



TOWARDS A HEALTHIER NATION

The WHO Tanzania Investment
Case for 2020-2021



World Health
Organization
Tanzania

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Towards a Healthier Nation: WHO Investment Case for 2020-2021

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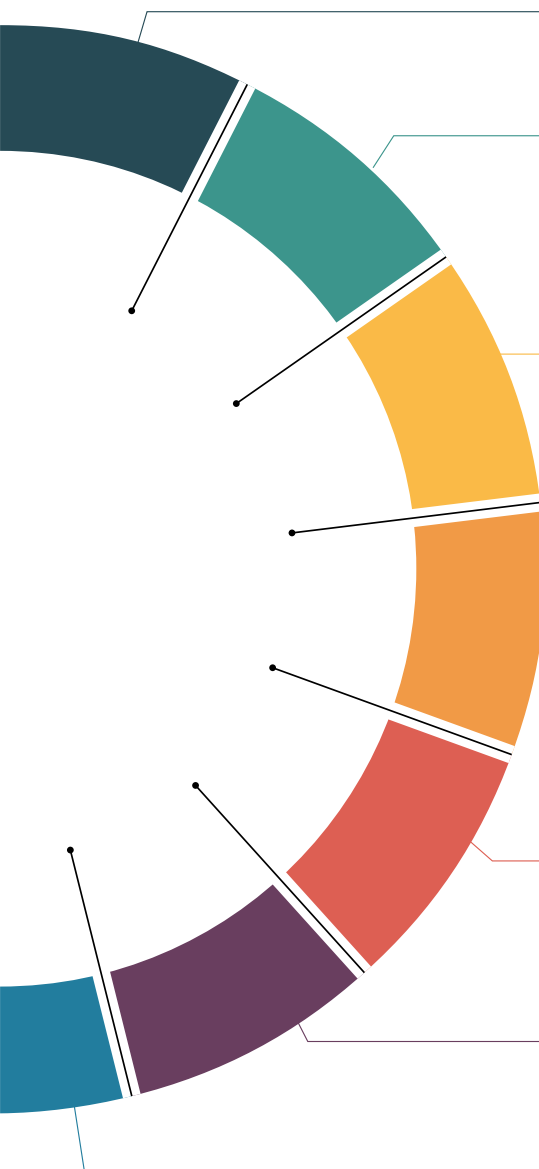
Coordination: Dr. Tigest Ketsela Mengestu, Mr. Mohamed Kakay, Dr. Neema Kileo

Production (Editing, Layout and Design):
Lushomo

Photography: Julie Pudlowski Consulting and WHO Tanzania Country Office



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A close-up portrait of an elderly Black man with a warm, smiling expression. He has short, graying hair and a slight beard. The background is softly blurred, suggesting an outdoor setting with greenery. The overall tone is positive and humanistic.

Executive Summary

“ Good health lays the foundation for vibrant and productive communities, stronger economies, safer nations, and a better world.”

Good health lays the foundation for vibrant and productive communities, stronger economies, safer nations, and a better world.

As the leading health authority within the United Nations system, the WHO Country Office has been at the forefront in supporting the government improve health in the United Republic of Tanzania since its establishment in 1962.

In recent years, significant health gains have been made by the country. Children stand a better chance of surviving beyond their fifth birthday. Coverage of prevention and treatment interventions for HIV, tuberculosis, and malaria has increased, and more than one million people living with HIV are now receiving treatment.

Despite these achievements, the country continues to face complex and emerging public health challenges. More than half the population are still unable to access health services without incurring financial hardship. The number of women who die from pregnancy-related complications and children who die from preventable causes is still unacceptably high. Many people continue to suffer from infectious diseases, while the burden of noncommunicable diseases (NCDs) is increasing.

This investment case is an articulation of how the WHO Country Office will, for the next two years (2020–2021), build on its achievements, networks and partnerships to respond to these new challenges, while continuously learning and improving the way it works (see Figure 1).

Figure 1: The 2020–2021 financial plan

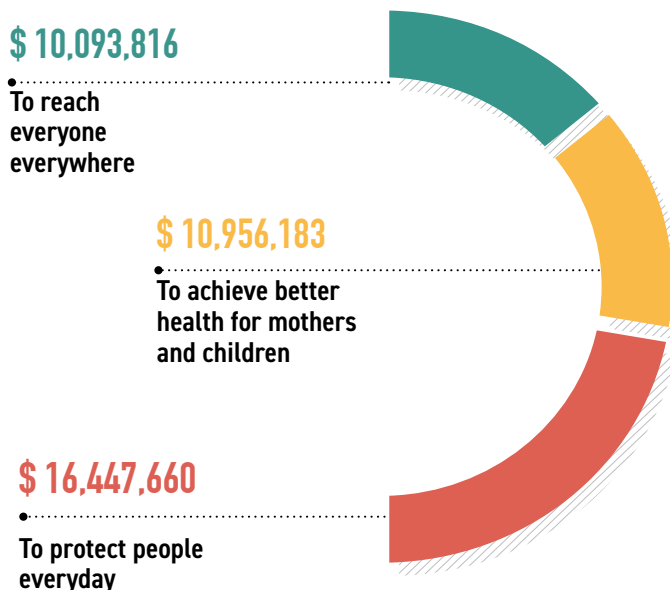


Figure 2: WHO strategic areas



It is a description of a journey the Country Office will embark on to further increase its impact on the ground and step up its work, reaching out to more sectors and partners (see Figure 3). It is a shared commitment among WHO staff to strengthen leadership in the areas where it adds the most value and streamline the way we do business, to work smarter, for quicker results.

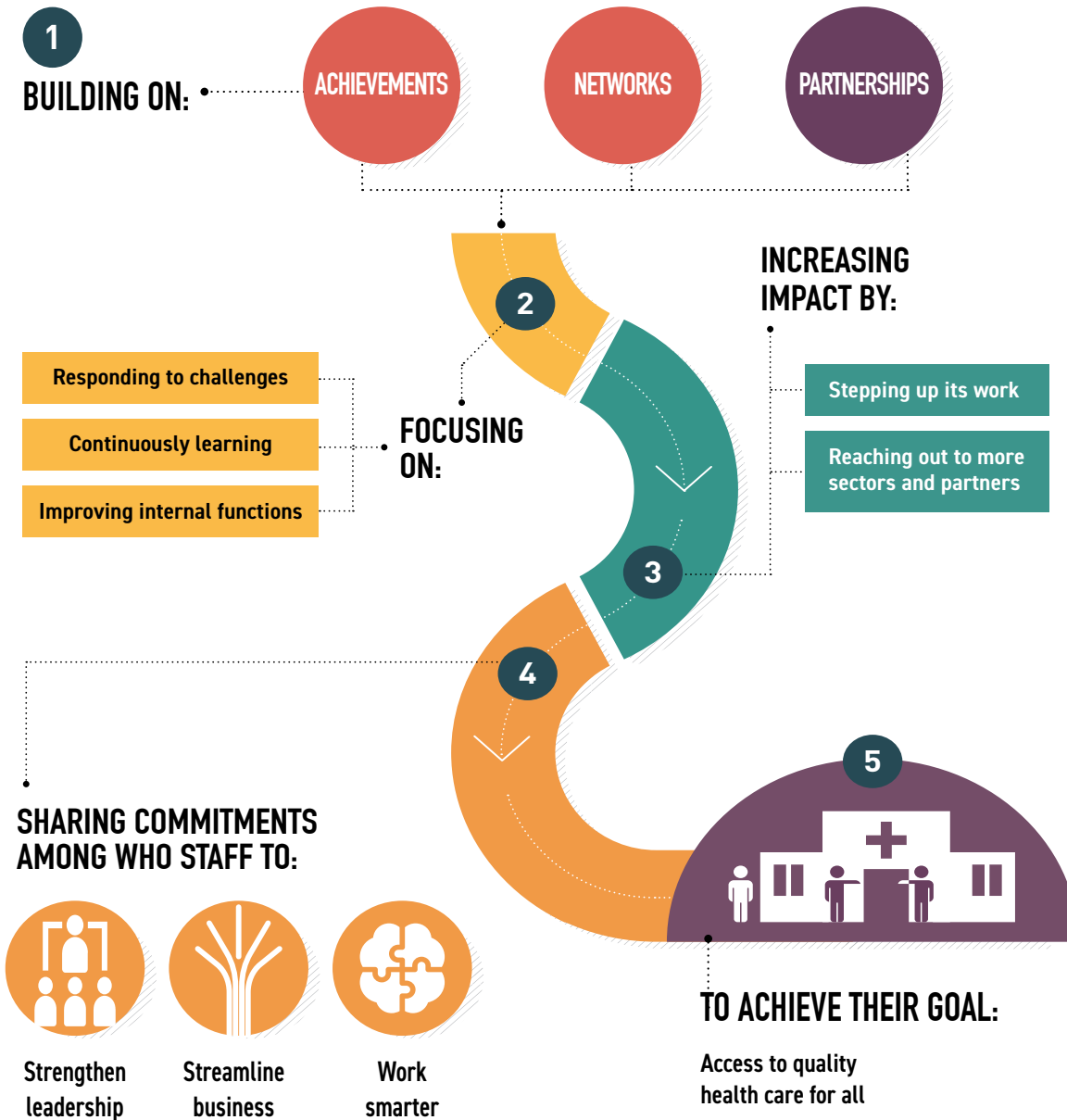
This investment case aspires to support the development of a system where every family can access essential health services and quality healthcare, without having to struggle to pay for such services. It also aims to ensure that more people are better protected from the impacts of health emergencies and disease outbreaks. The focus will also be on supporting national efforts and commitments

to ensure that mothers and children survive and thrive, and live healthily to a ripe old age. These three strategic areas are articulated in the General Programme of Work to “Promote health, keep the world safe, and serve the vulnerable” (see Figure 2).

