

POLICY COMMITMENTS PROGRESS

The Health Sector Strategic Plan four (HSSP IV) 2015-2020 provides guidance for the implementation of desired health sector performance improvement in Tanzania. A framework to monitor the performance of the health sector in terms of indicators and targets is clearly set in regard to the five strategic objectives outlined in the HSSP IV.

MOHCDGEC and SWAp partners carried out two JAHSR policy meetings in 2016. The 16th JAHSR was conducted in February 2016 and the 17th JAHSR in December 2016. This is the status of the implementation of the policy commitments.

STATUS OF POLICY COMMITMENTS 2016/2017

POLICY COMMITMENTS/MILESTONES FOR 2016/2017	IMPLEMENTATION STATUS	NEXT STEPS
<p><u>EQUITY</u></p> <p>MOHCDGEC together with PORALG and stakeholders will develop a comprehensive geographic mapping of resources (internal and external) by the end of June 2017</p>	<p>Draft Zero Overview of mapping of national level Stakeholders, distribution and resources is available</p> <p>Mapping of Health (SWAp) Stakeholders at Council level (through PORALG) is ongoing.</p> <p>A decentralised DFF Concept has been jointly developed, centred around the</p>	<p>Finalise the Stakeholders Mapping and develop a decentralised SWAp arrangement</p> <p>Monitoring of DHFF</p>

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<p><u>GOVERNANCE AND LEADERSHIP</u></p> <p>MOHCDGEC in collaboration with PORALG and Ministry of Finance and Planning (MOFP) will implement an Effective and Efficient Direct Facility Funding to all public health facilities in the FY 2017/18, preceded by a systematic capacity building on Planning and Financial Management to all relevant actors.</p>	<p>already available experiences of Facilities managing, User fees, CHF and NHIF funds with full mandate of FGCs.</p> <p>Updated Facility Planning guideline in place, 2017/18 Countrywide PHC Facility plans and Assessment Conducted. Facility Accounts(Public) and PFM framework in place.</p> <p>Capacity building of RHMTs, CHTs, FMTs, FGCs planned for April-July 2017</p>	<p>implementation</p> <p>2011 CCHP Guideline is planned to be reviewed</p>
<p><u>COMMUNITY HEALTH</u></p>	<p>Status on CHWs is that 3,450 graduated</p>	<p>Including CHW in the</p>

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<p>The MOHCDGEC in collaboration with PORALG, President’s Office Public Service Management and Good Governance (PO-PSMG) and other stakeholders will address the outstanding priority issues related to the institutionalisation of the new Community Health Worker cadre by end of 2017</p>	<p>in 2016/17 and 1,049 graduated in April 2017 and 4,267 graduated in October 2017.</p> <p>CHW will be employed as Medical Attend and process to formalize the establishment has started</p> <p>HRH Task Sharing Policy Guideline and Implementation Plan has been developed and shared.</p> <p>Workload Indicator of Staffing Needs (WISN) developed. WISN training was done in 13 regions</p>	<p>Establishment</p> <p>Disseminate HRH Task Sharing Policy Guideline</p> <p>Monitor and evaluate the Implementation of the HRH Task</p> <p>Roll out of WISN in remaining regions</p> <p>Monitor and evaluate the WISN Implementation</p>

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<p><u>HEALTH FINANCING</u></p> <p>Together with NHIF and partners, harmonise different CHF/TIKA approaches by end 2016 towards a single design, in terms of: improved health insurance membership, enrolment, and financial data management; increased focus on enrolment of the poor; and introduction of a clear purchaser-provider split</p>	<p>The proposal for HFS was submitted to the Cabinet and IMTC. Comments were received and MoHCDGEC and partners are now working on the necessary adjustments.</p> <p>Improved CHF model was developed, but finalization is awaiting the adjustments to the HCF strategy.</p> <p>National Health Accounts data have been collected, data analysis ongoing</p> <p>Public Expenditure Report 2015/16 has been shared.</p>	<p>Adjustments to the HFS is ongoing</p>
<p><u>COMMODITIES</u></p>	<p>Holistic Supply Chain review Conducted</p>	<p>Implementation of</p>

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<p>MOHCDGEC will issue clear policy guidelines, through PO-RALG, outlining one clear model for complementary procurement of essential medicines and health commodities by LGAs and health facilities.</p>	<p>Development of the Costed Implementation Plan for the Holistic Supply Chain review</p> <p>Review of the fifth edition of the Standard Treatment Guidelines (STG) and NEML</p> <p>MSD has started implementation of Result Based Financing (RBF) to support primary health facilities implementing RBF</p>	<p>the recommendations of the Holistic Supply Chain review (2017-2020)</p> <p>Finalization and printing of the National Essential Medicines List & the Standard Treatment Guidelines by October 2017.</p> <p>Implementation of the National Action</p>

