholders. In this phase, WHO is conducting an internal assessment of the project and successfully completed the baseline collection of data in August before interventions kicked off in September 2019.

Immunization and Vaccine Development

Immunization activities in 2018 and 2019 focused on the control of vaccine preventable diseases, the Polio Eradication Endgame and the elimination of measles and rubella.

Introduction of Human Papilloma Virus (HPV) Vaccine

In 2018, Tanzania introduced the HPV vaccine to protect young girls against cervical cancer caused by human papilloma virus infection. The HPV vaccine targets sexually inactive girls aged 9-14 years old.

By December 2018, HPV1 coverage was 371,272 (59%) and HPV2 was 125, 637 (33%).

As recommended by WHO, two doses were provided with an interval of six months. The WCO was the custodian of the vaccine introduction grant from the Global Alliance on Vaccination (Gavi). WHO supported the coordination mechanisms and microplanning at regional and district level, the development of HPV vaccination guidelines at national level, and logistics and demand creation down to council level.

New Vaccine Surveillance: Impact of Rotavirus Vaccines

WHO, EPI and the National Health Laboratory continued supporting the sentinel surveillance system that maintained average rotavirus vaccine coverage over 96%.

The monovalent rotavirus vaccine (RV1) was introduced into the routine immunization programme in 2013 for infants aged six and ten weeks to lessen the severity of rotavirus infections, which were the commonest cause of severe acute diarrhoea illness and death among children under five years old.

Rotavirus hospitalizations in infants were reduced by an estimated 40% in 2013, 46% in 2014, and 69% in 2015. WHO, CDC/Atlanta and USAID supported the surveillance at seven sentinel hospitals to monitor the vaccine effectiveness and disease trends in order to determine the impact of the vaccine in reducing hospitalization associated with rotavirus.

The trends in rotavirus hospitalization in infants for the three-year period before vaccine introduction, 2010-2012, were 44%, 45% and 34% respectively. Compared to other countries (Malawi and South Africa), the effectiveness of RV1 in preventing hospitalization in infants is estimated at 61%. This indicates that RV1 is effective in preventing severe acute diarrhoea in infants.

Implementing 2019 Integrated Measles Rubella Campaign

As part of the global measles and rubella strategic plan 2012-2020, Tanzania implemented the Integrated Measles Rubella Campaign with support from WHO Tanzania and other partners. The Integrated Measles Rubella Campaign targeted over eight million children aged between 9 and 59 months with measles-rubella (MR) vaccines and over four million children aged 18 to 42 months with inactivated poliovirus vaccines (IPV). The Campaign was implemented for five days from 26 to 30 September 2019 in Zanzibar, and from 17 to 21 October 2019 on Tanzania Mainland.

The overall administrative coverage for both MR vaccines and IPV was above 100% and that shows the success of the campaign. Despite the high administrative coverage reported for the Integrated Measles Rubella Campaign, the coverage survey indicated lower overall coverage of 88.2% for the MR vaccine with some regions reporting coverage below 80%. This indicates the need to continue providing support to strengthen routine immunization through the implementation of the Reach Every Child (REC) Strategy and the periodic intensification of routine immunization.

Neglected Tropical Diseases (NTDs)

Neglected tropical diseases (NTDs) are a diverse group of communicable diseases that prevail in tropical and subtropical conditions, mainly affecting communities living in close contact with infectious vectors, domestic animals and livestock. Unsafe and unclean water, and inadequate sanitation perpetuate transmission and spread of many NTDs. Tanzania is endemic to more than 10 neglected tropical diseases with over 50 million of the population at risk of contracting at least two NTDs at a time.

Sustained access to NTD medicines prevents more Tanzanians from contracting NTDs

WHO introduced preventive chemotherapy (PC) as a strategy to prevent transmission or deaths from five PC NTDs prevalent in at-risk populations. These diseases include trachoma, lymphatic filariasis (LF), onchocerciasis, human helminth diseases, and schistosomiasis. The Government of Tanzania has been receiving drug donations and funding from WHO and partners including international organizations, trust funds and non-governmental development organizations (NGDOs) to deliver medicines for the control and elimination of all five NTDs endemic in Tanzania. WHO's technical and financial assistance to these interventions is provided through Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN).

Sustained mass treatment campaigns that were implemented from 1997 to 2019 have enabled the country to reach 100% coverage for all 5 PC NTD diseases. As of June 2019, LF mass drug administration (MDA) has been stopped in 105 (87.5%) out of 120 endemic districts. Likewise, 65 (91.5%) districts from an initial 71 have stopped treatment for trachoma. These achievements put more than 21 million people in the mainland free of active trachoma transmission and above 40 million free from LF infection. More than 100 million tablets of praziquantel and albendazole have been donated by WHO in Tanzania to support PC, with over 30.4 million supplied in the last biennium, which led to more than 20 million treatments for schistosomiasis, LF and soil transmitted helminthiasis.

Improving monitoring systems for quality preventive chemotherapy interventions

The WCO supported the review and validation of NTD data made available through the Expanded Special Project for Elimination of Neglected Tropical Disease (ESPEN) portal at Africa Regional level. NTD managers and officers in Tanzania can now access country data and track progress of their PC achievements through the online portal. In the course, Zanzibar was also supported to do a thorough review of PC MDA data collection

tools to enhance the accuracy and timeliness of coverage data following mass drug distribution campaigns. The same was done for tools at facilities level. Now NTD trends can be analysed through routine health information systems (DHIS2/ HIMS). The two activities will guide various disease-specific areas of work enabling the NTD programme to present its progress and discuss challenges with other programmes as it moves towards elimination of schistosomiasis and LF and controlling soil transmitted helminthiasis.

Addressing NTDs through innovative intensified case-detection and case management

Intensified case-management encompasses the earliest possible diagnosis of NTDs (amenable to this approach) and providing treatment to reduce infection and morbidity. It also involves the management of complications. The approach is a principal strategy for controlling and preventing NTDs for which there are no medicines available for preventive chemotherapy.

In the reporting period, the country office focused on building capacity for early detection and timely management of patients suffering from Human African Trypanosomiasis (HAT) to shorten the time between suspected infection and treatment. Post-tests revealed an increase in knowledge and two to three new HAT cases have been locally reported in the last two years.

Leprosy

Close to 1,500 new cases of leprosy are reported every year. Through WHO, the country receives support from the Nippon Foundation (TNF)/Sasakawa Health Foundation (SHF) with funding from the Bangkok Declaration Special Fund (BDSF) to implement a three-year project for leprosy active case finding and early detection. Contact screening activities take place in three endemic districts: Muheza and Mkinga in the Tanga region, and in Chato district in the Geita region. Tanzania is among seven countries that introduced single-dose rifampicin (SDR) in the Leprosy Post-Exposure Prevention programme funded by the Novartis Foundation.

In two years of project implementation, results show that contact tracing increases the number of early detection cases. Engaging volunteers and people affected with leprosy in tracing, multiplies the chances of reducing the number of new child and adult infections, and those with second grade deformities.

WHO also donated suramin and melarsoprol medicines that were used to treat HAT, and multidrug therapy (MDT) using a combination of rifampicin, clofazimine and dapsone currently used for multibacillary leprosy. The delivery has facilitated high-quality treatment given free of charge to targeted populations in all endemic areas.

The WCO has also continued to work through the One Health approach and, in the context of Delivering as One with the Food and Agriculture Organization of the United Nations (FAO) and partners, to document and support the prevention, response, containment and elimination of animal and public health risks - as a means of controlling neglected zoonotic diseases (NZDs) such as rabies, HAT and other prioritized zoonotic diseases.