Achieving these goals will require unfailing political and financial commitment from the Government and donors, and continued and expanded collaboration with academia, partners on the ground, and other members of the United Nations family.

Ultimately, we believe that success will be driven by a shared commitment by all, to ensure that no one misses the opportunity to live a healthier life.

Figure 3: WHO Country Office journey





Introduction

“ This investment case outlines high-impact interventions, which will accelerate the attainment of health-related Sustainable Development Goals (SDGs) in the United Republic of Tanzania.”

2 019 has been an important year for WHO. Through a new five-year strategy – the Thirteenth General Programme of Work (GPW13) – WHO has visibly realigned itself towards promoting health, keeping the world safe and serving the vulnerable. The GPW13, endorsed by all WHO Member States, sets out an ambitious agenda for the accelerated attainment of health-related Sustainable Development Goals (SDGs) by 2030. It does so by renewing the Organization’s focus on delivering real change at country level through reducing programmatic silos and integrating transformative actions towards the delivery of WHO’s ‘triple billion goal’: achieving universal health coverage; addressing health emergencies; and promoting healthier populations (see Figure 4). The country continues to experience a

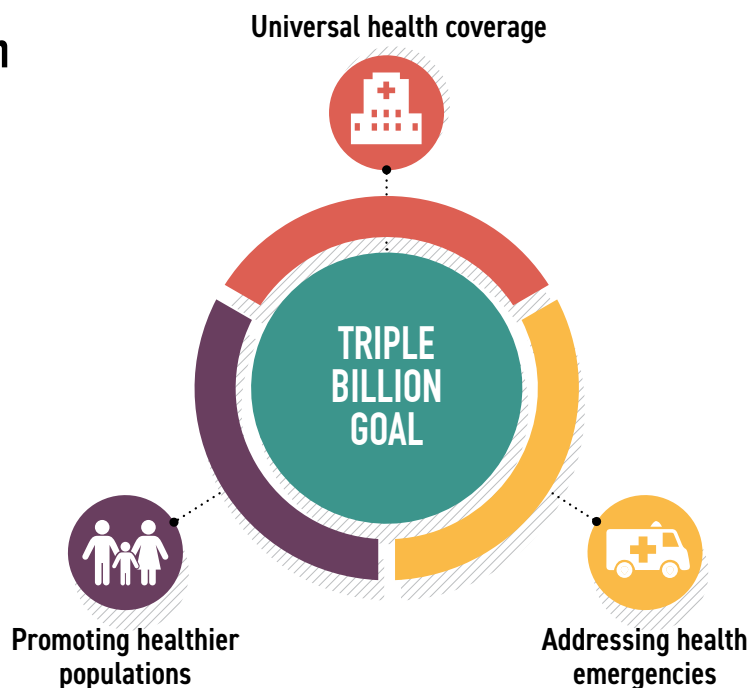
high burden of communicable and noncommunicable diseases and other health conditions. Evidence shows a rise in both noncommunicable diseases and maternal and neonatal mortality rates, hence the need to strengthen the health systems in the country.

This investment case outlines high-impact interventions, which will accelerate the attainment of health-related Sustainable Development Goals (SDGs) in the United Republic of Tanzania.

Responding to the country priorities identified for the next two years, the Country Office will work with the Government of Tanzania and partners, including civil society and nongovernmental organizations (NGOs) (Figure 5 and 6).

Figure 4: WHO transformative action

WHO has a renewed focus on delivering real change at country level through reducing programmatic silos and integrating transformative actions towards the delivery of its ‘triple billion goal’:



Sustaining the gains

The work of the WHO Country Office to support the Government and partners continues, and the recent years have yielded encouraging achievements for the health sector.

The United Republic of Tanzania has halved annual HIV and AIDS-related deaths to approximately 30 000, compared, to a decade ago. The country has an estimated 1.5 million people living with HIV, and more than 1 million people are currently on antiretroviral treatment (ART).

This was made possible through the implementation of the WHO guidelines on HIV prevention and

treatment, which require all HIV-positive clients to start ART treatment regardless of their CD4 count. Investments made in a range of malaria control measures targeting malaria-endemic areas have contributed to the drastic decline in the malaria burden in the country.

Surveillance of vaccine-preventable diseases such as Polio, Measles, and Rubella has improved considerably through the contribution of WHO surveillance experts deployed at the national and subnational levels. The experts have been instrumental in the training of national surveillance

Figure 5: Area of work with all the stakeholders



Figure 6: Alignment with National Plans



officers, supporting surveillance activities including facilitation of specimen transportation for testing.

In Zanzibar, for example, these efforts have contributed to a decrease in malaria prevalence to less than 0.1%.

Through the implementation of the Tripartite Agreement between WHO, the Ministry of Health and the Chinese Government for control of schistosomiasis, the disease burden in Pemba has significantly decreased from as high as 8% to 0.6%.

Work on health system strengthening has focused on guiding country-led action with partners in building resilient systems that can ensure equitable access to excellent quality health services.

WHO has been instrumental in bringing Government and partners together through the Annual Joint Health Sector Reviews to deliberate on progress

made and commit to sustaining the gains and further strengthening the country's health system.

With the support of WHO, the country has been able to strengthen systems that are responsible for surveillance and response to maternal deaths by generating information to address the root causes of death among mothers and their newborns.

WHO has been vital in driving attention to antimicrobial resistance as a profound threat to human health. In collaboration with key stakeholders, **WHO led the development of a national action plan to tackle antimicrobial resistance.**

The capacity of the national medicines regulatory authorities (TMDA and ZFDA) have also been strengthened to ensure that they perform advanced regulatory functions and qualify as Maturity Level 3 of the WHO Global Benchmarking tool.

INTRODUCTION

With respect to health security, WHO, in collaboration with partners, successfully assessed country capacity to prevent, detect, and rapidly respond to public health risks. Critical gaps were identified during this process, and costed action plans developed to enhance country preparedness and response. Training by WHO on data interpretation and use for decision-making, has increased timeliness, completeness and accuracy of disease surveillance.

WHO's work on protecting human health also involved working closely with the water sector which resulted into adoption of the Organization's guidelines for drinking water and water safety planning.

All these achievements demonstrate WHO's strong commitment to improving health and contributing to the Sustainable Development Goals. These milestones set the stage for further investment in health and the need to sustain the gains, through close collaboration with the Government and health development partners (Figure 7).

Figure 7: WHO Country Office achievements

Focusing on the three main priorities of the WHO Country Office, recent years have yielded encouraging achievements for the health sector:





1

Reaching Everyone Everywhere

“ The performance of the health system has shown improvement over time. However, availability, affordability and access to quality health services remains a challenge.”

The performance of the health system has shown improvement over time. However, availability, affordability and access to quality health services remains a challenge (Figure 8).

While the health information system has improved over the years, there are still challenges with data quality and use for informing decision-making. Although Government expenditure on health as a percentage of total Government allocation increased steadily from 2015 to 2018, disbursement remains low at only half of the approved budget (Figure 9).

Available coverage indicators for communicable and noncommunicable diseases, and other medical conditions are diverse.

WHO will continue to prioritize the development of comprehensive people-centred essential service packages particularly for marginalized groups, support

the implementation of quality of care standards, including evidence-based interventions to reduce morbidity and mortality from communicable and noncommunicable diseases and other health conditions (see Figure 10).

WHO will support policy actions to improve the health and well-being of populations and reduce inequalities through strengthening of the health systems.

In order to effectively support the Government in achieving universal health coverage, there are specific actions that will need to be undertaken.

Revitalization of primary health care embarked upon by the Government will be used as an entry point. More focus will be directed towards improving access and quality of health services.

