Country Cooperation Strategy United Republic of Tanzania

2022–2027

UHURU NA UMOJA

World Health Organization

Tanzania

Country Cooperation Strategy: 2022–2027

United Republic of Tanzania

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Abbreviations

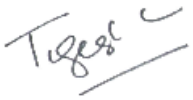
ART	Antiretroviral Therapy
CCS	Country Cooperation Strategy
COVID-19	Coronavirus Disease 2019
DHIS2	District Health Information Software 2
DPG-H	Development Partners Group for Health
GBD	Global Burden Of Disease
GPW 13	WHO's Thirteenth General Programme of Work, 2019–2023
HMIS	Health Management Information System
GRB	Gender Responsive Budgeting
HRH	Human Resources For Health
HSSP	Health Sector Strategic Plan
IHR (2005)	International Health Regulations (2005)
eLMIS	Electronic Logistics Management Information System
NACP	National AIDS Control Programme
NTDs	Neglected Tropical Diseases
NTLP	National Tuberculosis and Leprosy Programme
RMNCAH	Reproductive, Maternal, Newborn, Child And Adolescent Health
SARS	Severe Acute Respiratory Syndrome
SDGs	Sustainable Development Goals
SARA	Service Availability And Readiness Assessment
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
UHC	Universal Health Coverage
UN	United Nations
UNEG	United Nations Evaluation Group
UNSDCF	United Nations Sustainable Development Cooperation Framework
VPDs	Vaccine-Preventable Diseases
WHO	World Health Organization

Signing of the Country Cooperation Strategy 2022–2027

The signing of this Country Cooperation Strategy 2022–2027 reaffirms the strength of the relationship between the United Republic of Tanzania and the World Health Organization (WHO) as a part of the wider United Nations system.

It advances WHO's long history of collaboration with the United Republic of Tanzania and underscores their mutual commitment to work together towards agreed priorities of greater importance as envisioned in the Health Sector Strategic Plan V (2021–2026) and the Sustainable Development Goals (SDGs).

In line with the strategic priorities of WHO's Thirteenth General Programme of Work 2019–2023 (GPW 13), the strategy emphasizes the need for coherence and coordination at all levels of the Organization when working with the United Republic of Tanzania in order to foster the achievement of the national health goals and SDG priorities to their full extent.



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WHO Country Representative, United Republic of Tanzania

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Ministry of Health, United Republic of Tanzania

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Regional Director, WHO Regional Office for Africa

Message from the WHO Representative to United Republic of Tanzania

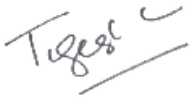
During the implementation of the Health Sector Strategic Plan IV (2015–2020), the United Republic of Tanzania recorded an appreciable reduction in the morbidity and mortality of children. This decline was a clear indication that there was high political will and that the investments made in health were directed to the right priorities. That same commitment is clearly displayed also in the vision, mission, goals and priorities of the current health sector strategic plans of both Mainland Tanzania and Zanzibar. However, the ongoing COVID-19 outbreak that is straining the health system has affected service delivery. Compounding the challenges are the high levels of maternal and neonatal mortality and the rise in noncommunicable diseases, emerging and re-emerging diseases of public health concern and neglected tropical diseases, as well as the unfavourable social determinants of health and climate change. Yet, with the strong partnership that we have developed in the country, together with the unwavering support of the Government, we are optimistic of realizing the ambitious vision of the health sector of leaving no one behind.

Having and maintaining a health system that can provide accessible, affordable, good quality, comprehensive and integrated care for universal health coverage and health equity in line with the 2030 Agenda for Sustainable Development remains a challenge. The Health Sector Strategic Plan V for Mainland Tanzania and the Health Sector Strategic Plan IV for Zanzibar took into account this challenge in framing the priorities and interventions for the coming years.

This Country Cooperation Strategy (CCS) took into consideration the priorities of the country's strategic plans. In addition, it is the outcome of a collaborative effort between the Ministry of Health and WHO, with the involvement of all stakeholders. It is also guided by the priority areas of WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13). As a result, we believe that the implementation of the strategic priorities and interventions set out in this CCS will go a long way in keeping the country on track towards achieving national and global health and health-related targets. To that effect, throughout the CSS implementation period , a monitoring and evaluation mechanism will be deployed to make sure that the interventions are on track.

Having and maintaining a health system that can provide accessible, affordable, good quality, comprehensive and integrated care for universal health coverage and health equity in line with the 2030 Agenda for Sustainable Development remains a challenge.

We look forward to further strengthening our partnership with the Government of the United Republic of Tanzania and all stakeholders through the implementation of this CCS. We are fully convinced that the CCS will create an opportunity to strengthen collaboration with the Government and partners for the realization of the common vision of leaving no one behind.



Dr Tigest Ketsela Mengestu
WHO Representative, United Republic of Tanzania

Message from the Minister of Health, United Republic of Tanzania

Following two decades of sustained growth, the United Republic of Tanzania reached an important milestone in July 2020 when it formally graduated to the status of lower-middle-income country. The Government's investment in health was a factor in the achievement of this milestone.

The United Republic of Tanzania recognizes health as pivotal for development. The health sector has been working to provide sustainable quality health services to the communities. This remains as a mission of the Health Sector Strategic Plan V, 2021–2026 (HSSP V) in making sure that quality health services are accessible to all citizens without financial hardship. As such, the vision of HSSP V is to have a healthy and prosperous society that contributes to the development of the nation. During the last decade, major progress in the health sector was recorded, leading to a continued rise in life expectancy at birth. The contribution of partners like the World Health Organization (WHO) in the realization of the vision, goals and targets set by the Government is indispensable.

This health strategic document highlights the achievements in health and health-related indicators of the Sustainable Development Goals (SDGs), particularly the improvement in reproductive, maternal, newborn, child and adolescent health and control of communicable and noncommunicable diseases. In addition, the country is committed to implementing the International Health Regulations (2005) to prevent, detect, respond to and mitigate the impact of epidemics and pandemics and strengthen the health sector's leadership, governance and accountability.

In implementing the health strategic agenda, the Ministry of Health of each of Mainland Tanzania and Zanzibar will work with partners to intensify result-oriented actions at all levels. We have built a strong nationwide partnership and commitment to implement, monitor, track and report on health-related indicators. This is backed by strong political will, collective ownership, shared responsibilities, integrated planning and supportive legal frameworks.

It is in this context that the Ministry of Health, welcomes the WHO Country Cooperation Strategy (CCS) 2022–2027. The strategic priorities of the CCS are aligned with the national strategic plan and the priorities of WHO's Thirteenth General Programme of Work 2019–2023 (GPW 13). This is a basis for working together with WHO for a shared vision.

I want to congratulate WHO for taking the necessary steps in developing the CCS through a process of in-depth consultation with the Ministry of Health and other line ministries and through the involvement of various stakeholders.

I am confident that the implementation of this CCS will push forward the country's health agenda for better health by promoting equity in access and utilization of quality essential health services for all. I believe that WHO, as the lead agency in health, will guide other stakeholders through the implementation of the strategic priorities of this CCS to make sure that the targets set in HSSP V will bring health and development to the people of the United Republic of Tanzania.

Ummy Ally Mwalimu (MP)
Minister of Health, United Republic of Tanzania

Message from the WHO African Regional Director

The United Republic of Tanzania has recorded notable progress in advancing public health in the country. During the implementation of the last CCS in support of the country's five-year strategic priorities, WHO supported the Ministry of Health of the United Republic of Tanzania in improving the health and well-being of the population. The countrywide reduction in morbidities and mortalities caused by communicable diseases such as malaria, HIV/AIDS, tuberculosis and neglected tropical diseases is a result of this cooperation in addressing the health needs of the community. These achievements are in line with the Transformation Agenda of the WHO Secretariat in the African Region to support Member States in achieving results towards improving the health and well-being of their people.

The change in the dynamics of public health in the world due to the rise in noncommunicable diseases, the ongoing COVID-19 pandemic that has reversed some of the hard-fought gains in health and development, and the impact of climate change put pressure on delivering health services to those who need them the most. This calls for synergy now more than ever in our efforts to address these and many other challenges.

This CCS document, therefore, takes into consideration the various challenges that will potentially hinder progress in moving forward the health sector development goals of the country. It emphasizes the continuation of support by WHO to the Government of the United Republic of Tanzania to achieve its vision of providing high-quality livelihoods to its people, as stated in the overarching development goals of the Tanzania Development Vision 2025 and Zanzibar's Vision 2050. The CCS articulates WHO's support through its three levels towards addressing the country's health needs. Furthermore, the priorities of the CCS are in full agreement with the strategic priorities of the country's Health Sector Strategic Plan V (2021–2026), WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), the Transformation Agenda of the WHO Secretariat in the African Region, and the health and health-related Sustainable Development Goals (SDGs). Through the implementation of the interventions of this CCS, WHO will demonstrate its commitment to supporting the Government of the United Republic of Tanzania in accelerating its effort towards achieving the ambitious SDGs.

The World Health Organization Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO capacities and make its deliverables more responsive to country needs.

I commend the Government of the United Republic of Tanzania for its success in achieving the status of lower-middle-income country as declared in July 2020. There is no doubt that having a healthier and productive nation, which is the ultimate goal of all health interventions, contributed to this remarkable achievement.

I would like to congratulate the Ministry of Health and the WHO Country Office in the United Republic of Tanzania for developing this document, working in consultation with partners to identify how best WHO can support the Government in addressing the health needs of the people of the United Republic of Tanzania.

I would also like to reiterate WHO's full commitment to the successful implementation of this strategic document.

Dr Matshidiso Moeti
Regional Director, WHO Africa Region

Executive summary

This Country Cooperation Strategy (CCS) 2022–2027 is a medium-term strategic document that dictates the partnership of the World Health Organization (WHO) with the government of the United Republic of Tanzania.

