

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN

HEALTH SECTOR WIDE APPROACH (SWAp)

CODE OF CONDUCT FOR THE IMPLEMENTATION OF HSSP V (2021-2026)

BETWEEN THE GOVERNMENT OF TANZANIA
AND
COOPERATING PARTNERS IN THE HEALTH SECTOR

Leaving No One Behind

November, 2021

1. Preamble

National development in Tanzania is guided by the Tanzania Development Vision 2005-2025, implemented through five-year national development plans. As part of the Tanzania Government's efforts to transition the country from low to a middle-income economy through accelerated national development, Tanzania adopted the Sector Wide Approach (SWAp) to supporting health sector development beginning 1999. The SWAp in Tanzania aims to ensure strong Government leadership that facilitates an effective partnership among the Government, Development Partners and other Non-State Actors in support of the National Health Policy and its implementation through the five-year Health Sector Strategic Plans (HSSPs). The health sector SWAp collaboration and relations remained dynamic and these changes need to be reflected in the documents that govern the health SWAp in Tanzania. The principal document describing this relationship is the **“Code of Conduct for the Implementation of HSSP V (2021-2026)”**.

2. Introduction

Since the adoption of the SWAp for health, the partnership between GOT and Cooperating Partners has evolved. Support to the health sector was coordinated through the implementation of three national Health Sector Strategic Plans (HSSPs) to date. A fifth HSSP covering 2021-2025 (HSSP V) was jointly developed by Government and Partners, with implementation commencing in July 2021.

Modes of development assistance have expanded and evolved over recent years and now the health sector is supported through project financing; in-kind goods, services and technical support; basket (pooled) financing as well as General Budget Support (GBS); insurance schemes both public and private; global health initiatives; private sector investment; Several initiatives have been adopted to increase return on investment in the health sector through all sources, especially complementing Public Private Partnership (PPP). Financing of the sector is driven by the increased need to demonstrate results and value for money.

All Partners, be the Government or Cooperating Partners, are encouraged to adhere to the SWAp Code of Conduct, and will make every effort to inform all Parties to the SWAp about new initiatives and proposed projects which are discussed outside of existing SWAp governance structures.

This Code does not constitute a legally binding instrument, but reflects the commitment of all parties working in the health sector. It does not supersede any legally binding agreements between the GOT and any of the Cooperating Partners, nor does it supersede the

laws or policies of the GOT or the Cooperating Partners. Where there is a conflict between the Code of Conduct and such laws, policies or agreements shall govern.

3. Definitions

In this document the following terms are defined as:

Government of Tanzania {GOT} - means the entire apparatus of the Government, its Ministries, Departments and Agencies of the Tanzania Mainland, represented here primarily by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Prime Minister's Office (PMO), President's Office - Regional Administration and Local Government (PO-RALG), Ministry of Finance and Planning (MOFP) and Ministry of Foreign, Affairs and East Africa Cooperation (MOFEA), President's Office - Public Service Management and Good Governance (PO - PSMGG) and Tanzania Commission for AIDS (TACAIDS).

Cooperating Partners {CPs}: is used to represent all non-GOT partners participating in the health sector. Specifically includes Development and Non-State.

Development Partners {DPs}: include each and all of external Government's, bilateral agencies, multilateral agencies, funding foundations and global/regional health funding initiatives that are committed to working together and with the GOT in a joint effort to support the funding, whether in pooled or non-pooled funding arrangements, and management of the implementation of the HSSP V. DPs that are signatory to this Code of Conduct are listed at the end of document

Non State Actors: unless where specifically qualified, is used include

- Faith Based Organizations
- Non-Governmental Organizations, includes those primarily registered in Tanzania and International NGOs which are primarily registered abroad and have presence in Tanzania and other countries
- Civil society organizations, including community-based organizations
- Private enterprises such as private hospitals, clinics, nursing homes, maternity homes, pharmacies, diagnostic, laboratory and supply chain services for medicines and health products and the umbrella organizations through which they are collectively represented

Health: is used as per the WHO definition of health, 'a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity' and so includes social welfare.

