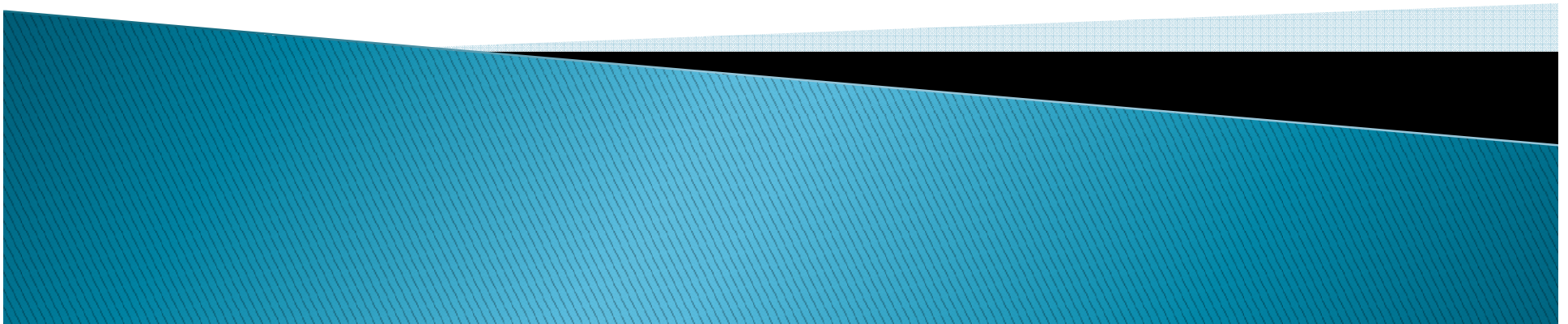


# **TECHNICAL WORKING GROUP 7 DISEASE SPECIFIC PROGRAMS**

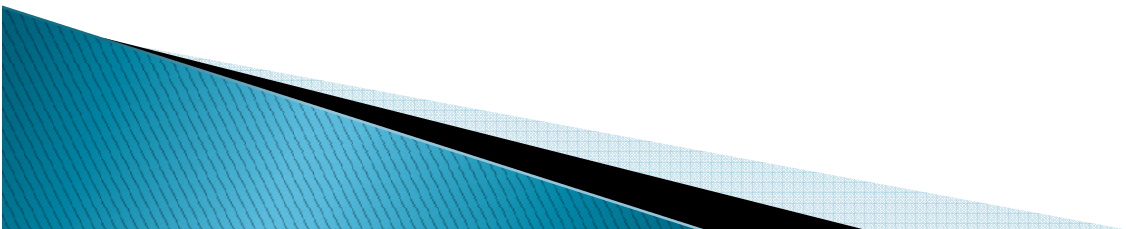
**A presentation to the Technical  
Review meeting of 2011 Annual  
Joint Health Sector Review**

ATM, NCDs and NTDs



# Presentation Outline

- ▶ Background
- ▶ Progress and Milestones Updates
- ▶ Challenges
- ▶ Way forward




# Background

- ▶ Institutional/organizations participating in the TWG includes
  - Tanzania Commission for AIDS (TACAIDS),
  - Ministry of Health and Social Welfare (MOHSW)
    - National AIDS Control Programme (NACP),
    - National TB and Leprosy Programme (NTLP),
    - National Malaria Control Programme (NMCP),
    - Non Communicable Diseases (NCD),
    - Neglected Tropical Diseases (NTD),
  - National Institute of Medical Research (NIMR),
  - World Health Organization – Tanzania (WHO-TZ) and
  - Clinton Health Access Initiative (CHAI).



