



**World Health  
Organization**

**Tanzania**



**Annual Report  
2022**

MAKING PEOPLE  HEALTHIER

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## List of Acronyms

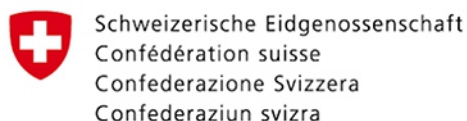
AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical and Research Foundation
AMS	Antimicrobial Stewardship
APOT	Association of Prosthetists and Orthotists of Tanzania
ARCC	African Region Certification Committee
APLP	Association of People Living with Leprosy
BEmONC	Basic Emergency Obstetric and Newborn Care
CanGive	Canada's Signature Global Initiative for Vaccine Equity
CBWSO	Community Based Water Supply Organization
CCS	Country Cooperation Strategy
CORPS	Community Owned Resource Persons
CSU	Country Support Unit
CQI	Continuous Quality Improvement
DPP	Directors of Policy and Planning
DSDSI	Differentiated Service Delivery Strategic Initiative
EAC	East African Community
ECHACP	European Commission's Humanitarian Aid and Civil Protection
EVD	Ebola Virus Disease
EIEVD	Epidemic Intelligence of Ebola Virus Disease
GLLP	Global Laboratory Leadership Program
GPW	General Programme of Work
GRèVP	Good Review Practices
HAT	Human African Trypanosomiasis
HiAP	Health in All Policies
HIVST	HIV Self Testing
HTS	HIV Testing Service
ICU	Intensive Care Units
ILO	International Labour Organization
IVM	Integrate Vector Management
KPIs	Key Performance Indicators
KVP	Key and Vulnerable Populations
MUAHS	Muhimbili University of Allied Health Sciences



MPR	Malaria Programme Review
MoH	Ministry of Health
NAP AMR	National Action Plan on Antimicrobial Resistance
NCC	National Certification Committee
NDPN	Tanzania National Drowning Prevention Network
NHA	National Health Account
NPHL	National Public Health Laboratory
NTFC	National Task Force for Containment
RRH	Regional Referral Hospital
POCQI	Point of Care Quality Improvement
PORALG	President's Office-Regional Administration and Local Government
PROSE	Promoting Resilience of Systems for Emergency
PSEAH	Prevention of Sexual Exploitation, Abuse and Harassment
PSI	Population Service International
SDG	Sustainable Development Goals
SPAR	State Party Self-Assessment Annual Report
SSTEAC	Schistosomiasis and Soil-Transmitted Helminthiasis Technical Expert Advisory Committee
STAR	Strategic Tool for Risk assessment
TNDCDA	Tanzania Non - Communicable Diseases Alliance
TLA	Association of People Living with Leprosy
TOTs	Trainers of Trainees
TNDCDA	Tanzania Non - Communicable Diseases Alliance
TMMDA	Tanzania Medicines and Medical Devices Authority
UNAIDS	Joint United Nations Programme on HIV/AIDS
UN-ECG	UN-Emergency Coordination Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNSDCF	UN Sustainable Development Cooperation Framework
WFP	World Food Programme
WHO	World Health Organization
WASH	Water, Sanitation and Hygiene



# DELIVERING TOGETHER THROUGH PARTNERSHIP



# DELIVERING AS ONE UN



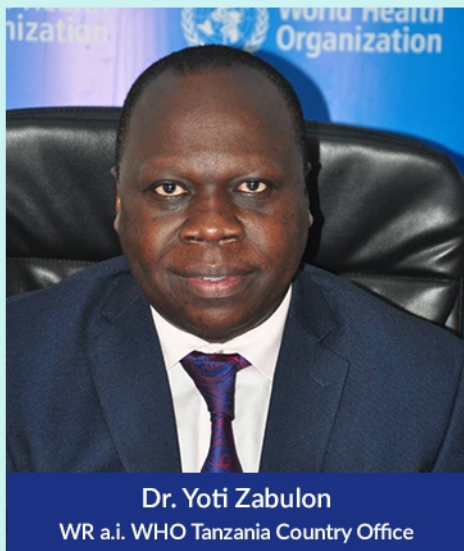
UNITED NATIONS UNIVERSITY



UNITED NATIONS INDUSTRIAL DEVELOPMENT ORGANIZATION



## MESSAGE FROM WHO COUNTRY REPRESENTATIVE



The United Republic of Tanzania has recorded notable progresses in advancing public health in the country. The World Health Organisation (WHO) through the implementation of a Country Cooperative Strategy (CCS) in support of the country's five-year strategic priorities, supported the Ministry of Health of the United Republic of Tanzania in improving the health and well-being of the population.

The countrywide reduction in morbidities and mortalities caused by communicable diseases such as malaria, HIV/AIDS, tuberculosis and neglected tropical diseases is a result of this cooperation in addressing the health needs of communities.

In 2022, WHO played a critical role in the country's effort to be more resilient and adaptive on delivering health services to those who need them the most.

During the year under review, the WHO advised the country in strategic and policy dialogues to help maintain a health system that can provide accessible, affordable, quality, comprehensive and integrated care for universal health coverage and health equity in line with the 2030 Agenda for Sustainable Development.

This approach was fully supported by the Health Sector Strategic Plan V for Mainland Tanzania and the Health Sector Strategic Plan IV for Zanzibar.

These achievements were realized through the effective leadership of the government at all levels and collaboration with our valuable partners supporting the government. We recognize the efforts of health workers at health facilities who made the achievements possible.

We acknowledge with great appreciation the United Nations (UN) country team in Tanzania under the coordination of the resident coordinator for the wonderful collaboration we had in implementing the United Nations Sustainable Development Cooperation Framework (UNSDCF) priority areas which is perfectly aligned with our CCS in playing our role in the country's effort to meet the health-related Sustainable Development Goals (SDGs).

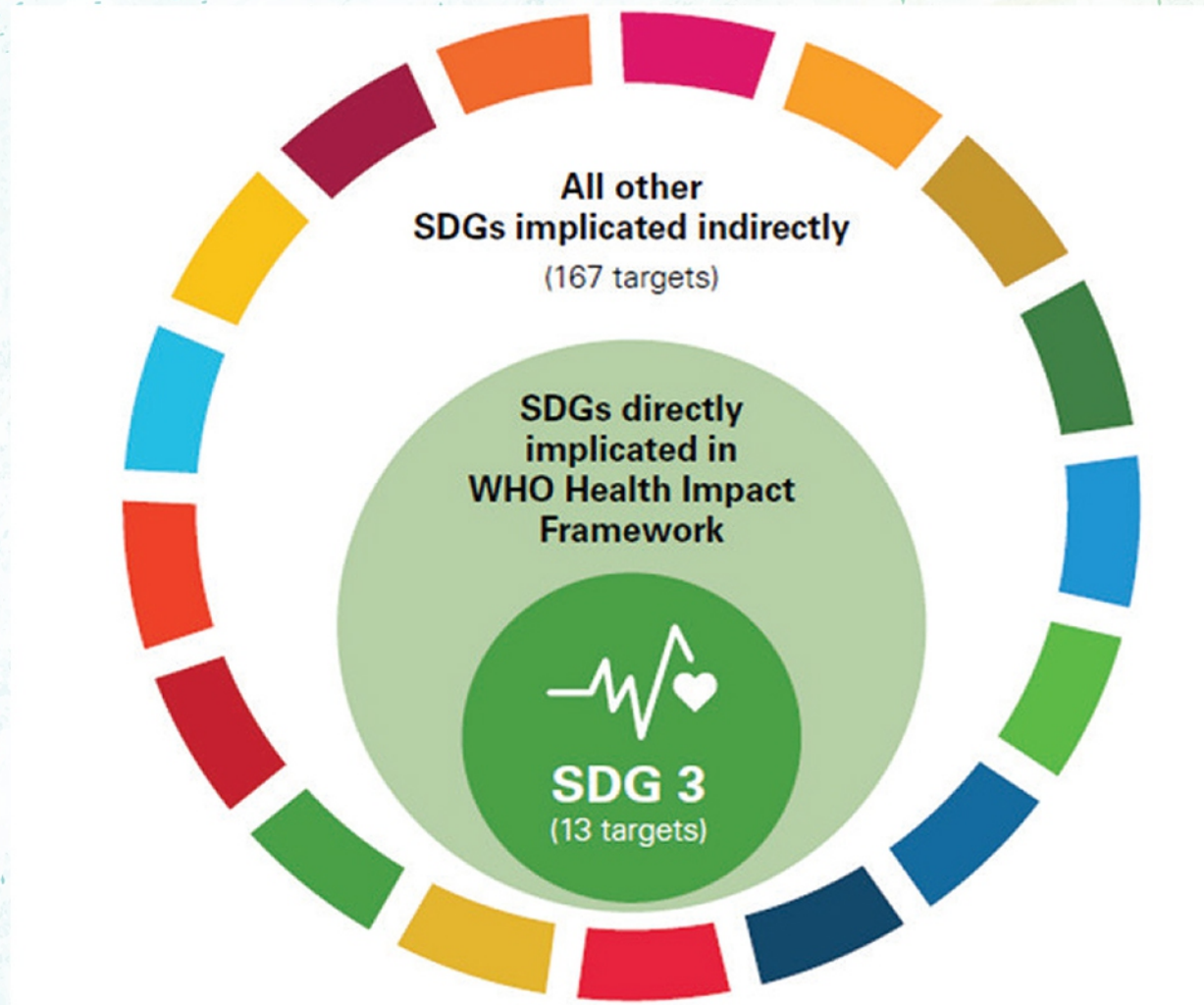
We extend our appreciation to our donors for the crucial role they played in availing the needed resources in time for implementation of planned activities during the year. Without their support we would not be able to register the results in 2022.

We also express our gratitude to colleagues at the WHO HQ, and AFRO for their support and collaboration in facilitating our work in 2022.

In framing the priorities and interventions for the coming years, the Sector Strategic Plan IV for Zanzibar considered building on the achievements of 2022 and sustaining all efforts towards attaining the goals and priority areas that we set in our CCS for the year 2023.

WHO remains fully committed to its resolve in supporting the Government of Tanzania to strengthen the good and best practices that we have registered in the year while being innovative to reduce the gap that we have in health systems to achieve universal health coverage through strong partnership.

In 2022, WHO Tanzania ensured strong multi sectoral engagement which aligns with the Sustainable Development Goals (SDGs). The SDGs reflect a new understanding that today's health and development challenges are increasingly complex, integrated and interlinked. SDG 3 exclusively addresses health, but health in the SDGs goes beyond SDG 3, with core health issues also residing in other goals. All SDGs influence – and are influenced by – health.



# STRATEGIC APPROACH TO ACHIEVE GOALS

The country office in close collaboration with stakeholders developed a six-year Country Cooperation Strategic (CCS) plan (2022-2027). This is the WHO's Corporate Framework Strategy in response to country needs and priorities in line with the thirteenth General Programme of Work (GPW13) and addresses health and health-related Sustainable Development Goals (SDGs). It provides a medium-term strategic cooperation framework for the WHO in achieving health strategic priorities of the United Republic of Tanzania. The time frame tally with the United Nations Sustainable Development Framework (UNSDCF) for Tanzania. The priorities are aligned with the National Health Sector Strategic plan, SDGs, GPW13, and UNSDCF. The strategic document was launched in a colourful event on April, 2022.



Download the WHO Tanzania Country Cooperation Strategy (CCS) 2022-27.



## THE FOUR PRIORITY AREAS IDENTIFIED UNDER THE CCS ARE:



Through the engagement of the Ministries of Health of both mainland and Zanzibar, the country office prioritize outcome and output areas in preparation for detail activity plan for the next biennium of WHO 2024/25.

Table 1: The table below lists the priorities that will be guiding the detail plan.

OUTCOME	OUTPUT	FINAL OUTPUT RATING
[1.1] Improved access to quality essential health services irrespective of gender, age or disability status	[1.1.1] Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.	High
	[1.1.2] Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.	High
	[1.1.3] Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.	High
	[1.1.5] Countries enabled to strengthen their health workforce.	High
[1.2] Reduced number of people suffering financial hardship.	[1.2.1] Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage.	High
	[1.2.2] Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making.	Medium
[1.3] Improved access to essential medicines, vaccines, diagnostics and devices for primary health care.	[1.3.1] Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists.	High
	[1.3.2] Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.	High
	[1.3.3] Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services.	High
	[1.3.5] Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.	High

OUTCOME	OUTPUT	FINAL OUTPUT RATING
[2.1] Countries prepared for health emergencies.	[2.1.1] All-hazards emergency preparedness capacities in countries assessed and reported.	High
	[2.1.2] Capacities for emergency preparedness strengthened in all countries.	High
	[2.1.3] Countries operationally ready to assess and manage identified risks and vulnerabilities.	Medium
[2.2] Epidemics and pandemics prevented.	[2.2.1] Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards.	High
	[2.2.2] Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale.	Medium
	[2.2.3] Mitigate the risk of the emergence and re-emergence of high-threat pathogens and improve pandemic preparedness.	
	[2.2.4] Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative.	
[2.3] Health emergencies rapidly detected and responded to	[2.3.1] Potential health emergencies rapidly detected, and risks assessed and communicated.	High
	[2.3.2] Acute health emergencies rapidly responded to, leveraging relevant national and international capacities.	High
	[2.3.3] Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings.	High
[3.1] Safe and equitable societies promoted through action on the social, economic and commercial determinants of health.	[3.1.1] Countries enabled to address social determinants of health across the life course.	High
[3.2] Supportive and empowering societies fostered through health promotion and addressing risk factors,	[3.2.1] Countries enabled to address risk factors through multisectoral actions	High
	[3.2.2] Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures.	High

OUTCOME	OUTPUT	FINAL OUTPUT RATING
[3.3] Healthy environments to promote health and sustainable	[3.3.1] Countries enabled to address environmental determinants, including climate change.	Medium
	[3.3.2] Countries supported to create an enabling environment for healthy settings	Medium
[4.1] Strengthened country capacity in data and innovation.	[4.1.1] Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.	High
	[4.1.3] Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries	Medium

# SUSTAINABLE DEVELOPMENT GOALS

# RESOURCE MOBILIZATION

In 2022, WHO was able to identify areas with gaps and unmet needs. Through engaging various donors, both in country and outside, we were able to mobilize resources to support the Government priority areas.