Health Sector is used to describe all areas pertaining to promoting and maintaining good health (including nutrition, gender equality, human rights, well-being, social determinants of health, etc.) as well as all areas pertaining to prevention, curative treatment and rehabilitation due to ill-health that may be the responsibility of a number of Ministries, Departments or Agencies of the GOT but all of whom are coordinated by the MOHCDGEC. The MOHCDGEC being vested with responsibility for stewardship of the health sector as a whole, including setting national policy and quality standards, as well as ensuring regulation of the sector

Sector Wide Approach (SWAp) : is an approach to international development that "brings together governments, donors and other stakeholders within any sector. It is characterized by a set of operating principles rather than a specific package of policies or activities. In a SWAP process there is joint planning, joint implementation and coordination in a sector whereby funding for the sector, whether internal or external (including donors, global health initiatives, loan finance, etc.), supports a single policy and expenditure programme, using a common monitoring evaluation and learning frameworks under government leadership. SWAP partners adopt common approaches across the sector which are accompanied by efforts to strengthen government procedures for disbursement and accountability, harmonization of financing modalities among donors, and reduction in the earmarking of resources or in-kind donation, and alignment to national systems for provision of medicines and health products. A sector-wide approach ideally involves broad stakeholder consultation in the design and implementation of a coherent programme, and strong coordination among all stakeholders at all levels.

4. Core Principles

The core principles that guide the Tanzania Health SWAp are those to which all Partners under this Code of Conduct are committed to, as follows:

3.1 All Partners will work in a spirit of openness, transparency and mutual respect. Effective flow and sharing of information and constructive dialogue are crucial for building and sustaining confidence and trust.

3.2 National Ownership with the GOT exercising leadership in the development and implementation of HSSP V, including the effective functioning of the common management arrangements jointly agreed upon - through inclusive consultative processes.

3.3 Accountable Governance and provision of accessible, effective, efficient and responsive health services, focused on increasing access to underserved populations.

3.4 Mutual Accountability for results, as well as for level of compliance of Partners with the commitments made under this Code of Conduct.

3.5 Sustainability through ensuring that support to meet current sector needs is provided in such a way as to not compromise the ability to meet the needs of the sector in the future; adherence to this will ensure sustainable development in the sector.

3.6 Managing for Results through a transparent and monitored performance assessment framework to (a) assess progress against national development strategies and (b) sector targets.

3.7 Appropriate devolution of decision making and priority setting to local councils in line with decentralization by devolution policy of the GOT and incorporating the citizen voice as per GOT guidelines.

3.8 Develop and use common working arrangements; One sector development framework (HSSP V), one results framework, one budget process, one fiduciary risk management framework, one monitoring and evaluation framework, one report (Annual Health Sector Performance Profile Report), one sector dialogue through the Joint Annual Health Sector Technical and Policy Review Meeting, thereby strengthening alignment and harmonization.

3.9 Strengthen national capacity through effective use of existing capacity and harmonized support for capacity development, and avoid undermining other Partner's capacity through inappropriate reward and recruitment practices.

3.10 Strengthen equity by increasing access to quality health care by the poor and vulnerable and underserved groups.

3.11 Predictability of support by Partners providing reliable indicative commitment of aid over multi-year framework and disbursing aid in a timely and predictable fashion according to approved schedules.

3.12 Respect for human rights, equity, Democratic principles and good governance as underlying principles of this partnership,

3.13 Ensure mainstreaming of poverty reduction, equity, gender, governance, anti-corruption measures, HIV/ AIDS, nutrition, environmental and climate change issues in policies, planning, Impact assessment, service delivery and evaluation, and ensure

that other marginalized groups of society such as the poor, the displaced, and the disabled are specifically addressed.

3.14 Recognize all parties that are signatories to the Code of Conduct as full and equal partners by sharing relevant information openly.

3.15 Do no harm through ensuring that support is harmonized across governmental and non - governmental partners (both not-for-profit and for-profit private sector) to facilitate the efficient and effective development and delivery of sustainable health-related systems for the ultimate benefit of local peoples' health and well-being. This recognizes that non-harmonized and overlapping strategies may result in wasted resources and undermine health service delivery in public and private systems.

3.16 All Parties will apply a policy of “zero tolerance” with regard to sexual exploitation and abuse and Sexual Harassment.