Laboratory diagnosis, crucial for effective control and elimination of NDIs

The WCO, through support from Headquarters, facilitated a training with laboratory professionals in diagnostic testing and good laboratory practices for NTDs. The global training was co-organized by the Public Health – Ivo de Carneri Laboratory in Pemba in collaboration with WHO Headquarters. More than 10 NTD conditions including the diagnosis of schistosomiasis, soil-transmitted helminthiasis, onchocerciasis, LF, dengue fever, leprosy and rabies were covered, including the diagnosis of diarrhoeal diseases. Participants across 12 countries and four WHO regions (Africa, , Eastern Mediterranean, Europe and South-East Asia) networked and shared lessons. The meeting reinforced the network of laboratories and research centres working on NTDs. The WCO is working with both Ministries to ensure knowledge gained is cascaded and made available for professionals serving in the endemic regions of Tanzania.

Partnership yields promising results in schistosomiasis elimination in Zanzibar

The Revolutionary Government of Zanzibar (RGOZ) and the People's Republic of China and WHO signed an agreement in 2014 for a programme to control transmission of schistosomiasis by harnessing Chinese experience in controlling schistosomiasis haematobia. The target was to reduce schistosomiasis infection rates in humans to less than 1%, and to formulate standard operating procedures (SOPs) for practical and effective methods of schistosomiasis haematobia elimination. The latter was expected to guide the scale-up of the lessons learnt to the rest of Africa.

A preliminary evaluation in May 2019 showed integrated interventions including facility-based and preventive chemotherapy with praziquantel, snail control, disease surveillance and behaviour change communication have managed to reduce the prevalence of urinary schistosomiasis in demonstration sites from as high as 8% to less than 0.5% in two years. To further address transmission challenges, in 2019, the tripartite collaborated with the water sector in Pemba to construct a new water system in Kichangani. Almost 2,500 people now have enough safe water, further averting the risk of acquiring and or transmitting urinary schistosomiasis. The RGOZ has endorsed scale-up of these interventions to cover additional hotspots of Pemba and Unguja.

WHO has been supporting the donation of praziquantel, and coordinates capacity-building activities and partnership in close collaboration with Zanzibar and the Chinese Government. With continued investments and expanded partnerships, the burden of NTDs, including schistosomiasis, can be reduced and even eliminated.

Reducing tobacco use and exposure to tobacco smoke

Tobacco use is a risk factor that cuts across all four main NCD categories – cancer, cardiovascular disease, chronic respiratory disease, and diabetes. The Tanzania Tobacco Act of 2003 and its regulations of 2005 provide the foundation for tobacco control policy.

The National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician Zanzibar (OCGS) conducted the Global Adult Tobacco Survey (GATS) in the United Republic of Tanzania from February to April 2018 in collaboration with the MOHCDGEC and MOH Zanzibar with a grant from the Bill & Melinda Gates Foundation through the CDC Foundation. The United States CDC and WHO provided technical support. The survey asked 4,797 individuals from 4,976 households about tobacco use (smoking and smokeless), cessation, second-hand smoke exposure, economic indicators, exposure to tobacco advertising and promotion, as well as knowledge, attitudes and perceptions towards tobacco use. The GATS findings will inform the review of the National Tobacco Control Strategy and its implementation.

The 2018 Tanzania GATS is the first stand alone, national representative survey on tobacco use in Tanzania.

Road Safety Programme Reducing road traffic deaths and injuries

World-wide, road traffic accidents kill around 1.3 million people each year and injure between 20 and 50 million.[2] Road traffic injuries are the number one cause of death for people aged 5-29 years.

Tanzania is among countries with the highest global road traffic mortality rates (Fig. 8). Data from the Traffic Department from 2011 to June 2015 indicates that road traffic accidents claimed the lives of 16,850 and injured 77,735 people.[3] The increase of road traffic deaths is alarming and poses challenges to achieving the Sustainable Development Goal (SDG) to halve the number of global deaths and injuries from road traffic accidents.

Speeding, drinking and driving, non-use of helmets and seat belts remain a major risk factor, while distracted driving is emerging as a new risk factor. Apart from the economic impact (estimated to be at 3-4% of the GDP), road crashes continue to burden the healthcare system at all levels. Throughout 2018/2019, the WCO continued to advocate with the government to improve the legal and policy framework for road safety. With the support of Bloomberg Philanthropies, WHO engaged with

[2] https://www.who.int/violence_injury_prevention/road_safety_status/2018/en/

[3] Tanzania Police Traffic Department

government, civil society, media, lawyers and parliamentarians to advocate for legal reform.

The following were some of the key achievements:

1. A pool of 20 lawyers were trained to provide technical support to the Road Safety Legal and Policy Framework. The team worked with the Faculty of Law of Tumaini University in Dar es Salaam to support the inclusion of a road safety law module in the syllabus of the Faculty of Law. The course is now taught to law students.
2. Network of 80 journalists was established and trained in road safety. Traditional and non- traditional media published more than 100 road safety comprehensive stories, making road safety content available for policy-makers and road users. Some news media organizations have established monthly and weekly editorial editions dedicated to road safety reporting as public health content.
3. WHO collaborated with the MOHCDGEC, the Ministry of Home Affairs, the Ministry of Information, parliamentarians and civil society to advocate for reforms in road traffic law through media. The campaign targeted policy-makers for policy reforms and road users for behaviour change.
4. Death and injuries from traffic accidents based on data from police indicated that in 2016, Tanzania reported 3,256 road traffic deaths, 2,581 in 2017, but in 2018 the number of deaths decreased to 1,788.
5. The Road Traffic Act, 1973 draft amendment is at the Inter-Ministerial Cabinet Technical Committee – it is expected to be tabled in parliament in 2020. WHO supported the Ministry of Home Affairs to collect public opinions from stakeholders for amendment of the Road Traffic Act, Cap 168 R.E 2002. Drivers, transporter associations, truck owners, lawyers, politicians, academia and other groups provided their recommendations to review the major law that govern road use.
6. A Road Safety Legislators Network was formed for members of parliament. The creation of the network of legislators provides a forum for members of parliament to actively engage and follow up road safety legal, budgetary and administrative issues. The Tanzania Network of Legislators championed the establishment of the Africa Legislators Forum for Road Safety and took a leadership role. Both the national and regional network were established to champion improvement of laws and their application, promote innovative legislative actions that have proven useful in reducing injuries and deaths due to traffic accidents. The Network is chaired by Honourable Adadi Rajabu (MP Muheza Constituency).
7. Achievements also included the establishment of strong non-state actors to advocate for road safety matters in the country. The Civil Society Coalition for Road Safety brings together 15 civil society organisations to jointly implement programmes addressing road safety in the country.

