

# Working Together to Promote Health

## Annual Report 2017





<b>FOREWORD</b> .....	<b>iii</b>
<b>INTRODUCTION</b> .....	<b>iv</b>
<b>CHAPTER 1: EFFECTIVE LEADERSHIP AND PARTNERSHIPS FOR HEALTH</b> .....	<b>1</b>
Regional meetings hosted by the WHO Country Office in the year 2017.....	3
<b>CHAPTER 2: REDUCING THE BURDEN OF COMMUNICABLE DISEASES</b> .....	<b>4</b>
HIV/AIDS.....	4
Tuberculosis.....	6
Viral Hepatitis.....	6
Malaria.....	7
Immunization and Vaccine Development (IVD).....	9
Routine Immunization.....	9
<b>CHAPTER 3: TACKLING THE THREAT OF NONCOMMUNICABLE DISEASES (NCD)</b> .....	<b>20</b>
Development of NCD Multi sectoral Strategy and Action Plans.....	20
Assessment of country's capacity and progress in NCDs prevention and control.....	22
Reducing Tobacco use and exposure to Tobacco smoke.....	23
Launch of Tobacco control regulation in Zanzibar.....	23
Capacity building for enforcement of and compliance with Tobacco control regulations in Zanzibar.....	24
Commemoration of World No Tobacco Day 2017.....	24
Tobacco taxation initiative.....	25
Road Safety Programme in Tanzania.....	25
Engaging Parliamentarians in Road Safety.....	25
Training of lawyers on Road Safety Legal and Policy Reform.....	26
Training of journalists on road safety reporting.....	27
<b>CHAPTER 4: PROMOTING HEALTH THROUGH THE LIFE COURSE</b> .....	<b>28</b>
Nutrition.....	28
Multi sectoral Nutrition Action plan and monitoring framework.....	29
Capacity for implementation of Nutrition interventions.....	29
Adaptation of Nutrition guidelines, tools and standards.....	30
Reproductive, Maternal, Newborn and Child Health.....	30
Equity, Gender, Human Rights and Social Determinants of Health.....	33
<b>CHAPTER 5: HEALTH SYSTEM STRENGTHENING</b> .....	<b>34</b>


Enhancing health service delivery .....	34
Improving access to essential medicines.....	35
Launch of the National Action Plan on Antimicrobial Resistance.....	35
World Antibiotic Awareness Day Commemorations .....	35
Monitoring of antimicrobial consumption using WHO AMC tool .....	36
eLMIS Data Quality Assessment.....	36
Strengthening health information systems.....	37
Leadership and governance .....	38
Analytical review of Health Sector Strategic Plan III.....	38
Protecting the Human Environment.....	41
Water, Sanitation and Hygiene in communities and health facilities.....	41
Building Climate Change adaptation in the Health Sector.....	42
<b>CHAPTER 6: PREPAREDNESS, SURVEILLANCE AND RESPONSE .....</b>	<b>43</b>
Cholera outbreak response .....	43
Training of Rapid Response Teams .....	44
Launch of the National Action Plan for Health Security.....	45
WHO and MOH IHR simulation exercises.....	46
Joint External Evaluation of the IHR core capacities in Zanzibar .....	46
Cholera elimination in Zanzibar .....	47
<b>CHAPTER 7: CORPORATE SERVICES AND ENABLING FUNCTIONS.....</b>	<b>48</b>
Human Resources .....	48
Premises and working environment.....	48
Funding.....	49
Key Performance Indicators (KPIs) .....	49
Programmatic KPIs .....	50
Information Communication, Technology and Management (ITM) .....	52
<b>Appreciation.....</b>	<b>53</b>
<b>Photo gallery: WHO Country Office Retreat 2017-team building exercises .....</b>	<b>54</b>
<b>Photo gallery: WHO Country Office staff in action.....</b>	<b>54</b>
<b>Photo gallery: WHO Country Office staff in action.....</b>	<b>55</b>

# Foreword

The World Health Organization (WHO) in Tanzania is pleased to share with its partners and stakeholders its 2017 Annual Report. It provides insight into WHO's work that aims to improve the health of the people of the United Republic of Tanzania in collaboration with key stakeholders. It also highlights the implementation of the WHO Country Programme with a focus on major achievements and opportunities as well as challenges. The year 2017 was a very busy one with significant strides and landmarks towards improving the health status of the people of Tanzania. Highlights of the key achievements include among others the development of a costed National Action Plan for Health Security, the launch of the National Action Plan on Antimicrobial Resistance, the consensus on the Health Data Collaborative Initiative and the review of the Health Sector Strategic Plans in Mainland and Zanzibar. The assent of the Public and Environmental Health Act on 2012 was followed by the development and launch of the Tobacco Control legislation in Zanzibar.

I would like to commend the Government of the United Republic of Tanzania for putting health on a high position on the national development agenda. The development partners Group in health has done its best to further enhance coordination and collaboration. Many achievements would not have been possible without the vision and the wisdom of the WHO Regional Director for Africa and the support of the Executive Management Team and Colleagues at various levels. I believe that whenever we agree to work together, we are stronger.

Yes, together we deliver more and better, we go faster and further.



Dr. Matthieu Kamwa

**WHO Representative/Tanzania (a.i)**

# Introduction

This Annual Report covers the period from January to December 2017, and reflects the work accomplished over the 12 months. It highlights the delivery of results achieved in supporting the country and collaborating with partners to improve health outcomes in Tanzania.

The Country Office in 2017 played a critical advisory role with respect to the development of health policies and strategies, technical guidelines and mechanisms to implement norms and standards. It provided technical policy advice, contributed to sustainable capacity building, strengthened management capacity and provided health leadership by coordinating efforts at the national, regional and district levels.

Achievements outlined in this report were possible through strong national leadership, good governance and collaboration with different partners including multilateral, bilateral, local and international non-governmental and civil society organizations.

The report is presented according to the six priority areas outlined in the Country Cooperation Strategy for the period of 2016–2020 for the United Republic of Tanzania as follows:

- Reducing the morbidity and mortality caused by communicable diseases through appropriate and effective interventions
- Reducing the burden of NCDs through health promotion and reduction, prevention, treatment and monitoring of their risk factors
- Contributing to RMNCAH and well-being, promotion of health through addressing the social determinants of health
- Strengthening health systems to improve the quality, equity in access and utilization of health services
- Providing support for developing the minimum IHR (2005) core capacities and strengthening the capacity to implement disaster risk management

# Effective Leadership And Partnership For Health

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

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

Given the ongoing move of the Government to the Dodoma (the administrative capital city), a new joint UN field office was opened in December by the Prime Minister. The office is fully equipped and has conference facilities which can adequately accommodate meetings. Great efforts were also made to improve the working environment within the office in Dar Es Salaam and Zanzibar with the provision of new furniture in offices, and conference rooms, IT equipment, the establishment of a social corner for staff interaction and work and life balance.

WCO works in collaboration with different partners including multilateral, bilateral, local and international non-governmental and civil society organizations. The organization is an active player in the Sector Wide Approach and participates in the Delivering as One UN Framework in Tanzania. WHO is also a Secretariat to the Development Partners Group for Health (DPG/H) and functions to ensure harmonization and alignment of partners' support to the national priorities and health sector development.

The Country Cooperation Strategy for the period of 2020–2016 for the United Republic of Tanzania outlines the vision of the WHO for its work in the country. The identified priorities within the CCS seek to support implementation of outlined priority issues contained in the Health Sector Strategic Plan IV.

In undertaking its work, the WCO Tanzania activities are conducted within and across four technical programme clusters. These are the Health Systems Strengthening

## Chapter 1

(HSS); Disease Prevention and Control (DPC); HIV/AIDS, Tuberculosis and Malaria (ATM) and the Family and Reproductive Health (FRH) Clusters. In line with the vision of the Transformation Agenda, the Country Office clusters implement and report on 20 Programmatic and Managerial Key Performance Indicators (KPIs).

The programmatic clusters are led by the WHO Representative, Dr Matthieu Kamwa and operationally supported by the Country Support Unit (CSU) which works under the direct supervision of the Operations Officer and general supervision of the WHO Representative and the Director General Management Cluster at Regional Office.

A sub-office in Zanzibar headed by the Public Health Administrator provides support to Zanzibar in collaboration with the main WCO staff.



*Hon. Kassim M. Majaliwa (MP), the Prime Minister of the United Republic of Tanzania cutting the ribbon to mark the launch of the new UN Dodoma Office. To his right is the WHO Representative, Dr. Matthieu Kamwa, Hon. Amb. Dr. Augustine Mahiga (MP), Minister of Foreign Affairs and East African Cooperation, to his left is Mr. Alvaro Rodriguez, the UN Resident Coordinator holding the ribbon. Standing to the far left and right are government officials and Heads of UN Agencies.*



## Regional meetings hosted by the WHO Country Office in the year 2017

SN	MEETING	DATES
1	Development of a Costed National Action Plan for Health Security (NAPHS)	20–23 April 2017
2	Infectious substances shipping training (ISST) workshop	10 – 14 July 2017
3	Africa Regional Meeting on National Inventories with the Digital Health Atlas	28 – 30 July 2017
4	WHO and CDC Joint East African Regional EM/EOC workshop	31 Jul – 4 Aug 2017
5	Nutrition in Emergencies Training	28 Aug – 1 Sep 2017
6	Training workshop on Malacology and Snail Control	12 –16 Sep 2017
7	Final meeting of the EU/ACP/WHO Renewed partnership strengthening pharmaceutical systems and access to quality medicines in ACP	19 – 21 Sep 2017
8	Regional workshop on One-Health	12 – 13 Oct 2017
9	Joint WHO–OIE IHR– PVS National Bridging workshop	16 – 18 Oct 2017
9	Workshop to build capacity for development of tobacco taxation policy proposal	23–26 Oct 2017
10	Regional capacity building workshop on equity-oriented, rights-based, and gender transformative approaches to strengthen RMNCAH policies, plans and programme	6 – 9 Nov 2017
11	WHO Regional Training on IHR (2005) Monitoring and Evaluation	29 – 30 Nov 2017
12	Infectious Substances Shipping Training (ISST) Workshop	11 – 13 Dec 2017
13	Workshop to operationalize the quality of care for MNCH Roadmap	11–14 Dec 2017
14	Final face to face meeting of DFID project on Climate Change and WASH	12 – 13 Dec 2017

# Reducing The Burden Of Communicable E Diseases

## HIV/AIDS

HIV/AIDS remains one of the diseases of public health importance in Tanzania. A population-based survey conducted in 2017 showed a prevalence of 4.7% of HIV compared to 5.1% in 2012; this classifies the epidemic as stable and generalized. In response to the epidemic, the Ministry of Health has taken the starring role to accelerate achievements of global targets for diagnosing 90% of People Living with HIV (PLHIV); initiating treatment to 90% of the diagnosed PLHIV; and attaining viral load suppression to 90% of PLHIV on treatment by 2020. Moreover, there have been efforts to scaled up of HIV prevention services which are tailored to specific population groups and guided by needs.

The country is estimated to have 1.4 million PLHIV with over 950,000 receiving antiretroviral therapy (ART) in 2017. Scale up of ART in the country has significantly led in reduction of mortality related to AIDS to less than 34,000 annually compared to nearly 100,000 at the peak of the epidemic in early 2000. However, annual estimates of the number of new HIV infection is still high (55,000 new infections annually with 10,000 of new infections through vertical transmission). Significant portion of the infections is reported in adolescent girls and young women. Low HIV positive yield has been observed in the HIV testing approaches; only 74% of clients initiated ART are retained in treatment at -12months and lack of universal access to viral load testing services are among the factors that impede the progress in the fight against HIV/AIDS in the country.

During the development of a new Health Sector HIV Strategic Plan 2022-2017, WHO gave guidance on interventions for HIV combination prevention; HIV targeted testing; care and treatment support so as to address the gaps. Moreover, WHO supported the country in resource mobilization efforts so as be able to implement and monitor these interventions, WHO hired a team of dedicated experts who compiled and shaped Global Fund grants application for HIV and Monitoring and Evaluation.

## Chapter 2

Further, WHO facilitated capacity building of 215 Health Care Workers and Community Health Care Workers from 8 high burden regions (Geita, Tabora, Kagera, Shinyanga, Rukwa, Ruvuma, Njombe and Arusha) on Community Base HIV/AIDS service provision so as to improve ART retention especially after the adoption of “Treat All” strategy.

In 2016, legal environment in the country did not favour delivery of HIV services to Key populations (which include Commercial Sex Workers, People Who Inject Drugs and Males Who Sex with other Males). These groups have the highest risks for contracting and spreading HIV infections among themselves and in general population. One of the public health approaches used to convince authorities on the specific needs for HIV services was to have a , WHO supported the revision of Key and Vulnerable population guideline which define essential needs for this group and development of M&E tools to ensure standard reporting for all implementing partners. Furthermore, WHO supported printing of 15,000 copies of the guideline which were distributed to all regions. This led to the re-initiation of HIV services for Key and Vulnerable Population last year.

In addition, WHO together with the Ministry of Health held a consultative meeting to learn experts’ opinion and feasibility for the integration of Voluntary Medical Male Circumcision (VMMC) services with Adolescent Sexual Reproductive Health. Integration of these services will help to target young boys accessing VMMC services with accurate information on sexuality and basic life skills which are critical for HIV prevention.



*Figure 1: Adolescents and Young Men share life skills knowledge while assessing VMMC services*

## **Tuberculosis**

Tanzania like many countries in Sub-Saharan Africa has very high incidence of TB infection. WHO estimates annual incidence of 287 cases in a population of 100,000 people in the country, only 120 (42%) cases in a population of 100,000 were detected in the health system and offered treatment. The treatment success rate for the cases initiated treatment is more than 80%. The country has adopted TB End Strategy which aims to strengthen patient-centred care and prevention for TB; improve socio-economic systems that will improve treatment outcome; and intensify operational research and use of information for programme delivery.

In this year, WHO supported a one-week mission of Green Light Committee for ending TB which came up with the recommendations to increase Government commitment and partnership in the Programmatic Management for Drug-resistance TB activities; improve case finding and diagnosis for Multi-drug resistance TB patients; and introduce short regimens for Multi-drug resistance TB to improve program performance. WHO worked with the Ministry to adopt TB Drug Resistance Survey protocol; conducted monitoring visits together with the programme to make sure that the survey is implemented as per standard operating procedures. The survey report is expected to be out in July 2018; and it will inform on the magnitude of TB Drug resistance and guide on the needs for policy changes and programmatic actions for TB services in the country.

## **Viral Hepatitis**

Chronic Viral Hepatitis B and C are among the diseases targeted for global elimination by the year 2030. Tanzania has a prevalence of 4% for Chronic Viral Hepatitis B in the general population according to a national survey done in 2017. However, in many published studies, high prevalence of Chronic Viral Hepatitis B and C has been identified in high risk groups including People Who Injects Drug, Commercial Sex Workers and Men Who have Sex with other Men. In this year, WHO worked with the Ministry of Health to develop the first ever National Strategic Plan for Control of Viral Hepatitis 2021-2017. This plan aims on raising awareness about the disease; improve access to diagnosis and treatment services; promote for different preventive measures including immunization; and monitor the trends of the disease. Furthermore, the plan will be used to advocate for resource mobilization for viral hepatitis activities which are grossly under-funded.

National HIV Indicator Survey showed the prevalence of Chronic Viral Hepatitis B in the general population to be 4%, also in many published studies the problem of Chronic Viral Hepatitis B and C has been identified for general population and in high risk groups including People Who Injects Drug, Commercial Sex Workers and Men Who have Sex with other Men.