5. Commitments

The signing of this Code of Conduct is seen as a commitment to support national development and specifically health of the nation through a Sector Wide Approach (SWAp). All Cooperating Partners (CPs) commit to support the Government's Health Sector Strategic Plan Five (HSSP V 2021-2026) and there within with financial aid and technical assistance, including collaboration as implementing partners as requested and, as may be detailed within bilateral or multilateral agreements memorandum of understanding, or other arrangements, between each Cooperating Partner and the GOT;

The signatories confirm their intentions as follows:

4.1. Commitments of all Parties

4.1.1. Parties will to, the extent feasible, cooperate and adhere to collective decisions agreed between CPs and the GOT during the Joint Annual Health Sector Review (JAHSR)

4.1.2. Meetings' deliberations and communication between GOT and Partners shall be carried out with mutual respect. Results shall be documented and shared in a transparent way.

4.1.3. GOT and CPs will ensure that “pilot” projects and research projects

supported are focused, time bound and produce expected results on time, and that mechanisms for sharing and communicating lessons learned are included in such projects.

4.1.4. The GOT and CPs will endeavour, to establish and maintain institutional memory of agreements and understandings reached. The GOT and CPs should ensure that new staff are fully briefed on the SWAp and the partnership in order to avoid confusion and misunderstandings. A briefing pack shall be developed for new members.

4.1.5. Parties will broaden the base of the partnership through wider engagement with other actors from health-related sectors of Government and the non-state sector (such as Civil Society, private sector), health statutory bodies, training institutions, professional bodies and Academician.

4.2. Commitments of the Government of Tanzania

The GO T is committed, within its general policies and legislation to:

4.2.1. Provide overall leadership in planning, administration, implementation and monitoring of the Health Sector Strategic Plan 2021 - 2026 (HSSP V) through its annual planning, budgeting and review process, including alignment of plans and budgets in the Medium-Term Expenditure Framework, (MTEF), Regional Health Plans (RHP), Comprehensive Council Health Plans (CCHP) and Health Facility Plans (HFP) with national priorities as identified in HSSP V and re-affirmed in the JAHSR-Annual Policy Meeting.

4.2.2. Ensure that the proportion of the overall GOT budget allocated to the health sector increases annually and in accordance with commitments made under the Abuja Declaration. However, the increase of budget allocation to the Ministry responsible for health will depend on the increase of the resources mobilized.

4.2.3. Ensure that all external; resources are complementary to GOT commitment and do not replace GOT allocations.

4.2.4. Ensure that all resources for the HSSP V from GOT and CP are reflected to the extent possible in the annual operational plans and budgets at all levels.

4.2.5. Consult with partners on the preparation of annual plans and budgets and will make available details of the financial resources and gaps at all levels.

4.2.6. Ensure that all central, regional, council and facility health plans as well as

programs and projects supported by DPs are aligned with the HSSP V and explicitly address the strategic priorities of HSSP V and national development objectives in the Five Year Development Plan 2021-2026 (FYDP III). Specifically the plans should be pro-poor, address need of people with special need e.g .disabled and the elderly, equitable distribution, gender, environment and HIV/AIDS mainstreaming, etc.) and ensure that there is a bottom-up planning process is linked to the annual GOT planning and budgeting process.

4.2.7. Make available financial and other contributions as detailed in the annual approved operational plan and budget and ensure timely release of such funds, goods and services.

4.2.8. Ensure that funds provided are exclusively used for financing approved activities and that there is timely and effective quarterly performance monitoring and reporting to provide financial and performance information according to jointly agreed formats.

4.2.9. As part of its stewardship functions, the MOHCDGEC will take all necessary steps to harness the collaboration and contribution of the key actors from health-related sectors of the GOT and other relevant national institutions.

4.2.10. Encourage and actively support Cooperating Partners in their involvement in policy dialogue and health sector governance structures, and in reflecting their contribution in the annual council, regional and national implementation plans.

4.2.11. Ensure fair allocation of resources amongst state and non-state service providers implementing activities in line with HSSP V.

4.2.12 Consult all Cooperating Partners prior to any changes in health policy or the HSSP V annual planning guidelines.

4.2.13. Ensure that negotiations between the GOT and Cooperating Partners that have a bearing on the HSSP V and this partnership are officially made known to all stakeholders in a timely manner.