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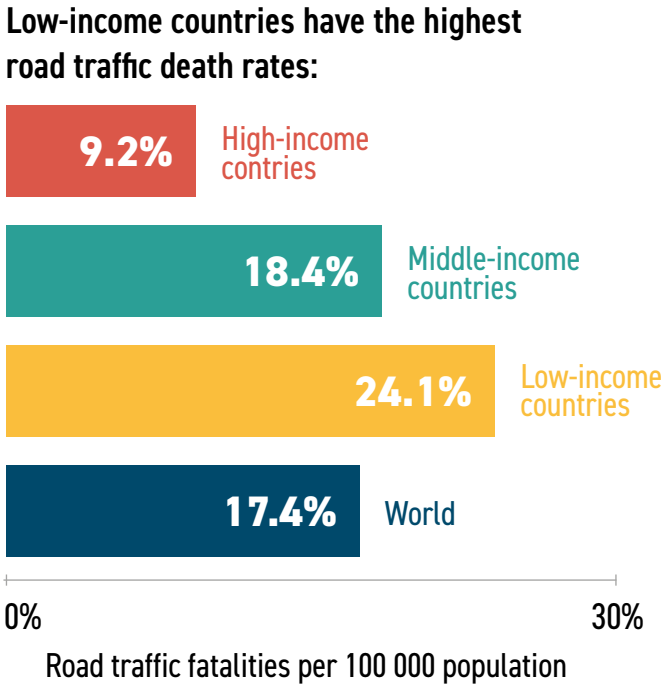
FIGURE 8: Road traffic fatalities in different country income groups



03

PROMOTING HEALTH THROUGHOUT THE LIFE-COURSE

WHO promotes the continuum of health care spanning from pre-pregnancy, pregnancy, childbirth, childhood, and adolescent stages. Promotion of healthy aging also forms an important component in the life cycle. Malnutrition contributes significantly to mortality and morbidity in all the stages of life and so improved nutrition and care for malnutrition has been one of the priorities for WHO engagement.

Improving the health of mothers, newborns, children and adolescents

Although there is marked improvement, under-five and infant mortality rates in Tanzania are still unacceptably high, currently estimated at 43 per 1000 live births and neonatal mortality at 25 per 1000 live births (Fig. 9). Maternal mortality rates remains unchanged with a ratio of 556 per 100,000 live births (Fig. 10). A combination of factors contributes to high levels of maternal, newborn and child mortality rates, including: poor quality of maternal, newborn and child health services; inadequate coverage of interventions especially in rural and marginalized communities; poor infrastructure and referral systems; and inadequacies in human resources, essential equipment and supplies, and community involvement.

Improving Quality for Maternal and Newborn Care

Tanzania has committed to adapt the global Standards for maternal and newborn care within the broader framework of quality assurance and reproductive, maternal, newborn, child and adolescent health (RMNCAH). WHO and partners developed the standards for improving quality of care for maternal and newborn care in 2016 and joined the international network of front-runner countries. The goal of the network is to halve health facility deaths by 2020 through the execution of standards that focus on the provision of care and experience of care for maternal and newborn health. Tanzania Mainland and Zanzibar have each developed an action plan to support the implementation of quality of care for maternal, newborn and child health.

FIGURE 9: Trends in child mortality 1990–2016

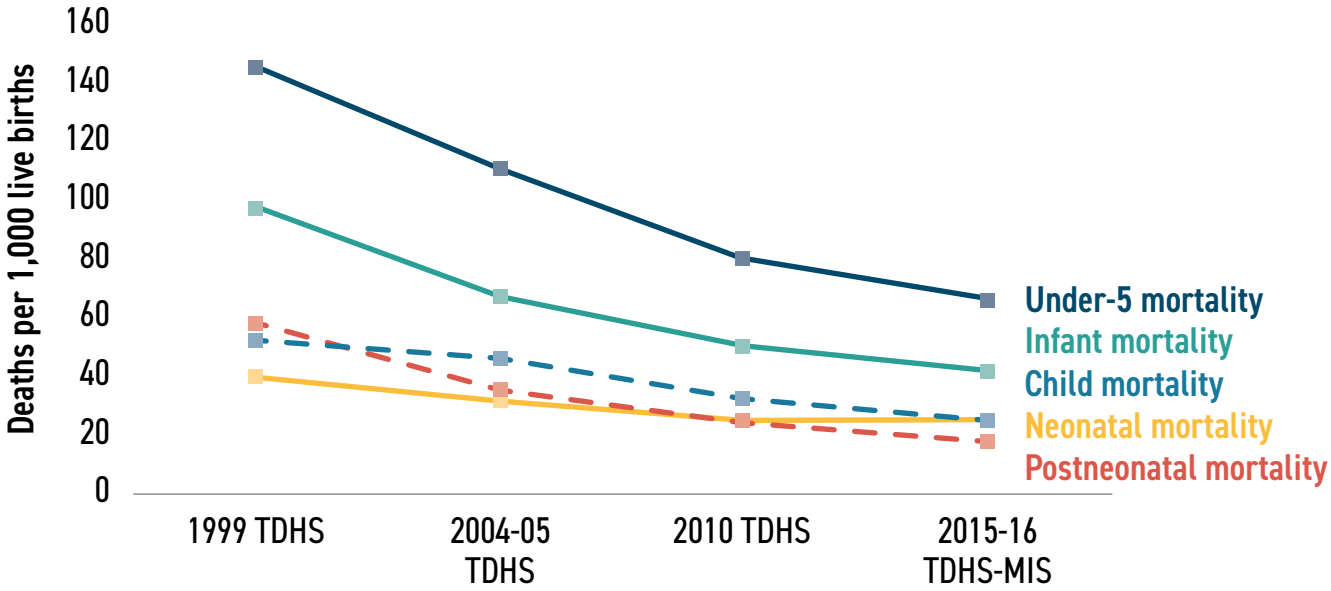
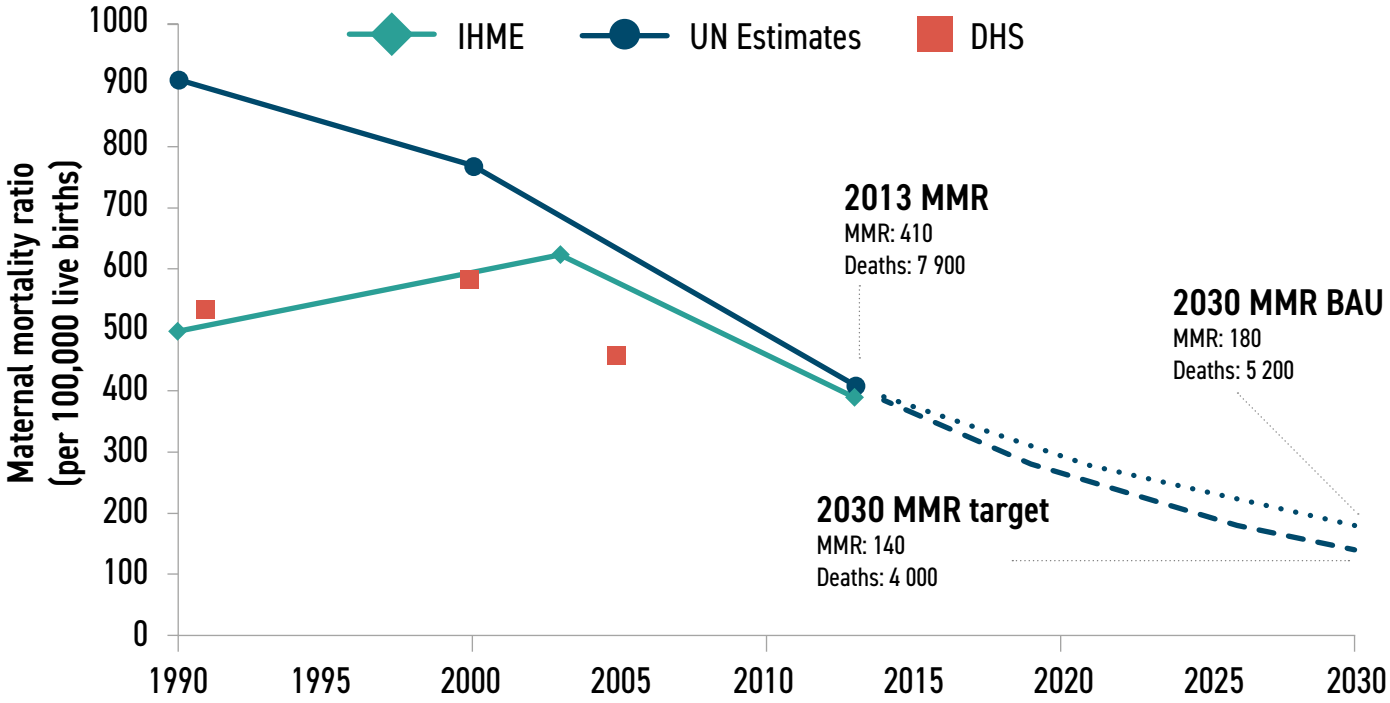