Towards responding to this emerging public health problem, the Ministry of health has designated a focal point to coordinate the responses including the use of data to guide intervention. WHO country office supported development of National Strategic Plan for Control of Viral Hepatitis and was engaged in raising awareness and advocating for increase access to diagnostic and treatment services.

## Malaria

The National Malaria Control program (NMCP) is currently implementing its National Strategic plan –2015 2020 in which one of the pillars is strengthening its Monitoring, evaluation and surveillance system. Currently NCMP has a monitoring, evaluation and surveillance unit whose overarching objectives is to provide timely and reliable information to assess progress towards the set global and national targets and to account for investments made in malaria control. To ensure that quality assured data is routinely produced, it is important that program staff are capacitated to analyze malaria data and make informed decision making.

This year, WHO supported 25 malaria program officers to undergo an extensive data analysis training that encompassed spatial data management, mobile data capture and advanced excel analytics. It is anticipated that the training will enhance statistical and M&E capacity of Malaria Program staff.

In understanding that the quality of Malaria data depends not only on the surveillance and monitoring unit, WCO and the national malaria control program developed a comprehensive tool that would assist malaria focal persons to verify data consistency from all disciplines within the Ministry. The package ‘Malaria Service Delivery and Data Quality Improvement’ was thus developed and rolled out to all regional malaria focal persons. WCO offered technical expertise and participated in training of the regional malaria focal persons.



*Malaria Therapeutic Efficacy Team in Tanga with Clinical Monitors from WHO*



*Dr Matthieu Kamwa sharing views with Dr. Pierre Carnevale, renowned Medical Entomologist from France during the residual Malaria Transmission workshop.*

WCO supported the country to undertake an evidence-based appraisal of the malaria situation and programme performance in the Mainland Tanzania with a view to strengthen the NMCP for better results and impact for the remaining period of the plan and suggest recommendations to enable achievement of the set goals by 2020.

Technical officers from the WHO Country Office including; Malaria, Family and Reproductive Health (FRH), Child and Adolescence Health (CAH), HIV/AIDS and HSS provided technical support to Malaria Program in Global Fund Application. Technical support was also received from the Inter-Country Support Team in Eastern and Southern Africa during the proposal development process of the RSSH.

WHO supported the country to conduct clinical monitoring and validation of therapeutic efficacy studies (TES) in six sentinel sites evaluating Artemether Lumefantrine (AL) and dihydroartemisinin+piperazine (DP). The National Malaria Control Programme (NMCP) coordinates and oversees the TES in Tanzania. The National Institute for Medical Research (NIMR) was the implementing partner. The WHO provided quality assured medicines for the trials and technical support for the field teams. Findings revealed that all records of about 500 cases were assessed and a proportion of the laboratory slides validated. The findings confirmed that the studies were implemented as per protocol and information of all patients was appropriately recorded. Despite remarkable achievements recorded in the fight against malaria globally, challenges relating to spread of insecticide resistance persist in most endemic countries in Africa. WCO supported the country to convene a workshop on 'Residual Malaria Research Projects investigating the magnitude and causes of residual parasite transmission in selected settings, including impact of insecticide Resistance on LLINs efficacy.' The main purpose of the workshop was to provide information on the magnitude of residual malaria transmission in different epidemiological settings, and secondly to identify the main factors driving that transmission through standardized protocols.

With support from WHO and partners, the Ministry of Health Zanzibar has made significant progress in reducing the burden of malaria over the past decade. Following the malaria elimination audit (2015) and intensive training on the concept of malaria elimination by WHO, Zanzibar is now moving towards elimination. The Country Office supported the Zanzibar Malaria Elimination Program to revise its strategic plan addressing strategic action items that will accelerate the move towards complete Malaria elimination.



*Participants of the workshop on Residual Malaria transmission, 28-30 November, White sands Hotel, Dar-es-Salaam*

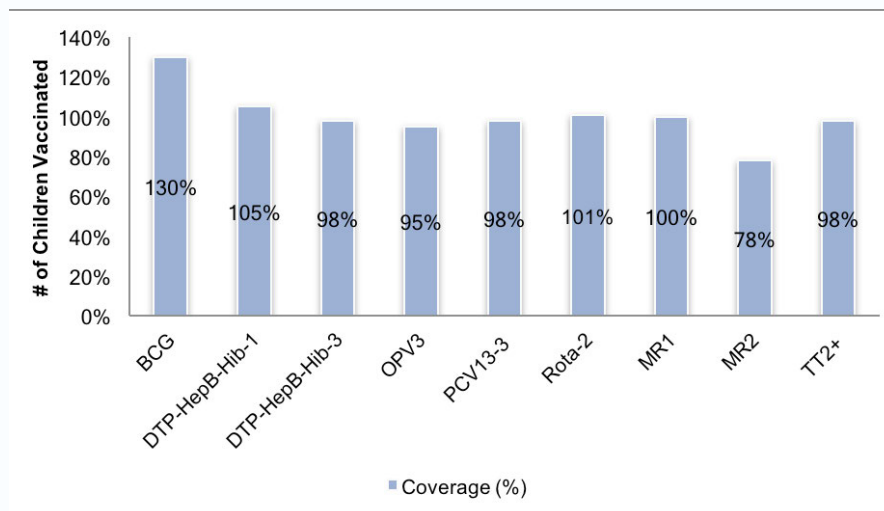
## IMMUNIZATION AND VACCINE DEVELOPMENT (IVD)

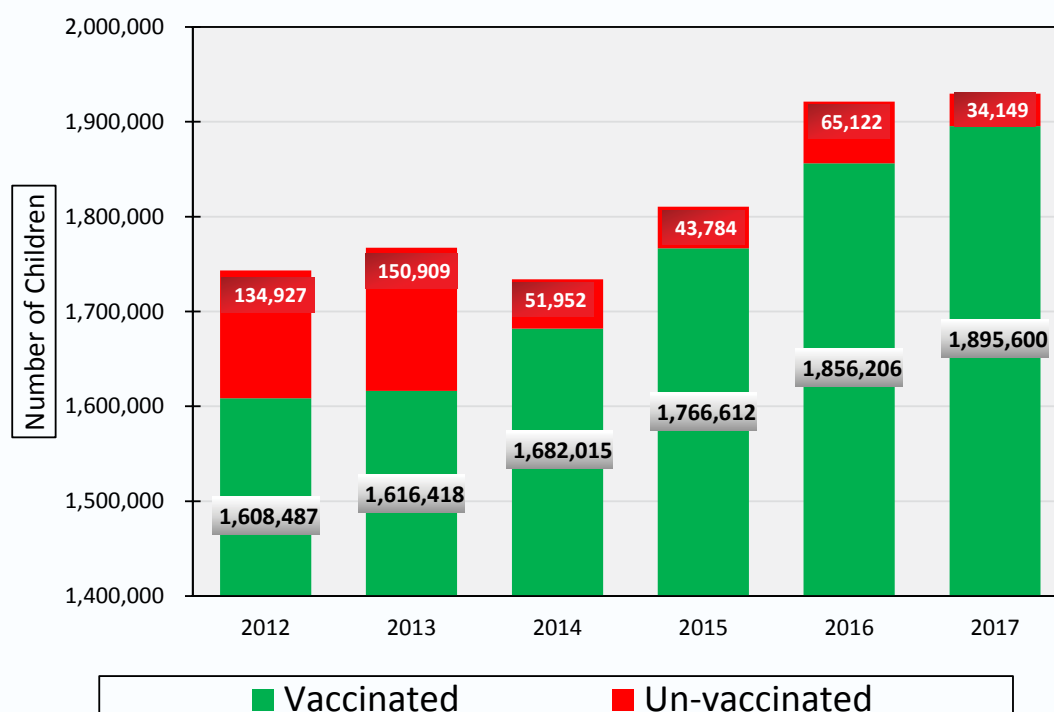
### Routine Immunization

There are 13 antigens delivered free of charge in all public and private health facilities in Tanzania. The vaccine provided are BCG, bOPV, DTP-Hib-HepB, PCV13, Rotavirus, Measles Rubella and Tetanus Toxoid. In 2017, the a coverage of more than 90% was achieved in all antigens except for the second dose of Measles Rubella (MR2) which was 78% reflecting that parents or caretakers were not informed or reminded of the second dose of Measles Rubella vaccination visit.

In 2017, a total of 152 (83%) out of 184 district councils achieved the DTP-Hib-HepB 3 coverage of at least 90% and the number of children who did not complete complete three doses of DTP-Hib-HepB reduced from ,65 122 reported in 2016 to 34,149 for 2017. .

### Immunization Coverage, Tanzania 2017





WHO played a major role in the country's Immunization achievement by providing technical support during training, supportive supervision, data quality reviews; monitoring and evaluation. WHO supported the establishment of the National Immunization Technical Advisory Group (NITAG) which in 2017 recommended to the Government on the introduction of Inactivated Polio Vaccine (IPV) and Human Papilloma Virus (HPV) vaccine country wide and change of the use of TT to Td vaccine.

Technical officers from the WHO Country Office supported the country in application of Human Papilloma Virus (HPV). The application was approved; introduction grant received, and Human Papilloma Virus (HPV) vaccines released ready for the introduction in 2018.

Key challenges encountered in 2017 for routine immunization services delivery included; addressing coverage and equity; creation of new region and districts which requires establishment of more vaccine stores; unrealistic target population; delay submission of health facility data at district level; high turnover of trained health workers and shortage of human resources.

## Polio Eradication

Tanzania reported the last confirmed case of polio in 1996 and was certified polio free by African Region Certification Committee (ARCC) in November 2015. WHO continued to support the country in implementation of recommended strategies to sustain polio free status. In the reporting period, the OPV3 coverage was maintained above 90% in all regions.

Regarding AFP Surveillance, a total of 959 AFP cases were investigated in 2017 and the country achieved both AFP surveillance operational key indicators; the non-polio AFP rate per 100,000 under 15 years which at the end of the year was 4.2 and stool adequacy of 95.7%.



The Inactivated Polio Vaccine (IPV) has not been introduced after TOPV–bOPV switch as recommended by WHO because of the global shortage.

The three polio committees (National Certification Committee (NCC), National Polio Expert Committee (NPEC) and National Task Force for Containment (NTF) met at regular intervals in 2017. The National Expert Committee (NPEC) classified four AFP cases as compatible to polio.

To support low performing regions and districts; six regions at high risk of importation (Mbeya, Rukwa, Katavi, Kigoma, Songwe and Kagera) of the circulating derived Polio Virus (cVDPV2) from the Democratic Republic of Congo (DRC), National STOP Team members were deployed twice in the year. WHO surveillance officers supported Regional Health Management Teams (RHMTs) and Council Health Management Teams (CHMTs) in VPDs surveillance by conducting active search, sensitization of health workers and validation of reported AFP cases.

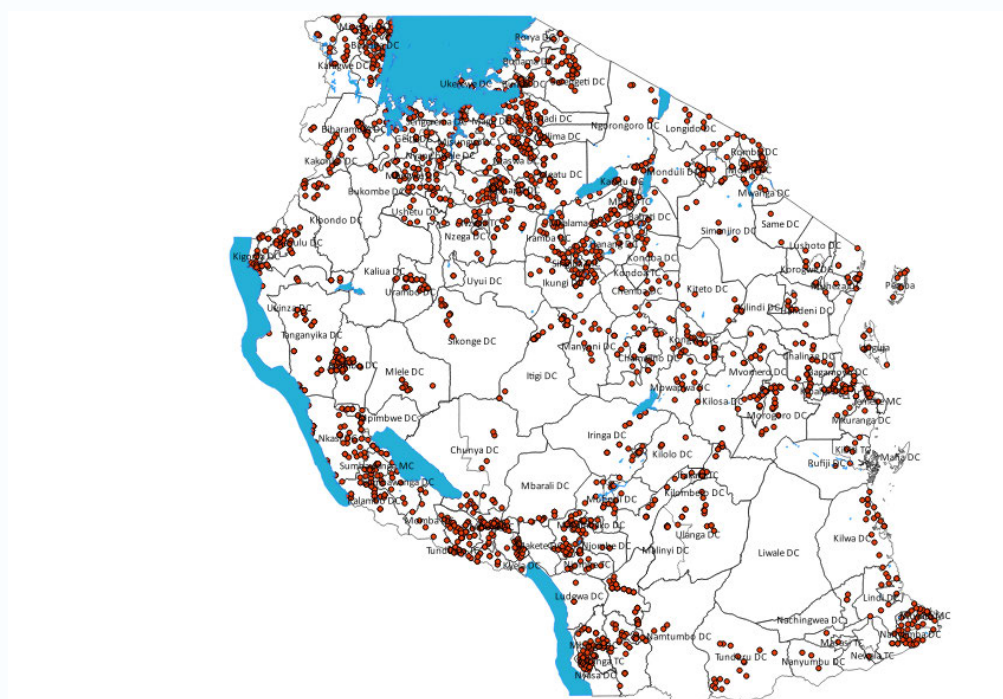


*Sensitization of traditional healers on surveillance*

## **USE OF OPEN DAT KIT (ODK) IN IVD**

To strengthen VPD surveillance and integrated supportive supervision, a mobile based system with two data collection tools deployed nationwide are; Integrated Supportive Supervision (ISS) Tool which collects data on active searches and immunization and AFP validation tool collects which data on validated AFP cases. The mobile based system improved information tracking and authenticity of the information collected as all collected data items are linked to physical location of the AFP case and timely feedback. The WHO officers trained all regional and district surveillance focal persons and NSTOP Teams to use Open Tool Data Kit (ODK).

Figure 1: Map showing Surveillance and Integrated Supportive Supervision visit 2017



## Measles Rubella

The number of the measles and rubella cases has reduced significantly, and case-based surveillance continued to be improved and the global indicators were achieved.

The total notified cases of suspected measles were 2081 from 100% of districts with non-measles febrile rash illness rate of 100,000/2.5 population.

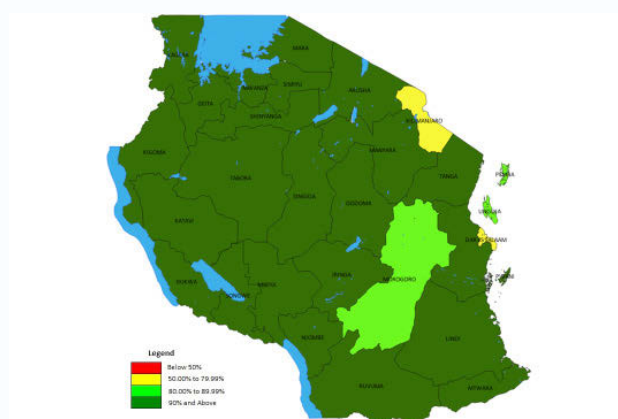
The main challenge for Measles Rubella Case Base surveillance during the year under review was the lack of unavailability of the measles test kits and inadequate lab staff to perform lab test in time.

Indicator	Target	2014	2015	2016	2017
Percentage of districts reported measles with blood specimen taken	80%	83%	92%	92%	100%
Non-Measles detection rate per 100,000	2	2.1	2.1	2.6	2.45
Measles cases reported		88	30	33	4
Rubella cases reported		529	45	24	28

## New Vaccine Surveillance

WHO country office supported the training of clinician and nurses at all eight sentinel sites to identify children with chronic diarrhea, bloody diarrhea and acute watery diarrhea for enrollment. The sentinel sites were supported to conduct quarterly reviews and in procurement of laboratory supplies.

For the first time, the national lab conducted genome sequencing of rotavirus positive specimen. The lab personnel have no capacity to interpret evolutionary changes. In 2017 the rotavirus surveillance was expanded to include other enteropathogens such as typhoid, shigella, enterococcus and others.