Table 2: Programme areas and resources

PROGRAM AREAS	TOTAL
UHC Pillar 1	4061184
Health Emergency Pillar 2 (HEM)	1406625
Healthier Population Pillar 3	81000
Country Support Function Pillar 4 (CSU)	481340
COVID 19	6020429
Polio Outbreak	22996383
Expanded Special Project for Elimination of Neglected tropical Diseases (ESPEN)	203752
<b>GRAND TOTAL</b>	<b>35250713</b>

## FUNDING SOURCES

Bill & Melinda Gates Foundation  
 Bloomberg Family Foundation  
 Centers for Disease Control & Prevention (CDC), United States of America  
 Defense Threat Reduction Agency (DTRA), United States of America  
 Department of Foreign Affairs, Trade & Development (DFATD), Canada  
 Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Germany  
 DG for International Cooperation & Development (DEVCO), European Commission  
 Directorate-General for International Partnerships (INTPA), European Commission  
 Federal Ministry for Economic Cooperation and Development (BMZ), Germany  
 Federal Public Service of Foreign Affairs, Foreign Trade & Development Cooperation, Belgium  
 Foreign, Commonwealth & Development Office (FCDO), United Kingdom  
 GAVI Alliance  
 Germany  
 Global Disability Innovation Hub  
 Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)  
 International Development Law Organization  
 Irish Aid  
 Japan  
 Joint United Nations Programme on HIV/AIDS (UNAIDS)  
 King Baudouin Foundation United States (KBFUS)  
 Ministry for Europe and Foreign Affairs (MEAE), France  
 Ministry of Foreign Affairs, Denmark  
 Ministry of Foreign Affairs, Ireland  
 National Institute of Parasitic Diseases, China CDC (Chinese Center for Tropical Diseases Research)  
 National Philanthropic Trust (NPT)  
 Norwegian Agency for Development Cooperation (NORAD)  
 Rotary International  
 Sanofi-Aventis  
 Sasakawa Health Foundation  
 Swiss Development Cooperation Agency (SDC/DDC)  
 UNDP Multi-Partner Trust Fund (MPTF)  
 UNITAID  
 United Nations Development Programme (UNDP)  
 United Nations Peace and Development Trust Fund (UNPDF)  
 United Nations Population Fund (UNFPA)  
 United States Agency for International Development (USAID)  
 United States Department of State (USDOS)  
 UNAIDS  
 WHO (Regional and HQ offices)



## ENGAGING WITH NON STATE ACTORS

- An expression of interest was launched for engaging non-state actors for partnering with WHO in Tanzania.
- The EOI was published in two national newspapers and circulated through the Development Partners Groups for Health (DPG H).
- Memorandum of understanding was signed with Tanzanian Non-Communicable disease alliance, Helpage Tanzania, Benjamin Mkapa Foundation.





## KEY ACHIEVEMENT WITH THANKS TO PARTNERS AND CONTRIBUTORS

- Prepare, control, and respond to various health emergencies during the year.
- Preparedness and readiness for Monkeypox and EVD outbreaks.
  - Detect, respond and control of leptospirosis, measles, and cholera outbreak.

The United Republic of Tanzania joined the Epidemic Intelligence of Open Source (EIOS) community in 2022. This is a unique collaboration between WHO and various stakeholders using new and existing initiatives, networks, and systems to create a united all hazards one health approach to early detect, verify, and assess public health risks using open-source information.

WHO advised the national strategic risk assessment, 23 hazards were selected for assessment.

A three-prong initiative that includes Promoting Resilience of Systems for Emergency (PROSE), Transforming Africa Surveillance System (TASS), and Strengthening Utilizing of Response Groups in Emergencies (SURGE) successfully rolled out in Tanzania as part of the efforts by the joint efforts by the WCO , Africa CDC and the 9 countries in the region.

HIV site treatment scale up plan, HIVST implementation framework and evaluation from work for HIVST workplace module developed.

The United Republic of Tanzania joined the epidemic Intelligence of Open Source (EIOS) community.

Amid multiple outbreaks, COVID 19, Cholera, Measles, that challenged the resilience of the health system. Below are selected indicators/ results recorded in the 2022;

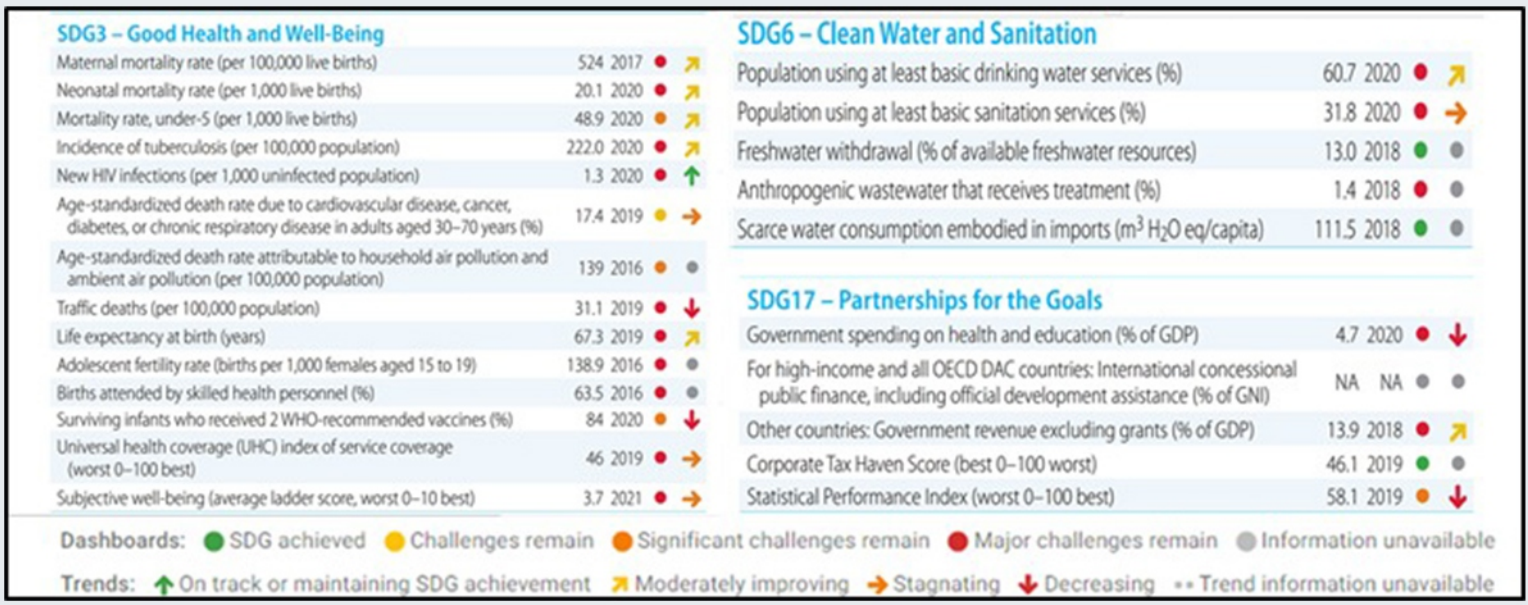


Figure 1.  
Selected SDG indicators, Tanzania (source sustainable development report, 2022)

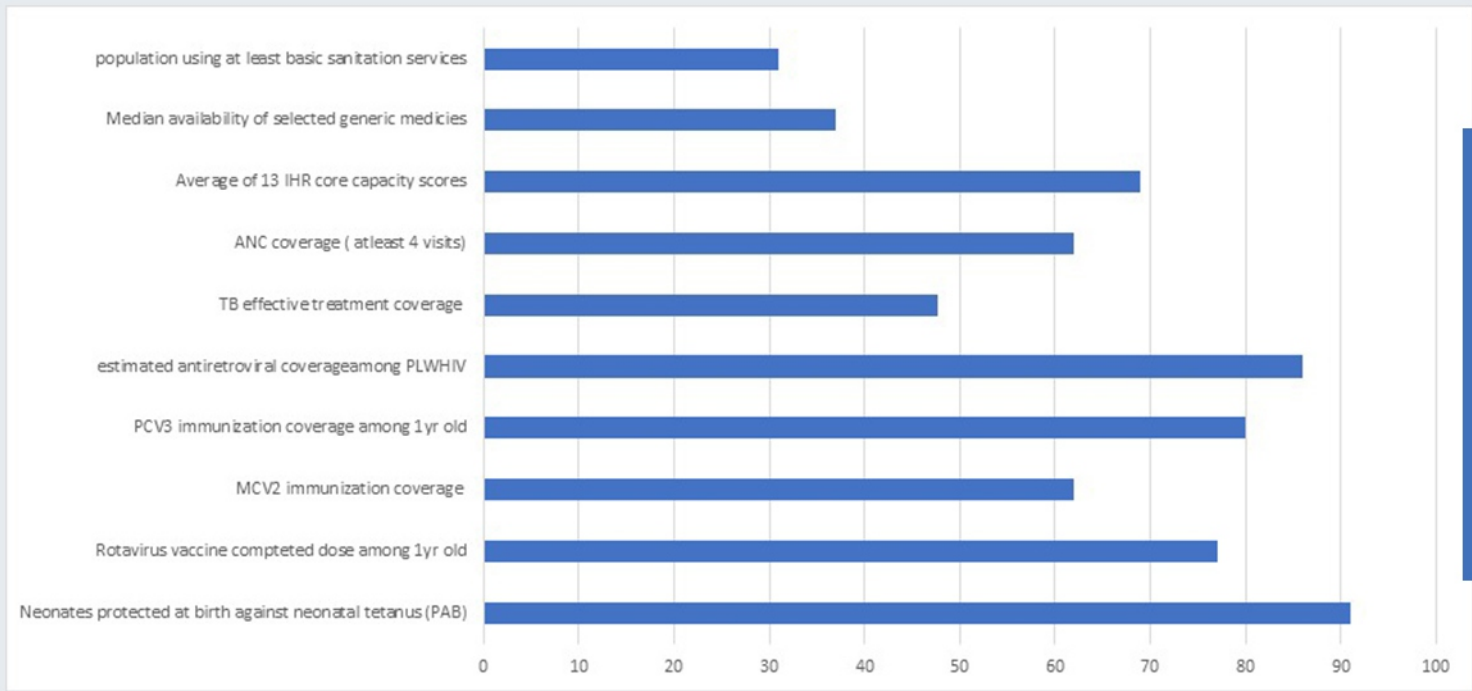


Figure 2.  
Major health indicators Tanzania (source Global health observatory)

## ACHIEVING UNIVERSAL HEALTH COVERAGE



Universal Health Coverage (UHC) in Tanzania an effort that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. A concerted effort to cover the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.



### TANZANIA

Sub-Saharan Africa

#### OVERALL PERFORMANCE

COUNTRY RANKING  
**TANZANIA**  
**130** / 163

COUNTRY SCORE

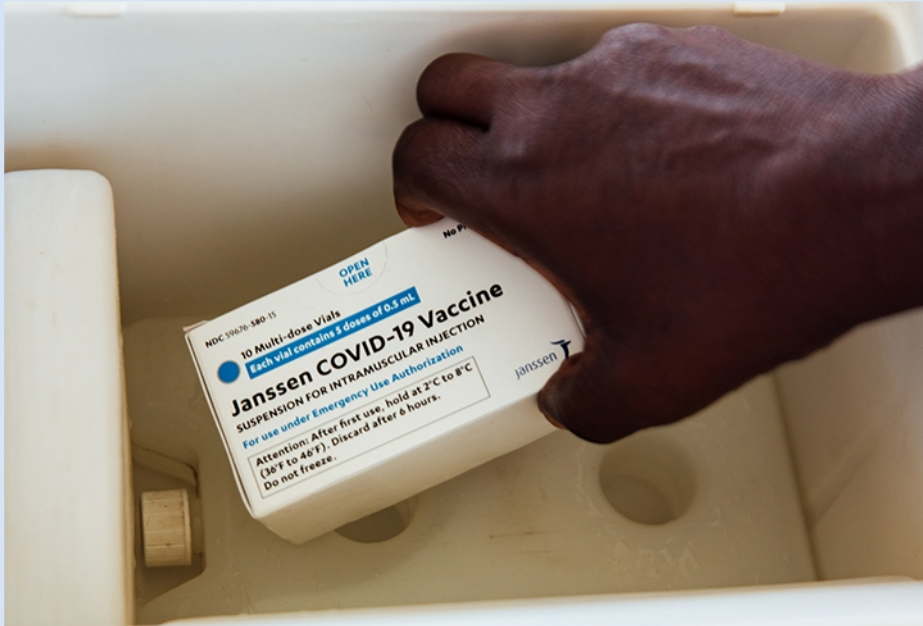


#### AVERAGE PERFORMANCE BY SDG



#### SDG DASHBOARDS AND TRENDS

## Improving access to essential medicines and health products



Staff in Muhimbili national hospital, Mwanayamala and Dodoma referral hospitals, and Mnazi Mmoja hospital were trained to establish Antimicrobial Stewardship (AMS).