Figure 8: Barriers limiting access to quality health care

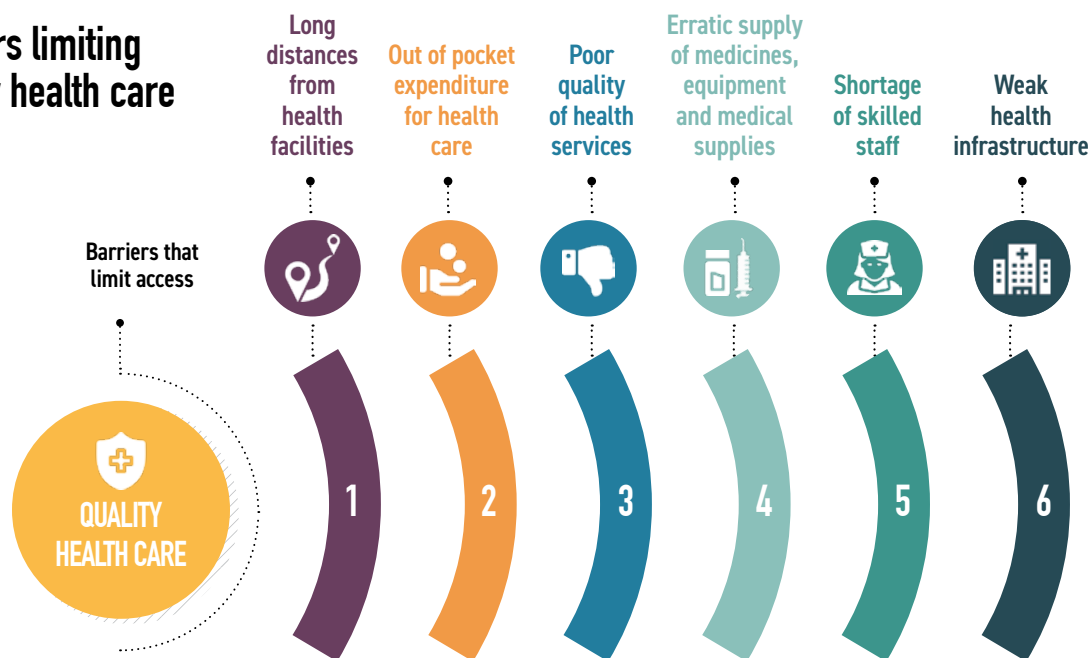
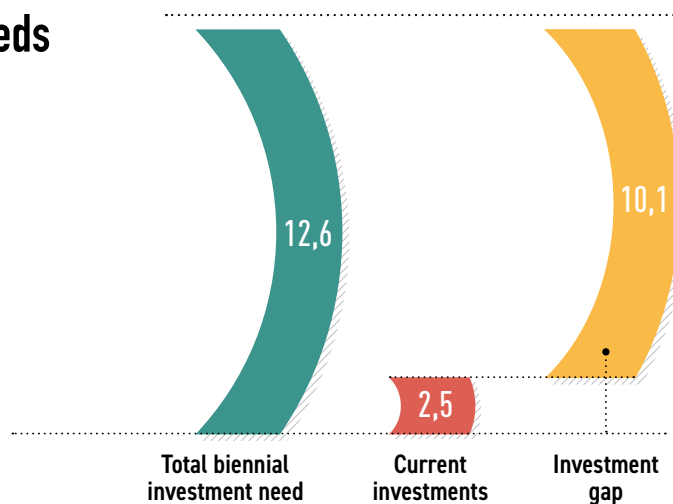


Figure 9: The 2020–2021 investment needs**Reaching everyone everywhere**

Millions of \$USD average annual



Particular attention will be paid to supporting options for fair and sustainable health financing, including from public sources, with an emphasis on improving health planning, budget execution monitoring and reviews.

Efforts will also be geared towards building the capacity of Regional and Council Health Management Teams on issues related to health governance planning and management.

Emphasis will be put on providing information to the Ministry of Health and partners for early detection, appropriate treatment and adherence to protocols for communicable and noncommunicable diseases such as HIV, hepatitis, TB, malaria, and NTDs.

In order to address the growing burden of NCDs, WHO will engage in high-level leadership and community action through advocacy and health promotion for the prevention of risk factors for such diseases.

Partnerships will be strengthened and expanded to support the Ministry of Health to deliver quality health care at all levels.

WHO will provide guidance to improve the availability and affordability of medicines and health products, minimize antimicrobial resistance, and assist the national medicines regulatory authorities to ensure the circulation of good quality, efficacious and safe medicines in the country.

WHO will continue advocating for social protection and universal health insurance programmes, and subsidized health services for public and private health facilities alike.

On human resources for health, WHO will provide strategic guidance through the Workload Indicator of Staffing Needs (WISN) to assist the Ministry in ensuring the proper management, production and planning of human resources for health.

Figure 10: WHO Country Office policy actions

Reaching everyone everywhere is one of three main WHO priorities. The Country Office will support policy actions to improve the health and well-being of populations and reduce inequalities. This will help strengthen health systems through the following ways:

3 Revitalization of primary health care:

- Supporting fair and sustainable health financing
- Improving health planning, budget execution monitoring and reviews
- Building capacity of management teams

2 Support for policy actions:

- Improving health and well-being of populations
- Reducing inequalities through health systems strengthening

1 People-centred interventions:

- Engaging and empowering people and communities
- Strengthening governance and accountability
- Reorienting the model of care
- Coordinating services within and across sectors
- Creating an enabling environment

4 Information to Ministry of Health and partners:

- For early detection
- For appropriate treatment
- For adherence to protocols for communicable and noncommunicable diseases
- Engaging in high-level leadership and community action
- Promotion for prevention of disease risk factors

5 Provision of guidance:

- On availability and affordability of medicines and health products
- On minimizing antimicrobial resistance
- On ensuring circulation of good quality, efficacious and safe medicines

6 Advocacy for:

- Social protection and universal health insurance programmes
- Subsidized health services for public and private health facilities alike





2

Putting Mothers and Children First

“ Giving birth is never a punishment; it’s a noble duty. We should collectively say ‘no more’ to maternal and child deaths. It is about time we act. It is enough.”

Hon. Samia Suluhu, Vice-President,
United Republic of Tanzania

In the United Republic of Tanzania, women and children constitute almost two thirds of the population. Since then, the Government has put much effort into addressing the burden of maternal and child mortality (see Figure 11).

While WHO has supported the country to achieve high immunization coverage and it continues to make tremendous progress in terms of access to immunization, two in 10 Tanzanian children still lack access to the life-saving vaccines recommended by the Ministry of Health.

The coexistence of undernutrition and overweight, obesity or diet-related NCDs is a real growing challenge for the United Republic of Tanzania. The hard-won gains of improved health and wellbeing could be lost if this burden persists within individuals, households, and populations.

The Government has identified the reduction of maternal, newborn, and child deaths among its top priorities.

The Government of the United Republic of Tanzania, both mainland and Zanzibar, developed and prioritized the national strategy (One Plan) to direct and align investments to enhance the quality of service delivery for mothers, children, and adolescents at all levels (see Figure 12).

Better maternal and child health indicators are the litmus test of a resilient and robust health system. Therefore, the outcome of putting mothers and children first will be truly reflected in improved survival and health of mothers and children. WHO will support reaching every mother and child, with effective interventions anchored in strong health systems.

WHO will work with the Government of the United Republic of Tanzania, in collaboration with other partners, particularly UNICEF and UNFPA, to scale up existing strategies, provide evidence-based programmatic guidance, support training of health workers and improve data generation and use.