4.2.14. Adopt and implement risk – based management by taking proactive and practical steps to strengthen governance, accountability and transparency as well as prevent corruption in the sector. Strengthen and decentralise the joint annual planning and review process (including alignment of annual plans and budgets with national priorities as identified in HSSP V)

4.2.2. Ensure that the proportion of the overall GOT budget allocated to the health sector increases annually and in accordance with commitments made under the Abuja Declaration. However, the increase of budget allocation to the Ministry responsible

for health will depend on the increase of the resources mobilized.

4.2.3. Ensure that all external resources are complementary to GOT commitment and do not replace GOT allocations.

4.2.4. Ensure that all resources for the HSSP V are reflected to the extent possible in the annual operational plans and budgets at all levels.

4.2.5. Consult with partners on the preparation of annual plans and budgets and will make available details of the financial resources and gaps at all levels.

4.2.6. Ensure that all central, regional and council health plans as well as programs and projects supported by DPs are aligned with the HSSP IV and explicitly address the strategic and poverty reduction objectives (pro-poor, equitable distribution, gender, environment and HIV/AIDS mainstreaming, etc.) Of the national development plans etc.; and ensure that the bottom-up planning process is linked to the annual GOT planning and budgeting process.

4.2.7. Make available financial and other contributions as detailed in the annual approved operational plan and budget and ensure timely release of such funds, goods and services.

4.2.8. Ensure that funds provided are exclusively used for financing approved activities and that there is timely and effective quarterly performance monitoring and reporting to provide financial and performance information according to jointly agreed formats.

4.2.9. As part of its stewardship functions, the MOHCDGEC will take all necessary steps to harness the collaboration and contribution of the key actors from health related sectors of the GOT and other relevant national institutions.

4.2.10. Encourage and actively support Cooperating Partners in their involvement in policy dialogue and health sector governance structures, and in reflecting their contribution in the annual council, regional and national implementation plans.

4.2.11. Ensure fair allocation of resources amongst state and non-state service providers implementing activities in line with HSSP V.

4.2.12. Consult all Cooperating Partners prior to any changes in health policy or the HSSP V annual planning guidelines.

4.2.13. Ensure that negotiations between the GOT and Cooperating Partners that have a bearing on the HSSP V and this partnership are officially made known to all stakeholders in a timely manner.

4.2.15. Inform all Partners of any adverse circumstances which might threaten the

accomplishment of the commonly set goals and objectives on a timely basis, through maintaining open dialogue and communication with all Cooperating Partners.

4.2.16. Comply with the appropriate environmental and health policy of GOT and adherence to commitments made under international declarations.

4.2.17. Keep the MOHCDGEC website (www.moh.go.tz) up to date with relevant documents.

4.3. Commitments of the Cooperating Partners

The Cooperating Partners are committed, within their general policies and Legislation to:

4.3.1. Ensure that all current and proposed support to the Tanzania health sector is aligned with the HSSP V, annual implementation plans and is reflected to the plans and budget of the sector at all levels, where possible.

4.3.2. As per definitions of lead, active and delegating partners under the Development Cooperation Framework (DCF), DPs, MOHCDGEC and PO-RALG will to the extent possible, increasingly use the Development Partners Group for Health TROIKA (DPG –Health Troika) as the focal contact point in dialogue between the Government and DPs in that sector - avoiding bilateral meetings inconsistent with DCF. The MOHCDGEC/PO-RALG will provide a list of meetings requiring the participation of CP as part of its report to the Health Sector Policy and Governance Committee annually.

4.3.3 Non-State Actors (including Civil Society Organisations, Faith Based Organisations, Non-Governmental Organisations and Private Entities) active in the health sector will continue to engage with GOT through their umbrella/networking organizations. If an umbrella organization does not exist for a group of constituents then partners will work to establish it. The umbrella organisation may submit annually the list of representatives to participate in the JAHSR -technical review meetings and annual policy meetings.

4.3.4 To reduce the demands upon the MOHCDGEC, PO-RALG and implementing Partners and to allow staff to focus upon implementation, DPs will seek, to the extent feasible, to avoid unscheduled multiple Technical Assistance (TA) visits, ad hoc meetings and missions. All monitoring and review missions required by individual Cooperating Partners in relation to on-going projects and programs should contribute to the monitoring of the overall performance of the health sector.