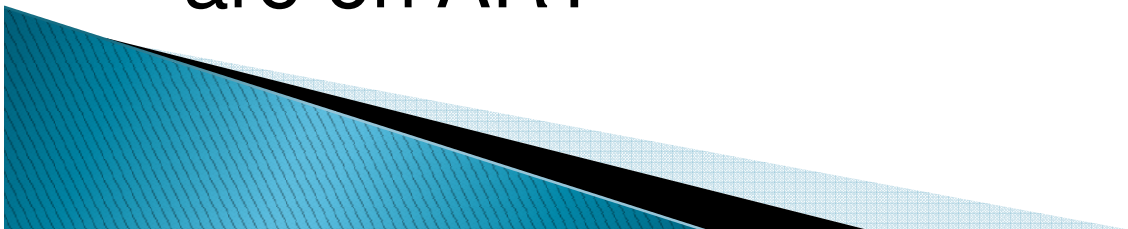
# Progress and milestones updates

## TB and leprosy

- ▶ A total of 63,457 all forms TB cases were notified in 2010
  - ▶ TB treatment success rate =88% in 2010 (Global target=85%)
  - ▶ MDR-TB management at Kibong`oto National hospital: 25 patients on initial phase,5 patients died and 35 on continuation phases at community level
  - ▶ All regions with the exception of Rukwa, Mtwara, Dar es salaam and Lindi still have attained leprosy elimination global targets (1 in 10,000 population)
  - ▶ A total of 4406 People affected by leprosy received protective footwear and 48 cases received prosthesis in 2010
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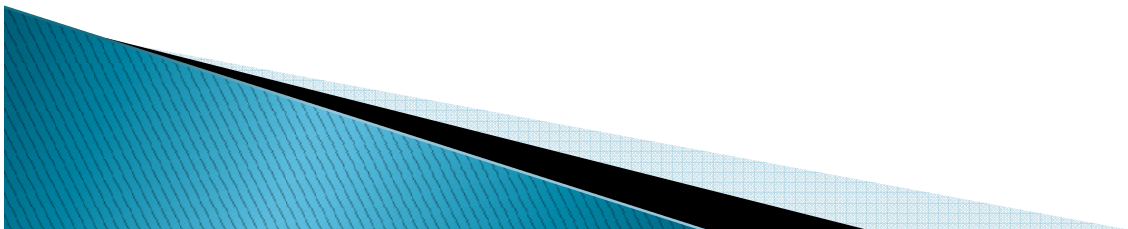
## HIV/AIDS

- ▶ HIV prevalence rate = 5.7% (THMIS 2007/08)
- ▶ PMTCT services coverage at RCH clinics is 92%
- ▶ About 70% of all HIV positive pregnant women and 57% newborns received ARVs prophylaxis
- ▶ 1100 (20%) of all health facilities provide care and treatment services
- ▶ A cumulative of 749,909 PLHIV have been registered at CTCs of which 390,320 (52%) are on ART




# HIV/AIDS

- ▶ Its estimated 66% of all PLHIVs attended at the CTCs have been screened for TB
- ▶ 33% of HIV positive TB patients are receiving ART
- ▶ Isoniazid Preventive Therapy(IPT) for eligible PLHIVs have been initiated in 18 selected pilot sites
- ▶ Remarkable reduction of syphilis prevalence among ANC attendees from 8.4% in 2000 to 4.2% in 2008

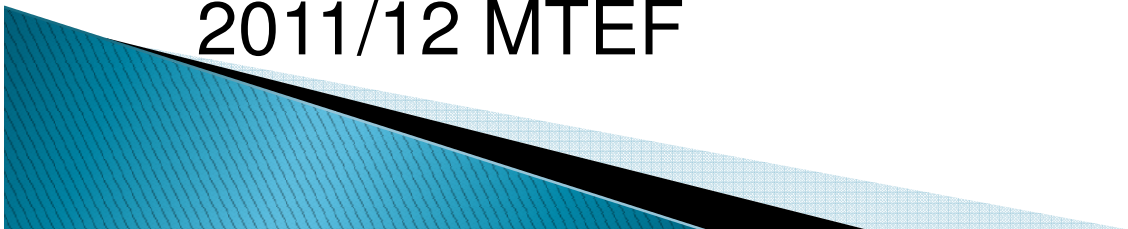


# MALARIA

- ▶ 57% of pregnant women slept under Insecticide Treated Nets (ITN) in 2010 versus 26% in 2007;(Goal is 80% by the end of 2013)
  - ▶ 64% of all children under five years slept under ITN in 2010 compared to 35% in 2007; Goal is 80% by the end of 2013
  - ▶ Indoor residual spraying(IRS) household coverage in the lake zones is at 94% versus global target of 85%
  - ▶ About 18% of all children under five years in the country had malaria parasitaemia in 2010
  - ▶ Scale up Larviciding project in DSM City from 15 wards to cover all 90 wards and Bio-larvicide factory is under construction in Kibaha Coast region
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## **Non – Communicable Diseases (NCDs)**