FIGURE 10: Trends in maternal mortality 1990–2016

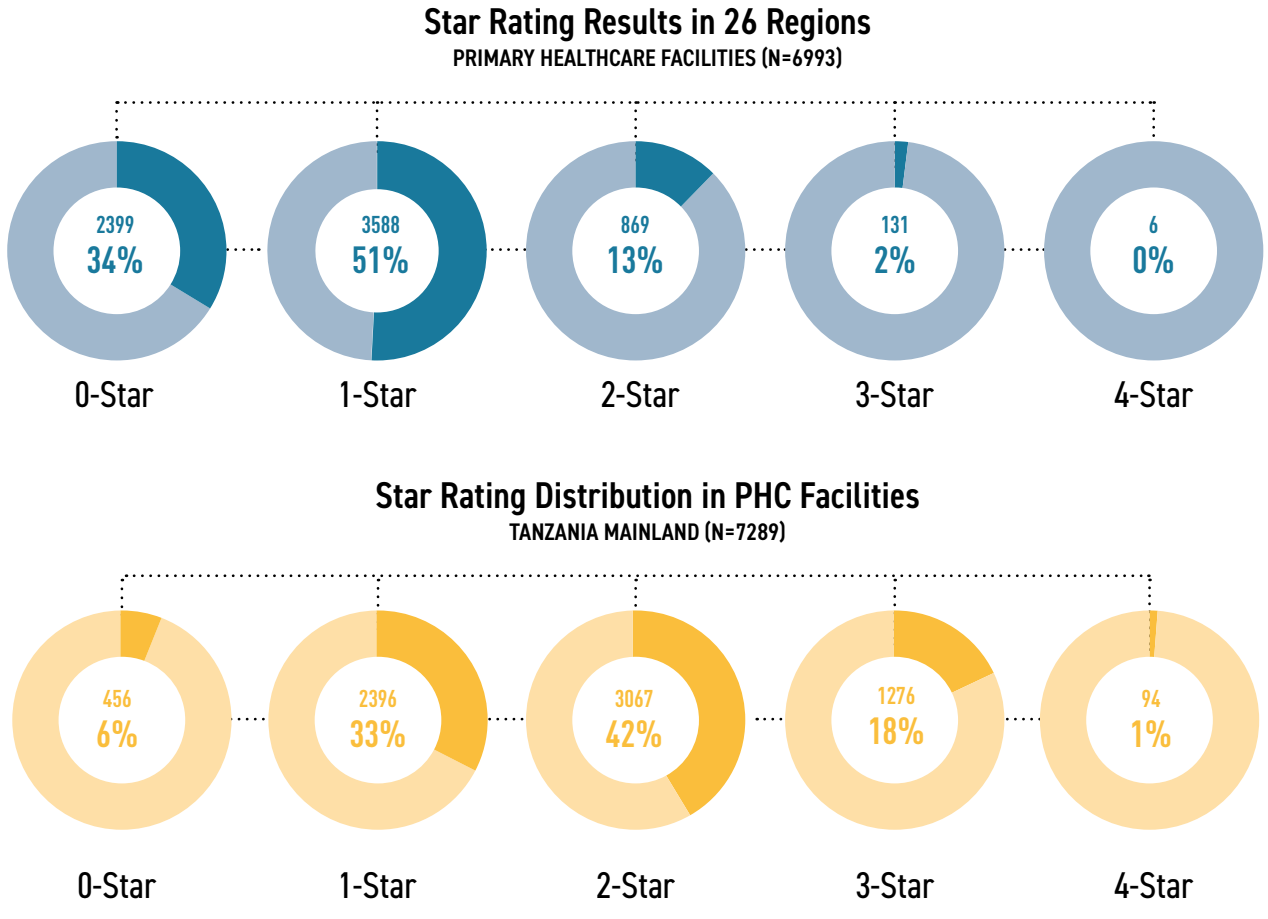


Additionally, Zanzibar MOH established a Quality Assurance Section, and on Mainland, the standards of care have been incorporated into the national Star Rating tool. WHO also supported the adaptation of several other guidelines and tools aiming to improve the quality of care. Such guidelines include antenatal care guidelines, management of syphilis and malaria in pregnancy, and the elimination of mother-to-child transmission of HIV. The WCO supported the development of Standard Treatment Guidelines for Children and, Newborn Care Guidelines, which also facilitated the establishment of Newborn Care Units in district and referral facilities.

The reassessment of health facilities using the Star Rating tool, updated with essential elements of quality of care for maternal and newborn care, showed an improvement in quality of services with more health facilities scoring 2, 3 and 4 stars and a decrease in health facilities with zero stars (Fig. 11).

The capacity for monitoring RMNCAH was improved through the integration of RMNCAH indicators in the DHIS and data quality assessment in selected regions. This resulted is timely production of a RMNCAH score card to track progress of service delivery for RMNCAH. Additionally, the national task force was supported to review the reporting on maternal and perinatal deaths in line with the WHO International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

FIGURE 11: Star Rating reassessment results 2017–2018



Implementation of the Newborn, Child and Adolescent Health Interventions

WHO provided support to improve child health services focusing on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea. In this regard, child health guidelines and standards were updated. To achieve rapid coverage of skills, WHO supported the piloting of an innovative approach, which included the use of distance learning and on-the-job training. Both methods proved to be effective and were adopted and used across the country. Health National Standard Treatment Guidelines for managing childhood illnesses were finalized, endorsed and widely disseminated.

Coordination and implementation of early childhood development (ECD) was significantly strengthened. A task force and technical working group were established to improve coordination mechanisms. The coordinating group meets quarterly and on an as-needed basis. The dissemination of the WHO Nurturing of Care Framework was used as an opportunity to enrich and harmonize existing approaches to ECD.

The WHO, in collaboration with HQ and AFRO, facilitated the assessment of barriers to accessing services for adolescents. The assessment informed the development of the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAAIA). The assessment tools were piloted in Tanzania, and the results were used to provide global guidance on how to conduct a Barriers Assessment for Adolescent Health Services to identify who is being left behind.

Implementation of interventions to address unmet needs in sexual and reproductive health

Tanzania is globally among the countries with the lowest contraception use. The use of modern contraceptives is estimated at 32%, with high unmet needs for family planning estimated at 25% (TDHS 2015-16). The total fertility rate remains high at 5.2 children per woman. Birth rates are high among adolescents.

To contribute to the improvement of the quality of services for family planning counselling, the WCO supported the adaptation of the WHO evidence-based Medical Eligibility Criteria for FP services. The tool was printed and disseminated to all health facilities, and health workers were trained on how to use it.