4.3.5 Reflect the basic principles of the Code of Conduct in their future bilateral agreements or memoranda of understanding (as may be appropriate) with the GOT as this Code of Conduct will not affect bilateral agreements or memoranda of understanding that are already in force at the time of signing this Code of Conduct.

4.3.6. As much as possible, progressively align their own planning, financing, budgeting, review, monitoring, evaluation, and reporting processes with those procedures and processes established for implementation of the HSSP V and work towards synchronizing their support and activities with the GOT budget cycle and financial year.

4.3.7. Negotiate with the MOHCDGEC and PO-RALG all new programmes or initiatives pertaining health and social services to be implemented in the country before finalizing bilateral agreements or memorandum of understanding with MOFP and/or implementing Agencies.

4.3.8. Strive to ensure that support to the health sector has long term commitment predictability of resource flow, include strategies for financial sustainability, continuity of implementation and exist strategies.

4.3.9. Ensure that financial information on all grants and credits, including details of procurement and technical assistance, is provided in a timely manner to the MOFP, MOHCDGEC and PO-RALG (when applicable), so that they may be reflected in the plans and budgets of the GOT.

4.3.10. Recognize the importance of timely disbursement of funds and work towards ensuring that all financial releases are made according to a schedule jointly decided with the GOT.

4.3.11. Adopt the use of GOT systems to the extent possible. Where use of current GOT systems is not feasible, establish jointly with the GOT, additional safeguards and measures in ways that strengthen rather than undermine country systems and procedures.

4.3.12. Provide comprehensive relevant information as requested by GOT regarding resources implemented or provided to Implementing Partners in line with National Health Account formats and deadlines.

4.3.13. Ensure that programs and plans, irrespective of source of funding, are consistent with the HSSP V and are reflected at the appropriate level in annual implementation plans and budgets

4.3.14. Implementing Partners will disclose all support received for health activities

(including source of funding, amounts, purpose, duration, geographical area, etc.) for planning, budgeting and expenditure tracking purposes adhering to agreed formats and deadlines.

4.3.15. Report regularly and in a timely manner on financial and technical performance, in accordance with the MOHCDGEC/PO-RALG reporting and monitoring systems and formats.

5. Prevention and Settlement of Disagreements and Conflict

5.1 All Partners will work in a spirit of openness, transparency and mutual respect. Effective information flow and constructive dialogue are crucial for building and sustaining confidence and trust.

5.2 In the event of disagreement or conflict, dialogue will be the first recourse for resolving the situation; this will be initiated immediately by the Partners directly involved. Should a way out not result from this initial dialogue, the Chair of Health Sector Technical Committee (HSTC) and the Chair of the DPG Health Troika should be consulted and be involved in the resolution of the conflict. The issue under discussion will only be brought to the full HSTC should the first two steps fail to reconcile the disputing Partners.

5.3 The Chair of HSTC, the Chair of the DPG Health Troika and Representatives of Non-State Actors will consult early over sensitive or potentially divisive situations in an effort to resolve the problem and avert avoidable conflict. The HSTC and the JAHSR meetings offer opportunity to identify and address potential problems. This Code of Conduct, interpreted in a spirit of give and take, will act as the guiding document of conflicting prevention and resolution. The partners will always seek to avoid unilateral action.

5.4 In the event of persistent disagreement, a Health Policy and Governance Committee (HPGC) meeting will be arranged to discuss and resolve the conflict.

5.5 In the case of persistent non-compliance with the provisions of this Code of Conduct, the Partners reserve the right to take corrective measures including withdrawal of the Partner concerned or suspension of disbursements to the partners concerned, as the case may be.

Non-compliance may include:

5.5.1 Substantial deviation from jointly determined policy, strategy, plan or budget without due consultation

5.5.2 Implementation of the program stalls as a result of action or inaction by a Partner or Partners

5.5.3 Persistent failure of a Partner to honour its obligations to the partnership in a timely manner

5.5.4 Concrete evidence of serious fraud or other mis-procurement, and/or lack of accountability

5.5.5 Persistent breach of the basic principles and provisions of this Code of Conduct.

6. Amendment/Termination

6.1. Any modifications to the terms of Code of Conduct may only be made through a written amendment between the GOT and Cooperating Partners who are signatories to the Code of Conduct. Such amendment will be signed by all Partners.