The national action plan on Antimicrobial resistance (NAP AMR) 2017-2022 was reviewed. A new action plan 2023-2028 developed.



WHO developed and led the training of the Good Review Practices (GReVP) guidelines to reduce the number of evaluation cycles necessary for approval and enhance the availability of quality, safe and efficacious medicinal products in the market.



In Zanzibar

- The donation guidelines for medicines and health products were reviewed
- Guidelines for medical devices was developed
- Emergency supply chain operations guidelines developed



WHO led the procurement of two containers of Assistive Products (AP) for the MOH. It contained a range of 14,000 assistive products to support mobility, cognition, vision, and self-care functions.



Dr. Yoti Zablon acting WR Handing over of assistive products to Honorable George Simbachawene the Minister of States, Prime Minister's Office (Policy and Parliamentary Affairs) , Dodoma, October 3, 2022.

## RMNCAH+N policies and coordination



15 frontline Community Health Workers were trained on early screening and treatment of cervical precancer lesions with cryotherapy and thermocoagulation.



WHO reviewed and printed 100 copies of FP/HIV integration training package.



200 stakeholders were sensitized on the new WHO guideline for intrapartum and postnatal care including the use of labor care guide “Next Generation Partograph.”



A cross sectional assessment on quality of sexual and reproductive health, intra/postpartum care, GBV and AFYS was conducted in 25 primary health care facilities in 5 district councils of Kigoma. This was done in collaboration with UNICEF, UNFPA and UNAIDS.



In Kigoma

- 73 health care providers were trained on Comprehensive Emergency Maternal and Newborn care (cEMONC)
- 28 on Basic Emergency Maternal and Newborn care (BEmONC)
- Training of trainers conducted for 45 persons to provide continues support on emergency Obstetrics and newborn care.



## Quality of care for maternal, newborn, and child health



Tanzania is among the Network Country which is supported by WHO to implement national strategies for quality of care in the health system to ensure the quality of maternal, newborn, and child health care services at Point of Care Quality Improvement (POCQI).

Activities implemented were: -

- Coaching sessions with District Health Management Team (DHMT members)
- Follow-up with Health Care Providers, Community Health Volunteers, and Community leaders (sheha) at learning districts/facilities Kaskazini A Unguja and Micheweni Pemba.



## Health Financing



34 staff from Ministry of Health, Ministry of Finance , NHIF, and PORALG were trained for five days on health financing concepts, monitoring, and evaluation tools. The training contributed towards the development of Universal Health Insurance whose bill was presented in the Parliament of the United Republic of Tanzania in September 2022.

Health financing Forum was conducted in Zanzibar, with the vision and mission that emphasis improved access, health equity, fair and sustainable health financing.

- Dissemination of National Health Account to senior management of Ministry of Health was conducted.

- The Total Health Expenditure (THE) increased from TZS 4.294,944 (USD 2,164 million) in 2016 to TZS 5,415,996 (USD 2,336 million) in 2020, an increase of 26 percent ( Figure 3) . The share of THE to GDP increased slightly from 4 percent in 2016 to 4.2 percent in 2020

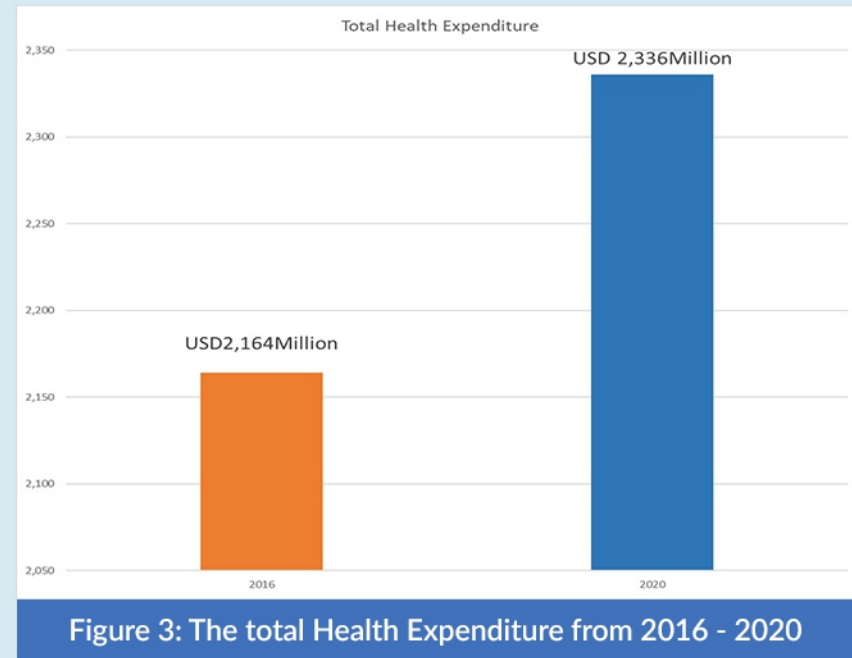


Figure 3: The total Health Expenditure from 2016 - 2020

NHA report are used in the development of global proposal for health sector funding.

## Human Resource For Health (HRH)

In Zanzibar, harmonization of implementing and monitoring of SADC health workforce strategies with the Tanzanian HRH Strategy was initiated.

Training was given on the national health workforce account.

## Governance and Leadership

Conducted the assessment of the uptake of guidelines and standard products in the United Republic of Tanzania. Most of the public health guidelines are harmonized with other strategic documents.

## Monitoring Universal Health Coverage Progress

The monitoring of essential services shows that contrary to the perception of the health workers, there were few effects of COVID-19 on Primary Health Care Services (PHC) during the first wave of Covid-19.

The situation was different in hospitals where reduced overall utilization of in-patient services in the main public and the main private hospitals were noticed. After a dramatic fall in the number of clients during the months of April and May 2020, there were improvements during the subsequent waves. In 2022, the situation is returning to normal.







## UNIVERSAL HEALTH COVERAGE COMMUNICABLE AND NON-COMMUNICABLE DISEASES

The epidemic of NCDs poses devastating health consequences for individuals, families and communities, and threatens to overwhelm health systems.

To reduce the burden of NCDs in Tanzania, WHO's mission is to provide leadership and the evidence base for action on surveillance, prevention and control of NCDs.

The country office lead, advice and work with partners to make sure that Tanzania's effort to control, eliminate and curb the effect of communicable diseases in line with the GPW 13 outcome "Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results"

# TUBERCULOSIS

Tanzania is among 30 countries with the highest burden of TB in the world and the WHO Country Office (WCO) led the NTLP to update, analyse and submit data for the 2021 TB cohort to be included in the 2022 Global TB report.

The end term review of the Zanzibar integrated HIV hepatitis, TB and Leprosy program 2017 – 2022 was conducted. Finding will inform the development of a new national strategic plan and the global fund funding request for 2024 – 2027.

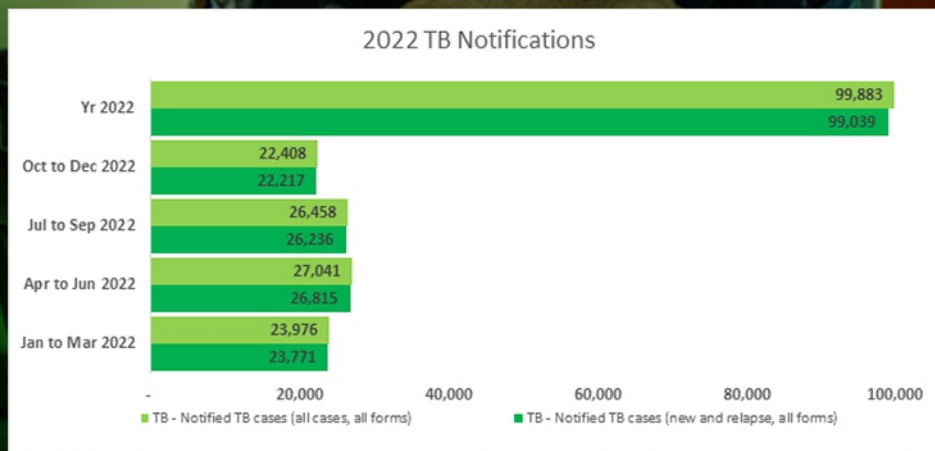
The project in Tanga region on the integrated TB and chronic lung disease program showed an improved diagnosis and management of CLDs and an overall increased awareness of TB/CLD comorbidities. To this effect, WCO advocated for scale up of integrated TB and CLD services countrywide during the World TB Day (March 24th)

The draft national Multi-sectoral Accountability Framework and on multisectoral engagement in TB was developed. WHO provided technical lead in the process. the Ministry of Health (MOH), Prime Minister Office (PMO), Tanzania stop TB partnership and other implementing partners were involved.

We played a pivotal role in the finalization TB Preventive Therapy (TPT) training packages. Both internal self-assessments and external verification reviews were done in November 2022 for TB diagnostic Network Optimization (TB-DNA). The result showed the existence of government leadership, policy, and structures, however, key gaps around the supply chain, sample referrals, and data management were identified.

## 2022 TB Analysis

Figure 4: 2022 TB cases notification



A total of 99,883 TB cases were notified in 2022

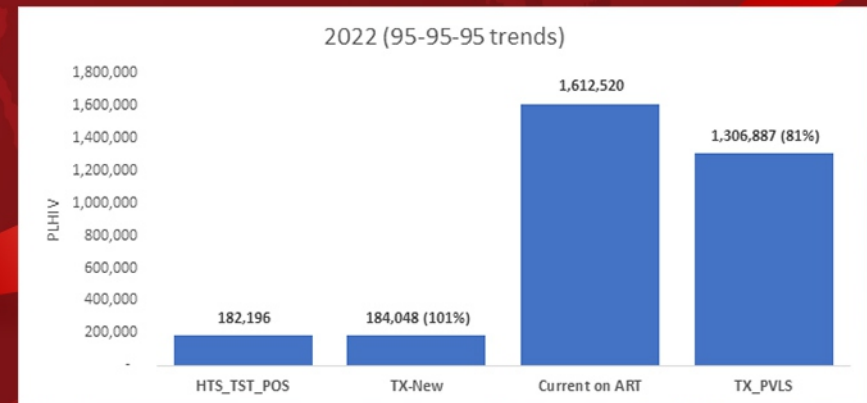
# HIV/AIDS

WHO played a pivotal role in leading advising and providing guidance in 2022.

- For the national AIDS control programme ( NACP) On the development of a five-year strategic plan and a two year operational plan
- The conduct of end term evaluation of HIV, STI, viral hepatitis, TB and Leprosy programs for Zanzibar (this was done in collaboration with AMREF, UNAIDS, UNICEF, ZAC )
- Together with Population Service International ( PSI) on the development of HIVST scale up plan , HIVST implementation framework and evaluation protocol for HIVST workplace module.
- 49 point of care (POC) early Infant diagnosis (EID) machines placed bringing the total sites to 95 by the end of 2022.
- Continues quality improvements (CQI) mentorship conducted in 14 of the 16 regions with strong engagement of stakeholders to improve quality of both dry blood spots (DBS) samples and testing results. Over all rejection is below 5% , and turnaround time reduced to one day from two months in 2020.
- 20 POC sites evaluated on the use of whole blood than DBS for EID, results showed turnaround time reduced to one day from one to two weeks.

## 2022 HIV Analysis

Figure 5: 2022, 95-95-95 trends



In 2022, a total of 3,770,359 people were counseled and receive their HIV result, this represents 99% of all people accessed HIV services in facilities. Among 99% whom receive results 182,196 (5%) were found to be HIV positive. 184,048 (101%) initiated ARV treatment and 81% are viral suppressed.

WHO and MOH developed the protocol for the introduction of the triple elimination of HIV, syphilis and hepatitis B virus and roadmap for submission to the ethics board for clearance.

An assessment of community engagement in delivery of Key Vulnerable Population (KVP) services to identify individuals, community and systematic barriers was conducted in 10 regions in 2022. The findings indicated a need to enhance the enabling environment to all KVPs to access services.