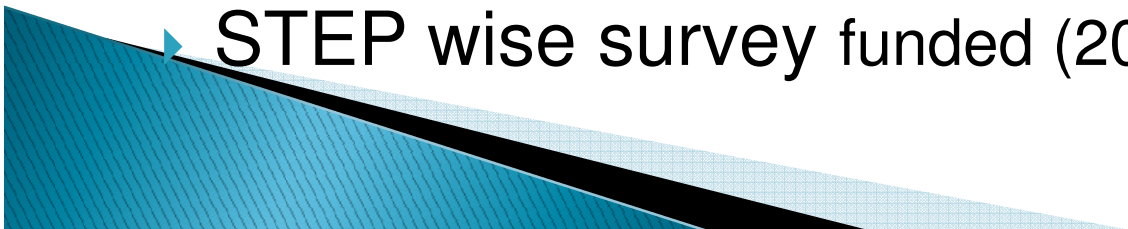
- ▶ NCD organogram in place and steering committee formed and started to meet
- ▶ Stakeholders' meeting to develop NCD Action Plan conducted in November 2010
- ▶ Zero draft of the NCD Action Plan 2011-2015 in place
- ▶ Activities for year one of the Action Plan in the 2011/12 MTEF






## ***Other NCD developments***

- ▶ Establishment of NCD Steering Committee November 2010
- ▶ Finalized draft of the National Cancer Strategy (2010)
- ▶ National Tobacco regulation strategy (2010)
- ▶ National Nutrition Strategy –(2010)
- ▶ National cancer strategy (2010)
- ▶ Launching of 4 years national diabetes program January 2011
- ▶ Zero Draft Alcohol policy guidelines (2011)
- ▶ STEP wise survey funded (2011)

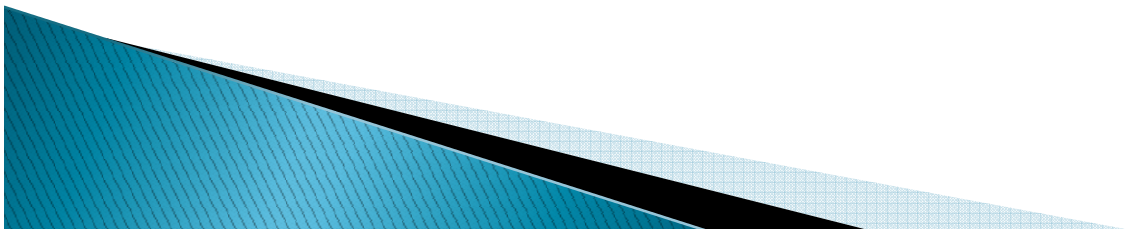


# Neglected Tropical Diseases(NTDs)

- ▶ The group involve five preventive chemotherapy targeted diseases: Lymphatic Filariasis, Onchocerciasis, Trachoma, Soil Transmitted Helminthiasis and Schistosomiasis
  - ▶ A total of 75 councils in 12 regions have been reached by Mass Drug Administration by 2011 as compared to 36 councils in 5 regions in 2009.
  - ▶ Zoonoses E.g Rabies, Plague, Human African Trypanosomiasis (HAT) and Tick Borne Relapsing Fever also referred as NTD.
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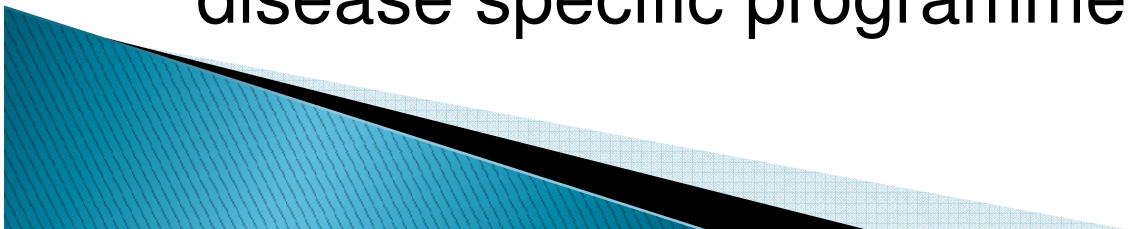
## Challenges:

- ▶ Shrinking Government contribution to support programs activities and logistics. This has bearing on sustainability.
- ▶ Weak laboratory services; lack of lab. Strategic plan, weak EQA and lack of skilled staff to run new diagnostic technologies.
- ▶ Staff shortage especially in NTD and NCDs.



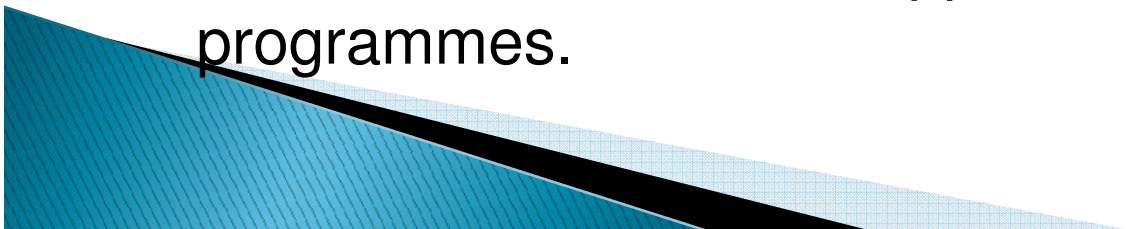
## Challenges (cont'd)

- ▶ Not all Councils incorporate disease control program activities into their CCHPs.
- ▶ Low awareness on NCD and NTDs within the health and other sectors and community to effect behaviour change.
- ▶ Weak routine HMIS to address M&E needs of disease specific programmes.
- ▶ Lack of a comprehensive approach for community based interventions to support disease specific programmes.



# Way forward

- ▶ Develop priority areas to guide funding allocation for disease specific programs.
- ▶ Engage the M&E TWG to ensure needs of disease specific programmes are addressed in the M&E Strengthening initiative (MESI).
- ▶ Need for continuous mobilization & advocacy programmes to increase awareness and appropriate utilization of all recommended interventions.
- ▶ Advocate for a higher visibility of laboratory services in the SWAP process.
- ▶ Develop a comprehensive approach for community based interventions to support disease specific programmes.



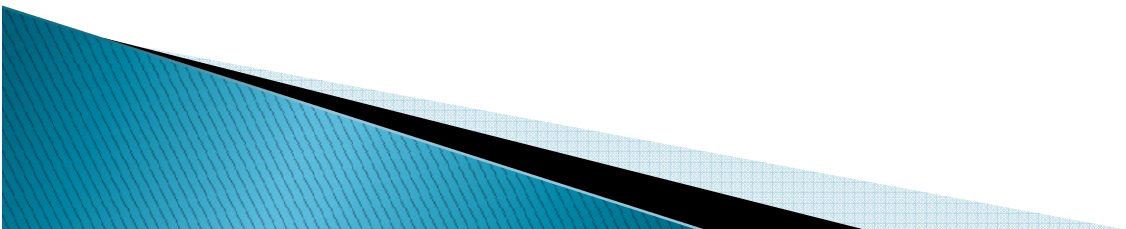
## Way forward

- ▶ Step wise survey on NCD risk factors will be conducted with support from DANIDA and WHO.
- ▶ Conduct need assessment to identify gaps in implementing NTD and NCD strategic plan.
- ▶ Advocate for the Regions and District TWG to include NCD and NTD priority areas in the CCHP planning guidelines.
- ▶ Orientation of RHMTs and CHMTs on new malaria diagnostic and treatment guidelines.
- ▶ Expansion of MDR TB services.
- ▶ Scale up of Male Circumcision as an HIV prevention strategy in 7 regions.