6.2. Notwithstanding the provisions of article 6.1 above, the GOT will discourage the inclusion of activities that are inconsistent with the sector program defined in the HSSP V

6.3. Withdrawal from this Code of Conduct may be affected by any signatory on giving 90- days' notice in writing under the signature of the designated Head of the Partner concerned. The 90-day period will permit a detailed analysis of the possible impact of the withdrawal on the HSSP V and resolution of the reason for the notice of withdrawal.

7. Inclusion of New Partners

7.1. Any new Development Partner wishing to cooperate with the MOHCDGEC and PO RALG should do so in accordance of the provisions of this Code of Conduct and upon signing it. Application for membership to this SWAp partnership will be made in writing and will be accompanied by a summary of the intending partner's program(s). The letter of application will be addressed to the Permanent Secretary MOHCDGEC as Chairperson of the HSTC and copied to the Permanent Secretary PO -RALG.

7.2. Any new Non-State wishing to cooperate with the MOHCDGEC and PO RALG should do so in accordance of the provisions of this Code of Conduct. The Non-State Actor should first identify and join one the umbrella organisations (CSO, FBO, NGO, GFATM-PR and Private) that are signatories to this code of conduct and are relevant to the organisations goals and mission. Application for membership to this SWAp partnership will be made in writing and will be accompanied by a summary of the intending partner's program(s). The letter of application will be addressed to the Permanent Secretary MOHCDGEC as Chairperson of the HSTC and copied to the Permanent Secretary PO -RALG.

8. Date of Effectiveness

8.1. This Code of Conduct will be deemed to have come into effect upon signing by the respective authorized representatives of the GOT and at least two of the DPs and two of the Non-State Actor representatives.

8.2. Unless otherwise amended in writing by partners the code of conduct

8.3. The code of conduct will be reviewed in tandem with subsequent Health Sector Strategic plans.

9. Related Documents and Annexes

The contents of the following documents will be construed to form part of the Code of Conduct: List of supporting documents:

- Health Sector Strategic Plan 2021-2026 (HSSP V)
- Common Management Arrangements for implementing HSSP V 2021
- Regional Health Planning Guidelines 2018
- Comprehensive Council Health Plan Guidelines 2019
- Public Procurement Act 2011
- Public Procurement Regulations 2013
- Development Cooperation Framework 2017
- Guidelines for Importation and Exportation of Medical Devices including In Vitro Diagnostics 2015
- National Five-Year Development Plan 2021/22 - 2025/26 (FYDP III)

10. Signatories

For Government of Tanzania

..... **Permanent Secretary Ministry of Finance and Planning**

..... **Permanent Secretary (Health) Ministry of Health
Community Development, Gender Elderly and Children**

..... **Permanent Secretary President's Office, Regional
Administration and Local Government**

..... **Permanent Secretary (CDGEC) Ministry of Health
Community Development, Gender Elderly and Children**

For Bilateral Development Partner

Allyne Head of Cooperation
..... **Ambassador of Canada**

[Signature]
..... **Ambassador of Denmark**

..... **Ambassador of Germany**

[Signature]..... **Ambassador of Ireland**

..... **Ambassador of Italy**

..... **Ambassador of Korea**

[Signature]

..... **Ambassador of Peoples Republic of China**

..... Ambassador of **Switzerland**

[Signature]

..... Ambassador of

..... Ambassador of **UK**

[Signature]

For Multilateral Development Partner and UN Organisations

..... **WHO Representative for Tanzania**

T. J. J. J. 06/12/2021

..... **UNICEF Country Representative**

Shahin 06/12/21

..... **UNEPA Country Representative**

Harun 07/12/21

..... **UNAIDS Country Representative**

Prof 07/12/21

..... **UN Women**

..... **Country Director, World Bank Group**

..... **Resident Representative, African Development Bank**

..... **Resident Representative, International Monetary Fund**

..... **Resident Representative, BADEA**

For Non State Actors



..... **Director, Christian Social Services Commission**

..... **Secretary General, BAKWATA**



..... **Director, Ifakara Health Institute**



..... **Chief Executive Officer, Benjamin Mkapa Foundation**



..... **Director, SIKIKA**



..... **Country Director, AMREF Health Africa**



..... **Executive Director, APHTA**



..... **Executive Director, Tanzania Private Sector Foundation**

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