The development of the CCS

The development of the CCS was guided by the country's macro policy and strategic documents that included Vision 2050, the Tanzania Health Policy (2007), the fourth Poverty Reduction Strategy, the health sector strategic plans of the two governments, the National Strategy for Gender Development and the Tanzania Country Gender Profile Health Outcomes, as well as the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2027 and the Sustainable Development Goals (SDGs). It also referred to WHO's major reform agenda outlined in its Thirteenth General Programme of Work, 2019–2023 (GPW 13) and the Transformation Agenda of the WHO Secretariat in the African Region, which aims to improve access to universal health coverage, better protect people from health emergencies and improve people's health and well-being.

The United Republic of Tanzania has made remarkable achievements in the past decade in improving the health and well-being of its population through the reduction in morbidity and mortality caused by communicable diseases such as malaria, HIV/AIDS, tuberculosis and neglected tropical diseases (NTDs), and by controlling outbreaks of diseases like cholera. However, there are still challenges in reducing maternal mortality, which stands at 556 per 100 000 live births, and tackling the stagnation of neonatal mortality, which contributes up to 52% of under-five mortality. In addition, noncommunicable diseases (NCDs), including mental health problems, are becoming a double burden and major causes of morbidity and mortality that strain the country's limited human, financial and medicinal resources .

Achievements of The United Republic of Tanzania

The United Republic of Tanzania has made remarkable achievements in the past decade in improving the health and well-being of its population through the reduction in morbidity and mortality caused by communicable diseases such as malaria, HIV/AIDS, tuberculosis and neglected tropical diseases (NTDs), and by controlling outbreaks of diseases like cholera.

CCS seeks to

Strengthen health systems

Protect communities against emergencies

Reduce/control exposure of individuals to risk factors

Improve efficiencies in the health sector

The emergence and re-emergence of epidemics and pandemics like COVID-19 exert additional pressure on the health system and disrupts the economic and social well-being of the Tanzanian population. When resources are diverted from routine health services to address emergencies, access to essential health services by vulnerable populations is limited. In addition, the economic stress on families due to outbreaks puts children, and in particular girls, at greater risk of exploitation, child labour and gender-based violence. The implementation of this CCS will support the Government's effort to address these challenges in the health system.

This CCS identified four strategic priorities:

- Strengthen health systems to ensure universal access to quality reproductive, maternal, new born, child and adolescent health (RMNCAH) and other essential health services.
- Protect communities against emergencies of infectious diseases and other public health events.
- Reduce/control exposure of individuals to risk factors that threaten their health and well-being.
- Improve efficiencies in the health sector through better, equitable health governance, leadership and accountability.

These strategic priorities and their associated interventions are designed to support the Ministry of Health in addressing the challenges and staying on track in the achievement of the health and health-related SDGs.

The biennium plans and the country support plan will be used to operationalize this CCS in line with the WHO core functions. A monitoring and evaluation framework will be used to monitor this CCS every year and evaluate it at the mid-term point and at its end. This will help to:

- Re-evaluate, update and adjust any necessary aspect of the strategy and identify gaps in a timely manner to guide its implementation to achieve its priority targets.
- Systematically document all the monitoring and evaluation results to use in future strategy development agendas.
- Assess the effectiveness, efficiency, potential for sustainability and quality of WHO's work towards improving equitable health outcomes for the population of the United Republic of Tanzania based on the agreed strategic priority areas.
- Identify lessons learnt to be utilized for future development of country cooperation strategies.

1. Introduction

The Country Cooperation Strategy (CCS) is the World Health Organization's corporate framework strategy developed in response to a country's needs and priorities in line with the Thirteenth General Programme of Work, 2019–2023 and it addresses health and health-related Sustainable Development Goals.

This CCS 2022–2027 provides a medium-term strategic cooperation framework for WHO and the United Republic of Tanzania for achieving the country's strategic health priorities. It leverages the lessons learnt from the implementation of CCS 2016–2020 and the evaluation of the United Nations Development Assistance Plan 2016–2022. In addition, the health emergencies in the country, including the COVID-19 pandemic, and their impact on the overall health system shaped the strategic priorities of the CCS.

This CCS focuses on four strategic priorities through which WHO will support the Government of the United Republic of Tanzania in improving the health of its population over the next 5 years.

The four strategic priorities are shown below:

Strengthen health systems to ensure universal access to quality RMNCAH and other essential health services

Protect communities against emergencies of infectious diseases and other public health events

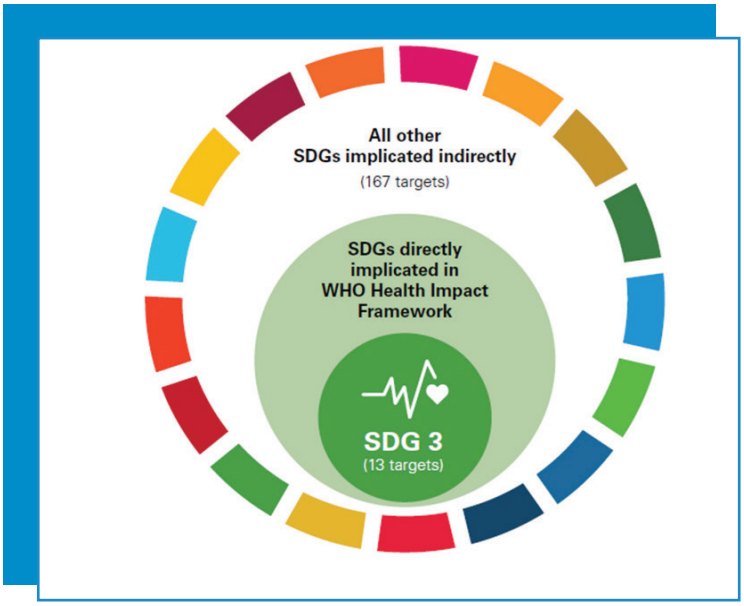
Reduce/control exposure of individuals to risk factors that threaten their health and well-being

Improve efficiencies in the health sector through better, equitable health governance, leadership and accountability

These strategic priorities reflect the goals and priorities of the national development plans (1,2), the Health Sector Strategic Plan IV of Zanzibar and the Health Sector Strategic Plan V of Mainland Tanzania. They are also aligned with the priority areas of GPW 13 on achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations.

Although SDG 3 is central to WHO's work, about half of the SDGs are directly related to the activities of the Organization (3), and its work in the United Republic of Tanzania indirectly influences and is influenced by the rest of the SDGs. Therefore, the implementation of the priority areas of this CCS will ensure that the SDGs are on track. This tiered relationship between WHO's work and the SDGs is shown in Figure 1.

Figure 1: Health in the SDGs



Although SDG 3 is central to WHO's work, about half of the SDGs are directly related to the activities of the Organization (3), and its work in the United Republic of Tanzania indirectly influences and is influenced by the rest of the SDGs.

The CCS time frame is aligned with the implementation periods of the Health Sector Strategic Plan IV of Zanzibar and the Health Sector Strategic Plan V of Mainland Tanzania. It also coincides with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2027) (4,5).

The process of developing this CCS involved extensive consultations with the health ministry of each of Mainland Tanzania and Zanzibar, UN agencies and other development partners. This interaction not only provided a platform to craft the goal that addresses the health needs of the country but also created an opportunity to renew and deepen collaboration among WHO, the Government of the United Republic of Tanzania and other stakeholders. In addition, the CCS will help the three levels of WHO to have a common understanding of the health needs of the country and to focus available resources on critical functions for which WHO has demonstrated a comparative advantage. It will also be used as a tool to mobilize resources for the health sector.

2. Country context

The United Republic of Tanzania is a union of two States: Tanganyika, which is commonly known as Mainland Tanzania, and Zanzibar. Each has its own ministry focusing on health and with separate administrative structures including policies and strategies. The estimated population of the country was 61.4 million in 2021, with Zanzibar contributing 1.7 million (6). The population growth is nearly 3% annually. This growth manifests itself in the form of the densification of the major cities, lateral expansion of informal settlements and growth of rural trading centres, particularly along major roads and railways. Figure 2 shows the 2020 population density levels.