In 2018, the WCO facilitated the implementation of the 2017 recommendations of the United Nations Joint Programme on Cervical Cancer in Tanzania[4]. The recommendations included the review and updating of the National Cervical Cancer Strategic Plan, mapping of technical partners and resources, support for strengthening Diagnostic and Treatment for Cervical Cancer, scaling up of the HPV vaccination programme, and strengthening monitoring and evaluation including setting up a cancer registry. The Costed Cervical Cancer Strategy was finalized and disseminated. Finally, HPV vaccination to prevent cervical cancer was introduced in the national programme after the pilot implementation.

Evidence generation for RMNCAH interventions

The WCO collaborated with the Muhimbili University of Health and Allied Sciences (MUHAS) to conduct two operational studies into the management of diarrhoea. The first study sought to determine optimal dose for supplementation of zinc in the treatment of acute diarrhoea, and the second studied the role of antibiotics in the treatment of acute diarrhoea. Additionally, WHO facilitated Every Newborn Birth Indicator Tracking in Hospitals (EN-BIRTH). Tanzania is among three countries participating in validating data collecting tools for measuring newborn deaths and quality of care.

In this biennial, WHO supported the review of the Zanzibar Reproductive and Child Health Strategy 2008-2015 which resulted in a new Draft RMNCAH Strategy for Zanzibar (2018-2022) aligned to the Global Strategy for Women, Children and Adolescent Health. Also, WHO supported the Monitoring and Evaluation of Every Newborn Action Plan (ENAP) tool used to track progress toward Every Newborn Action Plan National Level Milestones for 2020 ENAP.

Strengthening capacity for RMNCH coordination, joint planning and supervision

Through participation in the technical working groups and contribution to the UN Development Programme (UNDP), WHO contributed to the finalization of the Zanzibar Joint Programme, which includes the following thematic areas: 1) Maternal and Newborn Health, 2) Women's Economic Empowerment through Seaweed Production; 3) Ending Violence against Women and Children; and 4) Capacity Building for SDGs Coordination and Reporting. WHO also contributed to the development of the concept note for the UN Kigoma Joint Programme for Health, which was endorsed by the UNCMT and Joint Steering Committee. Resource mobilization is in progress.

[4] The United Nations Joint Programme on Cervical Cancer in Tanzania mission team included: technical officers from WHO Reproductive Health Research (RHR) Programme, Non-Communicable Diseases from HQ and AFRO, UNAIDS, UNICEF, the International Atomic Energy Agency (IAEA), International Agency for Research on Cancer (IARC), and UN Women.

Nutrition

In Tanzania, despite positive trends, the Tanzania Demographic and Health Survey 2015-2016 indicated that 34% of children in Tanzania were stunted, 14% were underweight and 5% were wasting (Fig. 12). In 2018, WHO and partners supported the implementation of the national nutrition survey. The aim of the survey was to track progress in the implementation of nutrition interventions. The preliminary results show a further decline in stunting, underweight and wasting levels. Infant feeding practices have improved as evidenced by increasing trends in exclusive breastfeeding.

Implementation of the National Multisectoral Nutrition Action Plan

In 2018, WHO integrated nutrition indicators in the DHIS and produced a nutrition scorecard using DHIS data, which continued to strengthening nutrition surveillance system. The National Multi Sectoral Nutrition Action Plan, 2016/17-2020/2021 includes interventions on maternal, infant and young child nutrition in line with the WHO comprehensive implementation plan on Maternal, Infant and Young Child Nutrition and Tanzania's National Development agenda.

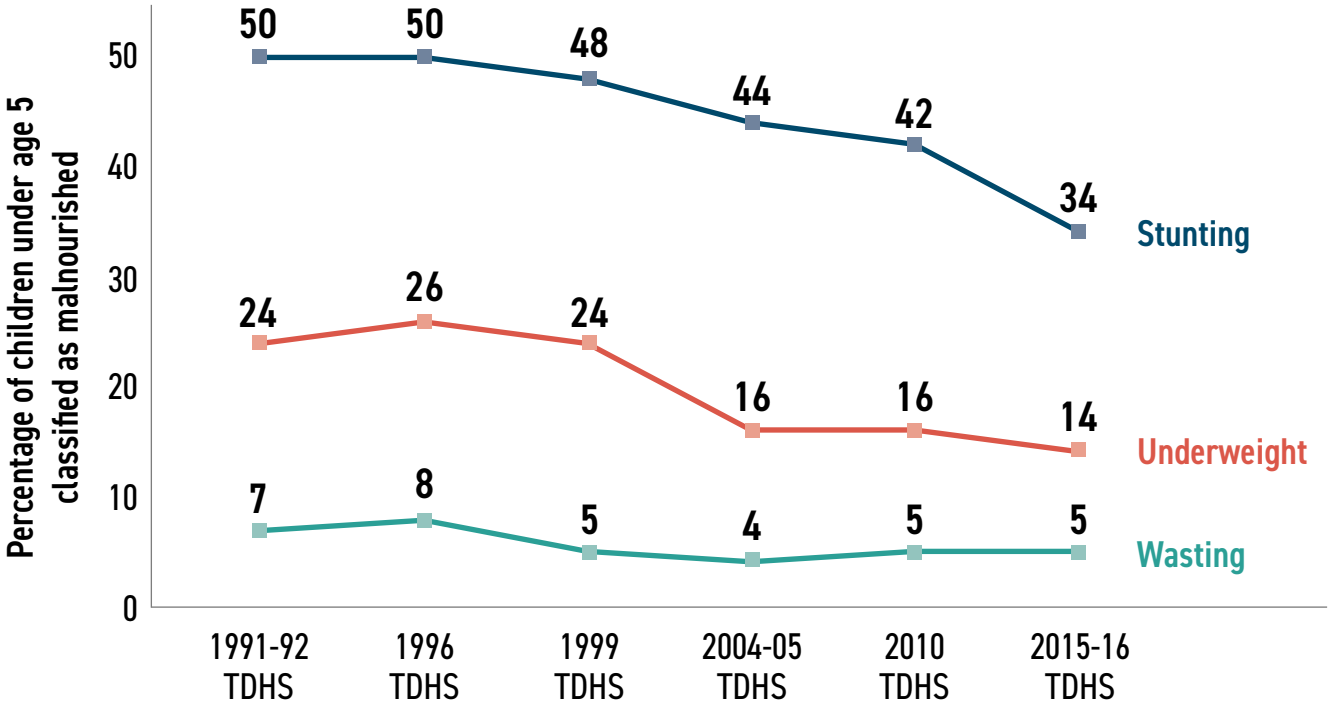
Additionally, WHO supported implementation of several components of the plan. Implementation of Growth monitoring in Shinyanga and Lindi was done to derive lessons which can be used for national scale.

Adaptation of nutrition guidelines, tools, and standards

WHO supported the process to adapt several guidelines, training packages and tools, including the Guidelines on Infant and Young Child Feeding, Growth Monitoring, and the Guideline on Management of Severe Acute Malnutrition.

A national core team of trainers was established to build capacity for cascade training. Specifically, WHO supported the training of health workers in all health facilities of Shinyanga and Lindi a after completion of the Accelerated Nutrition Initiative (ANI) project.

FIGURE 12: Trends in nutrition status in Tanzania 1990–2016



04

HEALTH SYSTEMS STRENGTHENING

The focus of WHO's system strengthening work is improving leadership and governance; promoting access to affordable, safe and effective health technologies; ensuring integrated service delivery; and generating and using health information and research.

