



Minutes, DPG Health meeting 1<sup>st</sup> November 2017, German Embassy, Umoja House

**Present**

1. Norzin Grigoleit	German Embassy	DPG H Chair
2. Thomas Teuscher	Swiss Embassy	DPG H Outgoing Chair
3. Leticia Rweyemamu	WHO	DPG H Secretariat
4. Hope Lyimo	GIZ	Member
5. Regine Unkels	GIZ	Member
6. Dr. Susanne Grimm	GIZ	Member
7. Shannon Young	USAID	Member
8. Fin Poulsen	DANIDA	Member
9. Gradeline Minja	DANIDA	Member
10. Adrian Fitzgerald	Irish Aid	Member
11. Peter Nyella	Irish Aid	Member
12. Dr. Mugo Muita	WHO	Member
13. Hayrullo Malikov	UNICEF	Member
14. Kyaw Aung	UNICEF	Member
15. Dr. Leo Zekeng	UNAIDS	Member
16. Kira Thomas	Canada	Member
17. Nina Sierget	P4H	Member
18. Siobhan Malone	Gates Foundation	Member
19. Britt H Kjolås	Norway	Member
20. Angela Makota	CDC	Member
21. Vamsi Vasireddy	US/OGAC	Member
22. Catherine Shirima	JICA	Member
23. Felister Bwana	UNFPA	Member

**AGENDA**

1. Presentation: PEPFAR Sustainability Index Dashboard: Review of findings and discussion
2. Welcome and Introduction of members
3. DPG Health Retreat
4. Updates on SWAp events
5. Critical issues from TWGs/Thematic Areas
6. Updates on key events
7. AOB
8. Next DPG-Health meeting, 6<sup>th</sup> December 2017 at 12pm at Umoja House

**MATTERS ARISING/ACTION POINTS:**

- **Disease outbreaks:** WHO to present on the available studies on the prevalence of disease outbreak vs. climate change.



- **DPG Health Workplan:** DPs to provide inputs on the draft workplan and share by Nov 15<sup>th</sup>, 2017.
- **Campaign for maternal health:** DPs to collectively agree on how they will support the Ministry on the campaign.

**Presentation: PEPFAR Sustainability Index Dashboard (SID): Review of findings and discussion**

Sustainability Index Dashboard (SID) is a planning tool developed by PEPFAR for sustainability approach in maintaining epidemic control. It is also a monitoring tool which assesses national HIV and AIDS response and informs the strategic planning. It is currently used in various PEPFAR countries and it has been facilitated in collaboration with UNAIDS. For Tanzania, it will be presented at the MOHCDGEC senior management team. It is a spreadsheet with four domains whereby the responses depend on the available national data. SID results are used to inform Country Operational Plan (COP) planning and to measure activities therein towards achieving the intended goals. The SID has been shared with various partners including the private sector and NGOs to get their inputs, it will also be shared with DPs and government for their inputs and thereafter compiled for sharing with HQ by Nov 2017.

**Discussion:**

Several issues were raised for clarification including the sampling approach whereby it was responded that the sample reached all stakeholders in HIV and AIDs field. The implementation strategy for 2015 SID recommendations was done through the COP 2015, 2016 which developed activities to address areas which scored low in SID 2015, that is how they monitor progress. On collaboration with Global Fund, they work with GF especially on areas of financing and financial sustainability which looks much more on a broader sense. DPs can use the SID tool to advise the government on the strategic direction based on the findings. The US government is currently thinking on how to involve non-US stakeholders so that they own the SID process.

**Main DPG-H meeting:**

**1. Welcome and Introduction of members**

The meeting was chaired by DPG H Chair who welcomed all members to the meeting. Agenda for this meeting was adopted.

**2. Disease Outbreaks updates:**

**Cholera outbreak:** Regions which were not reporting have started reporting including Songwe.

**Plague outbreak in Madagascar:** the MOHCDGEC is working with the Ministry of Transport and Communication on screening at points of entry to monitor any imported case. There is also exit screening from Madagascar to monitor the same. WHO is working with the MOHCDGEC



to support in preparedness and response. The country has reasonable capacity to control the disease if case occurs. The risk of spread for Tanzania is moderate and globally is low.

**Marburg outbreak in Uganda:** WHO is working with the MOHCDGEC to monitor any imported case.

**Discussion:**

During the discussion several questions were asked by DPs concerning the outbreaks. What is the commitment and accountability framework of political leadership in the regions and districts? The PORALG-Health has now capacity to address cholera issues. Cholera is a multi-sectoral issue, so the Deputy PS-Health had a meeting with the PS water to address it. The most emphasis now on water is usage of aqua tabs as most of the communities cannot afford to boil water, and most of them use shallow wells.

Are there studies on the prevalence of the disease outbreak which focus the on-going climate change? It will be good if DPs know about it. The country is currently implementing the One Health approach which involves various sectors including the environment sector. The One Health Plan has been developed, DPs are encouraged to go through it and align their resources into it during planning. It was advised that the Health National Adaptation Plan should be discussed at one of the DPG H meetings.