As part of the joint HIV programming under UBRAF, WHO and UNODC, supported four Zanzibar Correctional Facility (ZCF) officers to participate in a study tour on delivery of methadone assisted therapy (MAT) services at Segerea Prison Dar es salaam, 21-22 April 2022. Stakeholders consultation was conducted on 13 July 2022 to engage key stakeholders and orient them on the project and mobilize additional resources to implement the project.

An assessment of the first phase of the introduction of 3rd ARV regimens in Tanzania was conducted in first quarter of 2022. 3rd line services now scaled up countrywide however quality of data on the actual number of PLHIV switched to 3rd line is still an issue.

Supportive supervision visits conducted to 11 facilities in August 2022, good progress was noted in switching of PLHIV failing on 2nd line to 3rd line regimens.

For Zanzibar as of September 2022, 7,137 PLHIV were on DTG-based regimens. In 2021 this figure was 5933.

## Screening against cervical cancer

- 20,475 women 30 – 60 yrs were screened for pre-cervical cancer lesions.
- 597 of these were found with precancer lesions and 82% received cryotherapy treatment on the same day.
- 70% of the screened women for cervical cancer had HIV testing positive results and were linked to care and treatment clinics.

## Capacity Building

- 28 Health workers from Unjuga and Pemba were trained
- 90 health workers were trained on HIV prevention and management in Kigoma.
- 22 frontline health care providers trained on early screening cervical cancer.  
28 health workers in Zanzibar trained on Cohort Event Monitoring.  
10 laboratory scientists were trained on HIV drug resistance.
- 10 personnel were trained on sample management, genotyping results analysis and interpretation.
- GeneXpert HPV DNA verification protocol was developed for introducing molecular cervical cancer screening platform.  
Mainland Tanzania completed the Cohort Event Monitoring (CEM) survey from 28 sentinel sites.
- ARV toxicity monitoring was initiated in Zanzibar in May 2022.



HIV drug resistance testing, laboratory

WHO led the effort of NACP in developing training package for HIV data analysis and utilization using the DHIS2 and CTC3 platform. This was followed by the training of 30 National and sub-national HIV coordinators from MoH, PoRALG, and 4 regions on it.

In Kigoma region 90 healthcare providers were trained on provision of basic and essential services to PLHIV using the newly updated HIV and AIDS management guidelines.

51 participants (community health workers, peer educators and healthcare providers) were trained.



Participants in the class session (left) and at health facility (right) for field practical: March 2022



Participants demonstrating community index clients testing. March 2022.

## VIRAL HEPATITIS

WHO played a pivotal role both technically and financial for the adaptation of viral Hepatitis diagnosis and treatment package for Mainland and Zanzibar. Zanzibar managed to pilot test the training package

## Malaria



This year, data analysis on the two-year project of the evaluation of malaria rapid Community-based Testing and Response approach (mRCTR) for malaria burden reduction in moderate to high transmission areas started.

A special therapeutic efficacy and safety study of artemether-lumefantrine (AL) and artesunate-amodiaquine (ASAQ) for the treatment of uncomplicated falciparum malaria was conducted. This WHO-supported study was conducted in Karagwe district in 2022, due to the proximity of the district to Rwanda where e artemisinin resistance was reported. The study reported Plasmodium parasite mutations in >5% of patients with parasitaemia on day 3 post-treatment, and >10% of the patients had parasitaemia beyond the third day of the treatment thus confirming the presence of artemisinin partial resistance in the area.

Supervision of the 32 sentinel sites that monitor the entomological surveillance and insecticide resistance monitoring was done. This monitoring has enabled the mapping of malaria vector species distribution and the resulting malaria transmission patterns in the country.

In collaboration with research institutions and academia in the country, WCO supported the development of Integrate Vector Management (IVM) guidelines and standard operation procedures to streamline the control of vectors and management of vectors of public health importance in the country.

Malaria Programme Review (MPR) of the Zanzibar Malaria Elimination Strategic Plan IV, 2018-2023 was conducted. The WCO led in-country partners and stakeholders in the validation of findings obtained from the thematic desk review. The review recorded:-

- confirmation of all malaria suspects prior to treatment no stock-out of malaria commodities. Notably, the review emphasized that a malaria-free future is feasible and possible in Zanzibar.

In monitoring service delivery, WHO was supporting: -

- The establishment of malaria community case management (mCCM) in selected high-transmission councils, by using Community Owned Resource Persons (CORPS)
- The implementation of malaria case-based surveillance (mCBS) in very low malaria transmission settings to accelerate towards sub-national elimination

## VACCINE PREVENTABLE DISEASES

### IMMUNIZATION

The World Health Organization (WHO) led the Tanzania Medicines and Medical Devices Authority (TMDA) to strengthen the regulatory system in the country which monitors vaccine safety. Several vaccine safety monitoring activities were implemented which included the development of IEC materials (posters, brochures, banners, fliers) on AEFI reporting and sensitization to the public and healthcare workers at all levels including health facilities, districts, and regions.

A total of 8052 persons were trained in 14 regions on AEFI detection, management, collection, and reporting.

There are currently 13 antigens delivered in routine vaccination schedule which includes; BCG, bOPV, DPT-Hib-HepB, PCV13, Rotavirus, Measles Rubella and Tetanus Toxoid.

Table 3: Vaccination trend in Tanzania

Vaccine	2021	2022	Excess children reached in 2022 than 2021
DTP3	2093412	2362340	268928
OPV3	1723223	2295012	571789
MCV1	1999571	2423315	423744
MCV2	1649797	2134651	484854



# Immunization Trend

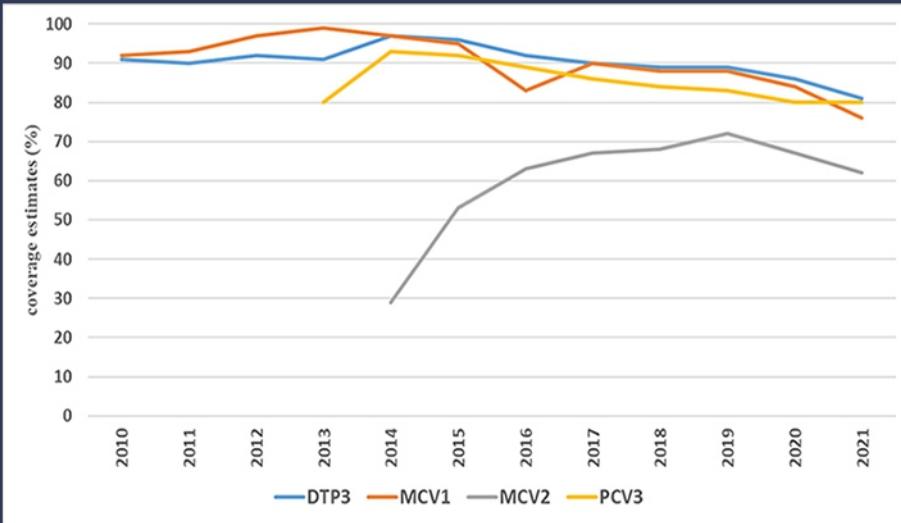


Figure 6: Trend of immunization coverage, WHO UNICEF coverage estimate, 2010-2021,



## Polio Eradication



Malawi (Lilongwe region) and Mozambique (Tete province) confirmed Wild Polio Virus Type 1 (WPV1) with the date of onset as 21st to November 2021 and 15 May 2022, respectively. As part of response measures Tanzanian, in collaboration with its partners, responded to Polio among susceptible groups via SIAs/NIDs.

- through boosting the immunity by conducting effective four rounds of bivalent oral, poliovirus vaccine (bOPV) campaigns covering more than 17 million children.
- strengthening of AFP surveillance within the Integrated Diseases Surveillance Response (IDSR) framework.

### COORDINATION AND PLANNING

- Leadership and engagement of government and coordination with GPEI partners
- Presence of GPEI surge across all levels for outbreak and surveillance activities
- Functioning NEOC with management structure supported by the Ministry of Health (MoH) and President Office Regional Administration and Local Government (PORALG)
- Establishment of EOCs at the provincial level and outbreak coordination mechanisms (technical committees) at all districts, led by RMO and respective DMOs
- Direct payment system was established after round 2 and is now functioning for timely vaccinator payments
- Regular coordination meetings to review the preparedness dashboard, evening review meetings, and use of virtual meeting platform, WhatsApp, and phone calls to monitor program status.

## Surveillance AFP/ES AFP surveillance Key surveillance indicators 2022- 2023

INDICATORS	EPI Week 52, 2021		EPI Week 52, 2022		EPI week 13, 2023 (annualized)	
	TARGET	ACHIEVED	TARGET	ACHIEVED	TARGET	ACHIEVED
Total AFP Cases	501	884	792	1284	201	250
NP/AFP Rate	3/100,000	3.5 /100,000	3/100,000	4.7/100,000	3/100,000	2.6/100,000
NP/ENT Rate	>=10	7.9	>=10	8.7	>=10	7.1
Stool Adequacy	>=80%	98%	>=80%	98%	>=80%	99%

- Among 1284 AFP cases reported as of epi Week 52, 2022, 1265 have lab results.

### Environmental surveillance performance

ES sites have >50% EV isolation rate with >80% samples collected as per schedule.

### Population Immunity and SIA quality

Millions of children were vaccinated during SIAs increasing denominator makes accurate coverage challenging.

**5,380,572 (43%) increase in number of children vaccinated between R2 and R4**

#### Children under 5 year of age vaccinated during outbreak response rounds

SIA RD	Target	Day 1	Day 2	Day 3	Day 4	Mop-Up	Total	% Cov.
R1	975,839	296,603	319,294	271,727	231,377	11,270	1,130,261	115.82
R2	10,576,805	3,017,878	3,471,242	3,279,728	2,498,388	169,125	12,436,361	117.58
R3	12,692,166	3,847,332	4,301,155	3,831,616	2,901,899	170,440	15,052,442	118.60
R4	15,052,442	4,656,538	5,101,373	4,507,285	3,408,071	143,666	17,816,933	118.37



## Non Communicable Diseases

### *Strengthening the Prevention and control of Non-Communicable Diseases*

UN High-Level engagement in curbing the NCDs pandemic Supported MOH participation and presentation during the UNGASS Side meeting on NCDs. The contribution focused on the evolving patterns of noncommunicable diseases (NCDs), the cost of inaction, and ways to enhance prevention and control in accordance with the National NCD Strategy, the Global Action Plan, and the NCD Compact. Advocacy has been performed concurrently with the health in all policies initiative.

WHO has pioneered a partnership with other UN organisations in 2022 to tackle non-communicable diseases. Six organizations (WHO, UNDP, WFP, UNICEF, ILO, and UNESCO) have expressed interest in collaborating, and plans are currently underway to produce the first proposal for a UN Joint Programme on NCDs.

### *The NCDs Week commemorations in Mwanza in November 2022.*

During the week of 5 - 12 November 2022, Tanzania commemorated the Non-Communicable Diseases (NCD) week. Nationally commemorated in Mwanza region under the theme “Change your lifestyle for better health”, the week gathered people from all walks of life to calling for investment in prevention and wider access to care.

### *NCD Journalism Fellowship Programm*

Ten (10) selected journalists from mainstream and local media houses were trained and produced 45 articles covering key NCD issues highlighting prevention measures, achievements and gaps that require further investment.

### *Some of the events organized which WHO supported:*

The exhibition and health screening activity involved 33 Organizations both from Private, Government and Non-Government Organizations.

A total of 3280 (1664 Female and 1616 male) individuals received various health services of measuring height, weight, and height-to-weight ratio (BMI), measuring blood pressure, and blood sugar level, screening for various cancers, examination and screening for eye diseases, oral and dental diseases, screening for mental illness, blood donation service, COVID-19 vaccination service, screening for sickle cell disease, HIV testing, and physiotherapy services.

### *Results of Blood pressure measurements during the NCDs week*

Of around 1,894 people who were screened for blood pressure; 1017 were women and 877 men. Of these, 55% had normal blood pressure, 43% had high blood pressure and 1% had low blood pressure.



Screening for blood pressure

## Various Screening Results of the NCD week

**TABLE 4: ORAL AND DENTAL SCREENING RESULTS**

Number Screened	F	456	Total	899
	M	443		
No	F	M	Percent	
0 Dental Caries	314	307	621	69.08
2 Periodontitis	90	86	176	19.58
Other dental			102	11.35
3 Caries	52	50		
<b>Total</b>	<b>456</b>	<b>443</b>	<b>899</b>	<b>100</b>

*Table 5*

### Mental health and drug abuse screening results

**MENTAL HEALTH AND DRUG ABUSE SCREENING**

Number Screened	F	204	Total	518
	M	314		
Na	F	M	Percent	
1 Asymptomatic	137	194	331	<b>63.90</b>
2 Depression	57	14	71	<b>13.71</b>
3 Anxiety	3	8	11	<b>2.12</b>
4 Psychosis	1	7	8	<b>1.54</b>
5 Drug abuse	6	91	97	<b>18.73</b>
6 <b>Total</b>	<b>204</b>	<b>314</b>	<b>518</b>	<b>100</b>

**TABLE 6: BLOOD PRESSURE SCREENING AND RESULTS**

TOTAL NUMBER OF PARTICIPANTS	F	1017	TOTAL	1894
	M	877		
No.	Symptom	F	M	Percentage
1	Hypertensive	426	394	820 43.29
2	Hypotensive	13	12	25 1.32
3	Normal Blood Pressure	578	471	1049 55.39
	<b>Total</b>	<b>1017</b>	<b>877</b>	<b>1894</b> <b>100</b>





In May 2022, WCO collaborated with the Ministry of Health of Tanzania Mainland, Prosthetists and Orthotists of Tanzania (APOT), and partners to conduct the 3rd Conference of the Association of APOT. The meeting aimed to foster learning among professionals involved in prosthetics, orthotics, mobility, and assistive devices for the gradual improvement of skills and services offered by these cadres.