National health policies, strategies and plans

WHO provided input into the revision of National Health Policy. The revised policy focuses on Universal Health Coverage by addressing issues related to equity and quality in health services provision and utilization. The final draft of the revised Health Policy is going through government approval processes.

To improve effectiveness of aid in the health sector in Zanzibar, WHO, in 2018, initiated advocacy for vibrant dialogue among players in the health sector. Being an active member of the Health Steering Committee, WHO contributed to developing the Terms of Reference and Code of Conduct that will deepen Sector Wide Approaches.

In 2018 and 2019, WHO participated in developing the TOR for the Mid-Term Review of the Health Sector Strategic Plan IV 2015-2020 for Tanzania Mainland. WHO contributed to different themes of the review whose findings in the review will inform formulation of the new Health Sector Strategic Plan V, which will be a roadmap to Universal Health Coverage.

Health financing

Information on sources of health expenditures and flows of funds within the health system is important for monitoring of Universal Health Coverage. One of the sources of this information is the National Health Accounts (NHA). The WCO trained relevant staff in the Ministry of Finance in Tanzania Mainland and Zanzibar on conducting national health accounts studies and to produce reports. Because of these trainings, Tanzania Mainland will process NHA for 2016/17 and 2017/18, while Zanzibar will complete NHA for 2016/17.

An assessment of progress of health financing processes show that Tanzania has made some improvement towards efficient, effective, equitable and sustainable financing for health services. Tanzania Mainland raised more revenue and improved health benefits and increased entitlements. However, progress on pooling and purchasing and provider payment was at a preliminary stage.

These results informed the national authority to put more effort towards the improvement of strategic purchasing and prioritizing the establishment of the pooling mechanism, possibly accelerating the establishment of the Universal Health Insurance.

The WCO supported the rollout of the Improved Community Health Fund to support Tanzania to widen coverage of a health financing pool. The support has built the capacity of health administrators and providers to manage the Improved Community Health Funds (ICHF). Advocacy and household demand-creation is being implemented to increase enrolment of members and therefore increasing coverage of health insurance.

Improving access to essential medicines

Antimicrobial Resistance (AMR)

In 2018, the WCO supported AMR advocacy efforts through the Multi-Stakeholders Coordination Committee (MCC) on AMR and the Technical Working Group. The MCC has approved the national antimicrobial resistance surveillance framework that is catering for both human and animal sectors.

During the World Antibiotic Awareness Week (WAAW) in 2018 and 2019, the WCO raised public awareness on the appropriate use of antibiotics through the distribution of printed promotional materials and the organisation of symposiums. The WCO also supported the ministry to develop policy guidelines for implementing antimicrobial stewardship.

The MOHCDGEC piloted the WHO Hospital Antimicrobial Use (HAMU) point prevalence survey protocol for surveillance of antimicrobial consumption and use at the facility level in resource-limited settings. The survey took place at Muhimbili National Hospital (MNH), Mwananyamala District Hospital in Dar es Salaam, and seven regional hospitals of Morogoro, Mount Meru, Iringa, Dodoma, Kiteto and Shinyanga. Also, WHO provided technical support for the development of the Zanzibar Action Plan on Antimicrobial Resistance in collaboration with the Ministry of Health; the Ministry of Agriculture, Natural Resources, Livestock and Fisheries; and FAO.

Access and Affordability of Essential Medicines
In 2018, the WCO supported the MOHCDGEC to conduct a medicines price survey in public, NGO and private facilities in rural and urban areas. The survey assessed the availability, price and affordability of selected important medicines, and retail prices. Conducted in 72 health facilities in Dar es Salaam, Mwanza, Mtwara, Kilimanjaro and Mbeya using a modified version of the standard WHO/HAI methodology, the survey involved 33 medicines. Results showed that availability of medicines has improved, especially in the public facilities (Table 1).

Results also showed higher prices in the mission facilities sector, as had been found in previous assessments, compared to the private and public sectors.

To improve affordability of medicines in the country, the WCO supported the development of the Guideline for Pricing of Pharmaceutical Products. The guideline was developed through a consensus that involved key players in the pharmaceutical policy and medicines supply chain.

The WCO, in collaboration with the USAID Global Health Supply Chain Program and other Stakeholders, helped the MOHCDGEC to develop KPIs to monitor health supply chain performance and improve the availability of health commodities in Tanzania.

Improved Quality and Safety of Medicines and Health Technologies
WHO HQ and the WCO benchmarked the Tanzania Food and Drug Authority (TFDA) and the Zanzibar Food and Drug Agency (ZFDA) to strengthen their regulatory functions. It was the first WHO-led benchmarking for ZFDA.

The results - expressed in increasing order of merit - showed that ZFDA was at level one and TFDA, after two successive WHO benchmarking exercises in 2017 and 2018, has reached maturity level three. TFDA is the first medicines regulatory authority to reach that level in sub Saharan Africa. WCO also supported review and formulation of new regulations for the Zanzibar Food and drug Authority (ZFDA).

Strengthening health information systems

Joint Communique for Tanzania Health Data Collaborative
The Government of Tanzania is committed to improving the quality of health data for evidence-based decision-making and to strengthen capacity to track progress towards the health-related SDGs.

After launching the health data collaborative in 2017, the WCO supported Tanzania to develop a health data collaborative communiqué, which was endorsed in 2018 and signed by the Permanent Secretary, the deputy permanent secretary at the President's Office Regional Administration and Local Governments (PORALG), the chair of the development partners for health, representatives from civil society organizations and WHO.

The priorities of the government in the communique are: data governance, alignment of indicators, alignment of health surveys, joint investment in health information systems, strengthening capacity for data analysis, and improving health data dissemination and use.

In 2018, WHO, with funding from the Department for International Development (DFID), trained 102 district health

TABLE 1: Percentage availability of medicines in outlets in regions surveyed

Areas	% Availability		
Regions	**Regional hospitals**	**District hospitals**	**Primary Health Care facility**
Dar es Salaam	66.67	80	46.67
Mbeya	70.00	82.22	51.11
Mtwara	73.33	63.33	60.00
Mwanza	83.33	63.33	63.33

focal persons from 52 district councils to develop their district health profiles. District health profiles offer statistical overview and summarize progress, challenges and key achievements of the district councils in various programmatic areas. The development of the district health profiles is an initial step to enable district councils to analyse, report and use their own health data for local decision-making. The district health profiles will be a key document in the development of comprehensive council health plans and evidence tools for planning.

Enhancing health data dissemination

In this biennial, WHO, with DFID funding, collaborated with local partners to support the government to establish a national health portal. The national health portal can be accessed at this url https://hmisportal.MOHCDGEC.go.tz/healthportal or by using a mobile application for quick reference, which can be obtained by going to the android app store and searching Tanzania health portal. The national health portal houses routine and non-routine information, including survey information and health research reports to improve public understanding of health trends.

Building capacity for national and subnational health staff in data analysis

In 2018, WHO, MOHCDGEC and the East and Southern African Management Institute (ESAMI) designed a customized course for health staff. A total of 40 staff from national and district level were trained on the customized curricula on GIS mapping, statistics using SPSS and mobile data capture using ODK tools. The trained staff will assist their districts in analysing and reporting health data on a timely basis for decision-making.