# End of Presentation

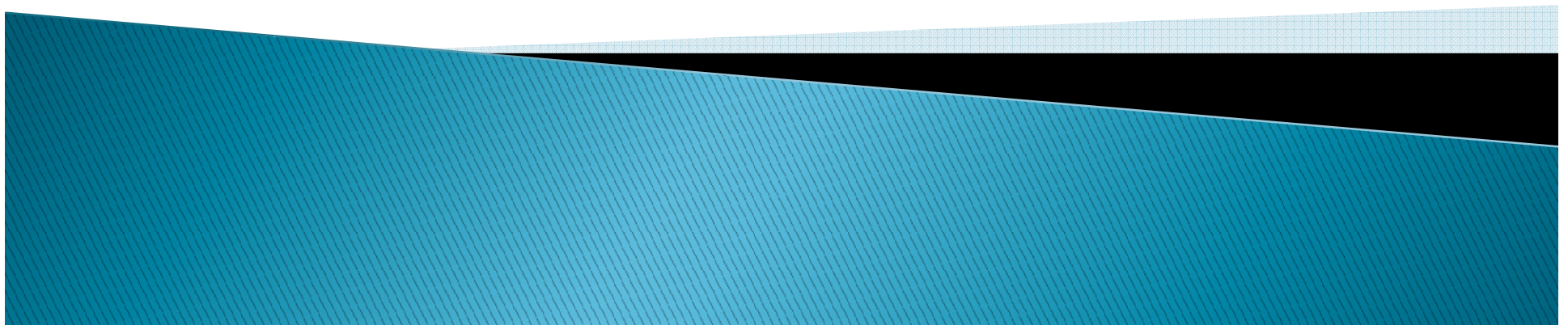
▶ Asanteni Sana



# **TECHNICAL WORKING GROUP 7 DISEASE SPECIFIC PROGRAMS**

## **MILESTONES**

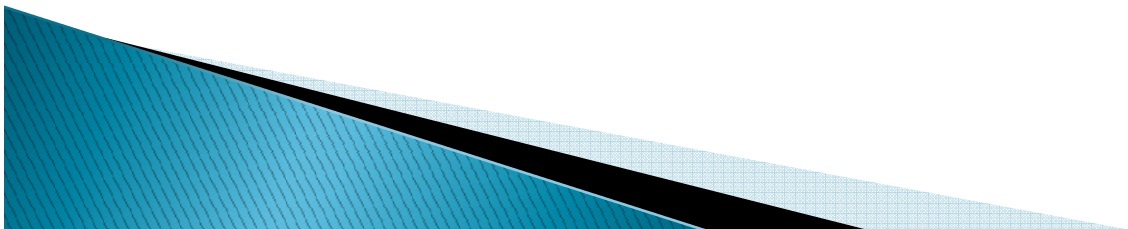
A presentation to the Technical Review meeting  
of 2011 Annual Joint Health Sector Review  
11-12<sup>th</sup> October 2011






## Milestone for 2010/2011

- ▶ NCD/NTD implementation plans endorsed by MoHSW senior management and human resource capacity of the MoHSW sections strengthened by June 2011.



# Milestone for 2010/2011

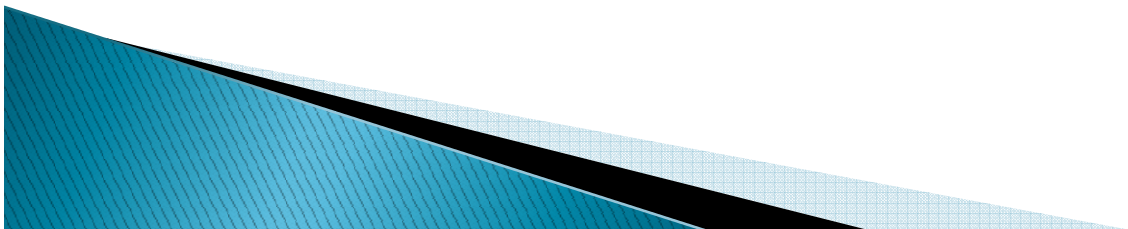
## Process action plan :