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		Plan on AMR (2017-2022) To conduct bottom-up quantification for essential medicines

STATUS OF POLICY COMMITMENTS 2017/18

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<p><u>QUALITY IMPROVEMENT</u></p> <p>MOHCDGEC in collaboration with PORALG and others health stakeholders will continue to strengthen data collection in health facilities and ensure data collected is of better quality, reliable and is used at all levels for planning and decision making.</p>	<p>Developed ICT policy guidelines and Tanzania Digital Health Investment Roadmap and shared to all stakeholders</p> <p>The electronic logistics management information system (eLMIS) and VIMS integrated</p> <p>Established DHIS2 Web portal on www.hmisportal.moh.go.tz the portal is access free to all Health stakeholders and the Public</p> <p>Introduced use of Data Quality Assessment(DQA) and Annual District Health Performance (DHP) reporting at</p>	<p>Implementation of the activities promised on the ICT Investment Recommendation Roadmap</p> <p>Disseminate and orient Regional and Councils health including H. facilities staff on the DHIS2 web portal to facilitate early</p>

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	<p>Council levels</p> <p>The Health Data Collaborative was launched in October 2017.</p> <p>MDAs in the health sector, National, Specialized Zonal, Regional hospitals connected to the National ICT backbone and Number of District/Council Hospital Connected to the National Backbone as well</p> <p>305 Hospital and Health Facilities Computerization going on as per Ministry Strategy and Guidelines</p> <p>Integrated Health Facility Electronic Management System (iHFeMS) developed and disseminated</p>	<p>detection of health data errors & rectification</p>

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	<p>Provided DHIS2 data reporting and storage functions for routine data such as HMIS, TB, Malaria, HIV, IDSR, HRHIS, RMNCH, RBF, Star Rating, GFF and Tracer Medicine indicators.</p> <p>Integrated HMIS module into health training curriculums to ensure all pre-service are imparted with health data management skills before they graduate</p> <p>Prepared key Health Sector Performance reports such as <i>“Annual Health Sector Performance Profile, Statistical Tables and Figures and Introduced National, Specialized and Referral Hospital Annual report”</i>.</p>	
<u>QUALITY IMPROVEMENT</u>	Health Services Referral Guideline 2017	

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<p>MOHCDGEC and PORALG will together with other stakeholders strengthen the referral system by clear definition of health care service delivery provided at each level in line with essential healthcare package and current financing mechanism.</p>	<p>developed and shared</p> <p>Document with technical Specifications for Ambulances, Rescue vans, Patient Rider van and communication facilities submitted to the WB for no objection that will enable establishment of an Emergency Medical Services (EMS) in Tanzania. First phase will involve both rescue and emergency medical services.</p>	
<p><u>QUALITY IMPROVEMENT</u></p> <p>MOHCDGEC and PORALG together with stakeholders will improve rescue and</p>	<p>Health Services Quality Standards for all levels in place</p> <p>Proposal for establishing Road traffic accident fund developed and shared to</p>	

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<p>evacuation system, emergency hospital care first at Regional Referral hospitals and later at district hospitals. The MOHCDGEC will explore possibilities on how to establish a road traffic accident fund.</p>	<p>stakeholder and PMO. More consultations required on this matter.</p>	
<p><u>INNOVATIVE PARTNERSHIPS</u> MOHCDGEC in collaboration with PORALG and other health stakeholders will continue to engage the</p>	<p>Orientation of Public Private health forums committee members on PPPs conducted in 22 regions PPP Strategic plan II approved, printing and dissemination in progress to guide implementers on PPPs and innovative</p>	<p>To ensure integration of PPP policy and strategies in revised and developed MOHCDGEC & PORALG documents</p>

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<p>private sector through Public Private Partnership (PPP) arrangements to improve diagnostic Services at National, Zonal and Regional Referral Hospitals</p>	<p>partnerships</p> <p>Service agreement templates revised, approved and disseminated for use at all levels</p> <p>Guideline on use of SA templates in Kiswahili developed and approved, printing and dissemination in progress</p> <p>86 total cumulative signed SA with FBO facilities and 104 with private self sustained</p> <p>Prime Vendor PPP innovation pilot completed to be rolled out country wide in all the regions</p> <p>Two PPP Projects (Eye care, Renal</p>	<p>Monitoring and evaluation of PPP including PPHF at all levels.</p>