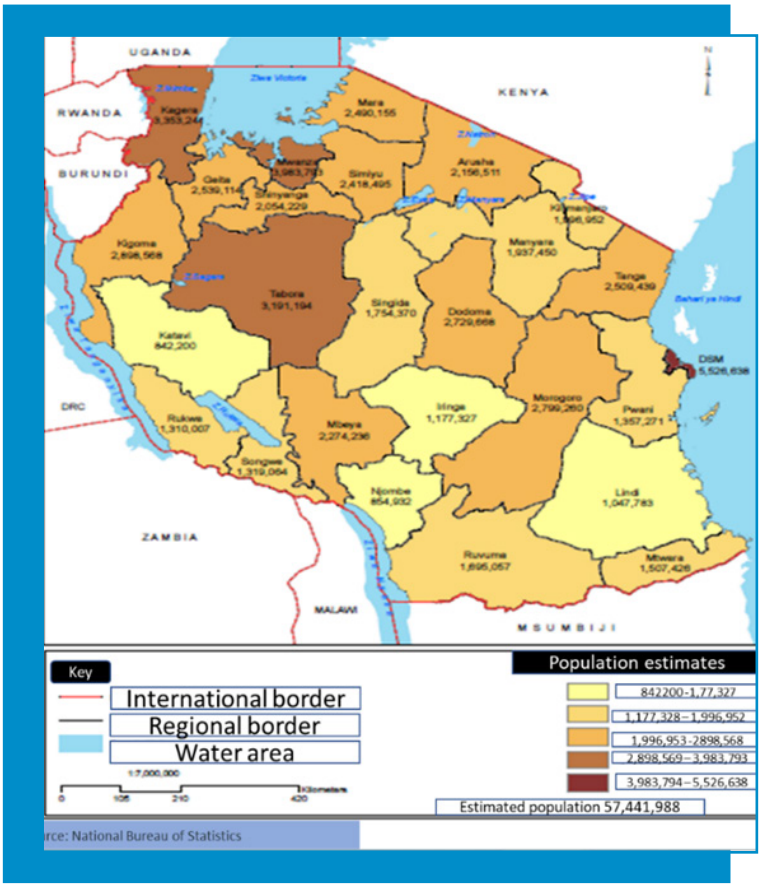


Figure 2: Population density map, Tanzania, 2020

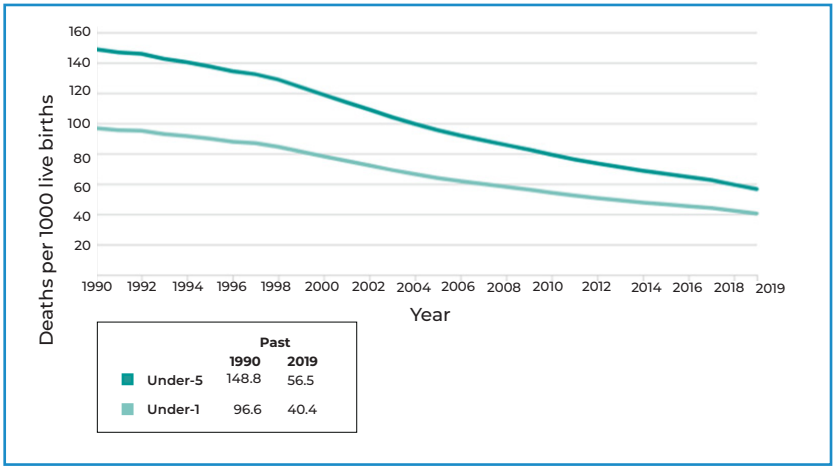
Source: National Bureau of Statistics

Over the past 20 years, the United Republic of Tanzania has achieved significant development gains fuelled by growth in its extractives, agriculture and tourism industries. These gains include a notable reduction in the poverty rate from 86% in 2000 to 28% in 2018. On 1 July 2020 the World Bank announced that the country's gross national income per capita had increased from US$ 1020 in 2018 to US$ 1080 in 2019, exceeding the threshold for lower-middle-income status. The GDP growth had ranged between 6% and 7% per annum during that time. However, the rate declined to 4.6% in 2020 with the COVID-19 pandemic. There are signs of recovery demonstrated by the growth of manufacturing industries.

2.1 Health and equity situation

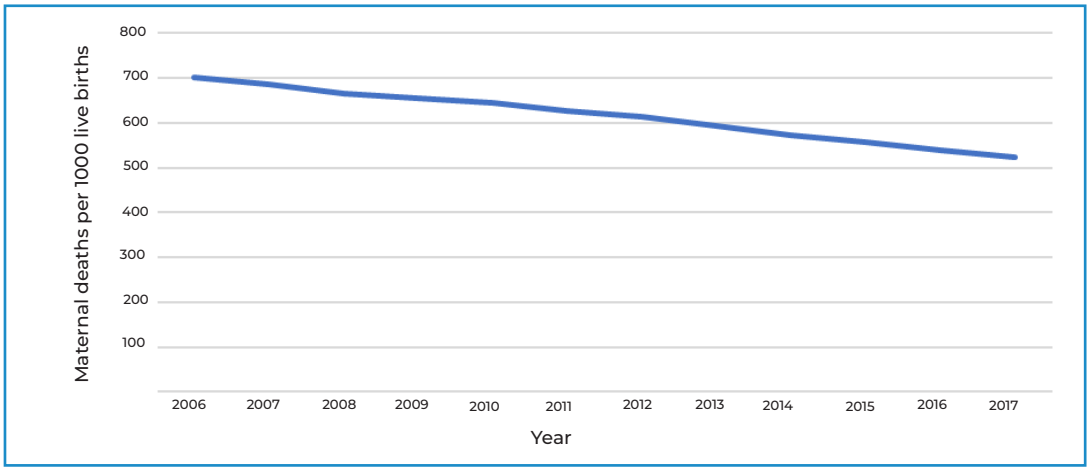
Tanzania has made significant progress towards achieving global and national targets in key areas of social well-being, including life expectancy, now at 63.8 for women and 59.9 for men; child mortality and stunting, which have seen reductions; and school enrolment, which has increased with near gender parity at primary level. But maternal mortality remains a challenge (Figures 3 and 4) and persistent poverty, economic inequalities and social and geographic factors such as gender, race, residency and ethnic background have become factors in the large differences in health status and the exclusion of some groups from health services (7).

Figure 3: Mortality trends for children under 1 year and under 5 years in Tanzania



Source: GBD

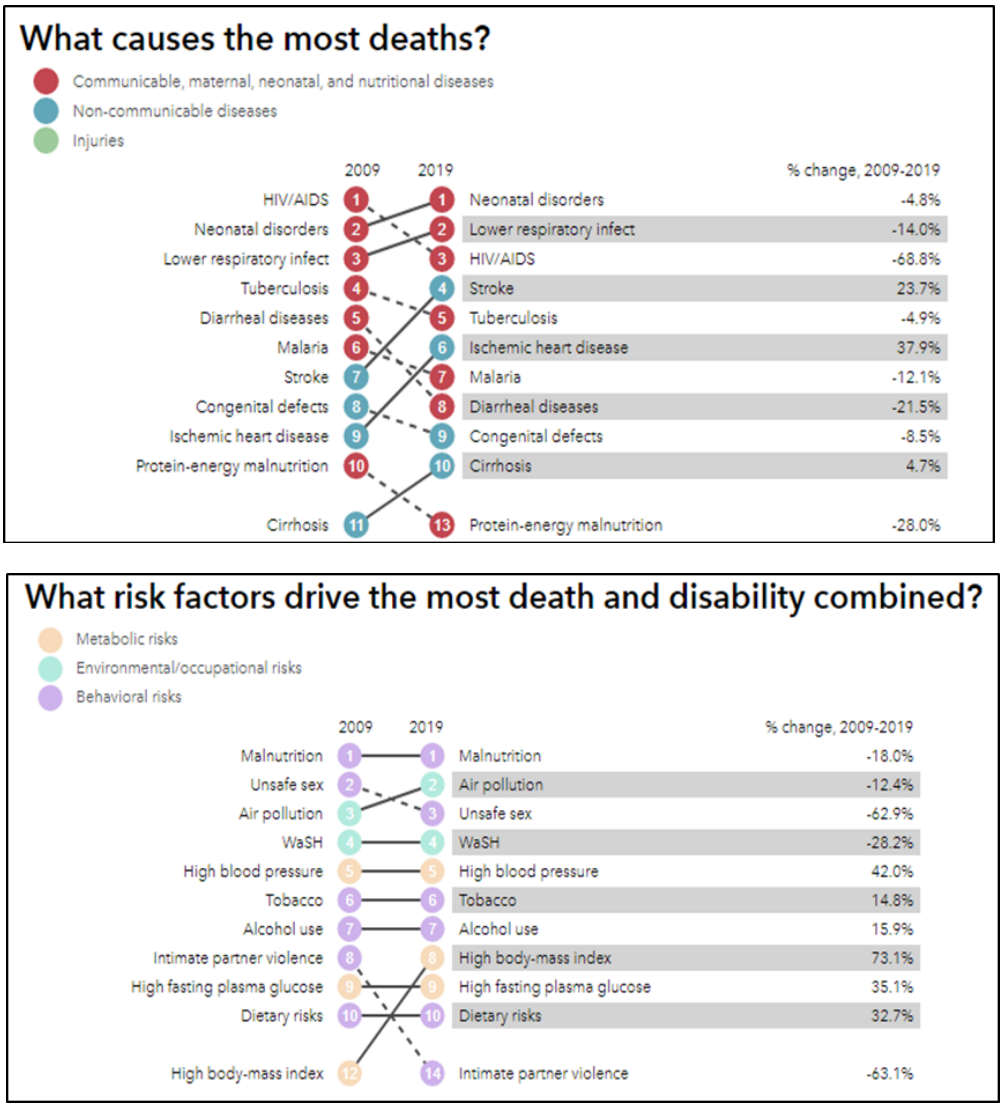
Figure 4: Trends in maternal deaths per 100 000 live births, United Republic of Tanzania, 2006–2017.



Source: World Bank Report

Nearly 50% of the deaths among the population aged above 5 years in the United Republic of Tanzania are now due to noncommunicable diseases (NCDs). Hypertension, at 8%, for example, is the second cause of mortality and the fourth cause of hospital admission, at 4%. Diabetes mellitus and cardiovascular diseases are among the top 10 causes of mortality for the population above 15 years (Figure 5). Metabolic, environmental and behavioural risk factors drive most of the deaths and disability in the country (8).

Figure 5: Comparison of change in factors contributing to deaths and the most common causes of death, 2009–2019.



Source: GBD

The country has made improvements in reducing the incidence of communicable diseases. For instance, the malaria mortality rate per 100 000 population was 38.26 in 2018. In 2020, eighty-four per cent of people living with HIV knew their status, 82% of those diagnosed with the disease were on treatment and 62% of those on treatment had viral suppression. The prevalence of viral hepatitis among those 15–64 years old was 4.3% for hepatitis B and less than 2% for hepatitis C (9).