In this annual meeting WHO advocated for efforts to address the unmet demand for rehabilitation nationally, required to realize the 2030 global targets. The targets emphasize improving health systems to offer rehabilitation, calling for the availability of rehabilitation services to all members of the population and at all stages of life.



### Addressing NCDs and Mental Health Services gap

Perinatal Mental Health as a critical component for Early Childhood Development (ECD)

In July 2022 WHO facilitated a mission of experts in ECD to determine available ECD programs and understand the needs required to improve ECD and maternal mental health in Tanzania. UN agencies in the mission included – WHO, UNICEF and UNFPA, who jointly – consulted with Government officials, and national and international NGOs in Mainland Tanzania and Zanzibar. Improving NCDs services through supporting the validation of the Intensive Care Units (ICU) and, Home-based Care Guidelines.



In May 2022, WHO Tanzania supported the validation of two guidelines namely, of Intensive Care Units (ICU) and Home-based Care Guidelines for patients affected by COVID-19. It was envisaged that implementation of these guidelines will improve the management of home-based care patients, reduce community deaths and prevent overburdening the health system. In addition, the ICU guidelines were to lead to renovation and establishment of standardized ICUs.

Collaborating with partners to enhance healthcare workers' capacity to diagnose and treat NCDs

In 2022, 4 trainings were successfully conducted through WDF funding covering all priority NCDs in Tanzania. WHO participated in the initial pilot training, which took place in Dar-es-Salaam to test the use of the comprehensive manual. Until December 2022, health professionals from 14 regions had received comprehensive NCD training.



## THE CONTROL AND ELIMINATION OF NEGLECTED TROPICAL DISEASES



The NTD program Tanzania mainland commemorated its very first World NTD Day 2022 on January 30th. Alongside the week, her Excellency, the President of the UR of Tanzania, Mama Samia Suluhu Hassan, in advance of the World NTD Day addressed a high-profile development partner meeting in Kigali, on January 27, confirming, and signing 100 percent Government's commitment to eliminate NTDs in the United Republic of Tanzania. The advance event of heads of state was to commemorate a decade of NTD's London Declaration and to commit to a new Declaration on NTDs, the Rwanda Declaration.

In officiating the World NTD Day commemoration event, the Deputy Minister for Health launched two strategic documents for the MOH, to guide programme implementation to 2026. These are the second version of the national NTD Master Plan 2021-2025 and an NTD Sustainability Plan. Both documents are aligned with the strategies and objectives of the new Global NTD Road Map 2030 launched by WHO in 2022.

WHO has been active in guiding the planning process by making available information related to the new NTD Global Road, a process that went hand in hand with the development of the national strategy.

### 1. Sustaining National NTD Preventive Chemotherapy Interventions

All five PCT-targeted NTDs are endemic in Tanzania. The diseases include schistosomiasis, soil-transmitted helminthiasis, lymphatic filariasis, onchocerciasis, and trachoma. In the spirit of a public-private partnership between WHO Headquarters, AFRO, and NTD partners, the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) has continued to provide Tanzania with the necessary technical and financial support to accelerate the control and elimination of all five PC NTDs.

WHO joins Government and Partners to review the progress of PC NTD control and elimination interventions.

In August 2022, the WCO, national and international partners, including representatives from Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) and WHO headquarters attended the Tanzania Onchocerciasis Expert Advisory Committee, the PC NTD Technical Working Group (TWG) Meetings, the Schistosomiasis and Soil-Transmitted Helminthiasis Technical Expert Advisory Committee (SSTEAC) and the Annual Joint Planning Meeting (AJPM).



WHO exchanged and discussed on the ongoing global and regional NTD initiatives ideal for implementation at national level in line with the recently launched Global NTD Roadmap 2030, and national NTD Master Plan for Tanzania.

Some of the recommendations of the meetings were :-

- A need to address and revive communities' readiness to continue with MDAs, particularly in oncho and LF hotspot areas, and regions with high schistosomiasis morbidity.
- The need to conduct stop-MDA surveys where applicable, in accordance with WHO recommendations,
- the mapping of vector breeding sites to select entomological sentinel sites that are representative of a oncho focus,
  - Continue with serological surveys, conduct MDA coverage surveys at appropriate times, and take into account the effects of climate change on onchocerci transmission.
- For LF, the Ministry maintain transmission assessment surveys and work to improve morbidity management.
- Sustained donation of NTD Medicines for community-wide distribution.

WHO in collaboration with Special Programme for the Elimination of NTDs in Africa (ESPEN) donated Over 10 Million tablets in 2022 to support mass drug administration campaigns in both Mainland and Zanzibar. The medicines were administered for free through house-to-house community drug distribution schemes.

Partners including RTI and Schistosoma Control Initiative provided funding to support drug distribution by the volunteers. Johnson & Johnson and GlaxoSmithKline donate medications through the World Health Organization, while Merck and Pfizer donate ivermectin and zithromax directly to governments.

WHO oversight the submission of joint application packages by Ministries of Health, where documents get uploaded through the online WHO ESPEN portal.

Monitoring the impact of NTD Preventive Chemotherapy interventions

In 2022, filarial test kits (n30) were donated to Tanzania mainland and 127 in Zanzibar to facilitate the LF transmission assessment in 30 and 11 districts, respectively.

By 2022, cumulatively 111 of 119 districts proven to be LF endemic in 2004 have stopped treatment following LF transmission interruption.

Mass drug administration in 2022 took place in only eight (8) hotspots districts that continue to have a prevalence of above 1%.

Zanzibar's LF pre-transmission assessment of 2022 demonstrated considerable progress in LF MDA interventions, although there are still regions in need of more rounds of MDA.

The schistosomiasis prevalence on both Islets of Zanzibar has been reduced significantly, approaching the WHO-recommended SCH disease elimination threshold. Tanzania mainland has also downscaled schisto treatment, and now uses ward-level prevalence data to decide on eligibility.

Increasing Laboratory capacity in diagnosing NTD conditions.

In November 2022, the WHO Country office, the Regional Office and Headquarters collaborated with the RGOZ to organize a training course on "Integrated control of NTDs by Preventive Chemotherapy and One Health - in diagnosing Helminthiasis". The training was held at the WHO Collaborating Center, known as the Public Health Laboratory Ivo De Carneri (PHL-IdC), located in Wawi, Chake-Chake, Pemba, Zanzibar.

## 2. Strengthening Case Management Interventions for NTDs targeted for elimination

Human African Trypanosomiasis (HAT), Rabies, Tick-borne Relapsing fevers, Echinococcosis (hydatidosis), Taeniasis (cysticercosis), Brucellosis, Plague, Leprosy, and Snakebite envenoming are also endemic in Tanzania, with cases reported sporadically in several parts of the country. Additional medicines including suramin, melarsoprol and MDT were donated in 2022 for distribution in routine healthcare services to cure leprosy and Human African Trypanosomiasis.

Enhancing active case finding and support to develop a national Road Map to Zero Leprosy cases in Tanzania

To address the gaps related to community leprosy interventions, WHO in collaboration with the Ministry of Health supported a meeting in April 2022 with the Association of People Living with Leprosy (TLA) and other community members to iron out challenges and develop a plan to revitalize TLA engagement in active search for contacts, and to those with first and second-degree leprosy deformities. Also, TLA was requested to maintain a database of all leprosy-affected individuals and their families.

In May 2022, WHO supported a meeting that developed a national leprosy roadmap to zero leprosy by 2030. The road map was fully linked with activities relating to the successful engagement of TLA members.



*Training participants on “Integrated control of NTDs by Preventive Chemotherapy and One Health - in diagnosing Helminthiasis”*

## ADDRESSING HEALTH EMERGENCIES

MOH in collaboration with WHO, CDC and AMDEF conducted the IHR core capacity assessments across thirteen points of entry in the country.

## Preparedness

### HEALTH INFORMATION MANAGEMENT, PUBLIC HEALTH INTELLIGENCE AND RISK ASSESSMENT



In September 2022, WHO in collaboration with the ECSA provided technical and financial support to the MOH to conduct the National Strategic Risk Assessment using the Strategic Tool for Risk assessment (STAR). This all of government, all of society and all of hazards strategic exercise provided opportunity for the stakeholders to identify hazards across sectors in the country, evaluate vulnerability, and the impacts these could have on the population, with focus on health effects.

Twenty-three hazards were selected for assessment – based on participants experts' opinion; Biological 11, Hydrometeorological 7 and Technological 5.

Findings generated from the STAR tool included Risk Matrix, Risk Calendar, All-hazards report and Hazard-specific information which were combined in one STAR report.

- The risk profile serves as a common tool for guiding emergency preparedness and planning including development of contingency plans
- The risk calendars could be used to support the preparedness and response, as possible period for key hazards to impart negatively on the population has been tracked.

United Republic of Tanzania		Subnational area(s)			
Risk matrix					
Impact	Critical	Severe	Moderate	Minor	Negligible
		Tsunami	Pandemic Influenza; Earthquake; Yellow fever; Chemical agents; Transportation accidents	Cholera/ Acute Watery Diarrhea; Storm/Cyclones/strong winds; Ebola virus disease	COVID-19
		Volcanic activity	Flood; Landslide; Monkeypox; Rift Valley fever; Radiation agents; Cyber attack; Mining hazards	Aflatoxicosis; Drought	
			Poliomyelitis	Plague; Anthrax	
	Very unlikely	Unlikely	Probable	Very likely	Almost sure
	Likelihood				

Table 7: Risk matrix based on Strategic Risk Assessment of September 2022

The United Republic of Tanzania joined the Epidemic Intelligence of Open Source (EIOS) community.

The EIOS system is a unique collaboration between WHO and various stakeholders that brings together new and existing initiatives, networks, and systems to create a unified all-hazards, one health approach to early detect, verify, and assess public health risks using open-source information.

Training for national experts on EIOS was conducted in Dar es Salaam from 5th to 7th Sept 2022, participants from surveillance and EOC in Mainland and Zanzibar, partners attended the sessions.

Following the training National experts from both Mainland and Zanzibar were registered to EIOS platform and given access to EIOS articles globally, additionally sources of information including media, blogs and websites were identified and added to the platform to strengthen event-based surveillance of public health events in the country.



Participants following up the session of EIOS workshop in Sept 2022 Dar es Salaam



From January to December 2022, 7 events have been able to be identified, reported, and responded to through the established systems

Table 8:- Events detected from Jan-Dec, United Republic of Tanzania

SN	TYPE OF EVENT	CASES	DEATHS	CFR (%)
1	Diarrhea-Zanzibar	5	0	0
3	Cholera Outbreak-Kigoma	36	4	11.1
2	Sea food poisoning(turtle)-Zanzibar	15	0	0
5	Cholera Outbreak-Rukwa	59	2	3.38
4	Cholera Outbreak-Kigoma	126	0	0
6	Cholera Outbreak -Katavi	255	6	2.3
8	Leptospirosis-lindi	20	3	15
7	Cholera Outbreak-Manyara	19	1	5.3
9	Cholera Outbreak-Katavi	6	0	0

## Integrated Disease Surveillance and Response (IDSR)

A 3-day training on the new 3rd edition guidelines was conducted for Regional and Council Health Management teams in each region followed by a 2-day orientation to health care providers from the health facilities.

IDSR Expert Working Group/Annual Surveillance Planning Meeting in Dar-e-salaam from 5th to 9th of April 2022. The major decisions of the meeting were;

- Strengthening data sharing between human sector and animal through implementation one health project

o Partners to support MoH to strengthen EBS at the National level.

- Revise National Multisectoral Cholera Prevention and Control plan and strengthen monitoring of progress of implementation of plan.

WCO provided technical advice in the finalization of the IDSR Evaluation protocol. The data collection was conducted in July 2022 measuring the progress of IDSR strategy implementation using IDSR indicators

IDSR Supportive Supervision was conducted in 61 health facilities in Zanzibar.

### Summaries of IDSR supportive supervision

#### Detection

*i. Availability of supportive documents for IDSR reporting and Identification of rumors and alerts at health facility.*



Almost 60% of the health facilities reported to have IDSR weekly report forms and more than 50% had National IDSR guideline in place

registers lack in most of the health facilities about 67.2% of health facilities reported to identify and report alerts that are detected at the health facility level to the next level



#### *ii. Availability of Community Health Volunteers*

More than 80% of the health facilities have Community Health Volunteers (CHVs).

The timeliness of reporting was 90%.

Only 14.8% health facilities were using the case investigation form for reporting to district and national level.

## Reporting



86.9% completeness of reporting



The timeliness of reporting was 90%.



Only 14.8% health facilities were using the case investigation form for reporting to district and national level.