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	<p>dialysis-AHN) Approved by both the MOHCDGEC and PORALG for implementation in Zonal and Regional Referral Hospitals in phases</p> <p>A concept paper on improving diagnostic Services (radiology and imaging) through private sector engagement and PPPs submitted for approval</p> <p>Through APHFTA, CRDB Bank etc Private forProfit health facilities are able to secure loans for investment.</p>	
<p><u>SOCIAL DETERMINANTS</u></p> <p>MOHCDGEC in collaboration with PORALG and Prime Minister's Office (PMO) will</p>	<p>The Ministry has developed draft national action plan for the implementation of International Health Regulations for Health security</p> <p>Ministry has conducted capacity building</p>	<p>Develop and implement Comprehensive SBCC Coordination and reporting systems</p>

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<p>strengthen inter-ministerial cooperation to address health security and emergencies at national, regional and district levels; and facilitate technical and financial support to build and sustain, the core capacities to prevent, detect and respond to public health events and health consequences of disasters across all levels which will ultimately strengthen national, regional and global health security</p>	<p>for health workers at Port of entry on Ship Sanitation and orientation to the prevention and control of viral haemorrhagic fever</p> <p>Ministry has conducted core capacities assessment at all Port of Entry under the Ministry for the purpose of designation of port of entry which will be recognized Internationally</p> <p>Sector wide WASH and Social Mobilization Sub Committees of the NTF have been active to respond to public health emergencies in accordance to SoPs (media engagement, public education, Dissemination of Guidelines and</p>	<p>To launch the NIPO TAYARI NSC Phase II.</p> <p>Launching of health education Audio Visual STUDIO and Materials on Healthy Life styles.</p> <p>To launch the NSC Phase II (that embeds in the BCC Campaign) to</p>

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	messages, water quality field testing, investigations including in aflatoxicosis epidemic areas.	promote the uptake of WASH in households, schools, HCFs and public places by November, 2017
<p><u>SOCIAL DETERMINANTS</u></p> <p>MOHCDGEC together with stakeholders will Strengthen community health Education and promotion on the importance of: proper nutrition in order to minimize rates of malnutrition; prevent</p>	<p>Recognizing that malnutrition is a developmental challenge and a threat to achieving our national socio-economic goals the National Multisectoral Nutrition Action Plan (NMNAP) covering the five-year period between 2016/17 - 2020/21 was developed.</p> <p>The NMNAP complements the national development agenda, within the</p>	<p>Strengthen RMNCAH Services and provision of services along Continuum of care</p> <p>Community involvement in</p>

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<p>nutrition related NCDs and advocate for improved water, sanitation and hygiene in health facilities and in communities for prevention and control of communicable diseases</p>	<p>Government's Five-Year Development Plan II (FYDP II) 2016-2021.</p> <p>This NMNAP reflects Tanzania's commitment to address the unacceptably high levels of malnutrition and translates into a single comprehensive national plan.</p> <p>The Ministry is on process of finalizing Water, Sanitation and Hygiene guidelines in Health care facilities.</p> <p>Implementation of the National Sanitation Campaign phase II has started in July 2016 and initial funds for implementation has been sent to all Regions and Councils. Phase II covers WASH at household level, Primary and Secondary schools, Health facilities and in transport hubs.</p>	<p>RMNCAH services</p> <p>Political commitment and accountability</p>

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	<p>The Ministry have facilitated 100 Councils with motorcycles for supervision and data verification purpose at the community level. Also, the best performing council in terms of the implementation of the National Sanitation Campaign was awarded brand new car for supervision and monitoring.</p> <p>The Ministry has managed to roll out the National Sanitation Management Information System (NSMIS) in all 26 Regions and 183 Councils. From quarter two of the 2016, some of the councils have started reporting through the system</p> <p>The Ministry in collaboration with stakeholders developed National Strategic Plan for Workers' Health (2017 -2021).</p>	

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	<p>Among of the key strategic areas covered are; Health and safety of the health workforce and emergency responders; Health and safety of the informal workers; Prevention of NCDs at workplace; Universal coverage with essential services for occupational health and safety and Strengthening data, statistics and surveillance for workers' health.</p> <p>Ministry reviewed health care waste management guidelines and standard operation procedures to include control of mercury and Unintentional Persistent Organic Pollutants (UPOPs)</p>	