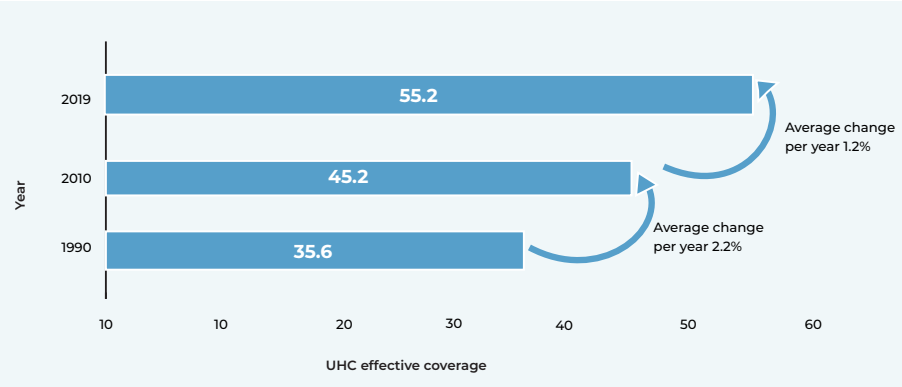
Over the last 10 years, the Government has distributed medicines to eligible persons to prevent or cure neglected tropical diseases (NTDs), leading to a reduction of 80% in lymphatic filariasis in the 120 districts where it was previously endemic and of 89% in trachoma in the 71 districts in which it was once endemic (6). However, NTDs still remain a public health problem.

Geographic access to health services has improved, as the country has been investing in infrastructure development to bring these services close to communities and at affordable prices, while ensuring better outcomes.

The utilization of outpatient departments per person per year improved from 0.8 in 2016 to 0.85 in 2019, and the proportion of health centres providing basic emergency obstetric care rose to 81%. However, a gap of 53% exists in the health workforce at the health facility level and the skill mix is often inappropriate, with unequal distribution across the country. The shortage of health care workers is even more severe in Zanzibar especially for qualified health professionals. The average rate of change in the provision of essential health services was 1.2% between 1990 and 2010, and 2.2% between 2010 and 2019 (Figure 6).

Figure 6: Health service coverage across the population health needs measured by UHC effective coverage index, Tanzania

The utilization of outpatient departments per person per year improved from 0.8 in 2016 to 0.85 in 2019, and the proportion of health centres providing basic emergency obstetric care rose to 81%.



Source: GBD

Access to health services is limited by financial barriers. The most vulnerable people can easily cross over into poverty with the high out-of-pocket health expenditures. To address this, the country has a long-term goal to attain UHC through major health financing reform introducing mandatory single national health insurance with a standard minimum benefit package entitlement for all citizens. This, in effect, has the potential to provide financial protection against catastrophic health costs and out-of-pocket expenses, enhance access to and increase the availability of medication and services, and lead to improved health outcomes for adolescents, vulnerable men and women and marginalized communities.

2.2 Gender equity and human rights

The common country assessment report indicates that discrimination against women is unequal. Poorer, less educated women and women living with disabilities, HIV or albinism or as refugees, as well as adolescent girls and elderly women generally face more egregious forms of discrimination and violence and have less access to economic resources and protection services.

Gender responsive budgeting (GRB) was instituted following research by the Tanzania Gender Networking Programme that demonstrated disproportionate benefit in favour of men in public spending. The Government created a GRB pilot programme in six ministries and incorporated GRB in its annual planning and budgeting guidelines in 2000, mainstreaming gender equality as a cross-cutting issue.

To promote, protect and ensure the full and equal enjoyment of the human rights of persons with disabilities, the Government ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol in 2009. However, to date no report has been submitted to the Committee on the Rights of Persons with Disabilities. Disability rights are also provided for under the Constitution, the 2006 Persons with Disabilities (Rights and Privileges) Act for Zanzibar and the 2010 Persons with Disabilities Act for Mainland Tanzania, among others.

2.3 Health emergencies

The United Republic of Tanzania has been repeatedly affected by health emergencies resulting from different hazards, ranging from disease outbreaks to natural and technological hazards with direct or indirect impact on health. The COVID-19 pandemic, which was first detected in Tanzania in early 2020, has affected the health, economy and social fabric of the Tanzanian population. The cholera outbreak that lasted for three years from August 2015 to December 2018 recorded 33 319 cases and 550 deaths, a case fatality ratio of 1.7%. It affected all the 26 regions and 129 of the 139 districts in the country (10). In the 2030 cholera elimination roadmap, the Global Task Force lists the United Republic of Tanzania among the 48 targeted cholera endemic countries (11). Dengue fever outbreaks have been reported since 2010, with the largest outbreak occurring in 2019 in nine regions with 6765 cases and 13 deaths (12).

The United Republic of Tanzania has been repeatedly affected by health emergencies resulting from different hazards, ranging from disease outbreaks to natural and technological hazards with direct or indirect impact on health.

Outbreaks of zoonotic diseases, including anthrax and rabies, have been reported from regions mostly affected by anthrax, that is Ngorongoro and Longido in the Arusha region and Hai and Siha in the Kilimanjaro region. Rabies is reported to be responsible for an estimated 1500 deaths per year in the country (13).

Between 2015 and 2020 the country dealt with floods that cumulatively claimed 307 lives, affected 317 907 people and destroyed 50 588 houses. Road traffic accidents kill about 2000 people every year and leave about 4000 with injuries (14).

In response to several events with health implications, the Ministry of Health, in collaboration with WHO and other partners, has developed strategic and operational plans to address emergencies, incorporating health emergency prevention, preparedness and response. The National Action Plan for Health Security was developed to address capacity building in International Health Regulations (IHR (2005) core capacities for improved country resilience to emergencies while the All Hazards Health Sector Emergency Preparedness and Response Plans have been created to guide the health sector's response to all emergency events. Likewise, contingency and response plans have been developed for Ebola, cholera and COVID-19. Furthermore, public health emergency operations centres have been established with the support of WHO and other partners. The capacity of laboratories to detect SARS-Cov-2 has been enhanced. The improved water and sanitation infrastructure has contributed to the control of disease outbreaks.

Review of legislation and policies related IHR guidelines

The joint external evaluation of 2017 recommended a comprehensive review of existing legislation and policies related to the implementation of IHR (2005).

The roll-out and strengthening of the implementation of the new Integrated Disease Surveillance and Response Guidelines have contributed to creating a resilient and robust health and community system capable of identifying and responding early to epidemic and non-epidemic emergencies.

The Government, through the Ministry of Health has strengthened the capacities of emergency medical services through establishing emergency medical departments in all zonal hospitals and seven regional referral hospitals, and efforts are underway to cover the rest of the regional referral hospitals. In addition, prehospital emergency medical services are being developed to reduce the impact of accidents and other acute emergency events. The National Disaster Management Policy of 2004 aims to strengthen the capacity for comprehensive disaster risk management among key players at all levels. The Tanzania Emergency Preparedness and Response Plan (2012) was developed to guide all sectors' emergency preparedness and response efforts. The joint external evaluation conducted in 2017, identified gaps in IHR (2005) core capacities in both Mainland Tanzania and Zanzibar. The joint external evaluation of 2017 recommended a comprehensive review of existing legislation and policies related to the implementation of IHR (2005).

2.4 Health information systems

The United Republic of Tanzania has developed a web-based DHIS2 and a health management information system (HMIS) web portal as part of the efforts to strengthen monitoring and evaluation, with the potential to establish a data warehouse for the health sector. This development has facilitated the integration of the reporting systems for disease-specific programmes into DHIS2 and its interoperability with other health information systems, including the Health Facility Registry, the Human Resources for Health Information System (HRHIS) and the Electronic Logistics Management Information System (eLMIS).

While through DHIS2 routine data have been made available at the district, regional and national levels, the use of data for decision-making among members of council health management teams and regional health management teams remains a challenge. Furthermore, the HMIS portal is limited in scope, as it focuses on only health facility-based data obtained through DHIS2. To address this problem and provide a holistic picture of the health sector's performance and narratives for policy-makers and the public in general, in 2018 the Ministry of Health made a commitment to transform the existing HMIS portal into a national health observatory (5).

The country has developed national emergency preparedness and response plans along with a National Disaster Risk Reduction Strategy (2020–2025).

To address the challenges resulting from working with scattered investment, the partners signed the Health Data Collaborative in 2017. This helped a great deal in giving stakeholders' support a common monitoring and evaluation framework that was based on national priorities. Strengthening capacity, analysis and use of data, addressing fragmentation and ensuring improved data access are among the priority areas for this data collaboration approach.

The country has developed national emergency preparedness and response plans along with a National Disaster Risk Reduction Strategy (2020–2025). The WHO Country Office will promote strategic disaggregation of data through their collection, analysis and reporting in surveys, routine data, and other data sources based on sex, income, disability, ethnicity and age group categories to better inform programmes. Identifying health inequalities and their drivers is essential in achieving health equity and improving programme delivery. Health information systems are the foundation for monitoring health inequality.

2.5 Partnership

WHO partners with the Government, development partners, civil society, nongovernmental organizations, academia and research institutions in the implementation of the health and development agenda in the country.

The health sector partnership is coordinated through the Health Sector-Wide Approach (SWAp) that was established in 1999. SWAp forms a dialogue structure bringing together the Government and other stakeholders. The current SWAp arrangement includes the Ministry of Health, the President's Office, Regional Administration and Local Government; the President's Office, Public Service Management and Good Governance; the Ministry of Finance and Planning; the Development Partners Group for Health (DPG-H); private service providers; civil society organizations; and health-related nongovernmental organizations. WHO serves as the secretariat for DPG-H. This forum ensures the alignment of partners' programmes with the Government's plans and budget cycle and funding accounting, disbursement, auditing and reporting at all levels (see Annex 1 for the list of development partners and areas they support).