## Public Health Emergency Operation Centers (PHEOC) and Incident Management Systems (IMS)



Functional Simulation Exercise at National Public Health Emergency Operation Centre PHEOC, Dodoma.



Opening ceremony of the national EOC, Dodoma.

WHO provided technical advice and played leadership function for the establishment of PHEOC for polio response at the National Ministry of Health in Dodoma. Additionally, subnational PHEOC's Arusha and Kilimanjaro regions were established in March 2022.

The National Public Health Emergency Operation Center participated in the AFRO Regional PHEOC Simulation exercise in December 2022. This effort was aimed at testing the capacity of the national PHEOC to respond to emergencies, particularly the Ebola Virus Disease (EVD) outbreak, which was ongoing in neighboring Country Uganda.



## IHR implementation and health security– planning, capacity assessment, monitoring and evaluation

In the year 2022, WHO provided financial and technical lead to IHR Technical Working Group Meetings for three quarters.

The team was guided on overall IHR Monitoring and Evaluation framework as well as use of the WHO tools including the Benchmarking tool to evaluate and plan implementation of planned IHR 2005 capacities building activities and to document reports.

WHO oriented stakeholders on the second edition of State Part Self-Assessment Annual Report (SPAR) (2021) and its 15 capacities and 35 indicators compared to 13 capacities and 24 indicators in the first edition.

The last quarter TWG meeting compiled the mandatory state party annual self-assessment tool (eSPAR) for 2022 which was submitted timely.

## Points Of Entry (POEs) IHR core capacity assessments.

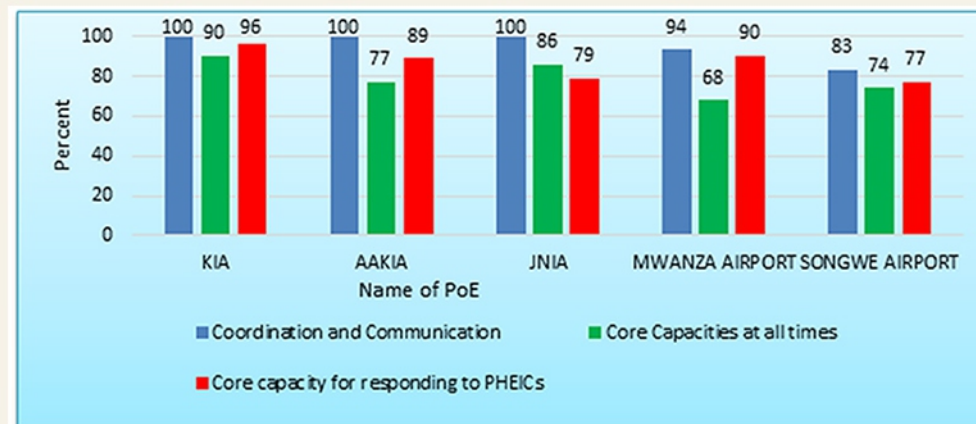
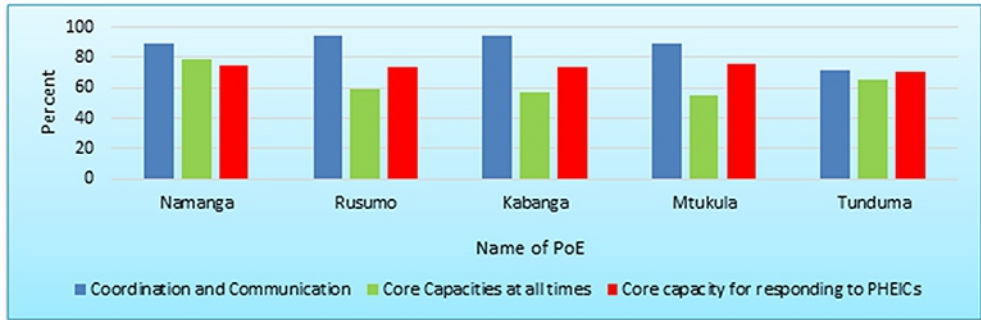


Figure 7: Distribution of Overall core Capacity scores by International Airports

The over all result is depicted in Figure 5 above) improvement observed in the area of number of personnel and capacity, tools and systems and coordination and communication especially at two main international airports in Dare salaam and Zanzibar compared with the last assessment in 2016 were.

Yet some of the gaps identified were: -

- Regular testing of IHR core capacity tools,
- Procurement and availability of ambulance at POEs,
- Improvement in vector control and
- Provision of proper/equipped isolation facilities for ill traveler following the result of the assessment WHO is tasked to support in advocacy to stakeholders to ensure compliance and support in resource mobilization.



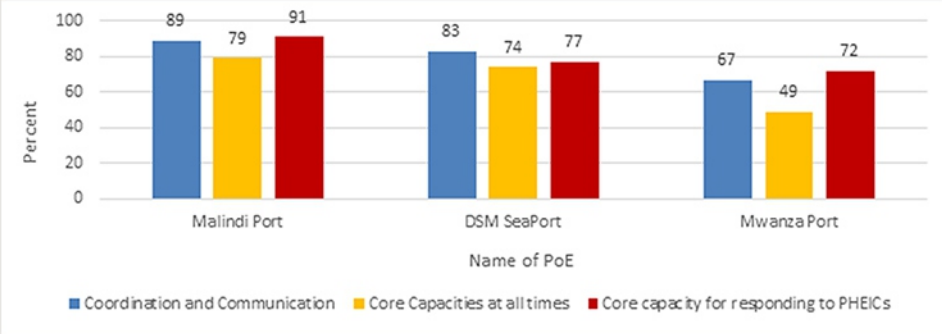
**Figure 9: Distribution of Overall core Capacity scores by Ground crossing**

**Action plan on disease epidemics disaster preparedness response and recovery towards HSSP-V outcomes.**

A TWG-8 stakeholder meeting for the development of action plan towards achieving HSSP-V outcomes for Emergency and Outbreak preparedness and response in collaboration with partners, took place from 9-11 June 2022. The TWG 8 oversees the Emergency and Outbreak Preparedness and Response Strategy of the HSSPV through the coordination of the Policy and Planning Department of Ministry of Health. As a result, the action plan developed and the TORs for the TWG 8 was reviewed.

**Preparedness and contingency Plans, Tools, SOPs, Guidelines.**

The national multisectoral cholera prevention and control plan was finalized through a multisectoral session held on 11th to 15th of July 2022. A plan is expected to be endorsed and signed by the Prime Minister and launching will be planned after endorsement end of February 2023.



**Figure 8: Distribution of Overall core Capacity scores by Lake and Sea Ports**

WHO provided technical and financial support to the MOH to conduct work sessions to review the National EVD Contingency Plan and developed a 72 Hour Response Plan. The contingency plan identified eleven regions as high risk based on the EVD outbreak which was going on in Uganda and recommended various preparedness interventions to ensure country's readiness to respond in the eventuality of any EVD outbreak effectively and efficiently. EVD preparedness and readiness activities implemented by both Government and partners were guided and coordinated using the Plans.

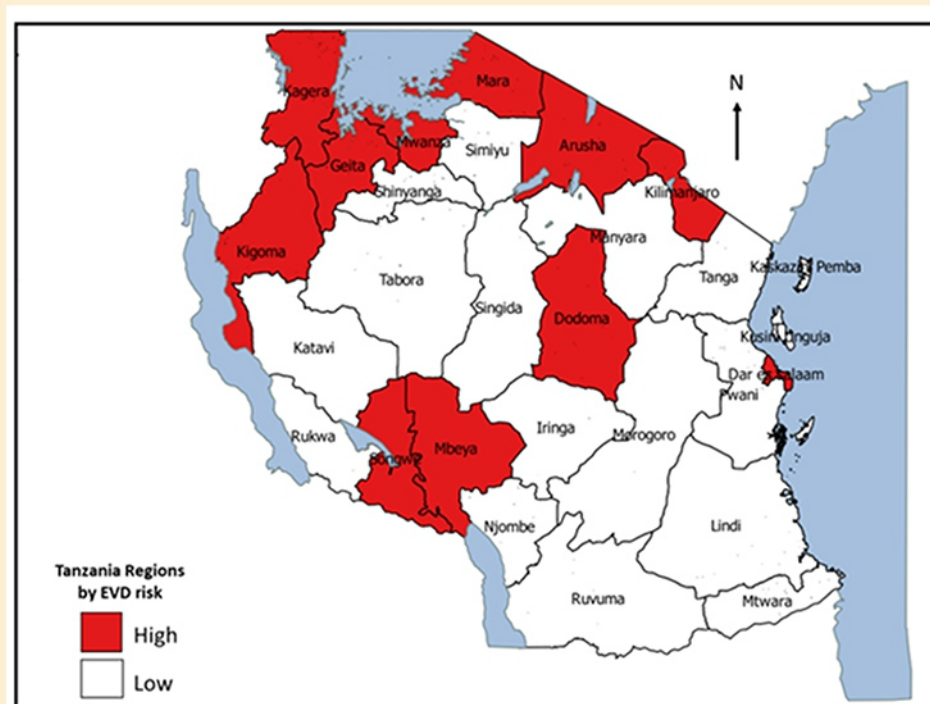


Figure 10: High risk regions for EVD as of October 2022

WHO Tanzania hosted a regional cholera readiness capacity-building workshop in Dar es Salaam from 29th August to 2nd September 2022. Angola, Malawi, Mozambique, and Tanzania were included in the training.



Hon Minister of Health at the opening session of the regional cholera workshop

In Kigoma, a total of 539 (248 female & 291 males) healthcare providers in host and refugee communities including, healthcare providers at health facilities, community health workers, community leaders/influential personnel health information teams, health promoters, district, and facility-based surveillance officers were trained to institute various preparedness interventions against SVD.

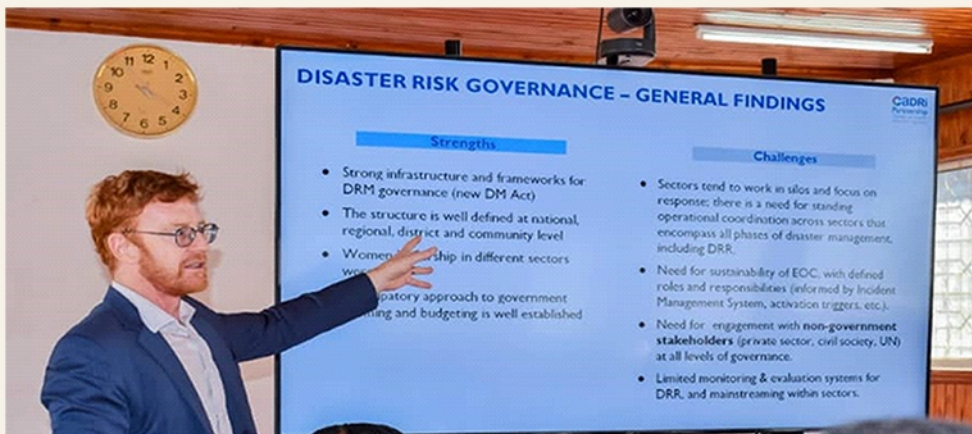
## Drought contingency plan review

The Prime Minister Office- Disaster Management Department, following the information and advise of the Tanzania Meteorological Agency TMA in October 2021 of a high possibility of drought across substantial number of regions of the country from November 2021 extending to 2022, embarked on the development of a drought contingency plan to mitigate and ensure preparedness for the drought in the country. The final draft of the plan was released to the UN -Emergency Coordination Group UN-ECG in January, for members to support its implementations. WHO is an active and key member of the UN ECG.

WHO contributions were geared at ensuring health and health related impact of drought on the health systems and the population in the listed areas are properly plan for. These include ensuring adequate prepositioning of medical supplies, and advance risk communication and community engagement.

## Disaster Risk Management Initiatives

WHO joined by other UN agencies, under the leadership of the Prime Minister's Office (Disaster Management Department) in Mainland and the 2nd Vice President Office (Disaster Management Commission) in Zanzibar, supported a disaster preparedness capacity diagnosis mission in Tanzania from 17th and 28th October 2022. A scoping mission was conducted in May 2022, as a prelude to the capacity diagnosis mission. In line with the mission objective, capacity assessment of the governance, finance, technology and equipment, knowledge and implementation capacity on disaster risk reduction and management and climate change adaptation was extensively carried out.



Disaster preparedness diagnosis mission debriefing session, Dodoma, October 2022.

## Emergency Preparedness and Response flagship initiative scoping mission.



Tanzania is among the priority countries benefitting from the implementation of World Health Organization Emergency Preparedness and Response projects that aim to promote multisectoral convergence of resources and skills for rapid and efficient response to a disaster. The flagship was conducted in Tanzania from 14-26 November 2022.

The Emergency preparedness and response flagship is an effort by the WHO African Region to re invigorate its emergency preparedness and response to emerging and re emerging outbreaks and other emergencies. It has three areas, Promoting Resilience of Systems for Emergency (PROSE), Transforming Africa Surveillance System (TASS) and Strengthening Utilizing of Response Groups in Emergencies (SURGE).