Figure 11: 2015/2016 Demographic and Health Survey

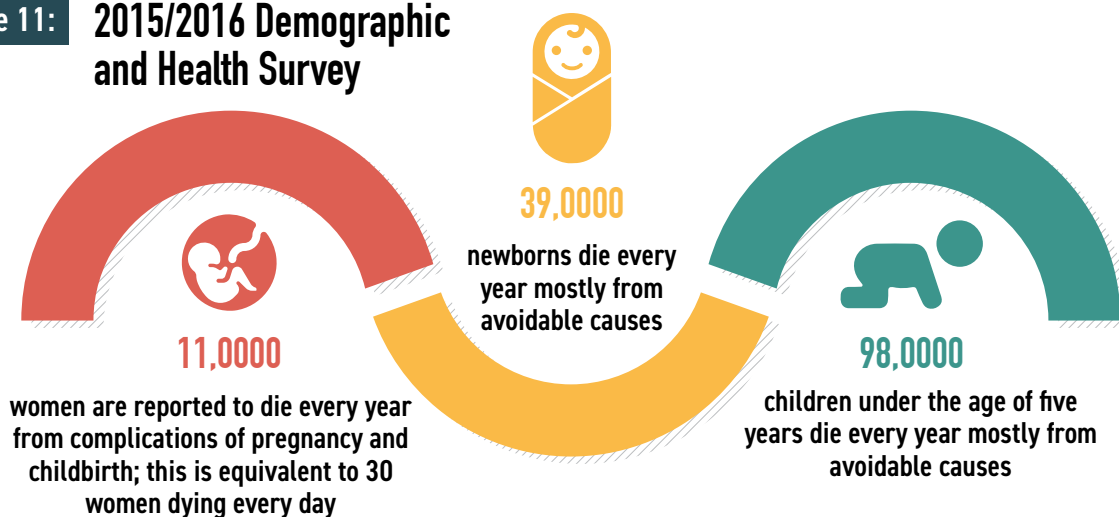


Figure 12: The 2020–2021 investment needs

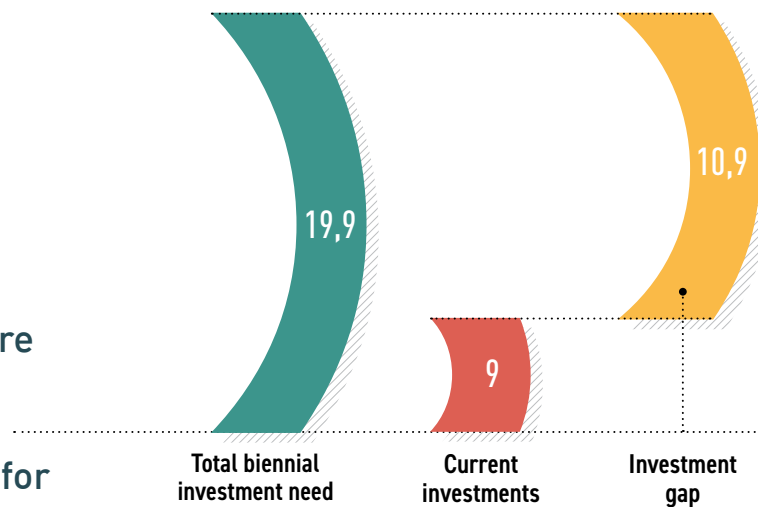
Putting mothers and children first
Millions of \$USD
average annual

“Our health care services are free to all and especially, no woman and child should die because they cannot afford to pay for services.”

The President of Zanzibar on Zanzibar Revolution Day, 2017

To improve quality of care for mothers, children and adolescents, WHO will work to support the Government to enhance the skills and knowledge of health workers, including in life saving skills, and ensure the availability of essential medicines, equipment, supplies including family planning commodities. WHO will support the functioning of the comprehensive emergency obstetric care services, including Caesarean Sections, by implementing quality improvement approaches. In addition, preservice training institutions will be supported, to incorporate evidence-based WHO standards and procedures into their training curricula.

WHO will support the strengthening of accountability mechanisms at all levels for maternal, newborn, and child deaths through maternal and perinatal deaths surveillance and response (MPDSR). WHO will



collaborate with UNICEF, and through the “Health in All” approach, contribute to strengthening the Civil and Vital Registration System (CVRS) as part of the overall accountability mechanism.

WHO will also work with other partners to sustain achievements and improve immunization coverage so that every child is reached. Another priority is to sustain polio-free status and support elimination of maternal and neonatal tetanus. This will be achieved by strengthening outbreak preparedness and response for vaccine-preventable and other notifiable diseases.

WHO’s support will also focus on enhancing interventions aimed at achieving optimal-quality antenatal care and nutrition during the first 1000 days (during pregnancy and until two years of age) (see Figure 13).

Figure 13: Interventions for mothers and children

WHO is enhancing interventions aimed at achieving optimal-quality care and nutrition during adolescence, pregnancy, delivery, after delivery and until two years of age.



A man and a woman in white uniforms stand in front of a building. The man is on the left, wearing a white short-sleeved shirt and white trousers, with a blue lanyard and an ID badge. The woman is on the right, wearing a white short-sleeved dress, also with a blue lanyard and an ID badge. They are both smiling. In the background, there are posters on the wall, one of which has the text 'wangu' and 'HONA DAREZI...'.

3

Protecting People Everyday

“ We have a role to understand, assess and manage risk as an essential aspect of preventing future disasters and limiting their costs and consequences for communities.”

Alvaro Rodriguez, UN Resident Coordinator,
United Republic of Tanzania

Public health events such as disease outbreaks, and man made and natural disasters are becoming common in recent times, with their attendant effects on lives, livelihoods, infrastructure, and other social and economic impacts.

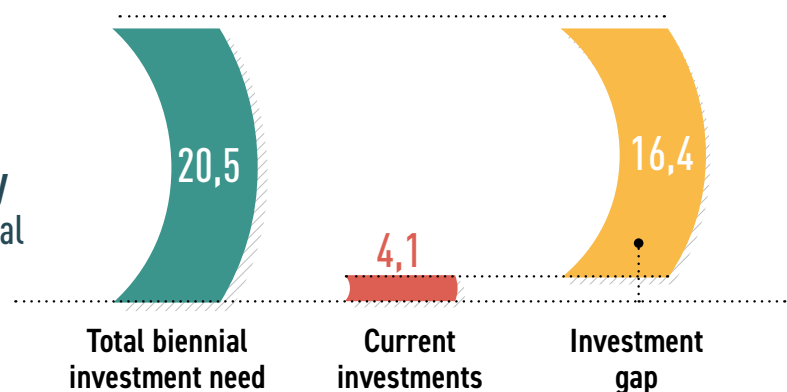
The rapid spread of cholera in 24 out of 26 regions between 2015 and 2019, put the entire population of over 50 million Tanzanians at risk. Similarly, the ongoing spread of Ebola virus disease in the eastern part of the Democratic Republic of Congo exposes five regions (Kigoma, Kagera, Katavi, Rukwa and Tabora) with a total population of over 3 million at risk of the

deadly virus. Several pockets of anthrax, aflatoxicosis, dengue fever, avian influenza, and measles outbreaks have also been reported in the last few years.

In implementing the International Health Regulations (IHR, 2005), the country is progressively putting up structures to support outbreak preparedness, detection, and response under the coordination of the Prime Minister's Office (see Figure 15).

Each year, the country conducts assessments on capacities for detection, notification and reporting of events, and response to public health risks and emergencies, using the "WHO Self Evaluation"

Figure 14: **The 2020–2021 investment needs**
Protecting people everyday
Millions of \$USD average annual



“ Successful implementation of the NAPHS will contribute significantly to the overall goal of improving national, regional and global health security. We call upon other government departments, and development partners, civil society, private sector and the Tanzanian community to join us in implementation ...”

Hon. Kassim Majaliwa (MP) Prime Minister

tool. These reports, together with Joint External Evaluations (done after every four to five years), have been useful in identifying gaps and planning for actions to build a more resilient system (see Figure 16). The experience gained in the IHR implementation has led the country to develop a comprehensive National Action Plan for Health Security (NAPHS 2017–2021).

WHO will support the Government, in collaboration with partners, to enhance the capacity of the country to increase detection and management of all hazards and health emergencies. The key areas of focus will be:

Effective coordination and communication for preparedness and response in leading the development of specific hazard plans, in line with the global strategies, using a well-established National Public Health Emergency Operations Centre (PHEOC) and subnational PHEOC hubs

Strengthening and sustaining national capacity to promptly respond and recover from the negative effects of outbreaks, pandemics and other health emergencies by identifying gaps and weaknesses in health security.

Providing leadership and technical support to build IHR core capacities to respond to natural and biological hazards.

Promoting intersectoral and multisectorial collaboration to address critical gaps in preparedness for health emergencies, including laboratory testing; reactive vaccinations; infection control; community and event based surveillance; contact tracing; disease monitoring; risk communications; and logistics management.

Coordinating and facilitating assessments and mapping of high-risk areas on high-threat infectious diseases to support a timely review of plans for preparedness and response, **including promoting quality monitoring and reporting** of emergency preparedness actions, in line with national defined frameworks.