Beyond the health sector, WHO interacts with other sectors to address the social and environmental determinants of health within the current National Strategic Framework of Health in all Policies (2020–2025). This framework provides opportunities to strengthen existing coordination mechanisms and brings partners together behind the national policies and plans in line with the SDG 3 Global Action Plan accelerator.

The United Nations (UN) agencies in Tanzania are committed to Delivering as One to ensure effective collaboration and to increase the UN system's positive impact on Tanzania's development agenda.

This is achieved through the collaboration of the agencies for coherent programming, reduced transaction costs for national partners and lower overhead costs for the UN system. WHO led the Healthy Nation thematic working group from 2019 to 2021.

One of the outcomes of UNSDCF 2022–2027 is “People in the United Republic of Tanzania, especially the most vulnerable, increasingly utilize quality, gender transformative, inclusive and integrated basic education, RMNCAH, AIDS, TB, malaria, nutrition and protection services”. This will also remain the priority in the current CCS.

2.6 Setting the strategic priorities

Prioritization process and alignment with GPW 13, UNSDCF and HSSP

The analysis of the country context, and particularly the factors that ultimately determine health outcomes, was used to shape the strategic priorities of this CCS. Additionally, the country’s priorities as described in the health service strategic documents and various global strategic priorities were considered to identify the WHO Country Office strategic priorities for 2022–2027. These strategic priorities are:

- **Strengthen health systems** to ensure universal access to quality RMNCAH and other essential health services.
- **Protect communities against emergencies** (infectious diseases as well as other public health events).
- **Reduce/control exposure of individuals to risk factors** that threaten their health and well-being.
- **Improve efficiencies in the health sector** through better health governance, leadership and accountability.

Each of the four strategic priority areas has strategic interventions that articulate specific activities for WHO to guide its contribution towards achieving the vision of the country, leaving no one behind.

Strengthen health systems to ensure universal access to quality RMNCAH and other essential health services:

- Ensure updating of the integrated national essential health care package and the monitoring of its implementation.
- Improve access to interventions implemented to control malaria, HIV, TB, VPDs, NTDs and NCDs.
- Improve access to effective and safe medicines, health products and medicinal technology.
- Advocate for ongoing health financing reforms.
- Build capacity for improved competences of health workers.

Protect communities against public health emergencies:

- Build institutional capacity to strengthen the resilience of the health system to mitigate the risks of disease epidemics and maintain essential health services delivery during public health emergencies.
- Accelerate the support provided to the country in the prevention, control and recovery from the COVID-19 pandemic while maintaining essential health services.
- Use innovation to enhance the early warning system for improved preparedness and response to public health emergencies.

Reduce/control exposure of individuals to risk factors that threaten their health and well-being:

- Develop and implement evidence-based technical packages to reduce harmful use of alcohol and consumption of unhealthy diets and tobacco.
- Engage communities, civil society, the private sector and other Government sectors in addressing risk factors for mortality and morbidity.

Improve efficiencies in the health sector through better health governance, leadership and accountability:

- Strengthen health information systems through data analysis and interpretation and public health research for decision-making.
- Strengthen monitoring and reporting of health inequalities, health-related SDGs, Health Sector Strategic Plan targets and Triple Billion targets.
- Ensure coordinated planning and monitoring of all stakeholders for effective and efficient use of public funds.

Description of the interventions that will be implemented during the lifespan of the CCS

Below is a detailed description of the interventions that will be implemented during the lifespan of the CCS.

Strategic priority 1: Strengthen health systems to ensure universal access to quality RMNCAH and other essential health services

Priority intervention 1.1: Extend the coverage of high-quality integrated and people-centred preventive, curative, rehabilitative and palliative services at all levels of the health system:

- **Provide technical support** to refine the service delivery model through the update of the integrated national essential health care package.
- **Provide capacity building** to ensure that policy, programmes, services and delivery models are responsive to the needs of the health system's clients (women, men, girls and boys) in all their diversity. This will foster provision of integrated, people-centred care along the life course.
- **Support the Government to create service delivery mechanisms** to ensure that they reach the unreached, such as marginalized, stigmatized and geographically isolated people of all ages, with a special focus on and indicators for, women and girls, those from the poorest wealth quintiles and persons with disabilities.
- **Support the Government in the implementation of the health-related United Nations Sustainable Development Cooperation Framework (UNSDCF)** in support of countries' efforts to meet the SDGs.

Priority intervention 1.2: Improve access to interventions to control malaria, HIV, TB, hepatitis, other vaccine-preventable diseases, NTDs and NCDs:

- **Build the capacity of health workers for integrated disease control activities** and introduce innovations for the prevention, diagnosis, management and monitoring of communicable and noncommunicable diseases.
- **Support the coordination of the development of evidence-based policies, strategies, guidelines and normative tools** to guide expedited scale-up of control measures in communicable and noncommunicable diseases.
- **Facilitate resource mobilization initiatives** to support the prevention and control of communicable and noncommunicable diseases, with emphasis on sustainability.
- **Provide technical support to improve equitable access to vaccines** to improve coverage.

Priority intervention 1.3: Improve access to effective and safe medicines, health products and medical technology:

- **Provide strategic and technical support to build institutional capacities** for the production and distribution of medicines and diagnostics along the supply chain and promote the rational use of medicines, including traditional and alternative medicines.
- **Build the capacity to strengthen surveillance systems, laboratory capacity** and infection prevention and control.
- **Provide technical support to generate evidence-based policies and practices** to combat antimicrobial resistance.

Priority intervention 1.4: Build the capacity for HRH management for improved competences of health workers:

- **Focused capacity building for training institutions;**

- **Support the updating of the HRH strategic plan and the review of policy options**, including the appropriate regulatory frameworks, management and information systems for HRH and education systems that can meet the current and future needs of the communities.
- **Continue advocacy to ensure newly trained staff are placed and retained according to coverage extension plans** with a systematic induction programme in the public and private sectors.

Priority intervention 1.5: Increase access to health services for the poorest and most vulnerable people by advocating for fair and sustainable health financing and other social protection mechanisms:

- **Build the capacity to monitor health expenditure** for informed health financing policy.
- **Advocate for health financing reforms,** including for a single national health insurance scheme geared towards increasing public health financing.

Strategic priority 2: Protection of communities against emergencies (infectious diseases as well as other public health events)

Priority intervention 2.1: Build institutional capacity to strengthen the resilience of the health system to mitigate the risks of disease epidemics and maintain delivery of essential health services during public health emergencies.

- **Develop an evidence-based health sector emergency response strategy, plan and appeal** with specific attention to vulnerable and marginalized populations.
- **Assess the capacities for detection, assessment and reporting of public health risks** for preparedness and response planning and engage in continuous capacity building in addressing health risks to prevent or minimize the impact on essential health service delivery.
- **Build institutional capacity and strengthen advocacy** to the Government and other stakeholders to prevent, detect, respond to and control health emergencies using the existing coordination mechanisms.
- **Work in close coordination with the Government and partners** to ensure that essential life-saving health services, including health promotion and disease prevention, mental health and psychosocial support, and nutrition services, including support for exclusive breastfeeding, reach the people most in need.
- **Advocate for and provide technical support in the mobilization of resources** for timely risk communication and availability of tools and equipment for the management of health risks and emergencies at all levels of the health system.
- **Advocate for, provide technical support** for, and monitor the implementation of IHR (2005).

Priority intervention 2.2: Accelerate support provided to the country in the prevention and control of, and recovery from, the COVID-19 pandemic while maintaining essential health services:

- **Advocate for and support information generation, reporting, analysis and interpretation** to guide response activities.
- **Support the roll-out of vaccination t**hrough planning, training and monitoring.
- **Build the capacity of health care providers for proper and adequate prevention** of the pandemic and for provision of supplies for case management.
- **Advocate for and support the implementation and monitoring** of proper infection prevention measures applied at individual and institutional levels to control the spread of the pandemic.
- **Build national capacities for risk communication and community engagement** to increase understanding and trust of, and compliance with, public health measures.

Priority intervention 2.3: Strengthen the early warning system to improve preparedness and response to public health emergencies:

- **Provide technical support in promoting innovations** to improve the quality of information during public health emergencies.
- **Build the capacity of communities in detecting and reporting events and provide support** to monitor the functionality of early warning systems and emergency response.
- **In line with the guideline on the Emergency Response Framework, support the country to verify and assess potential public health emergencies** and if necessary conduct an independent WHO risk assessment within 48 hours, and use the results of the event assessment for better preparedness and response.

Strategic priority 3: Reduction of exposure of individuals to risk factors threatening their health and well-being

Priority intervention 3.1: Develop and implement evidence-based technical packages that provide models of policy, legislative and regulatory measures, including fiscal measures, to promote physical activity and reduce harmful use of alcohol and consumption of unhealthy diets and tobacco:

- **Build the national capacity for the development and implementation of legal and regulatory measures for the promotion of a healthy diet, physical activity and road safety,** as well as the control of tobacco use and harmful use of alcohol.
- **Strengthen the capacity to implement the WHO Framework Convention on Tobacco Control**.
- **Coordinate the implementation of surveys to monitor trends in the prevalence of NCDs risk factors, violence and road traffic injuries.**
- **Enhance the capacities for prevention, diagnosis and management of mental health conditions** at all levels.
- **Support the health sector's response to violence against women and children** through the development and implementation of tools and guidelines.