*WHO Surveillance Officer supporting discussions during sensitization of traditional healers on surveillance*

## Neglected Tropical Diseases (NTDs)

Neglected Tropical Diseases (NTDs) are a diverse group of communicable diseases that prevail in tropical and subtropical conditions. They mainly affect impoverished communities who live in close contact with infectious vectors, domestic animals and livestock. Lack of clean and safe water and inadequate or unsafe sanitation perpetuate transmission of many NTDs.

Eleven neglected tropical diseases are endemic in Tanzania; these are (a) Onchocerciasis, (b) Lymphatic Filariasis (LF), (c) Trachoma, (d) Soil-Transmitted Helminthiasis (STH), (e) Schistosomiasis, (f) Rabies, (g) Human African Trypanosomiasis (HAT), (h) Taeniosis (+cysticercosis), (i) Echinococcosis, (j) Tick-Borne Relapsing Fever (TBRF), and (k) leprosy. Surveys carried out between 1990 and 2014 showed widespread endemicity for schistosomiasis and soil-transmitted helminthiasis. LF was endemic in 97 districts, onchocerciasis in 22, and Trachoma in 62. Rabies is scattered nationwide with about 1,499 human deaths reported annually. A few sporadic cases of HAT occur in the northern and western regions of the country. 20 districts still report leprosy cases of above the WHO recommended elimination threshold. The status of

taeniosis (+cysticercosis), echinococcosis, and Tick-Borne Relapsing Fever (TBRF) is still to be determined. The World Health Organization (WHO), together with its partners formulated an innovative strategy to ensure cost-effective, ethical and sustainable control measures are put in place to support elimination and or eradication of all NTDs. The WHO country office in Tanzania, in collaboration with Ministries of Health and partners, has used these strategies to support control and elimination of eight priority neglected tropical diseases. Preventive chemotherapy, on the one hand, targets control and elimination of 5 PC NTDs, namely Onchocerciasis, Lymphatic Filariasis, Trachoma, Soil-Transmitted Helminthiasis, and Schistosomiasis, while three diseases, Rabies, Human African Trypanosomiasis and leprosy are addressed through intensified case management interventions and One-health approach.

Tanzania is making significant progress in tackling Neglected Tropical Diseases. There is an increasingly high political commitment, ownership and government leadership. A comprehensive Multi-year NTD Master Plan (2017-2012) has been instrumental in guiding country interventions in line with the WHO Road Map and the African Regional Strategy for NTDs.

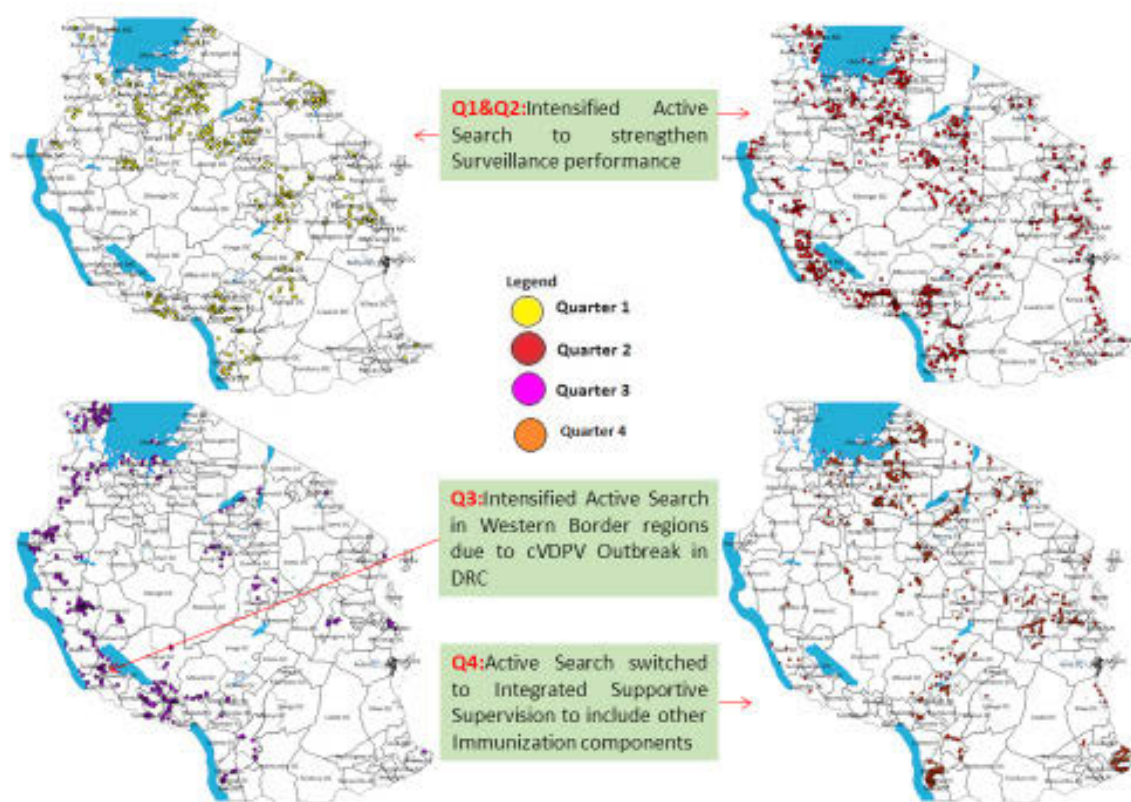
## **Strengthened partnership and capacity for Preventive Chemotherapy NTD Interventions**

---

ESPEN, the Expanded Special Project for the elimination of NTDs is a project established in a spirit of partnership between endemic countries in the African region, PC-NTDs partners and WHO to provide technical and operational support to countries in their efforts to control and eliminate targeted PC-NTDs. The new project based in AFRO region enables the coordination among MoHs and their stakeholders, acting as a bridge and meeting point. Tanzania is among countries that benefit from this project.

In June 2017, the Ministry organized a high-level meeting, which involved WHO and partners to review the national NTD programme. This was the fifth meeting successfully organised by the Ministry to discuss progress of implementation in line with the NTD Master plan and goals of the WHO NTD Roadmap. WHO took this opportunity to share an update on the new WHO NTD entity, ESPEN, and shared the framework and technical assistance that would be available to compliment NTD partner efforts in the country. Country capacity gaps for assistance were selected, and activities integrated into the joint national action plan. So far, technical and strategic guidance has been provided by the country office through ESPEN. Capacity has been built in diseases monitoring, coordination, distribution of donated medicines and in strengthening cooperation with other sectors and departments.

Figure 2: Map showing Surveillance and Integrated Supportive Supervision visit 2017



### ***Sustained access to NTD medicines***

WHO has continued to ensure sustained access to free NTD medicines. More than 100 million tablets of albendazole, mebendazole and praziquantel have been donated in the last six years to facilitate Preventive chemotherapy against STH, LF and Schistosomiasis. Of these, 12 million tablets (US Dollars 700,000) were donated to the Ministry of Health Zanzibar, last year. Tablets including ivermectin and zithromax were also received as donations from Merck and Pfizer to compliment the elimination of LF, onchocerciasis and Trachoma. More than 100 million treatments have so far been distributed in the country to fight NTDs. ESPEN through the regional office has been instrumental in facilitating clearance of donations through joint

application packages. Other partners including NGOs supported distribution of medicines through community drug distributors.

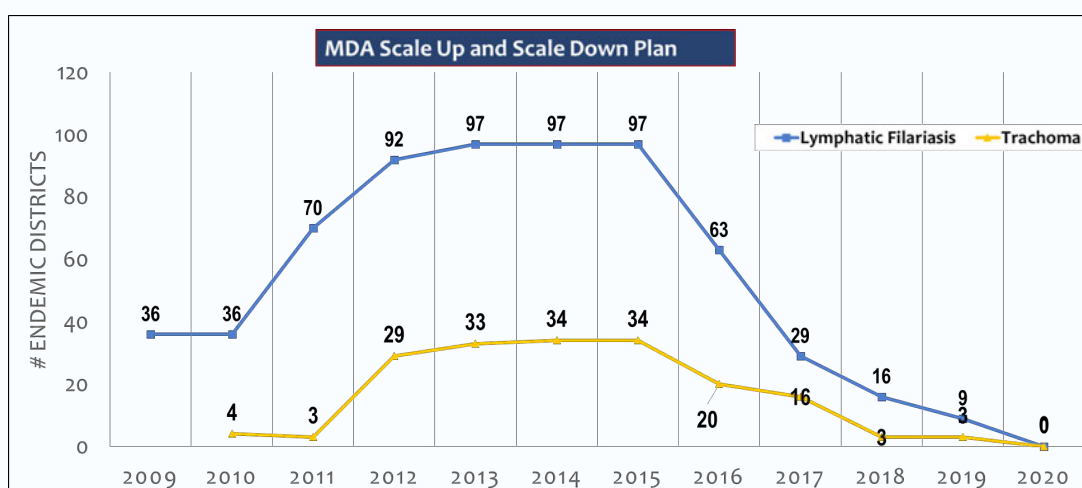
With regard to progress so far made, the donated medicines have enabled Tanzania mainland upscale LF treatment from below 21% in 2009 to reach 100% in 97 councils in 2015. LF interventions are now being stopped in areas confirmed to have interrupted transmission (figure 1). The same applies to Trachoma. The country office is working with partners and the Ministry to develop dossiers for the certification of elimination of the two conditions. Areas endemic to onchocerciasis, schistosomiasis and soil-transmitted helminthiasis still receive treatment once every year.

### Strengthened health systems for accountability to NTD medicines

Given the high commitment of pharmaceutical companies; WHO jointly with the Ministries of Health has put measures to ensure WHO donated medicines are correctly utilized and accounted. In November 2017, a team of experts including ESPEN, WCO and government staff conducted a joint mission to Morogoro and Zanzibar to assess the supply chain and management system for NTD medicines.

In general, most drugs were traceable and used. Minimal time, however, was noted to be available for data validation and stocktaking following late receipt of reports and remaining medicines from community drug distributors. Bottlenecks in this area were identified and recommendations incorporated into action plans for further assistance through ESPEN.

Figure 3: MDA Scale up and Scale down Plan for Tanzania Mainland



Source – NTD Program MOHCDGEC

### Snail control to compliment PC against Schistosomiasis

Snail control is increasingly becoming an essential component to compliment schistosomiasis control gains achieved through preventive chemotherapy. WHO has produced a guide for testing molluscicides in the laboratory and in field conduction and a manual to assist country programmes managers to implement snail control activities. In September 2017, WCO through ESPEN, together with the People's Republic of China facilitated and hosted the second Malacology and Snail Control training in Pemba Island. The meeting was organized within the context of WHO China-Africa collaboration in schistosomiasis control.

The training enhanced the capacity of programme managers to control the intermediate host snails of schistosomiasis. Both Ministries got oriented on the new WHO guidelines and learnt experiences of snail control undertaken in China. Teams had an opportunity to practice on the identification of snails and cercariae, and application of molluscicides in infested water bodies. All Ministries successfully selected areas for snail control and developed control plans for implementation. Pemba and Unguja Islands in Zanzibar, and Mwanza and Lindi regions in Tanzania mainland were proposed for snail control.



*Experts from WHO/ESPEN and MOHCDGEC assessing storage of NTD medicines in Morogoro Municipal.*

### **Building capacity for Stopping LF PC Interventions**

WCO facilitated the participation of Ministry focal points to attend TAS training in Entebbe Uganda. The session was meant to capacitate programme managers to determine whether an area has reached a critical threshold of LF infection prevalence, below which transmission is no longer sustainable. The results of TAS then enable programmers to decide to stop or continue with MDA. This training also capacitated programme teams assess the prevalence of STH to know whether administration of albendazole and mebendazole for STH needs to be maintained or stopped following halt of LF treatment Ivermectin when combined with albendazole targets the control of STH and elimination of lymphatic filariasis. Ivermectin when administered alone targets the control and elimination of onchocerciasis.

Both ministries of Health Tanzania mainland and Zanzibar have prepared TAS plans, and activities are ongoing for Tanzania mainland through support from the RTI/Envision and IMA. Scale down of MDA has begun in the mainland. MOH Zanzibar is preparing for Pre-TAS, which will be supported by ESPEN. An STH assessment will be done alongside the planned Pre-TAS.



*Participants in a group photo during the Malacology training in Pemba Zanzibar, 12 September 2017*

## **Implementation of One Health Approach**

The GOT has developed a National One Health Strategy to guide coordinated approach to addressing zoonotic diseases. Partners including UN agencies, USAID, Academia and research institutions are working collaboratively with the Government to address threats related to these diseases. Under the leadership of the PMO, a prioritization exercise was held in March 2017 to select zoonoses in need of focused control and support. Six conditions were identified, and in their order of priority, they included, (a) Rabies, (b) Rift Valley Fever (RVF) and other Viral Hemorrhagic Fevers (Ebola and Marburg), (c) Zoonotic Avian Influenzas, (d) Anthrax, (e) Human African Trypanosomiasis (HAT) and (f) Brucellosis. Two belong to the group of neglected zoonotic diseases.

WHO in collaboration with FAO and partners have worked with the Government of Tanzania to develop a National Integrated Guideline for the Surveillance of the six priority zoonoses. Strategic Plans and an Action Plan for Rabies, Anthrax, Brucellosis and HAT have been developed in line with the new National One Health Strategic Plan and National Plan for Health Security.

In October 2017, WCO in collaboration with FAO, the One Health Desk at the Prime Minister's office and Ministries of Health and Livestock, organised an IHR-PVS Pathway National Bridging Workshop for the government and partners (IHR-PVS NBW) IHR (2005) – International Health Regulations; PVS – Performance



of Veterinary Services to further bridge the human and animal health service gap. The two professions reviewed performance assessments reports of both sectors and explored options for improved collaboration and coordination. As a team, joint resolutions were formulated to strengthen preparedness for and control of the spread of zoonotic diseases.

The two UN agencies will continue supporting One Health interventions and in particular, in updating the Avian Influenza and RVF Strategic plans, and strengthening One Health coordination and activities at the regional, district and community levels.



*Experts in human and animal health attending National Bridging Workshop in Dar-es-salaam, Tanzania, October 2017*

# Tackling the threat of Noncommunicable Diseases (NCD)

Non-communicable diseases are a growing threat in the African region. They have significant economic and societal costs; which include the costs of treatment and loss of income for both, those affected and their caregivers. According to global statistics (2015), 70% of global deaths (56.4 million) were due to non-communicable diseases (NCDs) with the highest number (75%) being from low- and middle-income countries. Population ageing, unplanned urbanisation and globalization of trade and marketing are major promoters for NCD risks.

The work of WHO under this category focuses on advocacy, health promotion and risk reduction as well as prevention, treatment and monitoring of these diseases and their risk factors.

## Chapter 3

### Development of NonCommunicable Diseases Multisectoral Strategy and Action Plans

Non-communicable diseases are a growing problem in Tanzania. According to the WHO report 2011, NCDs contributed to 27% of all deaths. This figure increased to 31% in 2014 and up to 34% in 2017. In all the years, NCDs including Cardiovascular diseases, (CVD), injuries, cancer, respiratory diseases and diabetes were among the top ten. The latest statistics from the MOHCDGEC 2014/15, results also showed hypertension, head injury, cardiomyopathy and diabetes ranking high among top ten causes of death.

According to the first population-based WHO STEPS survey in Tanzania (2012); the proportion of current tobacco users Tanzania mainland was 15.9% and current alcohol drinkers 29.3%. More than 30% of population aged 25–64 years were overweight and obese with at least a quarter (26%) found with raised cholesterol levels and (33.8%) increased triglycerides. 9.1% of those tested had a high blood sugar level and 25.9% with elevated blood pressure. A similar survey in Zanzibar in 2011 showed the same increasing trends of exposure to NCD risks, however at a lower threshold when compared to Tanzania mainland.