The objectives of the mission are:- identification of existing resources, gaps and priorities, drafting of costed roadmap for the rollout of the flagship initiative, determination of the national workforce capacity and gaps for emergency preparedness, disease surveillance and emergency response including partners supported human resources. Currently, the two-year costed roadmap with priority actions and mapped stakeholders has been developed and validated. Furthermore, the memorandum of understanding MoU for EPR flagship initiative implementation has been developed and signed between Government represented by the Ministry of Health MOH and WHO country representative.

## Epidemic and Pandemic Prevention

WHO continues to support to strengthen and monitor the co circulation of influenza through the severe Acute Respiratory Infection/ Influenza Like Illness (SARI/ILI). eighteen sentinel sites in 14 regions are reporting.

As of October 21, 2022 (epidemiological week 1-43) the national Influenza Centre (NIC) processed a total of 6617 SARI/ILI samples of which a total of 331(5%) tested positive for SARS-CoV-2 and 278 (4%) were for Influenza of which 144 were Influenza pandemic A(H1N1), 62 were A (H3) and 76 were influenza subtype B.

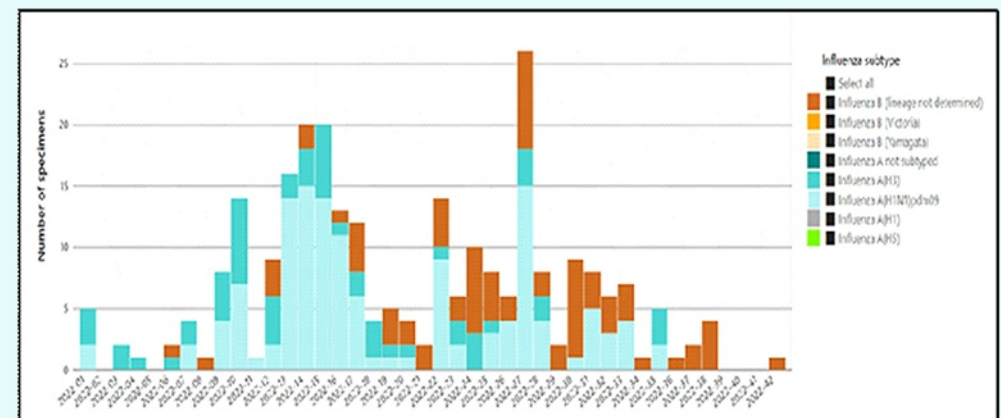


Figure 11: Trend in influenza report by subtype, week 1 - 42, 2022, Tanzania

## Detection and Response

The COVID-19 pandemic has remained a public health concern for the rest of the world. United Republic of Tanzania as of 31st Dec 2022 reported a total of 42,822 and 792 deaths since the epidemic started on 16th March 2020.

## WHO's COVID-19 Support



Figure 12: Trend of total doses administered and percentage of administered over received by week, COVID 19,

The WHO Tanzania EPR Incident Management Team IMT through its coordination pillar provided support to the MOH in updating the national COVID-19 response plan both for mainland and Zanzibar in February and March. Emphasis was given to sustain: -

- Surveillance and capacity of COVID 19 diagnosis through decentralization of testing facilities.
- To sharpened clinical skills in the management of critically ill patients, 20 medical officers and nurses from Zanzibar were allowed to have a two-week attachment to Muhimbili national hospital in Dar es Salaam.

## Surveillance

WCO provided the quarterly supportive supervision and on-job mentorship to the official eight Points of Entries (PoE) in Zanzibar (4 in Unguja & 4 in Pemba). 90 health workers were mentored on point of entry surveillance for early detection, reporting and response to public health events including COVID 19. some of the findings were:-

- All PoEs visited perform travellers screening by physical and thermal screening upon arrival. Walk through and hand-held scanners are used for screening furthermore travellers fill travellers' surveillance form upon arrival and submit to Port Health Officer for further action.
- All PoEs do reports and notify on any suspects identified. Yet, only three out of Eight PoEs have SOPs on notification of suspected/ ill travelers
- At all points of entry supervised, health staff have insufficient IPC-WASH practices/procedures to apply at contaminated areas or infected conveyances due to frequent deployment and reallocation of staff.
- Waste bins with bin liners are available in all PoEs, however, the sorting procedure according to color code is not done.

Some PoEs have good practices in improving awareness and mobilization of travelers, staff and PoEs community by using meeting, posters, burners, leaflets and video clips through counter screens.

### Case management, IPC, and Wash

- In September 2022, Infection Prevention and Control (IPC) assessment Framework tool was disseminated to 40 IPC and Quality Improvement (QI) focal persons from 34 healthcare facilities in Unguja and Pemba. Results from the assessment revealed poorly performed IPC components in the majority of the healthcare facilities except for the IPC guidelines and programs.
- From the 28th of March to the 1st of April 2022, the dissemination of IPC M&E protocols and data collection tools to 32 IPC and quality improvement focal persons representing five districts of Lindi region.
- The repair of the sole oxygen PSA plant at Mnazi Mmoja hospital in Zanzibar . The plant serves three regions in Unguja and two regions in Pemba.
- Procure 27,000 liters of liquid oxygen designated for use at Mnazi Mmoja hospital and its tributary facilities,
- Install an oxygen analyzer at Mnazi Mmoja hospital to ensure the quality of oxygen provided is of recommended standards
- Validation of the ICU and home-based care guidelines, from the 12th to 13th and 16th to 17th of May 2022.
- A 2 days' workshop on the review of the Covid 19 treatment guideline to include newly recommended drugs From 5th to 6th May 2022.



### Laboratory

WHO provided two laboratory scientists from the National Public Health Laboratory (NPHL), who attend training at KEMRI Kenya in conducting COVID-19 genomic sequencing, they were then assigned to conduct testing of the COVID-19 samples for the genomic sequencing surveillance.

WHO played a technical and financial role in developing the National COVID-19 Testing Strategy and its dissemination to the national level and the development of the dissemination plan to sub-national levels.

In 2022 WHO provided technical guidance to the COVID-19 testing decentralization strategy resulting in the establishment of five additional laboratories which are Kigoma Regional Referral Hospital (RRH), Kagera RRH, Shinyanga RRH, Kahama District Hospital (DH), and Binguni Laboratory.

These additional laboratories have assisted in reducing the turn-around time (TAT) up to 24hrs from their catchment area from the 72 hours that were previously attained related to long distances sample referrals and results in feedback.

Under the leadership of MoH WHO provided technical support in the assessment of 8 laboratories under the East African Community (EAC) assessment and certification program of designated COVID-19 testing which resulted in the establishment of a common pass across the member states.

Seroprevalence Survey for COVID-19 in Zanzibar was initiated. WHO provided technical and financial support for the project.

WHO supported the MOH on the adoption and initiation of the Global Laboratory Leadership Program (GLLP) which started in October 2022. The development of the fellowship package had been completed, mentors' and mentees' engagement sessions started, and progress is being monitored through a mentorship and coaching approach for the period of 18 months of the program in which fellows have continued to participate in the implementation of their projects.

## Risk Communication and Community Engagement



WHO has engaged a total of 246 (120 in Rukwa and 126 in Zanzibar) community-based champions between July to August 2022 to promote COVID-19 vaccine uptake in the low-performing localities, districts, and regions. The champion campaign contributed to the increase of vaccination coverage in Rukwa region from 10% as of July 14th, 2022 to 94% by October 2022.

Together with HelpAge international 7800 posters and 6000 T-shirts with awareness messages to promote health aging and COVID 19 vaccination.

A total of 100000 flyers, 100000 posters, and 20000 booklets clarifying COVID-19 vaccines AEFIs were developed, printed, and disseminated. All the materials are estimated to reach 1,169,000 people across the country with COVID-19 vaccination messages.



## Detection and response to other public health events.

Intensification of the preparedness against the Sudanese Ebola virus outbreak to safeguard the refugees in the camps and refugee hosting communities in Kigoma region

- a) A total of 22 Refugee Camp leaders (female 10, male 12) were trained on community and facility-based surveillance.
- b) 349 (173 female and 176 male) health information team and health promoters from Nyarugusu and Nduta refugee camps on Event-Based Surveillance and Indicator-Based Surveillance.
- c) 50 (18 females, 32 male) healthcare providers from refugee voluntary repatriation processing and refugee exchange centers on EVD screening and reporting.
- d) 38 (17 female and 21 male) healthcare providers, in designated treatment units for UN staff at Makerere IOM center and to the refugee camps surrounding the host community were trained on EVD case management.



Participants practicing donning and doffing during training.



Orientation sessions in Nyarugusu Refugee camp.

Table 9: Responses to key emergencies

Event/disease condition	Areas affected	Surveillance	Laboratory	Risk communication and community engagement	Immuni zation	Case management, IPC, and WASH	Coordination and leadership
Cholera	igoma, Katavi, Rukwa, Manyara	<p>sensitization meetings to Village primary health committee and village cholera prevention stakeholders</p> <p>Orientation of cholera case management and filling of line list and contact tracing for health care workers.</p>	Strengthen laboratory services at all levels by reallocating supplies from other hospitals	<p>A total of 30,000 posters and 30,000 brochures carrying messages on Cholera prevention were printed by WHO and distributed to the community.</p> <p>About 227 community health workers, champions and leaders were sensitized and deployed to conduct house-to-house visits and community meetings.</p> <p>Approximately 10,332 households in Katavi region, Tanganyika district are estimated to be reached covering more than 61,992 people (an average of 6 people per household).</p>		Treatment of two water sources	National Multisectoral Prevention and control plan Developed. Includes Multisectoral and Multidisciplinary interventions for national and Subnational level
Measles	Kigara, Tanga, Illala				Periodic intensification of routine immunization was conducted in 34 affected districts and 10 high risk districts.		
Polio	No region is affected	AFP Surveillance strengthening, expanding environmental surveillance sites from four to 11.			4 rounds of bOPV house to house campaigns was conducted (2 NID and 2 SNIDs)		Contingency Plan developed

Event/disease condition	Areas affected	Surveillance	Laboratory	Risk communication and community engagement	Immuni zation	Case management, IPC, and WASH	Coordination and leadership
Monkeypox	No region is affected		<p>procurement of laboratory reagents, 20 PCR kits donated</p> <p>Orientation of the HCW on sample collection, packaging, and transportation at Ruangwa district councils' HFs</p>	<p>Nineteen communication products which included posters, brochures, social media flyers, radio, and TV spots were developed</p> <p>printing and dissemination of 3000 brochures and 2000 posters with prevention messages approximately covering 25,000 people with prevention messages.</p> <p>printing and dissemination of 40000 brochures, 40000 posters, and 30 pull-up banners with EVD prevention messages estimated to reach 400,150 people in the high risk regions.</p> <p>6000 flash drives were procured and fed with EVD prevention messages for dissemination through health facilities, radio, and television stations as well as public transport companies and points of entry across 11 high-risk regions 75 social welfare and health officers from 5 regions on mental health and psychosocial support during EVD outbreak 242 regional and district health promotion coordinators from 26 regions and 184 districts to enhance risk communication and community engagement a total of 31 Call Centre operators were capacitated to effectively respond to community inquiries during health emergencies</p>	<p>Periodic intensification of routine immunization was conducted in 34 affected districts and 10 high risk districts.</p> <p>4 rounds of bOPV house to house campaigns was conducted (2 NID and 2 SNIDs)</p>	<p>Adaptation of the clinical management and IPC guideline</p> <p>40 healthcare (HCWs) from Unguja and Pemba and 77 HCWs from 26 regions of Tanzania mainland were trained on case management and IPC capacity building of more than 3,957 frontline healthcare workers mentorship on EVD readiness to 18 healthcare facilities in Zanzibar and 15 designated ETUs in 5 high-risk regions of Tanzania mainland 3-days capacity building on decontamination and safe and dignified burials to 40 participants</p>	<p>Rapid Response team deployed, 2 members from WHO Country office involved Response plan developed</p> <p>Contingency Plan and 72 hours response plan developed, stakeholders and partners Coordinated</p>

HEALTHIER POPULATION



## Risk factors prevention and control

### *Reducing tobacco use*

The Tanzania Adult Tobacco Survey (GATS) report of 2018 shows that there are 2.6 million tobacco users. Sustainable Development Goal

(SDG) target 3.a, calls for strengthening implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). The Ministry of Health with support from the WHO FCTC Secretariat, developed three key tobacco control instruments: a baseline WHO FCTC Needs Assessment Report, the National Tobacco Control Strategy and Tobacco Control Investment Case.

These tools outline how the country intends to accelerate implementation of WHO M-POWER measures which include: Monitoring tobacco use and prevention policies; Protecting people from tobacco smoke; Offering help to quit tobacco use; Warning

### *Reducing harmful use of alcohol*

Consumption of alcohol contributes to various negative health outcomes related to disability and mortality. WHO Country Office continue to advocate for implementation of Drink-driving policies seek to reduce road accident injuries and deaths. Age restrictions, blood alcohol concentration limits for drivers and penalties for drink-driving were also promoted through mass media campaigns. Technical guidance was provided in the design of school-based education programmes geared to raise awareness about the health risks associated with alcohol consumption.