Priority intervention 3.2: Improve engagement of communities, civil society, the private sector and other Government sectors in addressing social and environmental determinants of health, including climate change:

- **Support community engagement in addressing social and environmental determinants of health** across the life course.
- **Engage communities, civil society and professional organizations in targeted mass campaigns** on the harm of tobacco use, alcohol consumption and excessive intake of fats, sugar and salt, as well as the benefits of a healthy diet and physical activity.
- **Build the capacity to design and implement cross-sectoral strategies and plans** to address inequities in health.
- **Conduct advocacy and provide capacity building to key sectors** to identify and implement initiatives to extend the coverage of infrastructure (clean water, sanitation, physical exercise spots, electricity and information and communication technology) for healthy housing, schools, workplaces, cities and villages.
- **Promote the application of the "health in all policies" approach in integrating social determinants of health considerations** in public health policies and programmes.
- **Support the implementation of global, regional and national responses to climate change.**

Strategic priority 4: Improved efficiencies in the health sector through better health governance, leadership and accountability

Priority intervention 4.1: Strengthen the health information system (through data analysis and interpretation and public health research) for decision-making.

- **Provide technical support in the implementation of digital health investment** to harmonize data collection and reporting at all levels of the health sector.
- **Build the capacity of the Government and partners in data analysis and use of information** for decision-making.
- **Provide technical support in public health surveys and operational research** to guide policies and strategic priorities of the Government.

Priority intervention 4.2: Strengthen monitoring and reporting on health inequalities, health-related SDGs, health sector strategic plan targets and Triple Billion targets:

- **Create awareness of the importance of timely reporting** for global health benefits.
- **Support the development of tools and guidelines** to capture health information, disaggregated by variables for equity in health service coverage.
- **Build the capacity to use the global platform for monitoring countries'** status on SDGs and GPW 13.

Priority intervention 4.3: Ensure coordinated planning and monitoring of stakeholders for effective and efficient use of resources:

- **Advocate for and build the capacity of all health stakeholders in developing coordinated plans for their efficient and effective implementation in support** of the Government's priorities.
- **Build capacity for the implementation of the concept of value for money for effective, efficient, equitable, economical and ethical implementation** of health interventions.

3. Implementing the strategic priorities of the CCS

3.1 Principles of cooperation

The principles of cooperation for the delivery of this CCS include alignment with the country's priorities, relevance, effectiveness, equity and value for money. WHO's interventions are prioritized based on its comparative advantage. WHO will support the strategic coordination and linking back to the global policies and actions agreed upon at the World Health Assembly; the priority actions of the Ministry of Health of each of Mainland Tanzania and Zanzibar and the President's Office, Regional Administration and Local Government, as well as other ministries. In addition, WHO will provide complementary expertise to promote policy coherence and technical assistance and enable service delivery by the provision of quality services in some priority areas, such as emergency response, medicines and supplies, and real-life application of concepts to improve service delivery for the poorest and most vulnerable and in priority settings.

Table 1, shows the alignment of the four CCS strategic priority areas with the national strategy, GPW 13, UNSDCF and the SDGs. The biennium plans and the country support plan will be used to operationalize the CCS in line with WHO's core functions.

Table 1: Alignment of CCS strategic priorities with national, GPW 13 and UNSDCF targets

Strategic priority area	National strategic priorities/ results	GPW 13 outcome areas	UNSDCF 2022–2027	SDG targets
Strengthen health systems to ensure universal access to quality RMNCAH and essential health services	• Strategic outcome 5.1.5: Improved maternal, newborn, child and adolescent well-being through equitable availability of and access to health and nutrition services leading to reduced morbidity and mortality due to maternal, neonatal and childhood illnesses and reproductive health-related conditions • Outcome 5.3.1: Geographical, social, cultural and financial barriers in accessing quality and people-centred basic health services for all people are being addressed • Outcome 5.3.2: Ensure availability of quality essential health care services and interventions • Enhanced development of social protection floors aimed at delivering economic empowerment and reducing vulnerability status and risk for those living below the poverty line (Zanzibar strategic result)	• Outcome 1.1: Improved access to quality health services • Outcome 1.2: Reduced number of people suffering financial burden • Outcome 1.3: Improved access to essential medicines, vaccines and diagnostics and devices for primary health care	• Outcome 1: People in the United Republic of Tanzania, especially the most vulnerable, increasingly utilize quality gender transformative, inclusive and integrated basic education, RMNCAH, AIDS, tuberculosis, Malaria, nutrition and protection services	• 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all • 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and Small Island Developing States • 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births • 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
Communities are protected against public health emergencies	• Outcome 5.1.7: A resilient and robust health and community system with sufficient capacity to prepare, detect, prevent, respond to and recover from health epidemics, emergencies and disasters	• Outcome 2.1: Countries prepared for health emergencies • Outcome 2.2: Epidemics and pandemics prevented • Outcome 2.3: Health emergencies rapidly detected and responded to	• Outcome 3: People in the United Republic of Tanzania, especially the most vulnerable, contribute to and benefit from more inclusive and gender-responsive management of natural resources, climate change resilience, disaster risk reduction and increased use of efficient renewable energy	• 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
Individuals are not exposed to risk factors threatening their health and well-being	• Outcome 5.1.9: Improved health, health equity and well-being of the population irrespective of socioeconomic status, gender, geographical location and cultural diversity	• Outcome 3.1: Determinants of health addressed • Outcome 3.2: Risk factors reduced through multisectoral action • Outcome 3.3: Healthy settings and health in all policies promoted	• Outcome 3: People in the United Republic of Tanzania, especially the most vulnerable, contribute to and benefit from more inclusive and gender-responsive management of natural resources, climate change resilience, disaster risk reduction and increased use of efficient renewable energy	• 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate • 13.b: Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities
Improved efficiencies in the health sector through better health governance, leadership and accountability	• Strategic outcome 6.3: A functioning governance structure in place aligned with government policies such as decentralization by devolution, social accountability and health in all policies • Strengthened health sector governance at all levels (Zanzibar strategic result)	• Outcome 4.1: Strengthened country capacity in data and innovation • Outcome 4.2: Strengthened leadership, governance and advocacy for health	• Outcome 1: People in the United Republic of Tanzania, especially the most vulnerable, increasingly utilize quality gender transformative, inclusive and integrated basic education, RMNCAH, AIDS, tuberculosis, malaria, nutrition and protection services	

Table 2: Implementation support for CCS priorities from WHO

WHO's key contributions		
WHO Country Office	**WHO Regional Office for Africa**	**WHO headquarters**
• Provide technical assistance to strengthen the national capacity in universal access to health services with emphasis on integrated delivery of primary health care, emergency preparedness and response, health promotion and reduction of gender and health equity gaps • Ensure policy and strategic support for the rollout of the National Health Insurance Scheme • Ensure partnership coordination at the country level to improve the effectiveness and efficiency of investments in the health sector	• Assist the WHO Country Office in adapting WHO technical products to the country context and mobilizing resources for the effective implementation of guidelines, norms and standards • Adapt global tools to the regional context and coordinate with regional partners to speed up UHC, including by optimal use of available human resources in the Region	• Develop guidance and support for improving equitable access to basic technologies and boosting local production of essential medicines and commodities • Mobilize resources and ensure engagement of global health stakeholders in the development and implementation of intersectoral actions for Health in All Policies

4. Monitoring implementation and evaluation of CCS

Through the implementation of priority interventions under each of the strategic priorities of this CCS, WHO will support the Ministry of Health in the strategic coordination and provision of technical support to promote evidence-based policy framing and implementation. WHO will also support service delivery through providing global-quality standards in priority areas, including emergency response, medicines and supplies for real-life application of concepts to improve service delivery for the poorest and most vulnerable.

The WHO Country Office, working in close consultation with the Ministry of Health will establish a core coordination working group to periodically review the implementation of priority interventions and ensure the appropriate management of the midterm review and the final evaluation of the CCS.

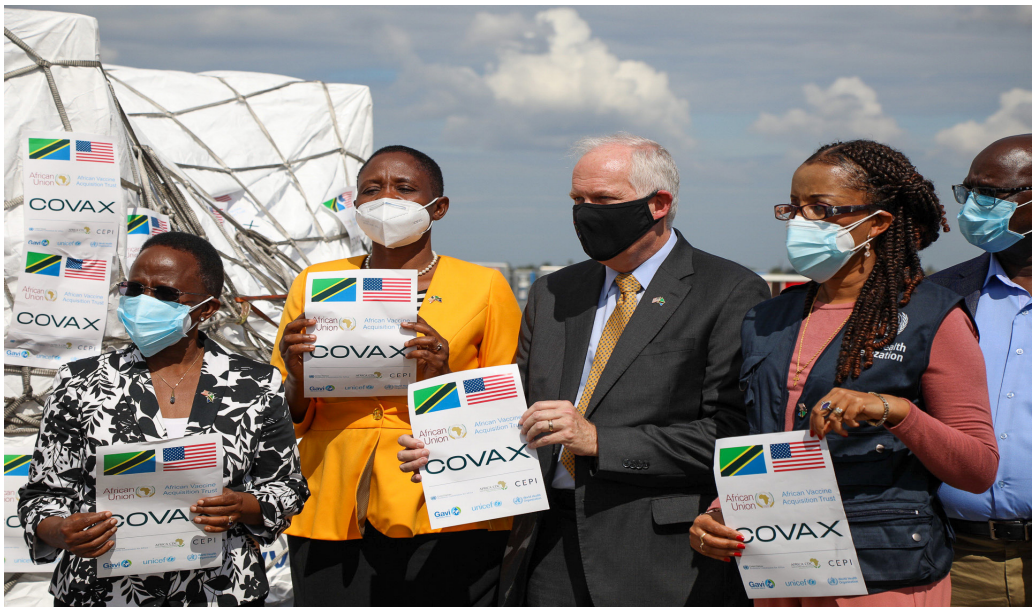


Figure 7: Milestones in monitoring and evaluation of the CCS

2021 CCS developed

Strategic priority defined in line with the Health Sector Strategic Plan Health sector performance profile developed to serve as a baseline for the Health

Sector Strategic Plan, CCS and the United Nations Sustainable Development Cooperation Framework

2022-2023 implementation and monitoring

Programme budget 2022–2023 developed with:
- Country Office budget and resource mobilization strategy
- Detailed activities at all three WHO levels for priorities to be aligned with policy – priorities of the Government implemented and monitored

2024 CCS midterm evaluation

Country-led evaluation in collaboration with the WHO Regional Office for Africa and headquarters:
- Implementation of the Programme budget 2022–2023 and contribution to GPW 13 goals, achievement of country results framework targets
- Progress toward health outcomes, including qualitative impact backed by evidence in country success stories

CCS progress report with recommendations, including updates and adjustments if applicable

2025 - 2027 implementation and monitoring

Yearly joint monitoring and reporting on the CCS, involving the Government, WHO and the Development Partners Group for Health

Reporting will include UN Sustainable Development Cooperation Framework outputs and outcomes, projections on the achievement of the 2030 Agenda for Sustainable Development, and challenges in the implementation of the CCS

2027 CCS final evaluation

Joint evaluation of country results framework targets with the Government

CCS evaluation

Concurrently with final evaluation, renewal or extension of the CCS or development of a new CCS

4.1 Monitoring

The CCS will be monitored once a year, where progress of the targets set and the various interventions will be monitored. Revision of the intervention areas may be required based on the results obtained. The Target for African Region (TAR2) tool provided by the WHO Regional Office for Africa and the annual plan of action monitoring tool developed by the country will be used to monitor the implementation of the CCS.