To address the burden of non-communicable diseases, Ministry of Health Mainland and Zanzibar have developed NCD Multisectoral Strategy and Action Plans in line with targets and commitments set by the Global and Regional NCDs Strategies and Action Plans. Multisectoral NCD steering committees have been formulated and already functioning in Zanzibar. An effort is put in halting the rising trend of these diseases in Tanzania, alongside the strengthening of the health care, rehabilitation and palliative care services. Other national strategies developed to address NCDs prevention and control, are the Oral Health Strategy, Eye Care Strategy, Cervical Cancer Control Strategy and Cancer Control Strategy, National Tobacco Control Strategy, Health Promotion Strategy and the Nutrition Multisectoral Strategy.

The work of WHO in 2017 has been on advocacy, health promotion, progress monitoring and assessing trend of risks related to NCDs. At various capacities, the Government was supported to strengthen capacity for implementation, risk reduction as well as to improve prevention and NCD treatment strategies.

The work of WHO in 2017 has been on advocacy, health promotion, progress monitoring and assessing trend of risks related to NCDs. At various capacities, the Government was supported to strengthen capacity for implementation, risk reduction as well as to improve prevention and NCD treatment strategies.

Figure 4: Causes of Death WHO Reports for Tanzania (2011, 2014)

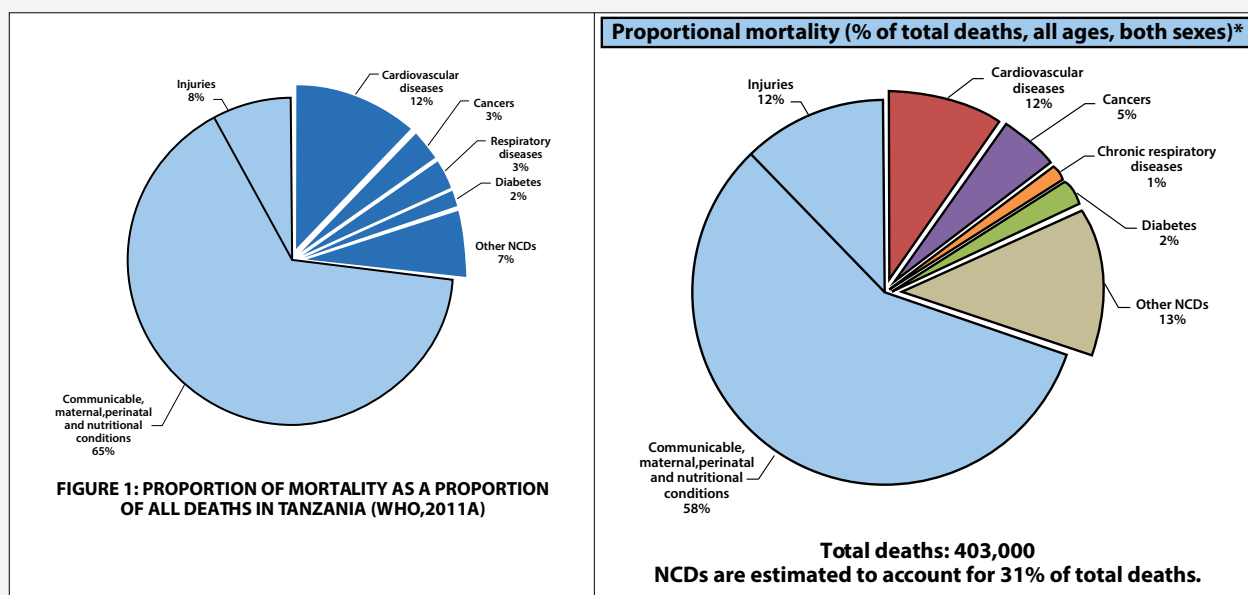
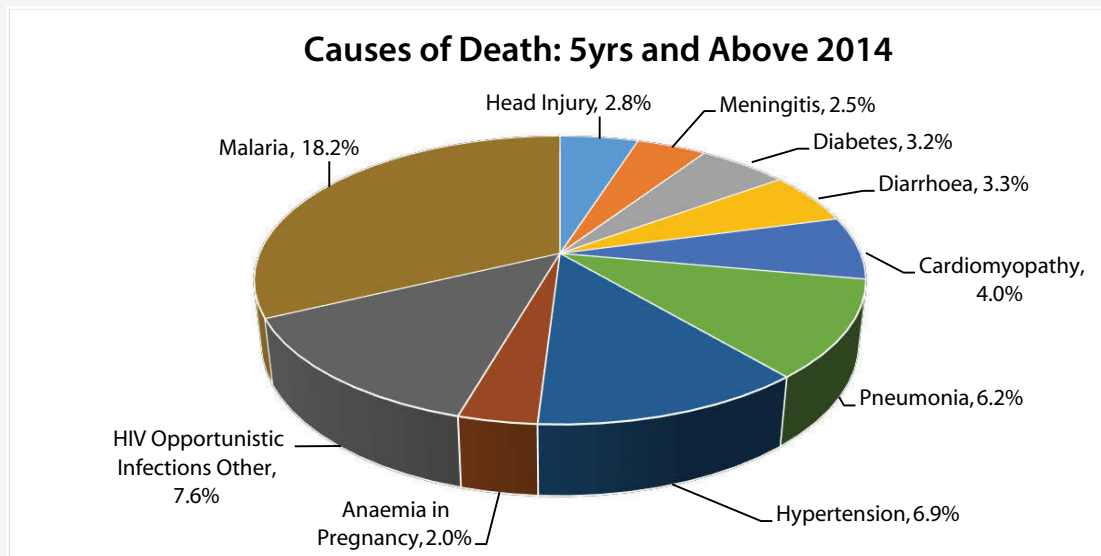


Figure 5: Causes of Death 5yrs and Above 2014



## Assessment of country's capacity and progress in NCDs prevention and control

Tanzania was supported to conduct an assessment of the country's capacity and progress in realizing commitments made during the High-level Political Declaration on Prevention and Control of NCDs. The evaluation also looked at actions taken in the country to improve multisectoral participation and engagement in the fight against NCDs. The results showed Tanzania is among 94 member states that have successfully developed an operational multisectoral national strategy and action plan that incorporates all major NCDs and their shared risk factors. It is among 93 member states with national plans reflecting the time-bound national targets for NCDs based on the nine global NCD targets.

WCO participated in the first UN Joint Mission was conducted in Tanzania in December 2017. The activity mapped on-going national policies plans and programmes on cervical cancer and learnt on how government and its partners are taking forward action on these malignancies within the context of a national multisectoral action plan on NCDs. The team managed to identify existing technical needs, capacity and resources required for the development and scale-up of national comprehensive cervical cancer programme. A roadmap for Joint Programme support over the next five years was prepared and shared with Ministry officials.

Cervical cancer and breast cancer are the top two commonly reported cancers in women in Tanzania. Women living with HIV are at 4–5 times greater risk of developing cervical cancer. Cervical cancer is a preventable and Ministry of Health in collaboration with WHO and partners will roll out HPV vaccine for girls aged 9–14 years early in 2018 following lessons learnt from the Kilimanjaro HPV vaccination pilot study.

## **Reducing Tobacco use and exposure to Tobacco smoke**

Every year more than 6800 of Tanzanians people are killed by tobacco-caused disease, while more than 50000 children and more than 2880000 adults continue to use tobacco each day<sup>1</sup>. This trend is amplified by the fact that tobacco products are becoming more and more affordable in the country.

Tanzania ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2007 committing to tackle the escalating epidemic of tobacco use and exposure to tobacco smoke and their negative impact on health, social and economic development.

## **Launch of Tobacco control regulation in Zanzibar**

The assent of the Public and Environmental Health Act on 2012 was followed by the development of the Tobacco Control legislation in Zanzibar. The legislation was jointly launched on 20th of July 2017 by the Hon. Madam Harusi, Deputy Minister of Health and WHO Representative Dr. Matthieu Kamwa in the presence of the Principal Secretary of the MOH Zanzibar Madame Aisha Ali Abdulla, WHO Liaison Officer Dr. Ghirmay Andemichael, Director General of Health Services Dr. Jamala Taib, Directors and other invited guests.



*Hon. Madam Harusi and WHO Representative Dr. Matthieu Kamwa holding the launched tobacco legislation.*

The tobacco control legislation was developed through broad-based participation and strategic partnership between health and other sectors under the technical leadership and guidance of the WHO. Tobacco control law provides the authority to regulate the manufacture, distribution, and marketing of tobacco products, and ultimately control the tobacco epidemic. The task ahead is to fully enforce the legislation and to protect it from commercial and other vested interests of the tobacco industry.

---

1 Tobacco Atlas 2012, American Cancer Society

## Capacity building for enforcement of and compliance with Tobacco control regulations in Zanzibar

The launch of the tobacco control legislation in Zanzibar set the stage for implementation of appropriate enforcement and compliance strategies. The Ministry of Health with support from WHO organized a training workshop for government policy and enforcement officials to promote compliance with the requirements of the Regulations.

## Commemoration of World No Tobacco Day 2017

The United Republic of Tanzania joined the world to commemorate World No Tobacco Day to raise awareness on health, additional risks and dangers associated with tobacco use and exposure to tobacco smoke. Commemorations under the theme "Tobacco – a threat to development" took place at the University of Dar es Salaam premises.

The event was well attended by Ocean Road Cancer Institute staff, Representatives of various Civil Society Organisations supporting tobacco control efforts; University students; secondary and primary school students and members of the media. Statements were made by the Ministry of Health, WHO, Tanzania Tobacco Control Forum and University of Dar es Salaam. The event was colored by displays of the WNTD infographics and health education through music.



*School children displaying banners on the theme of WNTD*

School children displayed banners and shared a song conveying messages on hazards of tobacco use and urged the government to fully implement the provisions of the FCTC. A number of local TV, Radio programmes and newspaper articles were produced by different media houses to raise awareness on the on the dangers of tobacco and the need to support tobacco control to save lives and uplift development.

## Tobacco taxation initiative

---

The WHO-FCTC calls on countries to implement tax and price measures to reduce tobacco consumption. Tobacco taxation is of the most cost-effective measures to reduce consumption, thus improving people's health.

WHO supported the country to examine the tobacco market and the existing excise tax system to determine how to increase the efficiency and the effectiveness of the excise system. This was done through a four-days training workshop for officials from the Tanzania Revenue Authority (TRA), Customs, the Ministry of Finance and Planning (MoFP), the Ministry of Health and WHO Country Office.

Using the WHO tax simulation model, three different scenarios were tested producing estimates on the impact of planned changes in the tobacco tax policy on the revenue, import and domestic sale of tobacco products. The workshop has contributed to strengthened country capacity to analyze the tobacco market, identify gaps in the tax system on tobacco products and propose stronger tax administration.

## Road Safety Programme in Tanzania

---

World-wide the Road traffic crashes kill around 1.25 million people each year and injure between 20 and 50 million<sup>1</sup>. Tanzania is among countries with high road traffic mortality rate, data from Traffic Department from –2011 June 2015 indicates that road traffic claimed the life of 16,850 and injured 77,735 people<sup>2</sup>.

WHO and partners are implementing a –5year Road Safety Programme (19–2015) that aims at reducing the risk of road traffic crashes in the country. The programme objective is to ensure that there are good road safety laws which address key risk factors such as drinking and driving, speeding, use of mobile devices, seat belts and helmets use among others.

To contribute towards improved road safety laws and regulations, WHO supported capacity building of parliamentarians, lawyers, civil society and journalists.

## Engaging Parliamentarians in Road Safety

---

Following the establishment of the Global Network for Road Safety Legislators in 2016, it was deemed important to formulate a network of Parliamentarians in the country to advocate for Road Traffic Act amendment and the road safety agenda.

---

2 [http://www.who.int/violence\\_injury\\_prevention/road\\_safety\\_status/2015/en/](http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/)  
3 Tanzania Police Traffic Department

WHO in collaboration with the Civil Society Coalition for road safety legal reform organized the round table discussion which resulted into 110 members of parliaments signing a declaration to support road safety reform and formation of a network of legislators. To speed up the process a committee was established to prepare for registration of the legislators Association on road safety, the registration of the association is in progress.



*Members who attended the roundtable discussion with the parliamentary committees.*

## **Training of lawyers on Road Safety Legal and Policy Reform**

---

As part of the Legal Development Programme (LDP) in 2017, ten lawyers from academic, civil society, lawyers' professional bodies and Government ministries and departments were engaged in discussions at national and international levels on road safety legislation. The lawyers developed proposals for legal framework on road safety in Tanzania through a series of national consultations on road safety. They also worked closely with media, civil society organizations coalition and other partners to elaborate on the position of the law, the risks and the ongoing interventions to improve the legal framework. The LDP aims to facilitate the development of evidence based advocacy on laws and regulations on road safety as well as building and strengthening a professional network in the field of road safety.





*The Guest of Honour with community leaders, CSOs, LDPs and WHO resource persons during the launch of LDP.*



*LDP fellows during the Induction workshop*

## Training of journalists on road safety reporting

The Road Safety Media Fellowship is a programme implemented through the Tanzania Media Foundation (TMF). The programme aims to address legal gaps in the Tanzania Road Safety laws as well as creating awareness on road safety risk factors by engaging media/ journalists into reporting comprehensive and quality road safety stories.



*Road Safety Media Fellowship during a training session*

In 2017, the programme trained 10 journalists in reporting stories that would bring impact. Each fellow produced six well investigated stories and two blog stories. Training was through active participation and hands on experience focusing on the global road safety plateau, WHO interventions, domestic policy and legal strengths and gaps, workable road safety news pitches, investigative journalism (IJ), ethical journalism and power of persuasive (pathos) journalism.

Fellows were actively involved in stakeholders' consultations and advocacy with CSOs such as with Tanzania Media Women Association (TAMWA) and Tanzania Women Lawyers Association (TAWLA).

# Promoting Health Through The Life Course

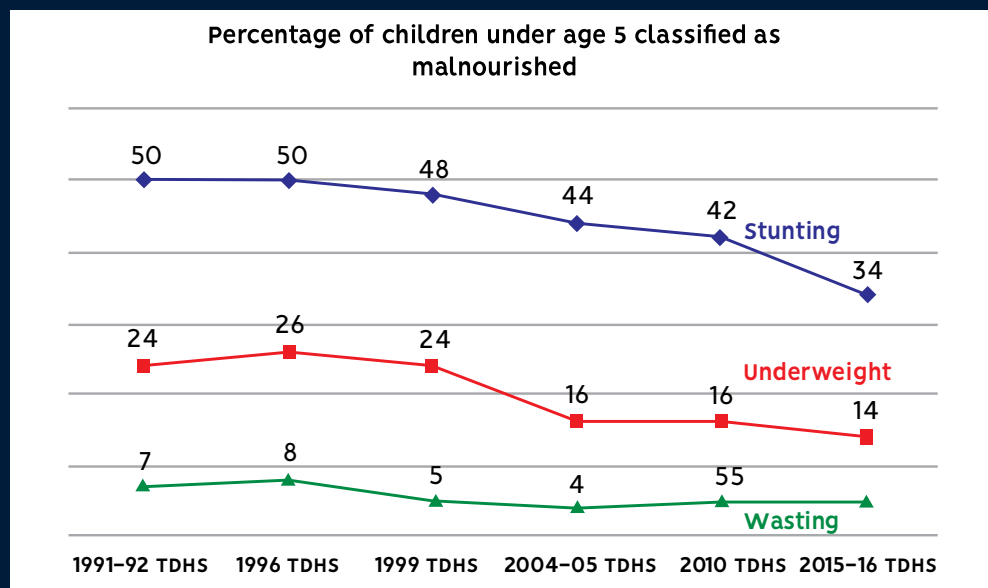
WHO promotes the continuum of health care spanning from the pre-pregnancy, pregnancy, childbirth to childhood adolescence stages and beyond, bring care closer to the home by empowering families and communities and by improving primary care facilities and providing referral health services.