### *Reducing consumption of unhealthy foods and beverages*

With support from WCO, key national actors, legislators and regulators have been trained on how to design, implement and evaluate regulatory and fiscal interventions to promote healthy diet. In collaboration with civil society actors (TANCDA and TAWLA), WCO has continued to advocate for supportive regulatory and fiscal environment that promote healthy diets.

### *Reducing physical inactivity*

As part of the Global RECAP Programme, Tanzania has assessed policies and practices related to promotion of physical activity using the WHO Situational Assessment Tool (SAT) for Scaling up National Action on Physical Activity. Findings from the assessment informed adoption of WHO guidelines on physical activity and sedentary behaviours. Country now has in place National Physical Activity Guidelines that provide evidence-based public health recommendations concerning the amount (frequency, intensity, duration) and types of physical activity that offer significant health benefits and mitigate health risks.

## Promoting mental well-being

In commemorating World Mental Health Day, supported the Ministry of Health and the Muhimbili University of Allied Health Sciences.

(MUHAS) to host the first-ever national mental health dialogue. Under the theme, “Make Mental Health and Wellbeing for All a Global Priority”, the event was graced by Hon. Umy Mwalimu, Minister for Health together with the Deputy Minister for Community Development, Gender, Women and Special Groups, Hon. Mwanaidi Ali Hamisi; Chair of the Health and Social Services Parliamentary Committee, Hon. Stanslaus Nyongo; the Acting WHO Representative, Dr. Zabulon Yoti and UNICEF Deputy Representative, Mr. Ousmane Niang.

Recognizing partners' contribution to the event, Hon. Minister of Health awarded a plaque of appreciation to the World Health Organization which was received by Dr. Zabulon Yoti on behalf of the organization. WCO also facilitated participation of ten (10) young psychiatrists from the Eastern Africa Young Psychiatrists and Trainees Association (EAYPTA) to attend the EAYPTA Annual Scientific Conference organized in Mombasa, Kenya.

## Gender based violence and Violence Against Children (VAC)

WHO facilitated a five-day training for medical and non-medical staff of the hospital about the identification and linkage, response, and management of Violated Children. The Benjamin Mkapa Hospital was supported to develop information, education, and communication materials and integrate a VAC protocol. The main objective of the support was to scale up services that address Violence Against Children and gender-based violence and to put in place systems that integrate VAC services in the hospital.

## Drowning Prevention

WHO collaborated with the Tanzania National Drowning Prevention Network (NDPN), and the Royal National Lifeboat Institution (RNLI) of the UK, to organize the first Tanzania Drowning Prevention Symposium on September 14–15, 2022.

The symposium brought together stakeholders involved in drowning prevention, fishery, safety, and water transport safety from Kenya, Tanzania, and Uganda. It provided a platform to exchange new research and key information, skills, and learnings on the issue of drowning in Tanzania.

Globally drowning causes more than 236,000 deaths per year and over 50 percent of the deaths claims the lives of a person under 30 years old. Most of them drown when in their daily economic activities, chiefly fishing and transport on waterways.



*Participants of drowning prevention symposium*

## Gender, Equity and Human Rights

WHO worked with the UN Gender Team to develop the gender-responsive UN Sustainable Development Cooperation Framework 2022–2027 (UNSDCF) and UNCT-SWAP Gender Equality Scorecard accountability framework. Further gender and disability related international United Nations Days were observed to raise awareness on gender and disability issues and to promote gender mainstreaming. These included International Women's Day, the International Day of the Girl Child, In the National Day of Persons with Disabilities, In the national day for the Elimination of Violence against Women, and 16 days of activism against Gender-Based Violence.

In March 2022 WHO organized an orientation session on integrating gender, equity, rights, and disability in health systems response and recovery in the context covid-19 and beyond. The session brought together the Ministry of Health, and relevant government partners working on health emergencies.

In August 2022 WHO Tanzania Country Office organized training to build the capacity of its staff for impactful integration of gender, equity, and human rights in the programmatic and corporate work of WHO. The Country Office team reviewed its Gender, Equity, and Human Rights Action Plan which sets out strategic direction and priority actions for impactful integration of gender, equity, and human rights into the programmatic work.

The workshop also highlighted on the concept of intersectionality, which looks at how gender power dynamics interact with other hierarchies of privilege or disadvantage, resulting in inequality and differential health outcomes for different people. Intersecting factors include sex, ethnicity, race, age, class, socioeconomic status, religion, language, geographical location, disability status, migration status, gender identity and expression, sexual orientation, and political situation.

On Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), training was organized in collaboration with the AFRO region to orient staff on the content of PSEAH and a country team objective, and a work plan was developed.

## Promoting Health in All Policies approach to address the social determinants of health

WHO supported the Government to develop the National Health in All Policies (HiAP) Strategic Framework to address Social determinants of health (SDH) which has strengthened Inter-ministerial collaboration amongst all sector Ministries of the Government under the coordination of the Prime Minister's Office (PMO) in collaboration with the Ministry of Health (MoH). A high-level meeting of Directors of Policy and Planning (DPPs) from 21 sector Ministries was supported in July 2022 where the draft HiAP Framework was reviewed. SDH Monitoring and Evaluation (M&E) component of the HiAP Framework was developed by HiAP focal points from sector Ministries in September 2022 following DPPs recommendations. The SDH M&E component was developed based on their existing Sector Strategic Plans. The HiAP Secretariat meeting sat in December 2022 to finalize DPPs inputs to the HiAP framework and prepared for a high-level meeting of Permanent Secretaries planned for 2023. Some of the challenges that delayed the finalization of this process includes: covid19, Government competing priorities, and staff turnover in the Government.

## Water, Sanitation and Hygiene (WASH)

The WHO Country Office in Tanzania donated 100 Chlorine testers and water treatment reagents to Community Based Water Supply Organizations (CBWSOs) from six districts in Kigoma Region. The support worth 20 million Tanzanian shillings was received by District Commissioners of Kakonko, Kibondo, Kasulu, Buhigwe, Uvinza and Kigoma District Councils. Since last year WHO donated 100 bags Chlorine reagents, 100 pairs gumboots, 100 solar torches and 100 durable umbrellas and 100 bicycles.

It is envisaged that the donation will contribute to increased access to safe water for rural communities in Kigoma Region, whose coverage currently stands at 57%. Enhancing the region's capacity to treat and test Chlorine levels in drinking water will also prevent repeated outbreaks of diarrheal diseases including Cholera in the region.

The donation is a continuation of WHO technical assistance to Kigoma region made possible through generous support from the Norwegian government as part of the United Nations Kigoma Joint Programme. WHO will continue to support water utilities in Kigoma Region to plan for safe water supply while promoting meaningful participation of disadvantaged groups, along with

## Partner Coordination

As the Secretariat to Development Partners Group for Health (DPG H), WHO continued to coordinate the DPG H which consists of 22 bilateral and multilateral partners, to ensure alignment and harmonization of partners' resources to the national priorities. Monthly DPG H meetings were convened to strengthen partnerships among partners and share information on relevant sector issues for awareness and discussion in supporting the Government to achieve HSSP V milestones.

WHO in collaboration with the DPG H Troika participated in a monthly consultative meeting with the Government that is, Ministry of Health (MoH) and President's Office-Regional Administration and Local Government (PORALG)- Health management to strengthen health sector dialogue and address issues that needed immediate attention.

Amongst the issues advocated for were COVID-19 vaccination roll-out which increased the vaccine uptake budgeting for family planning commodities, preparedness measures to detect and respond to Monkeypox, development of the Donation Guidelines

which was signed in October 2022 to harmonize and align partners support to national priorities. Another critical sector issue that was advocated for was the revival of Sector Wide Approach (SWAp) Technical Working Groups (TWGs) which bring partners and the Government together for sector dialogue and coordination, the Government being the lead. As a result, the SWAp Technical Committee meeting was convened to review the SWAp TWGs TORs and developed an action plan towards achieving the Health Sector Strategic Plan V milestones.

A DPG H Retreat was facilitated on 26th October 2022. Thematic sector priorities including resilient emergency preparedness and response system, Universal Health Insurance and Human Resources for Health were discussed and task teams were formed for follow up actions to strengthen development partners' collaboration and support to the sector.

WHO also convened partners through bi-weekly and monthly Interpillar Heads and Emergency Preparedness and Response (EPR) Partners' meetings. The meetings increased collaboration and joint efforts by partners through sharing of relevant EPR information on partners' technical and financial support to the Government through emergency pillars, COVID-19 response operations and measures to increase vaccine uptake, leptospirosis response, EVD readiness , and partners' resource mapping.



## CORPORATE SERVICES AND ENABLING FUNCTIONS

Partnership for Health



The Country Support Unit (CSU) enables implementation of programmes at country level through provision of administrative and operational support. Financial, human, and administrative resources are managed in an efficient, effective, results-oriented and transparent manner.

## Administrative Services

### *Premises and working environment*

A project to increase the office capacity of the Dodoma Office was initiated in 2022. This involved adding containers for additional office space. An upgrade of the office in Dodoma was also undertaken to repaint and put directional signs for easy office accessibility. This is to increase capacity of staff from the current 11 to about 30 in line with the result of the functional review that recommended more staff to be based in Dodoma office. At the time of preparing this report, the following structure appears at the WHO Dodoma office.



Country Office in Dar es Salaam

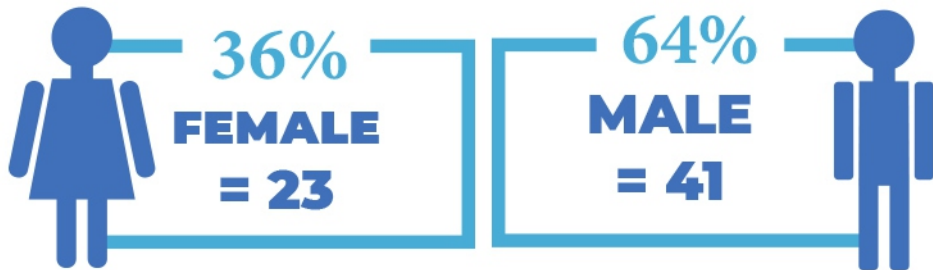



Dodoma Office

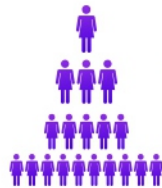


Zanzibar Office

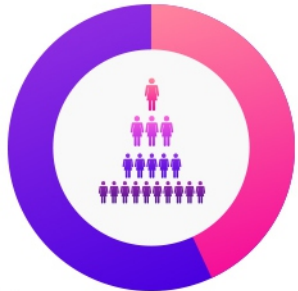
## Human Resources



 01 staff was recruited in 2022



20 non staff were recruited in 2022



20 new positions advertised

## Staff Recognition



Mr Charles Lutandula (middle), our Support staff was recognized globally for his immense contribution to the work of WHO.

## Procurement

The Office continued to enter into Long Term Agreements (LTAs) with suppliers to minimize delays during procurement. In addition to this, the use of piggyback on LTAs continued. LTA agreements were signed with Mobile Service providers under the digital finance to enable disbursements of funds during the Polio vaccination campaign. This addressed the challenges encountered during initial polio vaccination campaigns. This project is still ongoing and is expected to be finalized by the first week of March 2023.

## Accounts & Finance Management

2022 witnessed a sharp increase in Contractual services expenditure. This was due to about USD22 million spent during Polio Round 1 - 4 Vaccination campaign.

EXP CATEGORY	2021	2022
Contractual services	5,874,658.85	29,226,640.16
Equipment, vehicles and furniture	362,661.91	75,250.82
General operating expenses	533,841.30	422,675.92
Medical supplies and materials	657,051.63	241,616.61
Staff and other personnel costs	4,366,737.13	4,211,403.41
Transfers and grants to counterparts	75,190.88	326,825.67
Travel	461,907.26	1,043,577.85
<b>Grand Total</b>	<b>12,332,048.96</b>	<b>35,547,990.44</b>

## Fleet Management

A Vehicle Tracking System (VTS) was installed in all official vehicles in November 2020. This was done with the support of WHO HQ. The system is intended to ensure safety of the vehicles and passengers as well as provide maintenance and fuel usage reports.



## Donor Reporting

14 donor reports were submitted to donors during the year 2022 as follows:

**Table 10: Donor reports count by report type**

REPORT NAME	COUNT OF REPORT
Final Certified Financial Report (FNM)	4
Interim Certified Financial Statement (FNM)	2
Technical Report	8
<b>Grand Total</b>	<b>14</b>

### Administrative Key Performance Indicators (KPIs)

The office continued to closely monitor the administrative Key Performance Indicators (KPIs) which were mainly in green status except for Award closure where we had one award yet to be closed leading to the red and we have been following up with HQ for the closure of the Award as all reports were submitted by mid last year.

DIs and encumbrances in red were mainly affected by the polio campaign purchase orders that were yet to be closed.

### Information Communication, Technology and Management

The office continued with implementation of global initiatives such as Paperless Office, e-Work, Synergy and Business Continuity Plan. 2022 witnessed the introduction of sharepoint in a bid to centralize documents storage and sharing. A project to connect Dodoma Office was also initiated. At the end of 2022, delivery of the CISCO equipment was yet to be finalized but the office continued with follow up.



## ACKNOWLEDGEMENT

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