The objectives of the monitoring exercise are to:

- **Provide information on the status of the implementation of the strategic priorities;**
- **Re-evaluate, update and adjust any aspect of the strategy and identify gaps in a timely manner and guide the implementation of activities** to achieve the targets of the strategic priorities;
- **Document best practices and success stories to share with all stakeholders** in addition to using the results for future strategic development agendas.

4.2 Evaluation

The United Nations Evaluation Group (UNEG) (15) defines the evaluation of a CCS as a systematic assessment of its strategies. The goal is to evaluate WHO's contribution and influence on the national health development agenda based on its impact on the agreed strategic priority areas. The evaluation is a structured, decentralized process that will involve the three levels of the Organization. The five key evaluation principles of WHO, namely impartiality, independence, utility, quality and transparency, will be considered.

The objectives of the evaluation will be:

- **To assess the effectiveness, efficiency, potential sustainability and quality of WHO's work towards improving the health outcomes** of the population of the United Republic of Tanzania, focusing on the agreed strategic priority areas;
- **To examine the alignment of the CCS's priorities with the national health system's strategic documents** and their harmonization with the UNSDCF;
- **To document the results on what works, why and how;**
- **To examine the relevance, context, causality and eventual impact and sustainability** of the results;
- **To identify the lessons learnt** to be used for future CCS development.

4.3 Monitoring and evaluation framework

The framework for monitoring and evaluation of the CCS (Figure 7) will follow that of HSSP V. The targets of the national strategic document, GPW 13 and the SDGs will be used to measure the outcomes and impacts of the CCS, while the priority interventions under each of the strategic areas will measure the outputs or contribution of WHO to the achievements of the results (see Annex 1 for the detailed monitoring framework and plan).

Figure 8: CCS results framework for the United Republic of Tanzania

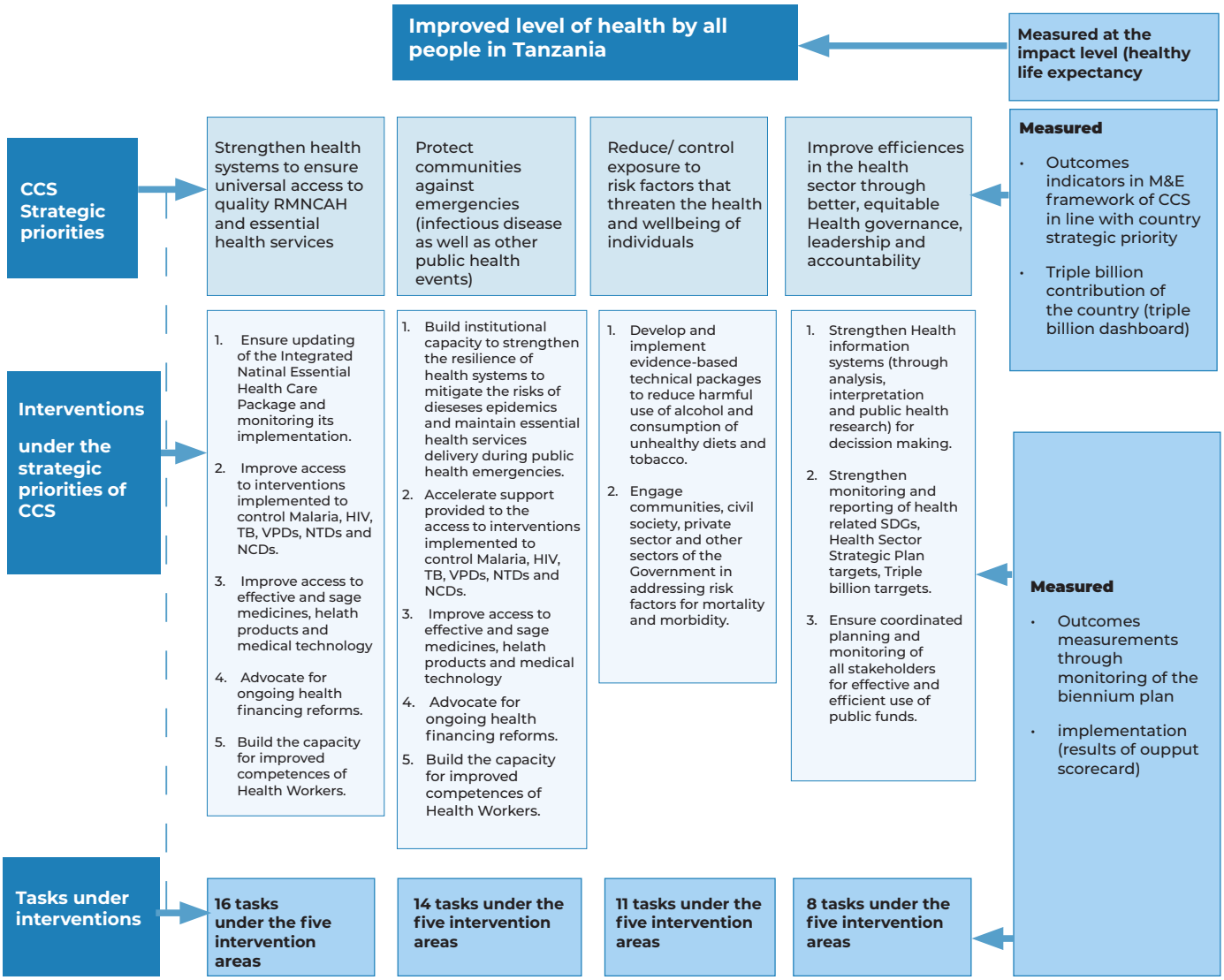


Table 3: Monitoring and evaluation plan

Description of activities	Responsible person	Timeline				
		Duration	2022-23	2023-24	2025-26	2026-27
Monitoring	Country Team	Every year				
Monitoring of the CCS priority interventions		Every quarter				
Monitor the biennium plan		Every quarter				
Data analysis and feedback						
Evaluation	Independent evaluators and country team					
Mid-term evaluation		Mid implementation				
Independent end evaluation						
Learning	Country Team	End implemetation				
Document and collectively analyses lessons emerging throughout the CCS						
Publishing best practices						

5. Financing the strategic priorities

The estimated budget for the CCS during its five-year duration is USD 68,324,433. This is based on the estimated programme budget of the WHO programme of work for the Country Office for six years from 2022 to 2027. The budget could change based on the circumstances in the country during the implementation period. The budget will enable WHO to:

- **Focus on measurable results to improve the health of the community** in the United Republic of Tanzania;
- **Prioritize its interventions to drive public health impacts** in the country and demonstrate how resources will be aligned with the delivery of results;
- **Change from a disease-specific approach to a more integrated and health systems-oriented approach** to drive sustainable outcomes;
- **Align and build synergies in delivering the work of the three levels of the Organization** in the implementation of the priorities of the CCS that are well funded.

Table 4: Estimated six-year budget for CCS 2022–2027, United Republic of Tanzania

Strategic priority	Activity Budget (USD)	country presence (USD)	Total Budget required (USD)
Strengthen the health system's capacity to deliver and ensure equitable access to quality health services across the life course, towards universal health coverage	36 570 000	9 999 003	46 569 003
Strengthen country capacities for health security to better protect people from health emergencies	4 389 324	1 716 000	6 105 324
Address social determinants of health in reducing environmental, social and behavioral risks through multisectoral action	6 924 561	913 545	7 838 106
Strengthen monitoring and evaluation, data systems and innovations for evidence generation and monitoring of national health trends	3 030 000	1 971 000	5 001 000
Representation, compliance, accountability, external relation and partnership	1 197 000	1 614 000	2 811 000
Total	**52 110 885**	**16 213 548**	**68 324 433**