1. Draft ToR for developing implementation plans for NCD(November 2010)
  2. Request funds and engage consultant for NCDs(Decemeber 2010)
  3. Submission of implementation plans to senior management for NCD(feb.2011)
  4. Dissemination of implementation plans for NCDs(MArch 2011)
  5. Appointment of 4 staff each to strenthen NCD and NTD sections
  6. Finalize NTD M&E framework and appropriate tools through support from a consultant(April 2011)
- 

# Milestone for 2010/2011

## Indicators:

1. NCD implementation plan in place
2. NTD and NCD established with adequate staff
3. M& E frame work and appropriate tools for NCDs in place and functional
4. Assumptions
  - Timely funds for engaging consultant
  - Allocation of staff

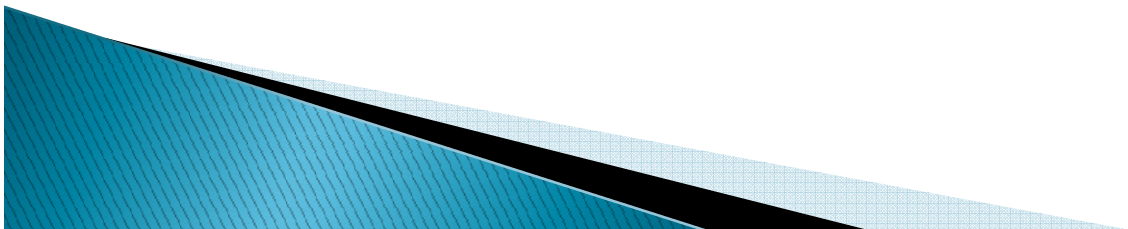


# Milestone for 2010/2011

## Progress Update

### NTD

1. NTD strategic plan was completed and endorsed in 2010. the Plan is eing revised to comply with WHO guidelines
2. M&E framework for NTD is not completed but tools are ready (recording and reporting tools)
3. Proposal of staffing for NTD submitted to management approval

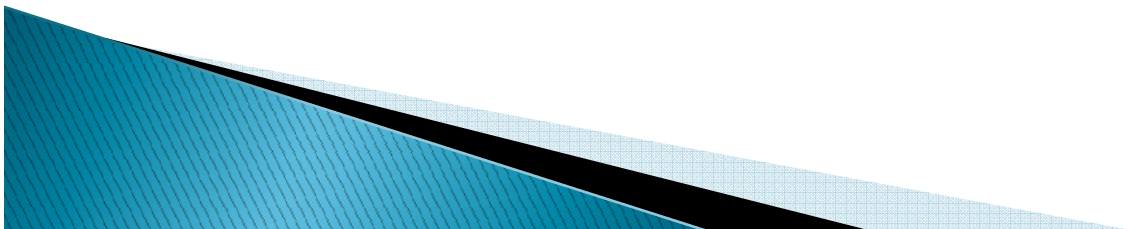


# Milestone for 2010/2011

## Progress Update


### NCD

1. Action plan 2011-2015 is completed and first year activities are included in the MTEF 2011/21
2. Action plan is yet to disseminated. Will be disseminated electronically
3. M&E framework is included as part of the Action Plan
4. 2 out of 4 staff required have been allocated to NCD. Waiting for management to allocate the rest



# Proposed Milestones for 2011/2012

**Progress Update** (*needs discussion, suggestion: we pick one or two areas from Challenges/wayforward*)

- ▶ Develop priority areas to guide funding allocation for disease specific programs.
  - ▶ Develop a comprehensive approach for community based interventions to support disease specific programmes.
  - ▶ Engage the M&E TWG to ensure needs of disease specific programmes are addressed in the M&E Strengthening initiative (MESI).
  - ▶ Need for continuous mobilization & advocacy programmes to increase awareness and appropriate utilization of all recommended interventions.
  - ▶ Advocate for a higher visibility of laboratory services in the SWAP process.
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# End of Presentation

▶ Asanteni Sana