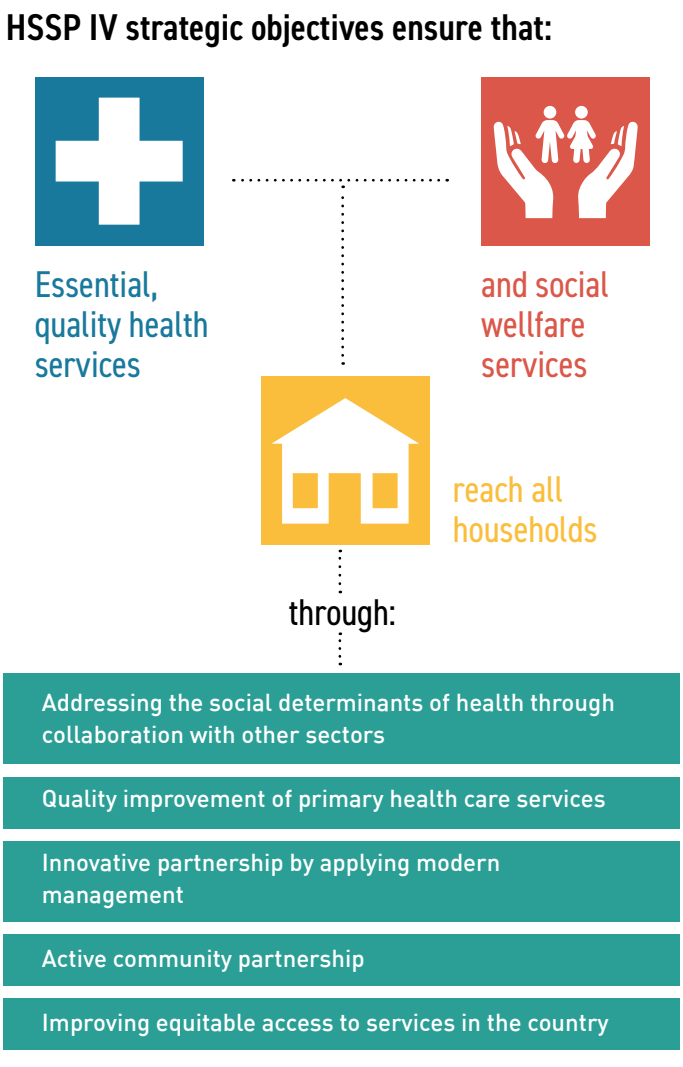
Leadership and governance

Supporting Partnerships for Health Development

The WCO continued to play its secretariat role in the Development Partners Group for Health (DPG H) by supporting the coordination of the 21 bilateral and multilateral members of the DPG H and strengthening collaboration among Development Partners to ensure alignment and harmonization of partners' resources for improved health and wellbeing of Tanzanians. Through the Health Sector Wide Approach (H-SWAp), stronger collaboration has been realized between the DPG H and the MOHCDGEC and the President's Office, Regional Authorities and Local Government (PORALG).

This collaboration resulted in stronger government-development partner's ownership and commitment towards joint actions and review of the performance of the health sector. The Health Sector Strategic Plan (HSSP) IV Mid-Term Review, presented at the 20th Joint Annual Health Sector Review (JAHSR) Technical Review and Policy meetings held in October and November 2019 respectively, reported progress in the health sector over the past four years in the implementation of the HSSP IV (Fig. 13).

FIGURE 13: Health Sector Strategic Plan IV



Progess has been noted in the improvision of service delivery. Vaccination coverage has been maintained above 95%, outpatient visits increased to 1.06 per capita, percentage of pregnant women that complete four antenatal care visit to health facilities increased to 62%, and pregnant women that deliver at health facilities increased to 80%. Additionally, new facilities have been built, some upgraded, and others refurbished and equipped. As a result, health facility density has reached 2.1 per 10,000 population. Medicine availability has reached 95% of tracer medicines. A second round of assessments using the Star Rating strategy recorded an overall improvement in quality.

Through its leadership role, WHO was awarded a certificate of recognition for its contribution in supporting the Mid-Term Review of the HSSP IV during the JAHSR Technical Review meeting. WHO was also recognized for its contribution in SWAp and awarded a trophy for adopting the SWAp principles during the policy meeting.

WHO supported documentation of lessons learnt in sector wide approaches in health (SWAp). The final publication was launched by Honourable Ministers of MOHCDGEC and PORALG during the policy meeting.

FIGURE 14: Health Sector Policy Commitments 2018–2019

Promoting the Health in All Policies Approach

A strong foundation has been set to address social determinants of health (SDH) through Health in All Policies (HiAP). In collaboration with WHO/AFRO, the WCO worked with the MOHCDGEC and the Prime Minister's Office to sensitize and advocate for HiAP to Directors of Policy and Planning and Policy Analysts and Permanent Secretaries from 15 sectoral ministries.

These efforts identified areas for intersectoral collaboration among ministries (Fig. 14) to address SDH and developed draft National HiAP Governance and Coordination mechanism and National HiAP Action Plan. The National HiAP framework to address the social determinants of health is currently under development. The HiAP concept and country progress was shared and appreciated by SWAp members during the JAHSR Technical Review meeting and with the sub-national level during the development of the draft decentralized SWAp guideline.

The sectoral ministries that set the HiAP foundation include: the Ministry of Health, Community Development, Gender, Elderly and Children; Prime Minister's Office; Ministry of Water; Ministry of Works, Transport and Communication; Vice Presidents Office – Division of Environment; Ministry of Education, Science and Technology; Ministry of Agriculture; Ministry of Livestock and Fisheries; Ministry of Industry and Trade; Ministry of Energy; Ministry of Lands, Housing and Human Settlements Development; Ministry of Finance and Planning; Ministry of Home Affairs; President's Office Public Service Management and Good Governance; and President's Office Regional Authorities and Local Government.

Protecting the human environment (wash and climate change adaptation)

Creating a healthier environment and addressing the root causes of environmental and social threats to health (for instance, outdoor and indoor air pollution, chemicals, climate change, unsafe water or lack of sanitation) is critical for improving health. Healthy environments depend on policy and legislation that protect people's right to health and wellbeing, as well as actions to improve access to safe water and sanitation, address pollution, and other such interventions.

In this biennial, WHO in collaboration with GIZ supported the Ministry of Health to develop a sector-specific Health National Adaptation Plan (HNAP). The five-year strategic adaptation action plan (2018-2023) outlines the national strategy to reduce vulnerability and enhance adaptation measures to protect public health from the impacts of climate variability and change. The plan promotes the integration of health adaptation to climate variability and change into national health planning strategies, policy instruments, processes and monitoring systems to ensure a climate-resilient health system.

The WCO supported the preparation of country workplans for the second phase of the Global Framework for Climate Services (GFCS). Adaptation Programme Phase II aims to increase the resilience of vulnerable populations to the impacts of weather and climate- related risks through enhanced capacity of the health sector to use climate services in decision-making processes.

The WCO coordinated the country contribution to the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2018 report and the Third Interministerial Conference on Health and Environment. The GLAAS initiative monitors country efforts to provide or improve sanitation and drinking water services and publishes a report biennially. The Third Interministerial Conference on Health and Environment (9-12 November 2018) reviewed progress towards the implementation of the Libreville Declaration.

05

PREPAREDNESS, SURVEILLANCE AND RESPONSE

WCO strengthens leadership and governance, promotes access to affordable, safe and effective health technologies, ensures integrated service delivery and generating and using health information and research.