Annex 1: Monitoring and evaluation framework

Priority area in the CCS	Indicators	Baseline	Proposed targets	Data source	Comment
Improve life expectancy at birth (years)	Improved life expectancy at birth (years)	66 years with 63.6 years for males and 68.3 years for females	70 years for both sexes (the national target for the HSSP V period is 68 years)	Census in 2022, surveys in 2026	
Strategic priority 1	Premature mortality due to NCDs (cardiovascular diseases, cancer, chronic respiratory disease and diabetes) at 30–70 years reduced by 10%	18% (WHO estimate, 2016)	Reduce by 10% (this is the same target as in HSSP V to be achieved by 2025)	Survey	
	Reduce number of maternal mortalities	556 per 100 000 live births (2020 data)	200 per 100 000 (the national target for 2025 is 232)	Survey	
	Reduce the number of deaths of children under 5 years per 1000 live births	50 per 1000 live births	<38 per 1000 live births	Survey, GBD	SDG target is <25 per 1000 live births
	Institutional delivery	76% (DHIS 2018)	>85%		HSSP V target for 2025 is 85%
Priority intervention 1.1	Number and distribution of health facilities per 10 000 population	2.1 per 10 000 population (DHIS2, 2018)	2.8	DHIS2	2025 target for HSSP V is 2.1
	Percentage of hospitals providing essential/ comprehensive surgical services with tracer items on the day of assessment	5% (service availability and readiness assessment (SARA), 2017)	>75%	SARA	
	Availability of update of the integrated national essential health care package	N/A	End of 2022	Report of support provided to the Ministry of health in updating the document	
	Proportion of indicators that achieved the target set by UNSDCF in support of countries' efforts to meet the SDGs where WHO is responsible	N/A	>90% end of 2026 (target monitored during the lifespan of CCS)	UNSDCF monitoring framework	
Priority intervention 1.2	Domestic General Government Health Expenditure (GGHE_D) as a percentage of the gross domestic product	2.6% (2020)	6%	Annual reviews, national health accounts	HSSP V target for 2025 is 5%
Priority intervention 1.3	Essential medicines (tracers) availability	Not available	Maintain availability of tracer medicines at >95%	SARA/DHIS2	
	Availability of evidence-based policies and practices to combat antimicrobial resistance	Not available	Policy available and implemented	Survey	New indicator, not included in the national HSSP V
Priority intervention 1.4	Increase the use of insecticide-treated nets among children under 5 years to 80%	75% (TDHS, 2017)	85%		The target for 2025 in HSSP V is 80%
	Reduction in the proportion of zero-dose children	Not available	20% reduction in zero-dose children	DHIS2	The 2030 target for all countries is a 50% reduction (Immunization Agenda 2030 monitoring framework)
	Increase ART coverage among people living with HIV with viral load suppression	90% (NACP, 2020)	95%	NACP	Same level of target as for HSSP V
	Increase successful tuberculosis treatment	59% (2019	90%	DHIS2, NTLP, WHO estimate	
	Prevalence of blindness	2.8% (2020)	1%	Survey	

Priority area in the CCS	Indicators	Baseline	Proposed targets	Data source	Comment
Priority intervention 1.5	Quality of care at primary health facilities with 3 stars (% of all facilities)	21%	80%	Star rating assessment report	
	Proportion of training institutions supported for quality HRH training by WHO support	N/A	70% from the plan	Training reports, monitoring report	
Strategic priority 2	Emergency preparedness average of 13 core capacities defined by IHR (2005)	54 (2020)	Achieve and maintain level 5 score of 80% and above	External assessment, Triple Billion dashboard, Global Health Observatory	
	Achieve and maintain MCV1 coverage of >=90% at national and 95% at district levels		>=95% at the district level and >=90% at the national level		
	Vaccine coverage for at-risk groups for epidemic or pandemic-prone diseases	60 (2018)	70%	Triple Billion dashboard	
	Proportion of IHR events detected and responded to in a timely fashion	No data	>90%	Triple Billion dashboard, country report	
Priority intervention 2.2	Percentage of health workers trained on Integrated Food Security Phase Classification	No data	>80%	Country report	
	Increase immunization uptake to control the COVID-19 pandemic		>= 40% of the population by end of 2023	Country report on immunization	
Strategic priority 3	Halt the increase in overweight and obesity among persons aged 15–59 years	31.7% overweight, 11.5% obesity (Tanzania National Nutrition Survey, 2018)	Reduce by 5% from the baseline	Survey	
Priority intervention 3.1	Reduce tobacco use among persons aged 18 years and over by 30%	14% for men aged 15–59 years and 1% for women aged 15–49 years (TDHS, 2016)	30% relative reduction	Survey (target in the national HSSP V)	
Priority intervention 3.2	Percentage of households with adequate sanitation facilities	60% (Tanzania Malaria Indicator Survey, 2017)	>80%	TDHS	National indicator on HSSP V
Strategic priority 4	Improve the digitization of health care facilities	Not available	All hospitals and 80% of health centres	Survey	Indicator in the national digital health strategic plan
Priority intervention 4.1	Availability of capacity to use data for action at all levels	Not available	All districts and regions have trained manpower on health information use	Training reports	Analysis, interpretation and public health research for decision-making
Priority intervention 4.2	UHC effective coverage index	55.2 (2019, GDB estimate)	69	GDB	1% per year (the average trend of change was 1.2 per year for 10 years from 2009 to 2019)
	Health emergency index	54 (2018)	65	Triple Billion dashboard	
	% of healthier populations	1.6% (Triple Billion target)	12.4 (projected for 2025 Triple Billion dashboard)	Triple Billion dashboard	

Annex 2: DPG-H members and programmes of support

No	Agency	Areas of support
1	Canada/Department of Foreign Affairs, Trade and Development (DFATD)	• Maternal, newborn and child health • Human resources for health, Health Basket Fund
2	United States/Centers for Disease Control and Prevention (CDC)	• HIV, blood safety, global health security • Maternal, neonatal and child health • Field Epi and Lab Training Programme • Disease outbreaks, Ebola, prostate cancer • Health system strengthening, including human resources for health, institutional capacity building, monitoring and evaluation, surveillance • Health information systems
3	United States/United States President's Emergency Plan for AIDS Relief (PEPFAR)	• Global Fund portfolio (HIV, tuberculosis, malaria and health systems strengthening) in Mainland Tanzania and Zanzibar
4	United Kingdom/Department for International Development (DFID)	• Reproductive health, nutrition, malaria • Water, sanitation and hygiene • Equity and gender-based violence • Early childhood development • Youth, social protection, innovation
5	Germany/German Agency for International Cooperation (GIZ)	• Social health protection, health care quality improvement • Health governance • Maternal and newborn health
6	Germany /KfW	• Maternal, newborn and child health • Social health protection • Health care financing • Reproductive health and HIV/AIDS
7	Ireland /Irish Aid	• Quality and equity, vulnerable groups' concerns such as disability, gender-based violence etc. • Nutrition • Human resources for health • Reproductive, maternal, newborn, child and adolescent health • Health Basket Fund • Health care financing
8	Japan/Japan International Cooperation Agency (JICA)	• Regional health system (e.g. quality improvement management, regional referral hospital, 5S-Kaizen-Total Quality Management, human resources for health) • Reproductive health at Muhimbili University of Health and Allied Sciences / maternal and newborn health by volunteers
9	Denmark/Danish International Development Agency (DANIDA)	• Sexual and reproductive health and rights • Public–private partnerships • Public expenditure and financial accountability assessment
10	Switzerland/Swiss Agency for Development and Cooperation (SDC)	• Health Basket Fund • Social protection • Public–private partnerships • Global Health Initiatives • Malaria • Social accountability and good governance
11	United Nations Children's Fund (UNICEF)	• Maternal, newborn and child health • Health Basket Fund
12	United Nations Development Programme (UNDP)	• HIV national response • Social protection • Access to and delivery of health technology • Health care waste management (reduction of unintended persistent organic pollutants and mercury from the health sector) • Integrating HIV and gender-related issues into environmental impact assessment

13	United Nations Population Fund (UNFPA)	• Reproductive, maternal, newborn, child and adolescent health, including family planning • Human resources for health/midwifery workforce • Health Basket Fund • Gender-based violence and data generation and use
14	Joint United Nations Programme on HIV and AIDS (UNAIDS)	• HIV and AIDS
15	USA/United States Agency for International Development (USAID)	• Emergency preparedness, human resources for health • Maternal and child health • Global Financing Facility for Women, Children and Adolescents • Health care financing, health systems strengthening • HIV/AIDS
16	World Bank	• Reproductive, maternal, newborn, child and adolescent health and nutrition • Health Basket Fund/strengthening service delivery • Results-based financing, health financing • Public health lab systems strengthening • Pandemic preparedness, emergency medical services
17	Italy /Italian Agency for Development Cooperation	• HIV/AIDS, tuberculosis, emerging infectious diseases
18	World Health Organization (WHO)	• Providing leadership in health, convening, partnership engagement, technical support • Research, setting norms and standards, articulating ethical and evidence-based policy options, monitoring the health situation and assessing health trends, leading/coordinating operations (health emergencies), building capacity (for institutions and the health workforce) • Health system strengthening • Reproductive, maternal, newborn, child and adolescent health • Health care financing and social protection, health promotion • Communicable and noncommunicable diseases • Health emergencies (including zoonotic diseases)
19	South Korea/Korea International Cooperation Agency (KOICA)	• Maternal, newborn and child health • Health Basket Fund
20	African Development Bank (AfDB)	• Regional Project – East African Centre of Excellence for skills and tertiary education in biomedical science phase 1. Cardiovascular diseases area is specific for Tanzania
21	International Organization for Migration (IOM)	• Health assessments, health promotion and assistance for migrants; • HIV, sexually transmitted diseases, cholera, tuberculosis, malaria • Noncommunicable diseases, public health events • Managing migration of health workers
22	Food and Agriculture Organization of the United Nations (FAO)	• Emerging Pandemic Threats Programme Phase 2 • Animal Health under One Health Agenda
23	France	• Global Fund, Gavi, Unitaid
24	Norway	• Global health initiatives such as Gavi, Global Fund, Global Financing Facility etc.
25	Korea/Korea Foundation for International Healthcare (KOFIH)	• Health system strengthening project through promotion of reproductive, maternal, newborn and child health • Consulting project on hospital operation and management • Training programme for biomedical engineers and technicians • HRH invitational training programme

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