Figure 15: One Health approach involves collaboration across disciplines and sectors

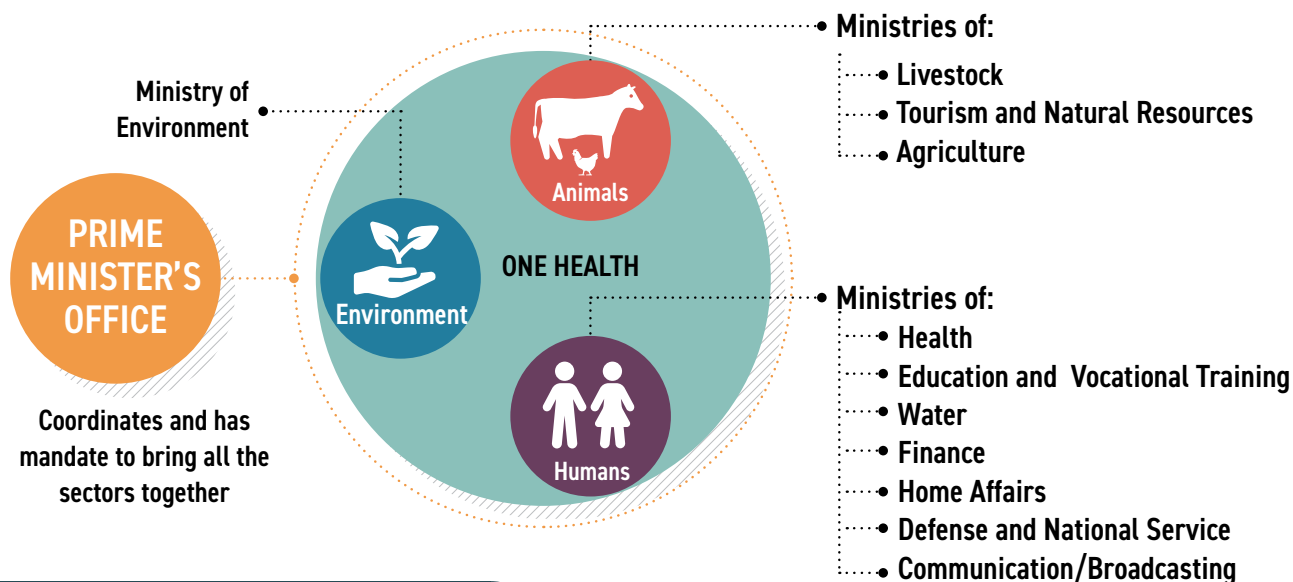
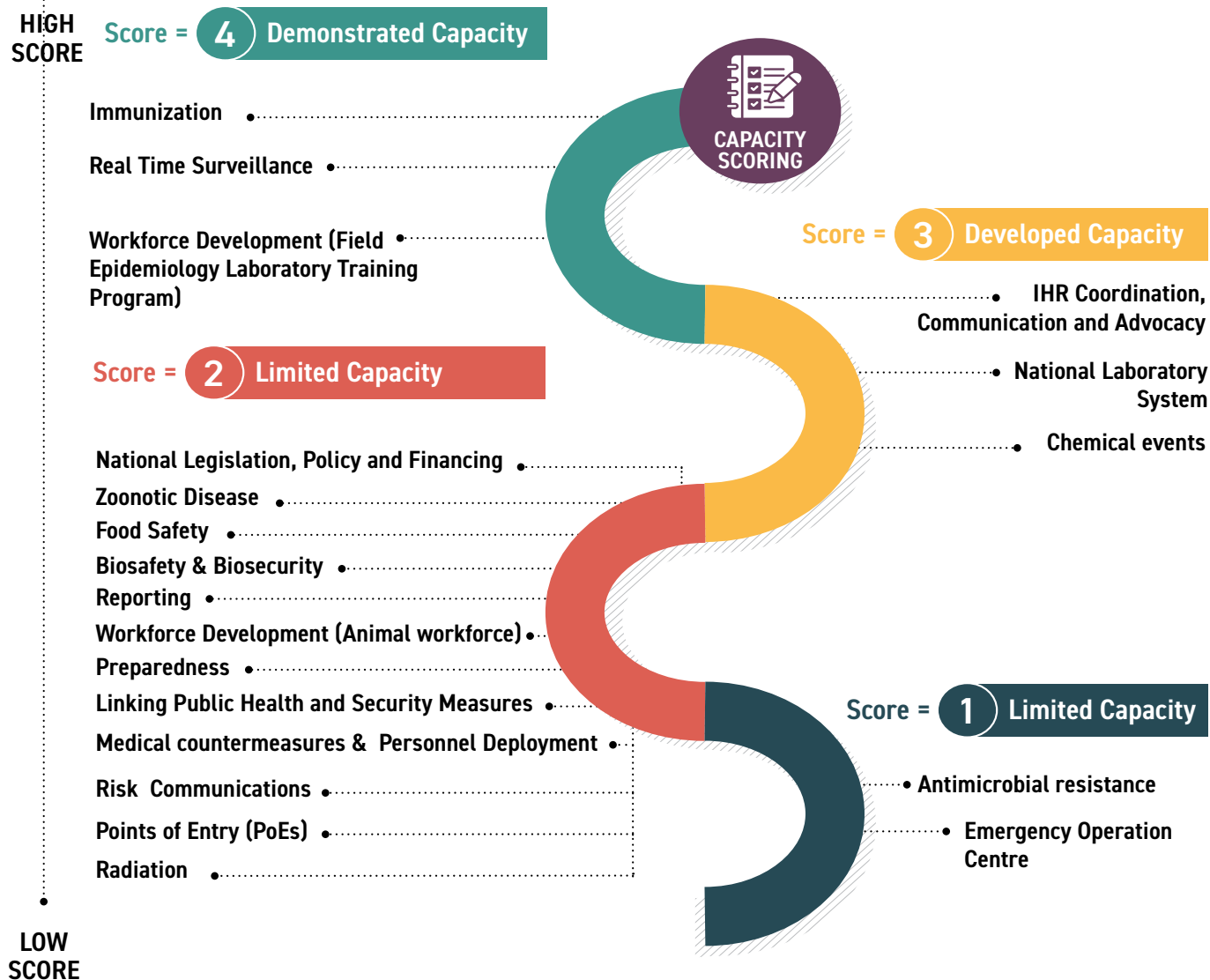


Figure 16: Capacity scores from the JEE 2017





4

WHO's Contribution in Cross-Cutting Issues

“ The return on investment from implementing this plan is envisaged to contribute to the triple billion goal of the GPW 13 and ultimately the 2030 Agenda for Sustainable Development, which views health as vital for the future of our world.”

Enhancing delivery through strategic partnerships for health, equity and human rights

HO will continue to coordinate all health partners, including health development partners, civil society organizations, nongovernmental organizations and the private sector, by creating a forum to communicate strategically on technical issues that need their attention, common understanding, and where applicable, joint advocacy at a higher level, with national authorities, for improving the health and wellbeing of Tanzanians. Playing its brokering role, WHO will ensure that issues of common interest are well communicated and agreed upon between Government and partners.

WHO will continue to complement Government's efforts in strengthening the country's capacity to generate credible data, information, and evidence to guide interventions, ensure accountability, high impact and efficient use of resources (see Figure 19).

To ensure better health for all, WHO will work with partners to advocate for policies and programmes that address disparities caused by gender inequalities, inequities and lack of human rights-based approaches.

This entails addressing the issues of multiple data collection systems and tools from one source point, poor data quality, poor data completeness, poor data analysis and information generation, and absence of data triangulation.

Building on achievements in collaborative work, WHO will engage non-State actors and sectors outside health in promoting policies that address important health risks related to lifestyle and the environment. Through that engagement, WHO will strengthen the capacity of Government officials, regulators, policymakers and civil society to understand, develop and implement (as appropriate) policies and regulatory measures related to the reduction of tobacco use, road traffic injuries, unhealthy diet, and physical inactivity and gender based violence.

Through health promotion, communities will be empowered with knowledge, skills and information to make healthy choices. WHO will provide evidence-based guidance and tools to inform the design and implementation of community-based interventions. To foster community ownership and ensure sustainability, WHO will build the capacity of existing community resource persons and structures through information sharing and dialogues.