## Nutrition

The Demographic Health Survey 2015–16 indicates a tangible national reduction in the number of underweight children and in those suffering from chronic malnourishment. Graph below shows Significant progress made in the nutritional status of children under 5 years of age between 1992 and 2015. Stunting or chronic malnutrition decreased from 50 per cent, acute malnutrition from 7 to 5 per cent and underweight from 24 to 14 per cent. Children under 6 months who were breastfed exclusively increased significantly in Tanzania, from 29 to 59 per cent between 1996 and 2015.

Given the importance of nutrition in the overall physical and cognitive development of children, there is a need to focus on the first 1,000 days of a child’s life to prevent the negative effects of malnutrition from becoming irreversible. This requires a multi-pronged approach to address risk factors ranging from inadequate food and illness to poor access to safe

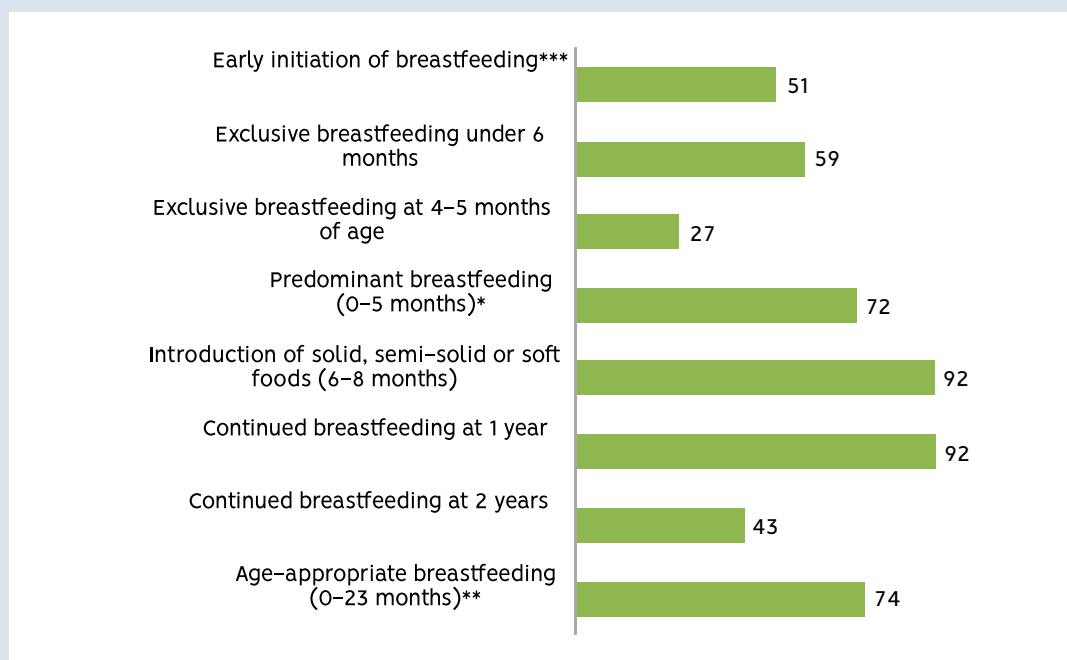
Figure 6: Trends in Nutrition status in Tanzania 1990–2016



drinking water, sanitation and hygiene.

WHO's contribution during the year focused on the following areas:

Figure 7: Trends in breastfeeding status in Tanzania 1990–2016



## Multisectoral Nutrition Action plan and monitoring framework

WHO provided support for development of the National Multisectoral Nutrition Action plan 2016/17– 2020/2021 which included interventions on the maternal, infant and young child nutrition in line with WHO comprehensive implementation plan on Maternal, Infant and Young child nutrition and the National Development agenda. The action plan was launched in September 2017. In addition, WHO supported the development of Nutrition surveillance system by integrating the nutrition indicators into the national Health information system (dHIS) and production of Nutrition score card using dHIS data, and capacity building of 23 District and regional focal persons on Nutrition score card.

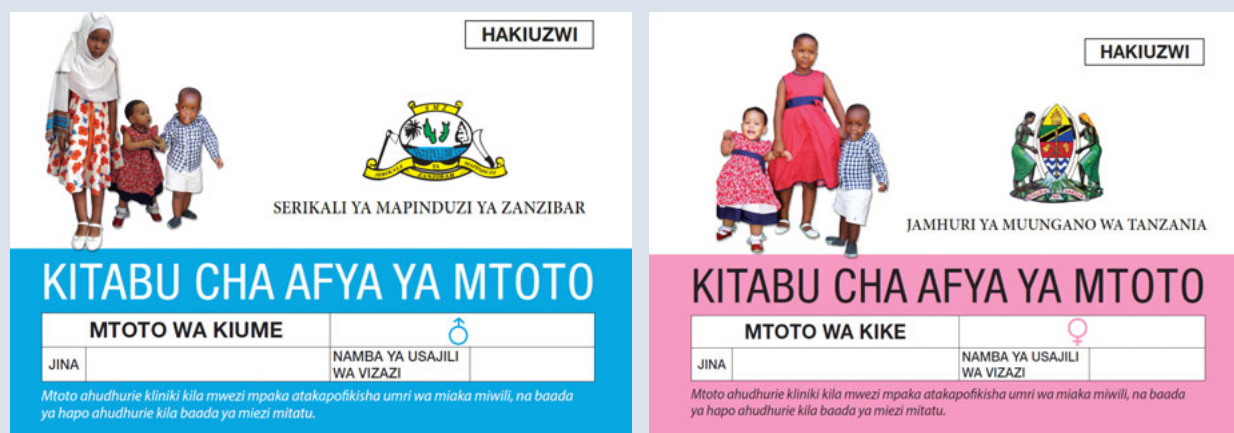
## Capacity for implementation of Nutrition interventions

WHO supported the capacity building of Nutrition focal persons in 2 regions and 11 districts in Shinyanga and Lindi to plan for nutrition interventions. In addition, the capacity for implementation and delivery of nutrition services and interventions was enhanced at National and district level through training of health care providers on Nutrition Packages (IYCF, SAM, Micronutrient, Code), provision of supplies for management of severe malnutrition and health education materials. A set of 251 weighing machine and height boards were procured and distributed. The support contributed to improvement in the management of severe acute malnutrition (SAM). 1951 children with severe acute malnutrition identified and treated in Shinyanga and Lindi regions.

## Adaptation of Nutrition guidelines, tools and standards

WHO provided support for development of the National Multisectoral Nutrition Action plan 2016/17–2020/2021 which included interventions on the maternal, infant and young child nutrition in line with WHO comprehensive implementation plan on Maternal, Infant and Young child nutrition and the National Development agenda. The action plan was launched in September 2017. In addition, WHO supported the development of Nutrition surveillance system by integrating the nutrition indicators into the national Health information system (dHIS) and production of Nutrition score card using dHIS data, and capacity building of 23 District and regional focal persons on Nutrition score card.

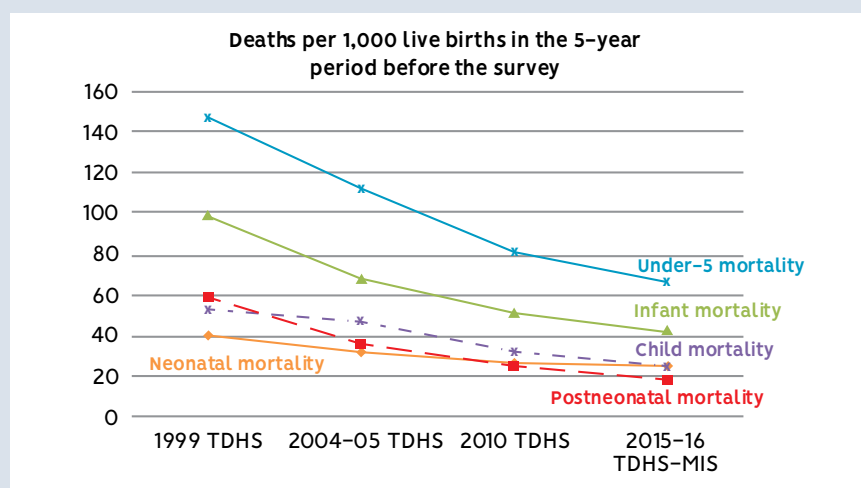
Figure 8: National Child Health Books for boys and girls



## Reproductive, Maternal, Newborn and Child Health

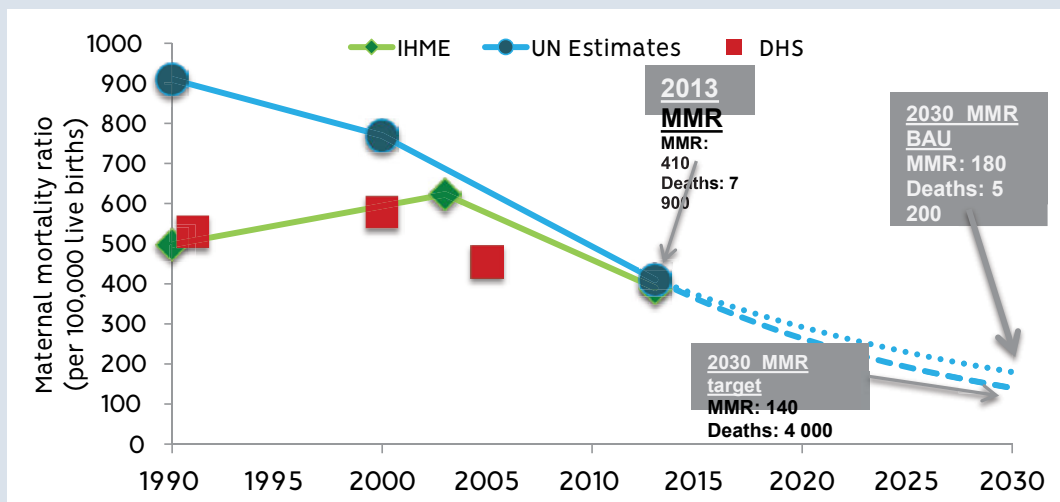
Tanzania is among the countries which attained MDG 4 target before 2015 end line. Under-five deaths per 1,000 live births declined steadily from 166 in 1990 to 112 in 2005 and 67 in 2015. Infant mortality decreased from 68 to 43 per 1,000 live births between 2005 and 2015. Despite good progress in the reduction of under-five and infant mortality the number of child deaths is still unacceptably high as seen in figure 4.

Figure 9: Trends in Child Mortality, 1990–2016



There is also limited progress in the reduction of maternal and newborn deaths, estimated at 556 per 100,000 live births and neonatal mortality at 25 per 1000 live births as seen in figure 4 and 5. Among the challenges for high levels of maternal, newborn and child mortality include; poor quality of maternal newborn and child health services, inadequate coverage of interventions especially in rural and marginalized communities, poor infrastructure and referral system, inadequate human resources, essential equipment and supplies and community involvement in RMNCAH service delivery.

Figure 10: Trends in maternal Mortality 1990–2016



To contribute towards addressing the causes of high maternal and newborn mortality WHO and partners facilitated establishment of the Quality of Care Network for maternal and newborn Care with the goal to half health facility death by 2020. The Country Office hosted the meeting of experts from the network countries working on coordination, implementation and monitoring of quality of care

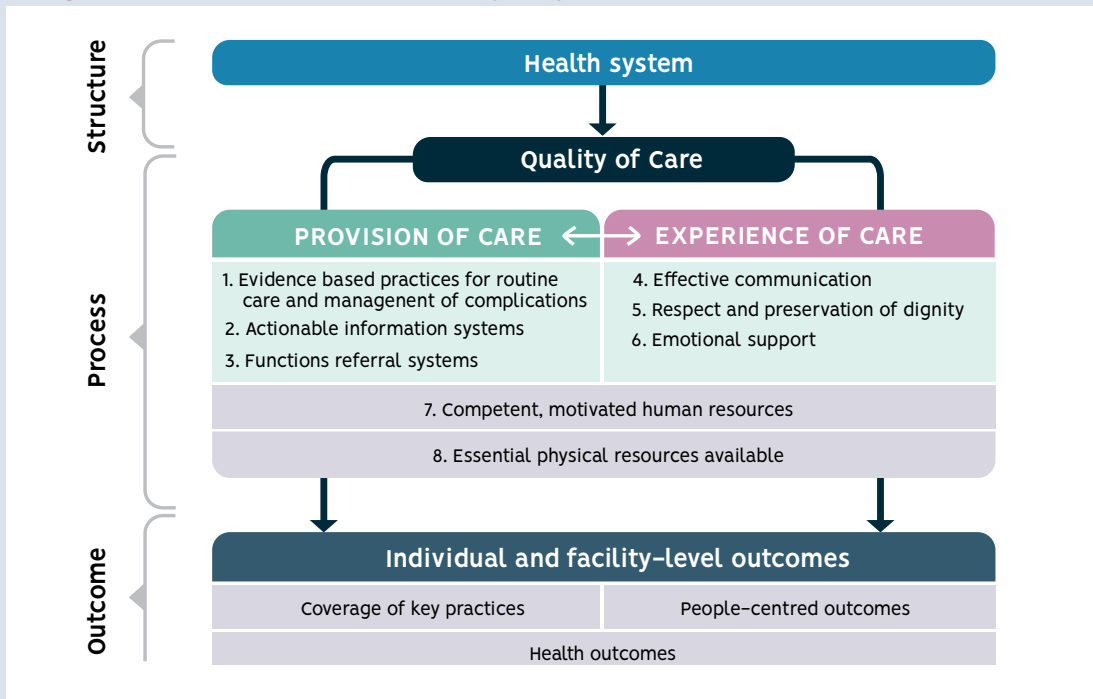
Figure 11: Framework for improving Quality of care



WR emphasizing a point during the Quality of Care Network

activities, representatives from learning districts, and partners supporting quality of care efforts. The meeting resulted in practical recommendations to accelerate the implementation of quality improvement for maternal and newborn health in 2018.

Figure 12: WHO framework for the quality of maternal and newborn health care



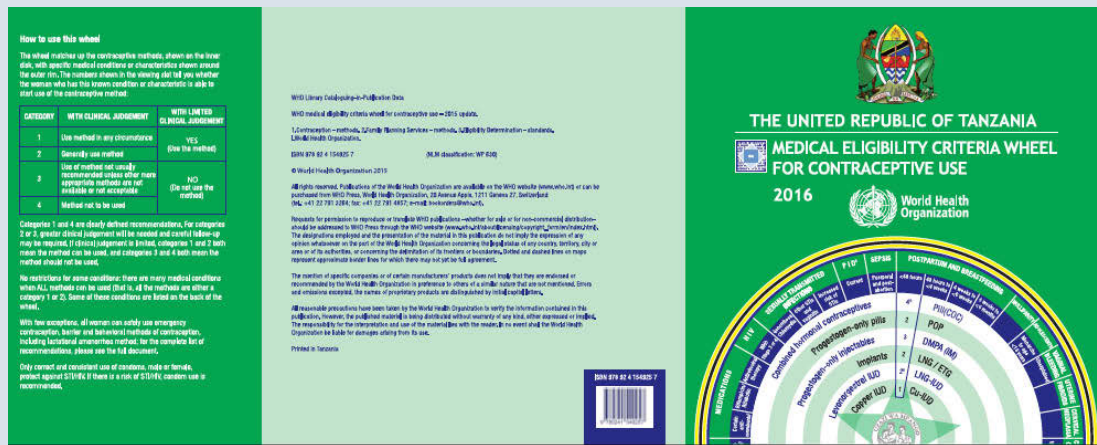
WHO also supported adaptation of WHO Antenatal care guidelines and updating of the national antenatal care guidelines in line with the WHO guidance and new updates in management of syphilis in pregnancy, malaria in pregnancy and elimination of mother to child transmission of HIV.