**3. DPG Health Retreat**

- **Adoption of the Retreat report:** the Retreat report was approved as a true record.
- **Updates on the Retreat Action points:**

Troika informed DPs that they had a meeting last week where they worked on the Retreat action points and came up with a draft annual workplan for DPs inputs. The following are the ideas they suggested for the workplan:

**New Development Cooperation Framework (DCF):** the emphasis on the new DCF is on the dialogue where the government is required to lead. Do we have proposals to improve dialogue mechanism? DPs are encouraged to read and understand the new DCF as we might be implementing things in an old fashion while they have already changed.

**Government attending DPG H meetings:** Troika shared their thought that if it is agreed by DPs, government officials should be regularly attending DPG H meetings especially during the Presentation (before the Main meeting) to increase sector dialogue. Most of the DPs were of the view that the DPG H should remain as DPs forum, government officials can be invited when there is an important topic which will require their contribution. No final decision was taken on this issue. Decision will be taken after receiving feedback from DPG H members on the workplan where this issue is included. It was agreed that DPs continue to engage with the



government officials through TWGs and that the quarterly meetings between Troika and MOHCDGEC senior leadership should be revived, but also thinking on how the PORALG could also be involved in these meetings.

**Topics for DPG H meetings:** It was suggested that DPs may think of whether we could have standing Agenda items to be discussed at DPG H meetings like teenage pregnancies etc.

**DPG H on social media:** An idea was also brought up by Troika if we can have DPG H on twitter/ facebook.

**Advocacy messages:** need to be specific e.g. allocation of human resource-how many and where? Health budget increase-what is the target for 2018?

**Workplan implementation:** it was suggested that we should have an agenda item on the progress of the implementation of the workplan during monthly DPG H meetings.

**PORALG involvement in TWGs:** what are the means of drawing PORALG to co-lead the TWGs? For example, they can rotate with MOHCDGEC in chairing the TWGs monthly meetings.

**Coordination of MOHCDGEC and PORALG:** there was a concern on the coordination of these two Ministries. How can partners work with these Ministries if they are not jointly coordinated? It is real difficult. PORALG needs to be capacitated, they have skilled personnel at the Health department but they need capacity. They also need resources. How do we build trust and working relationships with the government counterparts? PORALG also complains that partners do not align with their priorities as most of the MoUs are signed at MOHCDGEC level without consulting the regions and districts. There is a need to ensure that the two Ministries come together and that DPs clearly understand their (Ministries) roles. High level dialogue on this sensitive issue is also required.

It was agreed that DPs should send their inputs on the workplan in 10 days i.e. by 15th Nov 2017. All DPG H members are encouraged to take up responsibility for individual items of the work plan.

#### **4. Updates on Swap events**

**SWAp Task Force meeting:** will be held in Nov 2<sup>nd</sup>, 2017 at MOHCDGEC. Troika was asked to put forward the issue of how effectively DPs can engage with MOHCDGEC and PORALG.

**JAHSR field visits feedback:** DPs who were on the field teams (Tanga, Rukwa and Singida) provided feedback on the districts that they visited to see progress on reproductive and maternal health which is the theme of this year's JAHSR. Overall the findings indicated improvement in availability of medicines and supplies, skilled birth attendant, functional CEMOC centres. The challenges that came out strongly among others included uncoordinated partners' support and



data discrepancy on RMNCAH scorecard especially on facility delivery vs. skilled birth attendant.

**JAHSR Technical Review and Policy meetings:** the Technical review meeting will be held from 23-24 November and the Policy meeting on 8<sup>th</sup> December 2017 respectively. There is a possibility of holding the JAHSR in Dar es Salaam instead of Dodoma as initially agreed, confirmation will be made during the SWAp Task Force meeting in Nov 2<sup>nd</sup> 2017.

#### **5. Technical Working Groups/Thematic Areas Updates**

**Health Financing (HF):** National Health Accounts (NHA) and Public Expenditure Report (PER) reports are in final stages, need inputs to be completed. On Single National Health Insurance (SNHI), the Cabinet is more likely to approve the mandatory health insurance but not the SNHI. Concept note will be developed on the mandatory health insurance.

**RMNCAH:** MOHCDGEC's campaign for maternal health: UNFPA submitted DPs inputs to the Ministry, still waiting for the Ministry to share the campaign budget and the funding gap. The campaign will be launched in February 2018 instead of November 2017. DPs need to collectively agree on how they will support the Ministry on the campaign. The World Bank along with other DPs is supporting the MOHCDGEC on adding nutrition indicators in RMNCAH scorecard. This was requested by the Vice-President who will launch it.

**National, Zonal, Regional and District Health Services:** Comprehensive Council Health Plans (CCHPs) guidelines which were developed in 2011 will be revised to include Direct Facility Financing (DFF).

**Health Basket Fund (HBF):** HBF indicators need to be revised but it has taken long to do so. Local Government Authorities (LGAs) have not yet received HBF since July 2017.

**Audit Sub-Committee (ASC):** The HBF audit reports are not ready hence, the ASC meeting will not take place this month.

#### **6. Updates on key events/Upcoming events**

##### **Germany:**

- Professional Group Meeting (PGM) will be held in Lindi from 27<sup>th</sup> to 29<sup>th</sup> of November 2017.
- Prematurity Day on 17<sup>th</sup> November, GIZ will showcase on the achievements of the Tanzanian-German cooperation to improve maternal and child health (Ocean road conference Hall)

- 7. Next meeting:** 6<sup>th</sup> December 2017 at 12pm at German Embassy-Umoja House conference room.