Figure 17: The 2020–2021 investment needs

More effective and efficient WHO
Millions of \$USD average annual

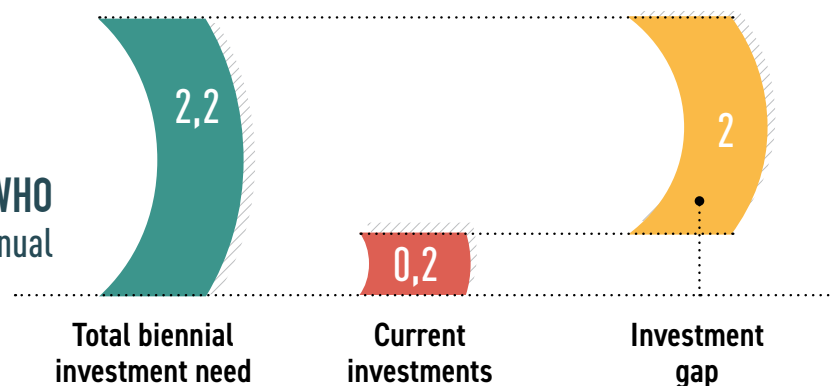
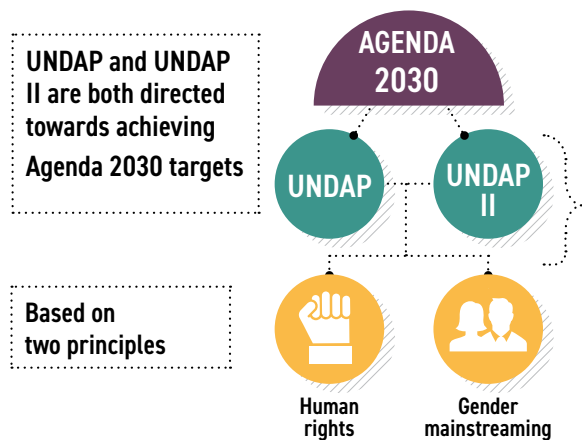
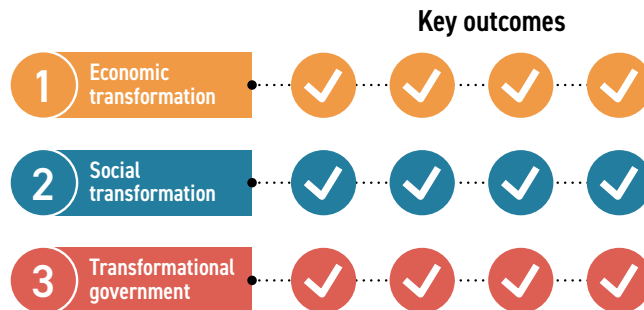


Figure 18: UNDAF framework



Key outcomes for each priority area enable UN Agencies to jointly implement the plans without inefficiencies and overlaps.

The plans focus on three strategic priorities



Aligning with UN reforms/UNDAF

WHO’s commitment to the UN reforms is undisputable. The UN reforms provide a platform for the achievement of the SDGs. The SDGs recognize health as a key aspect of the global development agenda. The UN reform process provides an opportunity to put health on the political agenda and at the centre of the system’s work at the country level. WHO will use the platform to achieve health and health-related SDGs.

It will continue to engage in all policy dialogues at the country level and support collective accountability and transparency of the United Nations Country Management Team (UNCMT) to the host Government.

It will work towards the harmonization and alignment of its support for efficiency and effectiveness by participating effectively in the United Nations Development Assistance Programme (UNDAF). WHO will also exercise its constitutional mandate of directing and coordinating authority on health. This will be accomplished through continued participation in joint planning, implementation and monitoring of the United

Nations Development Assistance Plan II (UNDAF II), 2016-2020, and other strategic documents, including the UN-led Kigoma and Zanzibar joint programmes (see Figure 18).

The normative functions will be pursued to support Member States and to ensure that WHO becomes the voice of health, so as to underpin UN support of the health sector at the country level. Timely and accurate information will be provided to the United Nations Resident Coordinator when a familiar voice is required from the UN on health-related matters.

WHO will play a coordinating and convening role in health matters by sharing health information and promoting health through active engagement in high-level discussions with UNCMT to ensure that informed policy decisions are taken and agencies integrated.

WHO reaches out beyond the Ministry of Health

The World Health Organization strongly believes that there are many building blocks to achieving a healthier nation. Traditionally, the health sector has taken care

of health, despite the fact that the burden of disease is mostly related to the conditions in which people are born, grow, live, work, and age. These social determinants of health, however, go beyond the realm of the health sector. The engagement of other public sectors is therefore needed to effectively address the social determinants of health as the underlying causes of health insecurity, disease outbreaks, antimicrobial resistance and noncommunicable diseases.

WHO will play a leadership role in convening key sectors to foster a Health in All Policies (HiAP) approach to improve health. This policy approach addresses the social factors that influence health, but reside outside the health system and within policy sectors other than health. WHO will build on established intersectoral collaboration and engender partnerships to tackle challenges related to education, drinking water, working conditions, the physical environment, social context, and individual behaviours. Key non-health sectors and other actors such as training institutions, civil society, private sector, development partners, non-State entities and UN agencies will be engaged in a more systematic manner through established

multisector coordination mechanisms and plans. Such action on social determinants is envisaged to improve health, contribute to achieving the triple billion target, and ensure that no one is left behind.

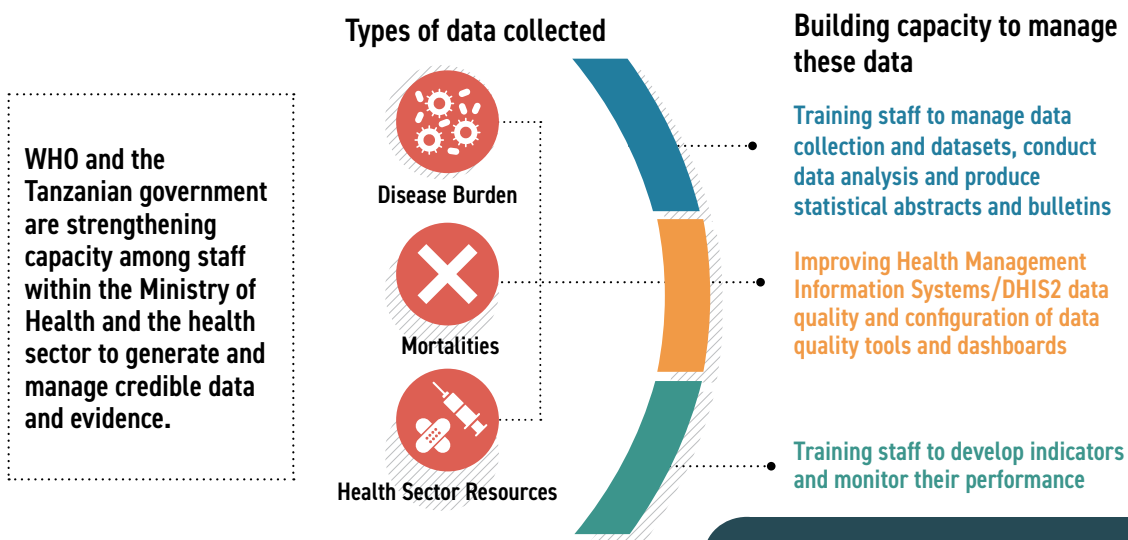
Value for money

WHO United Republic of Tanzania is embracing the value for money approach to ensure that effective, efficient and economical use of resources is achieved through the evaluation of relevant costs and benefits, in addition to the assessment of risks and encouraging competition that ensures a fair and transparent process (see Figure 17).

WHO's well-established procurement framework ensures the highest standards through supplier prequalification, technical evaluations, and quality control by sampling, testing and monitoring.

To the extent possible, 'One UN' negotiated long-term agreements are used for obtaining routine services. This collective bargaining power ensures the lowest cost possible for the highest quality on the local market.

Figure 19: Strengthening capacity for data management



As much as possible, Government venues will host capacity building workshops organized by WHO. Participants will be paid travel allowances that are in line with the Government's austerity measures.

Risk assessment and due diligence of proposed non-State actors or Government is a mandatory requirement. All implementing partners, including Government, undergo an assessment of internal control systems before fund disbursement. Assurance activities by WHO staff during programme implementation include onsite visits and spot checks of activities.

On completion of the activity, the head of the WHO Country Office reviews and certifies the technical and financial report as confirmation that the activities were carried out and the planned outputs achieved according to the agreement with the implementing partner. Furthermore, there is a post-activity review of all supporting documents and accounting entries.

How much do we need?

There is much work to be done to deliver on the three strategic areas and drive impact in the United Republic

of Tanzania. WHO will need stable, predictable, and flexible funding to be able to implement this ambitious plan for 2020–2021 and even beyond, for the 2030 Agenda for Sustainable Development. Specifically, WHO needs: US\$ \$10,093,816 to reach everyone everywhere; US\$ \$10,956,183 to achieve better health for mothers and children; and US\$ \$16,447,660 to protect people every day. All this will be made possible through strong public-private partnerships and collective effort by Government, partners and donors (see Figure 20).

How will WHO measure its impact?

WHO is finalizing the development of the GPW13 Results Framework in close collaboration with Member States, and for the first time, with National Statistical Offices, to ensure robustness and feasibility of the monitoring system. The results framework will measure the joint efforts of WHO, Member States and partners to achieve the GPW 13 targets and Sustainable Development Goals. The WHO Country Office will apply this measurement framework at impact, outcome and output level. At the same time, the WHO Region for Africa has developed an additional set of indicators to track the progress of country offices in the realization of health gains at output level (see Figure 21).

Figure 20: How much do we need?