Capacity for monitoring of Reproductive Maternal Newborn, Child and Adolescent's health was strengthened through ensuring integration of RMNCAH indicators in the DHIS and data quality assessment in selected regions in the western and lake zones. This resulted in timely production of RMNCAH Score card to track progress of service delivery for RMNCAH. Maternal and perinatal death surveillance (MPDSR) system was strengthened through providing support for the national task force to review the current situation of reporting on maternal and perinatal deaths in line with WHO ICD 10.

WHO supported updating of child health guidelines and standards including capacity building for implementation. National Standard Treatment Guidelines for managing childhood illnesses were finalized and endorsed.

Tanzania is among the countries with low utilization of contraception services. The current use of modern contraceptive is estimated at 32%, with high unmet need for family planning estimated at 25% (TDHS 2015-16). Total fertility rate also remains high at 5.2 children per woman and high adolescent birth rate. WHO supported the adaptation of the WHO evidence based guidelines including the Medical Eligibility Criteria and training of 90 tutors and trainers on the use of the adapted guidelines, 8,0000 copies of the adapted Medical Eligibility Criteria were produced and disseminated to contribute to the improving of quality of services for Family planning counselling.

Figure 13: Adapted Tanzania Medical Eligibility Wheel



WHO country office provided support for implementation of the demonstration project on Human Papilloma Virus (HPV) DNA test which was implemented in 5 sites in Dar es Salaam and Kilimanjaro regions. The purpose was to test the applicability of the test for early detection cervical cancer at different levels of health system including Referral Hospital, regional Hospital and Health centre level.

Zanzibar Reproductive and Child health Strategy 2008–2015 was reviewed with technical support from WHO, UNFPA and UNICEF. The overall purpose was to assess the program's progress in achieving its goals and objectives and identify the most important problems, bottlenecks, gaps in implementing interventions, and make recommendations for moving forward. Through application of WHO Programme Review tool, it was noted that the overall health of mothers and neonates has not improved significantly since the implementation of the Roadmap and most of the interventions packages were not on track. However, gains were noted in terms of reducing under 5-year (U-5MR) and infant mortality rates (IMR). Among the priority recommendations to be addressed in the follow up strategic plan include scaling up interventions for improving quality of care, expanding access to emergency obstetric and newborn care, ensuring adequate number of skilled personnel, provision of medical equipment and supplies and improving infrastructure to deliver quality RMNCAH services.

## Equity, Gender, Human Rights and Social Determinants of Health

Capacity of the WHO Country Office was enhanced to be able to integrate Equity, Gender, Human Rights transformative approaches and Social Determinants of Health into Programmes especially Reproductive, Maternal Newborn and Child Health. This was done through a capacity building workshop facilitated by WHO HQ, AFRO and IST attended by 39 participants from 5 countries. The tools which were used included, Health Equity Analysis Tool (HEAT), Innov8 and Social Determinants Framework and the Country Support Package.

# Health Systems Strengthening

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

## Enhancing health service delivery

In 2017 WCO managed to document the experiences of the four peer learning districts (PLD) which focused its attention to in contributing to health service delivery. The three District Councils (DCs) were from Tanzania Mainland: Meru in Arusha region, Singida Rural and Iramba in Singida Region and one district from Zanzibar: Unguja North A. WCO's support was through provision of both technical and financial support including, equipment for maternal health, operating table, seed money for supportive supervision and community mobilization for Community Health Fund and joint field visits by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), President's Office-Regional Authorities and Local Government (PORALG)-Health and WCO to orient and mentor district and health facility staff on the implementation of treatment guidelines.

The documentation of the PLD was in a form of booklet and video which was disseminated to the Management of MOHCDGEC and PORALG-Health on 3rd and 27th October 2017 respectively. The booklet and video were also disseminated by MOHCDGEC to the health stakeholders (government Ministries such as the Ministry of Water, development partners, CSO, NGOs and the private sector) during the Joint Annual Health Sector Review (JAHSR)-Technical Review meeting.

Following dissemination of the documentation, PORALG, MOHCDGEC in collaboration with WHO, conducted joint field visits to Meru, Singida Rural and Iramba DCs to assess performance of the health sector in the mentioned DCs to determine the PLD gains based on the PLD baseline assessment conducted in 2011.

## Chapter 5



Among highlights of the assessment findings included availability of essential medicines in health facilities which was a problem during 2011 baseline assessment; increased Community Health Fund (CHF) enrolment for example in Iramba DC, household enrolment increased from 8,518 in 2011 to 12,164 in 2016; and good record keeping of health facility data. Challenges were also noted to include: inadequate water supply, limited capacity of health facilities to provide Comprehensive Emergency Obstetric Care (CEmOC) services; and poor solid waste disposal. Due to regular change of leadership in both regions and districts, the new leadership were also updated on the concept of peer learning districts and the PLD documentation was disseminated accordingly during the PLD assessment.

## **IMPROVING ACCESS TO ESSENTIAL MEDICINES**

### **Launch of the National Action Plan on Antimicrobial Resistance**

The United Republic of Tanzania is among Member States which have taken the step to develop their own National Action Plan on AMR before the 2017 WHA deadline with guidance from the WHO Country Office. The plan was officially launched in April 2017 by Dr Mpoki Ulisubisya the Permanent Secretary in the Ministry of Health, Community Development, Gender, Elderly and Children. The plan was developed in collaboration with various stakeholders through the One Health Approach. The launch was preceded by a one and a half day AMR symposium with theme– Handle antibiotics with care–Antimicrobial resistance in Tanzania. The symposium was organised jointly by the MOHCDGEC, The Health Promotion and System Strengthening Project, Swiss Agency for Development and Cooperation (SDC) and the WHO Country Office.

### **World Antibiotic Awareness Day Commemorations**

The United Republic of Tanzania joined the world to commemorate World Antibiotics Awareness Week (WAAW) aimed to raise awareness of the urgent need to act on antibiotic resistance and the steps to be taken. The theme is “Seek advice from a qualified health professional before taking antibiotics”.

As part of the commemoration, WHO in collaboration with the Food and Agriculture Organization of the United Nations (FAO), Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and Ministry of Livestock, and Fisheries Development participated in a series of awareness raising activities calling for responsible use of antibiotics in humans and animals to reduce the emergence of antibiotic resistance.

A one day media briefing was organized with the purpose to ensure proper understanding and awareness among the media on the use of antimicrobial agents and resistance. The training was attended by journalists from local media channels (TV, Radio and print media).

The Multi-stakeholders Coordination Committee on AMR convened to discuss among other things the progress of the commemorations in the country this year and plan for the next years'. Other awareness raising activities were through printed materials, local radios, blogs and television. Pharmacy students through their association (Tanzania Pharmacy Students Association) and some secondary schools also participated in raising awareness on AMR in schools.

## **Monitoring of antimicrobial consumption using WHO AMC tool**

---

As part of improving the use of antimicrobials in the country, WHO supported collection of information on the consumption of antimicrobials using the WHO Antimicrobial Consumption (WHO Antimicrobial Consumption) tool. Data collection was done at the Medical Store Department (for public and NGO distribution data) and the Tanzania Food and Drug Authority (for private importation data). Survey results provided quantities of antimicrobials imported for local consumption in terms of total packages for each product surveyed for the calendar year 2016. Data was collected covering a range of antimicrobials including those of national interest and those specifically indicated by WHO as mandatory.

Data on the consumption of antimicrobials helps the country relate exposure to antimicrobials to the development of antimicrobial resistance; provide early warning of problems relating to changes in exposure and raises awareness among health professionals, consumers and policy makers about antimicrobial resistance and consequences of inappropriate use of antimicrobials in humans.

## **eLMIS Data Quality Assessment**

---

Over 6,000 health facilities in Tanzania submit paper based Report and Request forms (R&Rs) on a quarterly basis to District Health Management Team (DHMT) offices. The District Pharmacist (DP) or District Laboratory Technician (DLT) key in all the data from the paper based R&Rs into the electronic logistics management information system (eLMIS) and submit the R&R electronically to Medical Stores Department (MSD).

The Ministry of Health and Community Development, Gender, Elderly and Children (MOHCDGEC) in collaboration with Global Health Supply Chain Technical Assistance Tanzania (GHSC TA TZ) program and the World Health Organization (WHO) Tanzania office undertook the supervision of districts and health facilities to assess the quality of logistics data reported in eLMIS against source documents – specifically the completeness, validity, consistency and timeliness of the paper based LMIS tools used at health facilities. The DQA activity was conducted in 123 health facilities spread across ten (10) regions and 20 districts.

Training was conducted on the newly designed logistics system for managing health commodities for 44 hospital-in-charges, hospital pharmacists and laboratory personnel in hospital eLMIS in two regions. Supportive supervision visits to 123 health facilities in 10 regions were conducted to build capacity of the regional and district health management teams and facility staff on eLMIS.

## **Strengthening health information systems**

Parallel programs and multiple investments in health M&E and HMIS systems came with a challenge of having disjointed and duplicative efforts in terms of health information system, research methodologies and M&E frameworks. This poses challenges to health care workers who have to trace multiple indicators and report in many formats. In some cases, some of the collected information may not be used in its entirety and in other cases it's a duplicative effort of an already existing effort

WHO in collaboration with other partners namely, Bloomberg data for health, CDC, DANIDA, UNICEF, GIZ and USAID assisted the government to launch the Tanzania Health Data Collaboration, an initiative that aims to rally stakeholders towards supporting a common M&E framework and the country's prioritized plan and to commit long-term support to in-country M&E coordination mechanisms as basis for a strong



*Launch of the Tanzania health data collaborative: From left Mr. Irenei Kiria (Civil Society), Dr Mohamed Ali Mohamed (Acting CMO), Dr Matthieu Kamwa (WHO), Dr Ulisubisya Mpoki (PS Health), Dr Anna Nswila (Ag DPS Health PORALG), Dr Maddani Thiam (DPG Health) and John Taperro (CDC).*

country-led information and accountability platform. Six priorities were identified, these are addressing fragmentation of M&E and data systems; alignment of indicators and data collection processes; alignment of health facility assessments and surveys; joint and aligned investment in digital health information systems; strengthening capacity for use of data and Strengthen access to national health information and data.

WHO supported the introduction of Electronic Medical Recording System (EMRS) in Mnazi Mmoja Referral Hospital including procurement of the software, IT equipment, 27 desktop and three laptop computers, internet server and upgrading of the Local Area Network (LAN) and the labor cost for installation of the system. The EMRS will facilitate workflow and improve the quality of patient care and safety and avoid unnecessary delay and paper work for the hospital and the patient

## **LEADERSHIP AND GOVERNANCE**

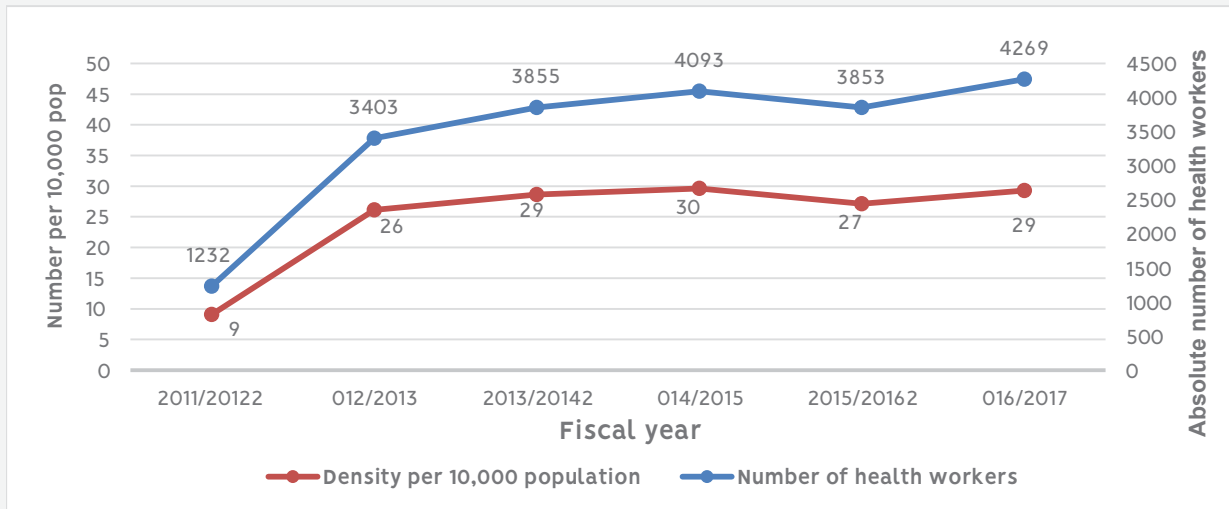
### **Analytical review of Health Sector Strategic Plan III**

WCO supported the Ministry of Health Mainland in conducting a comprehensive analytical review of health sector strategic plan III (2009–2020). The review is an important overview of the progress made in the health sector for the past five years. In the review, significant improvements have been made and it has revealed areas that need more strategic efforts to achieve the targets in the current health sector strategic plan IV. Further, it has been noted that there is a positive trend in most interventions leading to an overall decrease of mortality particularly under five mortalities. Regional analysis has shown that the poorest areas have fallen short in most of the interventions. Comparative analysis with neighboring countries has shown that Tanzania is an intermediate performer and most intervention coverage is in the middle of the group of peer countries.

WCO also supported mid-term review of the Zanzibar Health Sector Strategic Plan III 2013/14–2018/19 (ZHSSP-III) with the overall purpose of assessing progress made and attainment of set objectives. The MTR assessed performance against agreed objectives, indicators, implementation of planned activities as well as contextual issues that impact health sector performance. Some of the key findings are despite an increase in the number of health workforce; it was found out that there are critical gaps in specialized disciplines for maternal and newborn health.

Some of the key findings are despite an increase in the number of health workforce; it was found out that there are critical gaps in specialized disciplines for maternal and newborn care.

Fig.14 Trends of Human Resources for Health 2011/12 to 2016/17



Progress has been made in reducing child mortality; however Neonatal Mortality Rate still remains stagnant over years. Similarly, facility based and population survey derived maternal mortality ratio remains high.