Cholera outbreak response

In 2018, the WCO provided technical and financial support to the Ministry of Health in the cholera control interventions. Over the past three years, Tanzania responded to cholera outbreaks and every region reported at least one cholera case. The outbreak started in August 2015 and as of 31 December 2018, 33,306 cases including 550 deaths were reported.

Increased awareness of cholera prevention and control measures has contributed to the significant decrease in the number of regions affected. However, low toilet coverage and limited access to clean and safe water in most districts pose a high threat for an escalated outbreak.

In 2019, the WCO, in collaboration with partners, provided laboratory supplies and technical support in vector control to the MOHCDGEC response to dengue fever outbreaks in Dar es Salaam and Tanga. The outbreak was controlled and according to the MOHCDGEC reports, the last case of dengue was reported in the 40th week of epidemic's timeline.

Ebola virus disease (EVD) preparedness

An African regional risk assessment conducted by WHO in May 2018 classified Tanzania among the Priority 2 countries that have moderate risk due to their location and interaction with DRC, a country that notified EVD outbreaks in May and August 2018. Because of the imminent risk, WHO supported a visit of a Preparedness Support Team (PST) to Tanzania to sensitize relevant stakeholders on EVD preparedness, assess country capacity and determine on how to address capacity using WHO standardised tools. Based on the identified gaps, the team worked with the Ministry of Health staff to update the Ebola Contingency Plan of 2015.

In January 2019, WHO, UNICEF, DFID and World Food Programme (WFP) reviewed the preparedness and readiness actions in Tanzania and provided recommendations to strengthen the interventions.

WHO AFRO deployed more than 120 EVD consultants to support Tanzania at different times with different expertise in key preparedness pillars. In collaboration with the EVD consultants, the WCO supported the Ministry of Health to train staff and develop guidelines, SOPs and training materials for surveillance, contact tracing, case management, infection prevention and control (IPC), coordination, laboratory investigation, logistics, and safe dignified burials. A total of 352 health care workers and 417 community health workers were trained by the end of 2019 (Fig. 15).

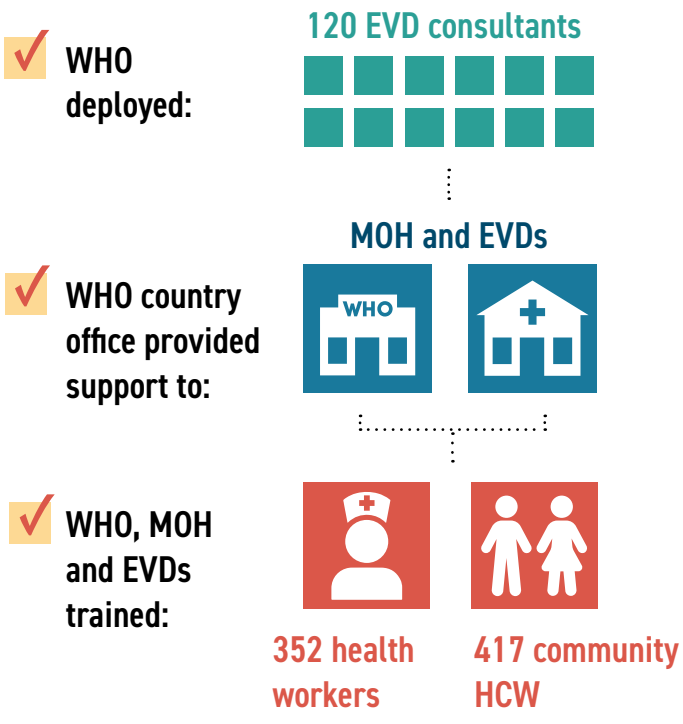
EVD preparedness prioritized ten out of 26 regions namely Kigoma, Kagera, Mwanza, Katavi, Songwe, Rukwa, Mbeya, Dar es Salaam, Dodoma and Kilimanjaro. DFID, USAID, Irish Aid and Swiss Cooperation funded the EVD preparedness activities.

Strengthening disease surveillance

Effective surveillance is a priority for the Zanzibar Ministry of Health (ZMOH), Tanzania Mainland and the WHO. After identification of needs and gaps, the WCO trained national officers on Integrated Disease Surveillance and Response (IDRS) and supported the development of eIDRS for data collection, validation, analysis and presentation of aggregated infectious diseases from the facilities. Cascading trainings at facility level will follow to enable effective surveillance data collection from facilities. Data is collected via mobile platforms.

On the Mainland, the WCO updated the International Health Regulations (IHR) technical working group on the revised IHR annual reporting tool. Additionally, government officials got oriented on resource mobilization support on the National Action Plan for Health Security, surveillance of meningitis and the establishment of a coordination platform for simulation exercises on viral haemorrhagic fever (VHF) in Eastern African countries.

FIGURE 15: EVD preparedness



06

CORPORATE SERVICES AND ENABLING FUNCTIONS

The Country Support Unit (CSU) provides administrative and operational support during implementation of programmes at country level. The CSU is under the direct supervision of the Operations Officer with general supervision of the WHO Representative (WR) and the Director General Management Cluster at Regional Office. Human resources, procurement, budget & finance, travel, administrative services and information technology management functions make up the CSU.

Human resources

Two staff members joined the Tanzania country office during the year. On 1 July 2018, Dr. Christine Chiedza Musanhu joined the country office as Medical Officer HIV. Dr Tigest Ketsela Mengestu joined as WHO Representative for Tanzania effective 1 November 2018. She was formerly the WHO Representative for Swaziland.

Premises and working environment

The Ministry of Health Tanzania allocated additional office space to the WHO after the move of National AIDS Control Programme (NACP) to Dodoma. However, funds are required to make the space fit for purpose and to implement the remaining security recommendations from the UNDSS MOSS report.

Funding

As of 31 December 2018, a total of $11,837,211 was available in the budget for activities and staff costs (Table 2). This amount is 48% of the 2018/2019 approved budget for the Tanzania country office. The country office received its 80% of the total 2018/2019 flexible funding.

Administrative key performance indicators (KPIS)

Below is a summary of the KPIs for administrative processes in the country office (Table 3).

TABLE 2: WCO Funding Structure 2017–2018

Fund Type	Funds Available
Flexible Funds	4,343,208
Others	136,516
VCS	7,357,487
Grand Total	11,837,211

Information communication, technology and management (ITM)

One of the biennial major achievements was the introduction of a paperless environment resulting in a reduction in printing. In preparation for the regional launch of Open Bee system, the WCO initiated the online signing and approval of all office documents. This resulted in better movement, tracking and archiving of documents in the office. There has also been a reduction in printing costs. The office has also benefitted from centralized archiving. All documents, are stored on one drive resulting in easy access and retrieval of documents.

TABLE 3: Administrative KPIs scores

Budget and planning	Financing	Award distribution	Funding and utilization	Salary risk	PMDS	Travel	Direct implementation	Direct financial cooperation	Donor reporting
Planned Cost as % of Budget Allocation	Distribution as % of Budget Allocation	Undistributed funds as % of Total Funds Available	Utilization as % of Distribution	No. of Months Covered by Balance in Salary Work plans	Average Compliance Rate	Average Compliance Rate	Overdue DI Reports as % of Total DIs issued (POs created after July 2014 considered)	Overdue DFC Reports as % of Total DFCs Issued (POs created after Jan 2014 considered)	Overdue as % of all Donor Reports (Donor reports due after Jan 2014 considered)
99%	48%	0%	69%	5.1%	95%	64%	1%	0%	0%

World Health Organization

Tanzania