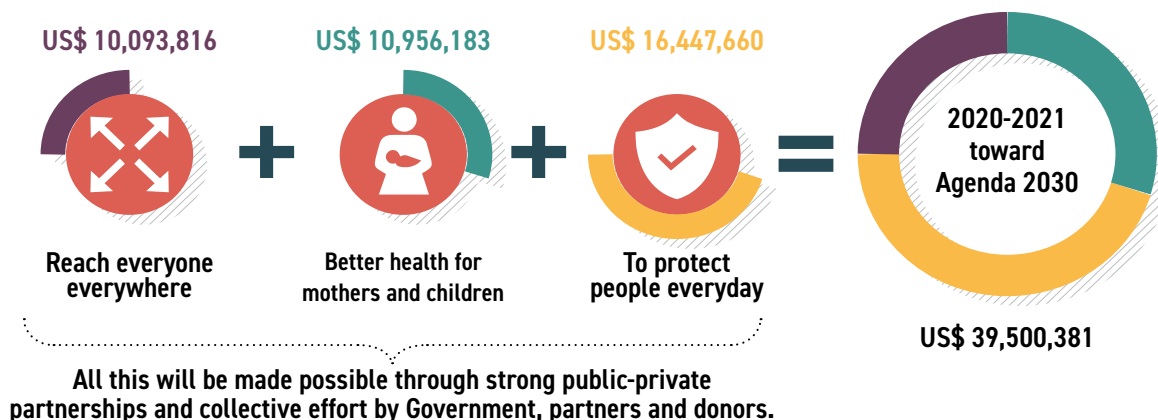
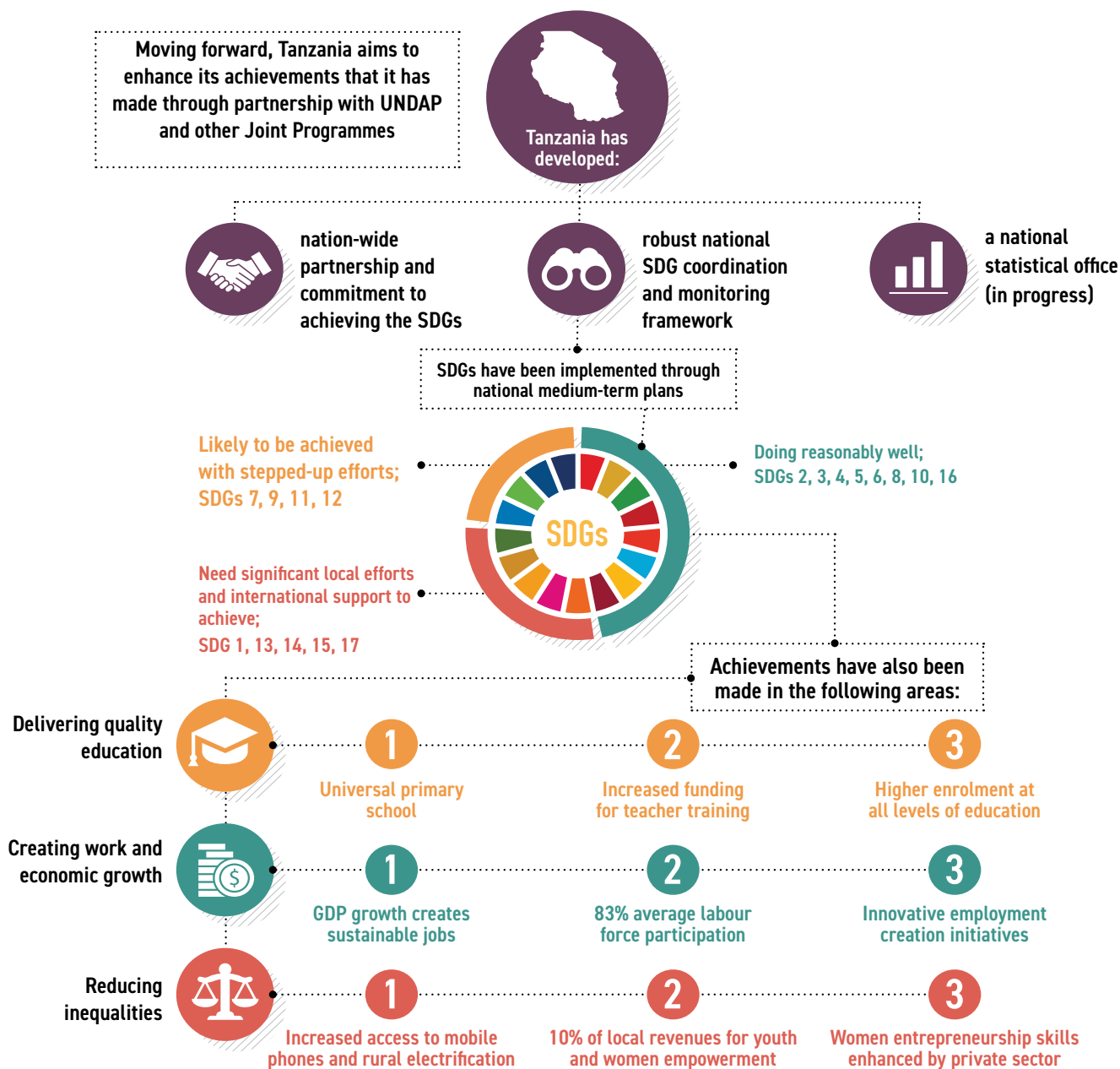


Figure 21: Tanzania's key achievements from participating with UNDP



Conclusion

Despite the significant strides made by the country in health, challenges do remain in addressing the double burden of communicable and non-communicable diseases and ensuring that people have access to health services without incurring financial hardship. The number of women who die from pregnancy-related deaths and children who die from preventable causes is still unacceptably high. The country is also facing threats from health emergencies and the emergence of antimicrobial resistance.

As a unique science and evidence-based organization that sets globally applicable norms and standards, WHO is relevant and vital in addressing these current complex public health challenges. This investment case has set out the strategic direction for the WHO Country Office for the next two years and

serves as the basis for resource mobilization. It is structured around three interconnected pillars to ensure healthy lives and wellbeing for all at all ages, reaching everyone everywhere, putting mothers and children first and protecting people every day.

The return on investment from implementing this plan is envisaged to contribute to the triple billion goal of the GPW 13 and ultimately the 2030 Agenda for Sustainable Development, which views health as vital for the future of our world.

ANNEX: Budget & KPI

Table 1: Tanzania WHO Country Office Budget

WHO Country Office Budget	Activity Budget	HR Budget	Total Budget	Available Amount	Resources Required
Reaching Everyone Everywhere	\$8,690,705	\$3,929,003	\$12,619,708	\$2,525,892	\$10,093,816
Protecting People Everyday	\$19,363,832	\$1,269,966	\$20,550,298	\$4,102,638	\$16,447,660
Putting Mothers & Children First	\$19,136,740	\$840,000	\$19,976,740	\$9,020,557	\$10,956,183
More Effective & Efficient WHO	\$827,222	\$1,449,000	\$2,276,222	\$273,500	\$2,002,722
GRAND TOTAL	\$48,018,499	\$7,487,969	\$55,422,968	\$15,922,587	\$39,500,381

Table 2: Budget for Reaching Everyone Everywhere

GPW Outcome	Output Statement	Key Actions	Activity Budget	HR Budget	Total Budget	Available Amount	Resources Required
Improved access to quality essential health services	Early detection, appropriate treatment and adherence to protocols for communicable and noncommunicable diseases provided	Conduct Programme reviews for HIV, HEP, TB, MAL, NTDs and NCDs	\$3,106,970	\$1,330,003	\$4,436,973	\$835,288	\$3,601,686
		Enhance capacity and skills of health workers to deliver integrated/comprehensive and intergrated health services					
		Conduct operational research for evidence-based disease specific programming					
		Support proposal development for resource mobilization through GF, PEPFAR, ESPEN, GAVI, SSCAF initiatives					

ANNEX

GPW Outcome	Output Statement	Key Actions	Activity Budget	HR Budget	Total Budget	Available Amount	Resources Required
Risk factors reduced through multi-sectoral action	NCDs risk factors reduced	Advocate for policies, laws and regulations addressing risk factors for violence and injuries	\$250,000	\$210,000	\$460,000	\$50,000	\$410,000
		Support adoption and implementation of technical packages to promote health diets and physical activity	\$800,000	\$150,000	\$950,000	\$450,000	\$500,000
Determinants of health addressed	Environmental determinants of health, including climate change are addressed	Promote implementation of national guidance on water quality monitoring and water safety planning	\$400,000	\$100,000	\$500,000	\$250,000	\$250,000
		Facilitate implementation of National Health Sector Adaption Plan to protect health from the impacts of climate change					
Healthy settings and Health in All Policies promoted	Health determinants and cross-cutting issues across sectors addressed	Build national capacity for mainstreaming gender and human rights in health programming	\$250,000	\$210,000	\$460,000	\$12,610	\$447,391
		Non-health sector policies reviewed and interventions undertaken to address social determinants of health					
Reduced number of people suffering financial hardships	Equitable health financing strategies and reforms to sustain progress towards universal health coverage developed	Support the Government to develop and implement policies to increase coverage of pre-payment mechanisms for basic health services to at least 50 percent	\$907,867	\$210,000	\$1,117,867	\$284,708	\$833,159
		Provide evidence on the use of public resources to the health sector					
		Provide technical support towards efficient and effective use of resources for health					
Improved access to quality essential health services	Health sector workforce strengthened	HRH tools and guidelines developed and implemented	\$400,000	\$600,000	\$1,351,868	\$50,000	\$950,000