Fig.15 Neonatal, Infant and Under-Five Mortality Rates 2010/11 to 2015/16

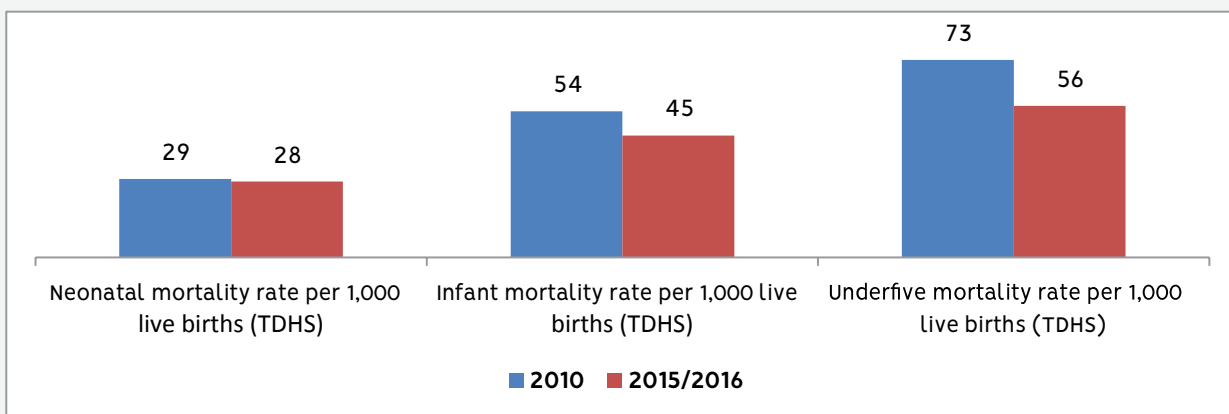


Fig.16 Maternal Mortality Ratio in Zanzibar 2010–2015 data source DHS and Census

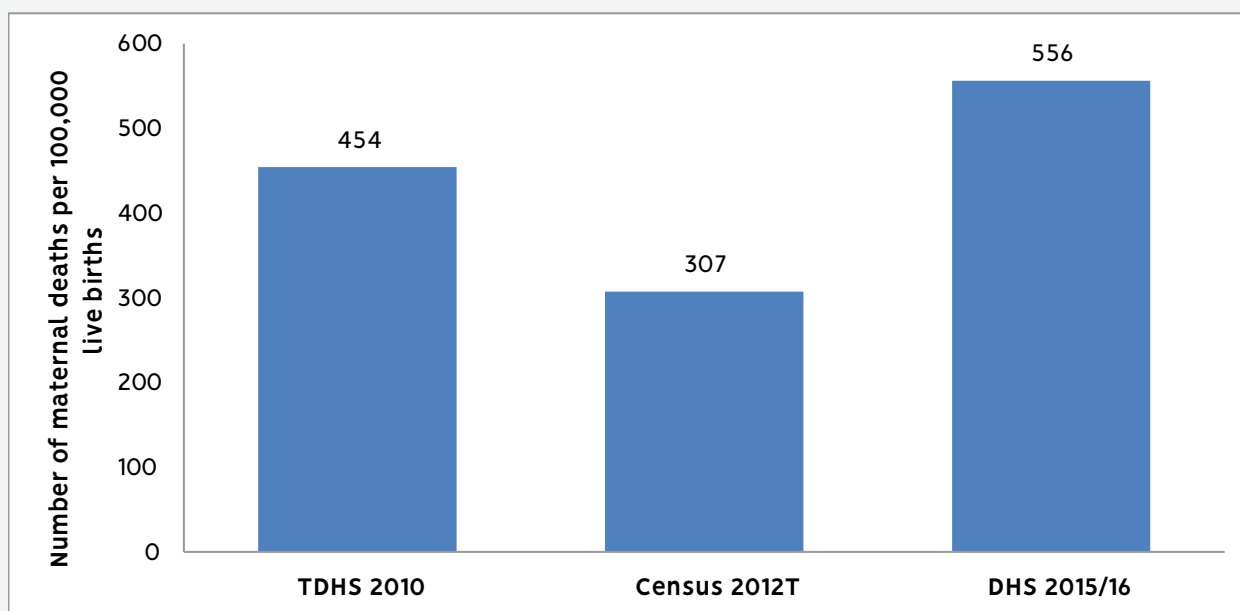
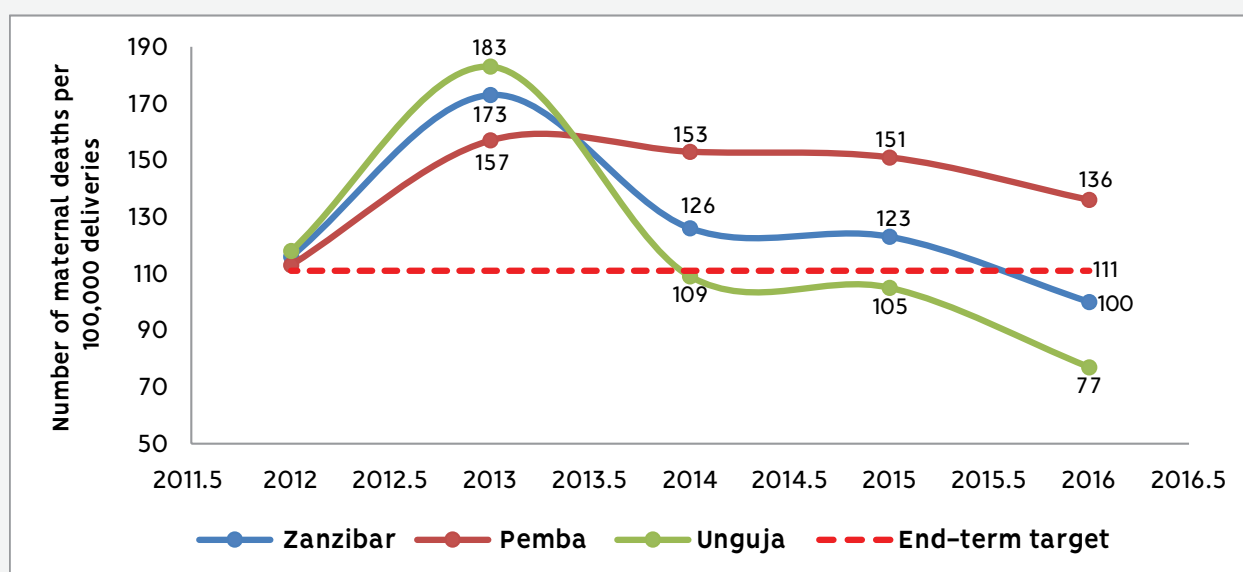


Fig.17 Facility Based Maternal Mortality Ratio in Zanzibar



In addition to the above service statistics and indicators, the Mid-Term Review has also revealed the achievements and challenges in governance, health financing, medicines and medical products and health information systems. The findings and recommendations of the Mid-Term review are expected to guide the focus and directions of the MOH and programs to accelerate the achievements of the set objectives.

WHO as a Secretariat to the Development Partners Group for Health (DPG H) continued to coordinate information sharing and advocate for support to the health sector including on public health emergencies such as Marburg, Aflatoxicosis and Cholera.

Through the Sector Wide Approach (SWAp) which brings together government and partners, and jointly coordinated by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and President's Office–Regional Authorities and Local Government (PORALG), WCO participated and contributed with other DPs in SWAp Task Force meetings for preparations of Technical Committee SWAp meetings and the Joint Annual Health Sector Review (JAHSR)–Technical Review meeting.

The theme of the 2017's JAHSR was maternal health of which health stakeholders including government Ministries such as the Ministry of Water, development partners, CSO, NGOs and the private sector discussed the progress and suggested policy recommendations for 2017/18.

## **Protecting the Human Environment**

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

To this end, this year WHO supported the country to formulate and implement strategies for addressing challenges related to the interface between health and environment

## **Water, Sanitation and Hygiene in communities and health facilities**



*WHO staff using one of the boreholes during one of the monitoring visits in Mwanza.*

In addressing water and sanitation challenges in Tanzania, WHO and UNICEF in collaboration with the National Bureau of Statistics updated the JMP data file by gathering data from various national reports and institution responsible for water supply and sanitation, the results of which are published in the JMP updates of 2017.

WCO also supported the finalization of the Public Health (Water Washed, Waterborne and Water Related Disease Prevention) Regulations, 2017. The regulations will be used as a supporting tool for the enforcement of the Public Health Act, 2009.

With regards to WASH in Health Care Facilities (HCF); draft National Guidelines for Workers' Health and Safety in Health Facilities has been developed to address issues of Sanitation and Hygiene amongst other priorities. WCO and UNDP in collaboration with the Ministry of Health trained 25 National Facilitators on the Water, Sanitation and Hygiene Facility Improvement Tool (WASH – FIT). The training was in response to the current WASH challenges in health facilities.

In addition, 85 health care workers from Zanzibar (20), Tabora (20), Iringa (25) and Kilimanjaro (25) have been trained on the Health WISE tool developed by WHO and ILO with specifics being water, sanitation and hygiene (WASH); Infection Prevention and Control (IPC); ergonomics and management of health care waste.

Community access to clean and safe water remains a challenge, with most communities using contaminated water from lakes, rivers and shallow wells as the source of drinking water and other household activities. Noting the gap, World Health Organization in collaboration with the Ministry of Health, Community development, Gender, Elderly and Children, agreed to construct 20 boreholes in Mwanza and Mara Regions so as to contribute to improved access to clean and safe water.

## **Building Climate Change adaptation in the Health Sector**

---

In recognizing the devastating impacts of climate change, the WHO worked with the Ministry of Health, Vice President's Office – Division of Environment, Tanzania Meteorological Agency and the Ministry of Water to put in place a number of initiatives to address the impacts of climate change on health.

Firstly, a draft Health National Adaptation Plan (HNAP) to Climate Change has been prepared in efforts to strengthen capacities for climate change governance in Tanzania, particularly to the health sector. The draft document is expected to be presented before the National Climate Change Steering Committee in January for endorsement.

Secondly, capacity was built for the implementation of Climate Resilient Water Supply for 1 Community Owned Water Supply Organization (COWSO). A total of 12 operation and managerial staff from the COWSO; and 20 National TOTs were trained on the implementation of climate resilient water safety plans. Furthermore, 1000 copies of Guidelines for the development and implementation of CR WSP; and 500 leaflets on climate change and water safety plans have been printed and disseminated to all regions of Tanzania mainland.

Finally, WHO in collaboration with the Ministry of Health Community Development, Gender the Elderly and Children initiated a field trial to determine the effectiveness of water, sanitation and hygiene (WASH) interventions to reduce health vulnerability to climate change in Tanzania with preliminary analysis results indicating significant variation of water quality (using E. Coli and total coliform) between different water sources across different study sites in different seasons. The correlation of climate variable and water quality (E.coli and total coliform) using precipitation and surface temperature, indicates a strong correlation for the samples collected at the water source compared to those collected at the household.



# Preparedness, Surveillance and Response

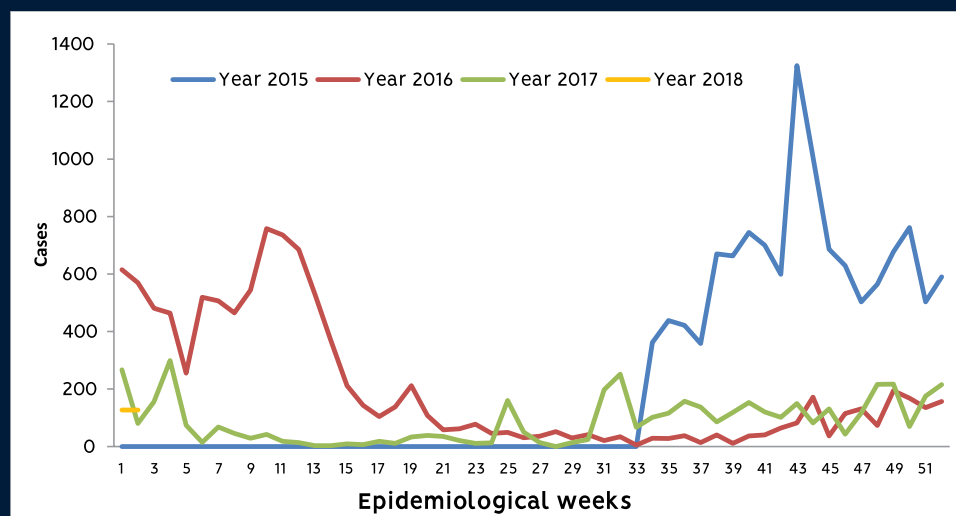
The focus of WHO's work in this category is on strengthening leadership and governance, promoting access to affordable, safe and effective health technologies, ensuring integrated service delivery and generating and using health information and research.

## Cholera outbreak response

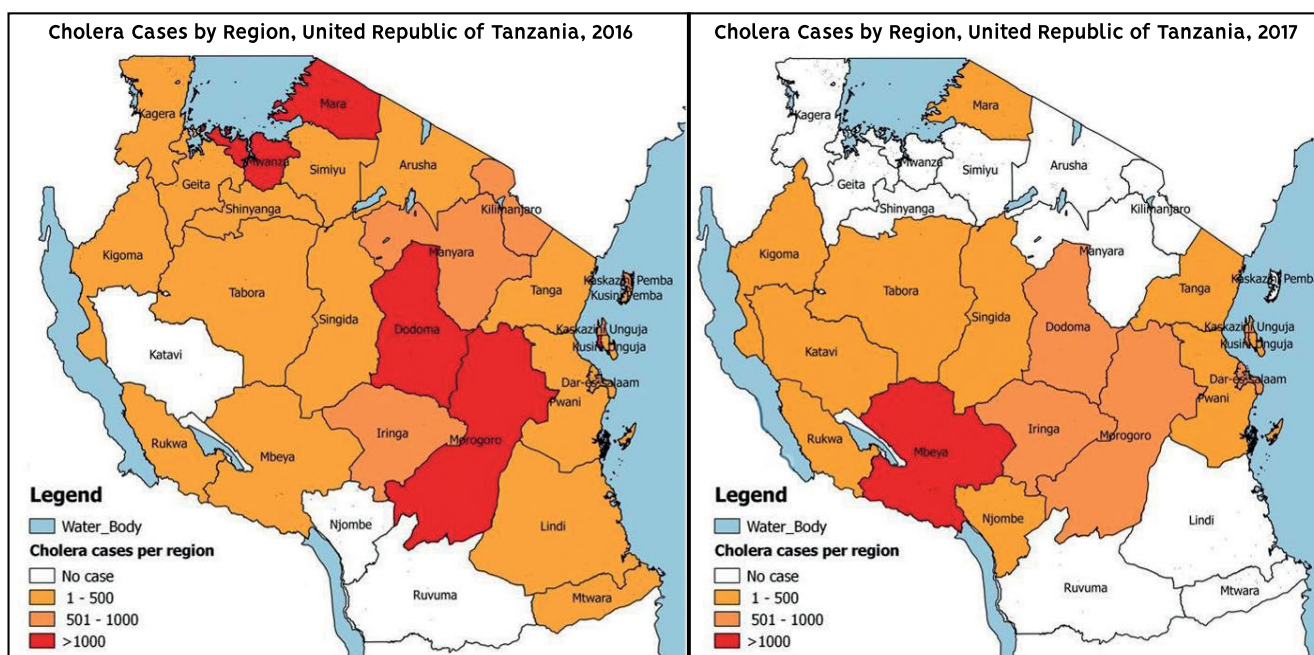
In 2017 cholera has remained the top public health event which the country office continued supporting Ministry of Health in control interventions. The cholera outbreak in Tanzania started on August 15, 2015 in Dar es Salaam Region and spread to 112 districts in 23 out of 25 regions in Tanzania Mainland. WHO got the notification on 15 August 2015, the reported pathogen are *Vibrio cholerae* bacteria. Index case date of onset: 6 August 2015.

As compared to the previous years 2015 and 2016, the number of cases reduced in 2017 this could be attributed by increase awareness of the regions, districts and the people on cholera prevention and control measures. However, people are still limited to access of clean and safe water with low toilet coverage in most regions and districts, the threats for an escalated outbreak is high. (Fig 1 below) Active cholera transmission has persisted in Tanzania Mainland, with Mbeya and Songwe Regions being the most active.

Fig.18 Weekly Trend of Cholera cases in Tanzania Mainland for the Year 2015, 2016, 2017 and Week 1, 2018



Map showing cholera hotspots in 2016 compared to 2017



The country remains vulnerable to the late detection of cholera due to the weak surveillance systems. The WASH activities, case management, community engagement, and surveillance pillars still require strengthening for optimal outbreak response and, if not addressed, further upsurge of cases may be observed throughout the country.