GPW Outcome	Output Statement	Key Actions	Activity Budget	HR Budget	Total Budget	Available Amount	Resources Required
Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	Medicines and health products supply systems, and regulatory authorities strengthened to ensure the availability of affordable, good quality medicines as well as control of antimicrobial resistance	Contribute to formulation of policies and strategies on medicines, innovation and health technology	\$1,141,868	\$210,000	\$1,000,000	\$200,000	\$1,151,868
		Guidance on local production and supply chain systems for essential medicines, vaccines, diagnostics and devices provided					
		Guidance and tools developed/ reviewed to improve rational use of medicines to prevent antimicrobial resistance					
		Guidance and tools to improve traditional medicine practice developed					
Strengthened country capacity in data and innovation	Capacity to generate and use credible data, information, and evidence strengthened	Policies, Strategies, plans and guidelines for HIS and M&E developed/reviewed.	\$1,340,000	\$210,000	\$1,550,000	\$300,000	\$1,250,000
		Strengthened capacity for development of health information products and statistical analysis of health data					
		Strengthened National CRVS and Cause of Death Reporting					
SUMMARY			\$8,690,705	\$3,929,003	\$12,619,708	\$2,525,892	\$10,093,816

Table 3: Budget for Protecting People Everyday

GPW Outcome	Output Statement	Key Actions	Activity Budget	HR Budget	Total Budget	Available Amount	Resources Required
Countries prepared for health emergencies	Country health emergency preparedness strengthened	Support implementation of National Action Plan for health security to enhance preparedness and achieve demonstrated IHR core capacities	\$2,586,339	\$260,000	\$2,846,339	\$610,000	\$2,236,339
		Support implementation of IHR monitoring framework through Simulation exercises, After action reviews and internal evaluation	\$1,519,362		\$1,519,362	\$490,000	\$1,029,362
Epidemics and pandemics prevented	Emergence of high-threat infectious hazards prevented	Research institutions supported to design and deploy artificial intelligence and novel analytical techniques for epidemic forecasting"	\$1,354,000	\$604,966	\$1,958,966	\$358,667	\$1,600,299
		Strengthen laboratories capacity to detect emerging and re emerging diseases and conditions	\$350,000	\$260,000	\$610,000	\$310,000	\$300,000
		Developing or reviewing preparedness and response plans, protocols and SOPs for priority conditions	\$1,169,362		\$1,169,362	\$560,000	\$609,362
Health emergencies rapidly detected and responded to	Health emergencies rapidly detected and responded to	Strengthen Community based and Event-based surveillance systems and response capacities for all hazards at all levels	\$1,050,000	\$145,000	\$1,195,000	\$264,971	\$930,029
		Conduct Readiness Assessment, mentorship and supportive supervision for tracking EVD preparedness	\$1,767,637		\$1,767,637	\$155,000	\$1,612,637
		Build capacity for Infection Prevention & Control and Case Management teams for Frontline health workers	\$2,615,000		\$2,615,000	\$487,000	\$2,128,000

GPW Outcome	Output Statement	Key Actions	Activity Budget	HR Budget	Total Budget	Available Amount	Resources Required
		Enhance Point of Entry Surveillance and development of a laboratory strategy for response for public and private health facilities	\$2,732,632		\$2,732,632	\$389,000	\$2,343,632
		Conducting sensitization sessions on EVD for influential leaders, existing NGOs/CSOs and local media networks in 2 high-risk regions	\$2,765,000		\$2,765,000	\$167,000	\$2,598,000
		Logistics & Supplies Strengthened including procurement of PPE and mobile ETU	\$1,351,000		\$1,351,000	\$291,000	\$1,060,000
		Vaccination team microplanning, Fees for ERC and TMDA, Field assessments, Training on GCP and Vaccination Research & Development (3); R & D activities (3.1)	\$103,500		\$20,000	\$20,000	\$83,500
SUMMARY			\$19,363,832	\$1,269,966	\$20,550,298	\$4,102,638	\$16,531,160

Table 4: Budget for Putting Mothers and Children First

GPW Outcome	Output Statement	Key Actions	Activity Budget	HR Budget	Total Budget	Available Resources	Resources Required
Improved access to quality health services	Health systems to deliver on condition- and disease-specific service coverage results strengthened	Build Capacity for supporting care for Mothers, New-borns, Children and Adolescents at national level and in selected regions	\$8,436,740		\$8,436,740	\$3,800,000	\$4,636,740
	High-quality, people-centred health services, tools and strategic information provided	Strengthen national capacity to improve Quality of care for maternal and newborn health in selected regions					
Determinants of Health addressed	Health systems to address population-specific health needs and barriers to equity across the life course strengthened	Strengthen Maternal and perinatal death surveillance and response and Pediatric clinical audits in selected regions	\$10,700,000	\$840,000	\$11,540,000	\$5,220,557	\$6,319,443
		Maintain DPT 3 national immunization coverage at national level and a coverage of above 80% in 90% of districts					
		Achieving a measles incidence of less than one					
		Strengthening Acute Flaccid Paralysis surveillance and polio laboratory containment					
	Address social determinants of health across the life course	Nutrition guidelines and tools developed/reviewed in line with WHO standards					
Build capacity of health care providers at subnational level to deliver effective nutrition actions							
SUMMARY			\$19,136,740	\$840,000	\$19,976,740	\$9,020,557	\$10,956,183

Table 5: Budget for More Effective & Efficient WHO

GPW Outcome	Key Actions	Activity Budget	HR Budget	Total Budget	Available Amount	Resources Required
Strengthened WHO leadership, governance, and advocacy for health	Strengthen collaboration between government, multilateral organizations and other development partners in support of national efforts to achieve health-related SDGs	\$10,000	\$530,000	\$540,000	\$145,000	\$395,000
More effective and efficient WHO better supporting countries	Implement the control framework in accordance with Best Value for Money principle	\$817,222	\$919,000	\$1,736,222	\$128,500	\$1,607,722
	Ensure financial oversight of all activities of the country office					
	Comprehensive risk management and internal control frameworks adopted					
SUMMARY		\$827,222	\$1,449,000	\$2,276,222	\$273,500	\$2,002,722

Table 6: How will we measure our impact?

WHO Country Office priority	Programme Area	KPI
Reaching everyone everywhere	Communicable disease	Percentage of targeted population attaining condition- and disease-specific service coverage results.
	HRH, Essential Medicines and Supplies	Percentage of targeted health workforce in unserved and under-served areas are better able to deliver comprehensive essential service packages
		Percentage of targeted health facilities that did not experience stock-out of essential medical products.
	National health policies, strategies and plans	Percentage of targeted population benefiting from health financing strategies that are efficient, equitable and are aligned to UHC principles.
	Person-centred integrated health services	Percentage of targeted population that received or receiving comprehensive essential service packages according to the national quality standards
Non-communicable diseases	Percentage of targeted population that have implemented the best/good buys reflected in their national multisectoral action plan.	
Putting mothers and children first	Quality of Care for Maternal and New born Care	Percentage of targeted sub national areas where the RMNCAH scorecard indicators are at least at an acceptable level (according to standards or criteria set)
	Nutrition	Percentage of targeted children under 5 who receive priority interventions to prevent stunting, wasting and over-weight
	Vaccine-preventable diseases	Percentage of targeted newborns, children and adolescents among vulnerable groups who accessed immunisation services (90% coverage of third dose of penta) according to the national guidelines
Protecting people everyday	Country health emergency preparedness and the international health regulations (2005)	Percentage of subnational areas implementing IDSR (indicator, event-based and community surveillance) in alignment with IHR benchmark
		Percentage of targeted sub national areas where risks mitigations are carried out against high-risk health hazards (e.g. cholera, meningococcal meningitis, pandemic influenza).
	Emergency operations	Percentage of potential public health emergencies with risks assessed and communicated
		Percentage of acute health events responded to in accordance to the Emergency Response Framework performance standards



**World Health
Organization**

Tanzania

P.O.Box 9292, Luthuli Road

Dar es Salaam, United Republic of Tanzania

Office: +255 22 2113005

Tel: 255 22 2113005/2111718

Website: <http://www.afro.who.int/countries/ united-republic-tanzania>