Lesson learn in Mbeya and Songwe hotspots is that closure of the fishing camps along Lake Rukwa on the Songwe Region border, forced the fishermen to move further south to Kyela district which borders Malawi's Karonga district. Malawi recently reported a cholera outbreak in Karonga. Cross-border population movement between the two countries might further increase the risk of transmission in Malawi. Other neighbouring countries such as DRC, Burundi, Zambia and Kenya are already experiencing large cholera outbreaks. The risk at regional level is high.

## Training of Rapid Response Teams

WHO team trained experts from national and regional level from Tanzania mainland to be trainers of Rapid Response Teams; the training was organized and supported by WHO HQ where by national subject matter experts were recruited as local facilitators who worked with facilitators from WHO to facilitate the sessions using the standard WHO – RRT training package. The Training of Trainers (ToT) for Rapid Response Teams (RRT) aimed at enabling future training coordinators and facilitators to plan, organize, deliver and evaluate a Rapid Response Teams training adapted to specific the country contexts, needs and constraints. The training of Trainers involved 34 participants from different institutions responsible for health preparedness and response. WHO also provided technical assistance to the Ministry of Health Zanzibar to conduct RRT orientation on One Health / All Hazard approach. The training workshop allowed participants to prioritize the RRT Training package and identify potential facilitators within the thematic areas of: Case management; Laboratory; WASH & Social mobilization and Epidemiology & Surveillance.



*WHO staff facilitating the RRT training.*

## **Launch of the National Action Plan for Health Security**

National launching of the National Health Security Action Plan (NHSAP) was conducted in Dodoma on 8 September 2017. The organization supported the process and was represented from all three levels of the organization HQ, AFRO and country office. The general objective of the launch was to create awareness among stakeholders of the NAPHS, while specifically, the objectives were: To launch and introduce the NAPHS to key stakeholders; To facilitate resource mobilization from both domestic and other sources to implement the NAPHS.

“Building resilience, strengthening global health security!” was the theme during the historical launch of the NAPHS which follows completion of the Joint External Evaluation (JEE) conducted in February 2016. Tanzania National Action Plan for Health Security aims to ensure that a strong and resilient health system is in place, and to build core capacities in the human, animal, environment, and other key sectors; these are all essential for effective national health security.

The occasion was attended by the Minister of Health, Community Development, Gender, Elderly, and Children; Ministers of Agriculture, Livestock and Fisheries, Human Resources, Environment, Regional Administration and Local Government, Health (Zanzibar), Chairs of Parliamentary Committees, Members of Parliament, Permanent and Deputy Secretaries, the World Health Organization Representative in Tanzania and his team. Also present were a representative of the Inter-Parliamentary Union, UNAIDS Country Director, representatives of other UN agencies and development partners, the civil society organizations and a wide range of activists.

To ensure the successful implementation of the plan, the Ministers, Chairs of different Parliamentary Committees, and the Members of Parliament, in their respective capacities and roles, pledged to provide support including domestic financing. The donor and technical agencies representatives also pledged to continue working closely with the government to ensure successful implementation.



*Honourable Umyy Ally Mwalimu, Minister for Health (4th from the right) with the Permanent Secretary for Health, Dr. Mpoki Ulisubisya; the WHO Representative, Dr. Matthieu Kamwa; Ministry of Health and WHO officials during the historic launch of the National Action Plan for Health Security .*

## **WHO and MOH IHR simulation exercises**

WCO supported MOH to conduct a two day Table Top Exercise (TTX) to improve capacity of officials from health and other sectors to respond to H5N8 outbreak and test the National All Hazard Health Emergency Preparedness Plan, PHEOC plans and EPR procedures in the country.

Participants involved a wide range of stakeholders of public health emergencies from government sectors and development partners. As an outcome of the training, it was recommended to conduct a similar simulation exercises at sub national level and disseminate existing national plans to stakeholders.

## **Joint External Evaluation of the IHR core capacities in Zanzibar**

MOH Zanzibar in collaboration with WHO and partners conducted a Joint External Evaluation (JEE) of the IHR core capacities in Zanzibar. The JEE exercise convened different government sectors, institutions, and local authorities to discuss the status of the many angles of health security. The process was an eye opener to all participants and it was supported by the highest level of government. The report revealed critical gaps in each of the four evaluated domains of detect, prevent, respond, and others (other IHR (2005) related hazards and points of entry. The government committed to owning the findings and leading their implementation and



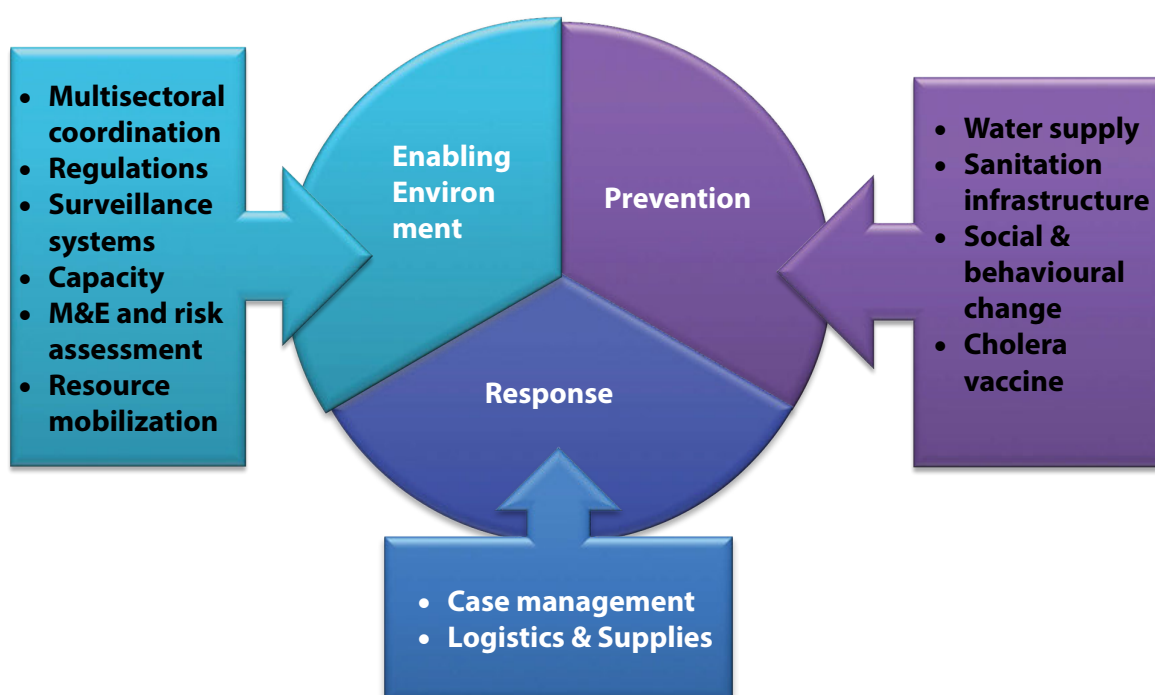
*Hon. Mohammed Aboud Mohamed, Minister of State at the Second Vice President Office during the JEE debriefing and closing session.*

requested WHO and partners to continue providing technical and financial support to address the gaps and recommendations. The workshop was officially opened by the Honorable Minister of Education and Vocational Training and Acting Minister of Health and closed by Minister of State at the 2nd Vice President Office Hon. Aboud Mohammed Aboud.

## Cholera elimination in Zanzibar

After repeated outbreaks of cholera and realization that cholera can be eliminated using a multi-sectoral approach, the Revolutionary Government of Zanzibar directed the Ministry of Health to develop a multi-sectoral cholera elimination plan 2018–2027. WHO supported the initiative as it was advocating for a multi-sectoral action to control and ultimately eliminate cholera from the islands. Technical support was provided to develop a concept note to be presented to the cabinet of ministers and drafting of the multi-sectoral cholera elimination plan. The plan has three pillars (the Enabling Environment, Prevention and Response) and is estimated to cost 46 million Shillings for 10 years.

**Fig.19 Pillars and Interventions of the Multi-Sectoral Cholera Elimination Plan for Zanzibar**



# Corporate Services and Enabling Functions

Country Support Unit (CSU) of the Country Office performs corporate functions of the organization comprising Human Resources, Procurement, Budget and Finance, Travel, Administrative Services and Information Technology Management functions.

## Human Resources

Several changes in staff composition occurred during the year starting with the coming in of Dr Matthieu Kamwa who joined as the acting WHO Representative on 1st April 2017 and on 14th August 2017 Mr Christopher Chikombero was assigned as Operations Officer.

The office bade farewell to Dr Richard Banda (Medical Officer HIV) and Mr Fayiah Saah (Operations Officer) who were reassigned to WCO Kenya and the Regional Office respectively. Other changes were a staff member who retired from the organization in March 2017, one resigned and two staff separated due to abolition of posts.

81% of the positions in the WCO were occupied, while 19% were vacant. The office had six Special Service Agreement (SSA) contracts, five technical officers and one driver.

A new staff association executive was elected by staff to support the WR in managing staff welfare in the office.

## Premises and working environment

The current office building in Dar es Salaam is very old and is in urgent need of repairs to the roof and structures. The repairs cannot be done at the moment due to lack of funding. Furthermore, the office space is no longer adequate as the staff component has increased over the years. This has put a lot of stress on the available space and conveniences such as toilets and meeting rooms. There is an urgent need to move to a bigger premises and the host government has been approached with a request which is currently being considered.

## Funding

A total amount of \$19,359,148 was available funding for the biennium ending 31st December 2017 consisting of \$14,981,143 voluntary contributions and \$4,378,005 flexible funding. The budget centre had a funding gap of \$2,642,000. Only 23% percent of the available amount was flexible funding while 77% was voluntary contribution. Of the total funding available, 36% were allocated towards staff salaries and 64% towards program activities. The country office had 87% of the budget allocation funded and 98% of the amount available in the work plans was utilised during the biennium.

Work plan Type	Planned Costs	Work plan Funding	Award Budget	Utilization	% Utilization vs Work plan Funding
Activity	14,567,035	12,374,724	12,422,218	12,315,012	100%
Staff	7,365,325	6,915,866	6,915,866	6,563,766	95%
<b>Grand Total</b>	<b>21,932,360</b>	<b>19,290,590</b>	<b>19,338,084</b>	<b>18,878,778</b>	<b>98%</b>

The availability of funding has been a major challenge for the budget centre as there has been very little resource mobilisation. Financial support from the Regional Office has also been limited and in most cases was inadequate to cover identified gaps. The country office is developing a resource mobilisation strategy and this should be a platform for improved financing of activities.

## Key Performance Indicators (KPIs)

Most of the administrative Key Performance Indicators (KPIs) were in green status at the end of the year as per table below. Regular follow ups of outstanding Direct Financial Corporation (DFC) certificates were done with Ministry of Health (MoH) officials to ensure accountability of all distributed funds. More effort is needed to improve travel management KPIs as travel arrangements are mostly not meeting set deadlines. Delays are mostly due to late receipt of invitations and nomination letters due to processes involved in getting government clearances.

BUDGET AND PLAN-NING	FINANC-ING	AWARD DISTRIBU-TION	FUNDING AND UTILI-ZATION	SALARY RISK	PMDS	TRAVEL	DIRECT IMPLE-MENTATION	DIRECT FINAN-CIAL COOPER-ATION	DONOR RE-PORTING
Planned Cost as % of Budget Allocation	Distribu-tion as % of Budget Allocation	Undistrib-uted funds as % of Total Funds Available	Utilization as % of Dis-tribution	No. of Months Covered by Balance in Salary Work plans	Average Com-pliance Rate	Average Com-pliance Rate	Overdue DI Re-ports as % of Total DIs issued(-POs created after July 2014 considered)	Overdue DFC Reports as % of Total DFCs Issued(POs created after Jan 2014 consid-ered)	Overdue as % of all Donor Reports(Donor reports due after Jan 2014 consid-ered)
99%	87%	0%	98%	0.2	99%	55%	0%	1%	0%

## Programmatic KPIs

Tanzania is among the countries in the Region which have started implementing and reporting on Technical KPIs. Following the finalization of the KPIs by AFRO team, the Country office under the leadership of WHO Representative, established the core team to review and select 20 KPIs as shown the figure below. The KPI coordinators and focal persons were also assigned.

The Country Office Technical staff and KPI Coordinators received training on the how to prepare the progress reports and the Country Office managed to submit 3 Progress reports for Quarter 2, 3 and 4 in 2017. All the selected KPIs are progressing well.



Optional /Country Specific KPIs		Focal Point
<b>CDS</b>	1.MDR-TB Guidelines	Bhavin Jani
<b>CDS</b>	2.National Malaria Strategic Plans implementation status	Ritha Njau
<b>NCD</b>	3.STEPs survey	Neema Kileo
<b>FRH</b>	4.Quality of Care	Theopista J Kabuteni
<b>NTD</b>	5.Mass Drug Administration	Alphoncina Nanai
<b>HSS</b>	6.Capacity for National Health Accounts	Maximillian Mapunda
<b>SDH</b>	7.Non-Health Sector Polices	Leticia Rweyemamu

Mandatory KPIs	Focal Point
1. HIV Treatment (90 90 90 Target)	Richard Banda
2. NCD prevention	Alphoncina Nanai
3. RMNCAH Plan Development	Nemes Iriya
4. DPT3 containing vaccine coverage	Chris Kamugisha
5. Health workforce coverage	Rose Shija
6. IDSR	Martin Mugo Muita
7. IHR	Grace Saguti
8. ARCC polio certification	Chris Kamugisha
9. % Resource mobilization of allocated budget	Irene Mwoga
10. Utilization target achievement	Yusuph Mwemtsi
11. Communication Strategy & outputs development	Neema Kileo
12. Staff Satisfactory Survey	Isiaka Alo
13. Managerial KPIs	Christopher Chikombero

## **Information Communication, Technology and Management (ITM)**

---

An infrastructure review mission by IST/ITM team in mid-September 2016 recommended that all the office hardware and software equipment be Synergy System compliant in order to support the WHO global applications. In September 2017 new servers were installed with support from ITM/IST resulting in an improved ICT functionality at the office. New computers and relevant anti-virus were procured and installed in the office.

In addition, the IST team also recommended that all the computers be installed with Windows 10 operating system and MS Office 2016 with outlook 365 which is used throughout the organisation. The migration of the operating system to Windows 10 and MS Office 365/2016 Email system has now been completed with support of WHO HQ.

The office has initiated transition to approved global projects such as paperless environment and staff members have received orientation and are slowly adjusting.

The draft Business Continuity Plan for Tanzania (BCP) has been completed with support from IST/ITM team. It is now being reviewed and a simulation exercise to test the BCP is being planned for the first quarter of 2018.

## Appreciation

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

- Bill & Melinda Gates Foundation
- Bloomberg Family Foundation
- CDC Foundation
- Centers for Disease Control and Prevention (CDC), United States of America
- China
- Department for International Development (DFID), United Kingdom
- Department of Foreign Affairs, Trade and Development (DFATD), Canada
- DG for International Cooperation and Development (DEVCO), European Commission
- GAVI Alliance
- Germany
- Republic of Korea
- Rotary International
- Sanofi-Aventis
- Sasakawa Memorial Health Foundation
- United Kingdom of Great Britain and Northern Ireland
- United States Agency for International Development (USAID)

## WHO Country Office Retreat 2017–team building exercises



WHO Country Office staff in action



WHO Country Office staff in action



WHO Country Office staff in action









**World Health  
Organization**

**Tanzania**

**World Health Organization Country Office,  
United Republic of Tanzania.**

**P.O. BOX 9292, Luthuli Road, Dar es Salaam**

**Telephone: +255 22 2113005/2111718**

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