

TERMS OF REFERENCE FOR THE TECHNICAL COMMITTEE AT REGIONAL AND DISTRICT/COUNCIL LEVELS

1.0 BACKGROUND

Health Services are organized, supervised, monitored and evaluated by the Regional Health Management and District/Council Health Management Teams (**RHMTs and D/CHMTs**). Technically, RHMT and D/CHMT are advised by the Regional, Council Hospital or Co-opted Members, who also includes the Medical Officer *In charge of the Hospital* and *Epidemiologists*.

For years capacity and capabilities of the RHMTs and D/CHMTs has been focused on core members only, whereas Co-opted members were left behind to be capacitated by the individual programs that they coordinate. This resulted in lack of efficiency and effectiveness in delivery optimum health services within the region and districts/councils

The new staffing level Guidelines of 2014-19, have thus included formation of **Management or Governance Committees** which is chaired by the *RMO* and *DMO* and **Technical Committees** to be *co-chaired by the Medical Officer In charge of the Hospital and the Epidemiologist*. The role of an epidemiologist as a core chair of the Technical Committee aims at strengthening use of evidence based planning by building a robust Monitoring and Evaluation framework as well as overseeing Surveillance and Response is done adequately to minimize morbidity and mortality. This proposed setup recognizes the need to strengthen the public health system and infrastructure of Tanzania so as to address the gaps identified in delivery of optimum health services.

The position of *epidemiologist* is already included in the **Staffing Level Guidelines (2014-19)** for the **regional referral hospitals**, however in practice, this position is yet to be operationalized at the regional and district levels. As a result, epidemiologist graduates are not incorporated and integrated into the systems and hence end up working as clinicians, environmental health officers, or performing other duties. Epidemiologists are crucial in strengthening regional/district or council planning as well as overseeing evidence based planning process, and ensuring that adequate response is mounted in terms of developing critically scientific sound interventions in all disease scenarios including epidemics. With the Program of Field Epidemiologist already in place, in Tanzania, since 2008, the assurance is that graduates will continue to be produced and be distributed to regions and districts/councils. The Program ultimate target is to have **1 per 100,000 populations** so as to meet the **Global Health Security Agenda**.

The recent current arrangement at the regional and district levels have thus been mainly based on the ensuring regions and districts perform well using sound technical advice from committees to there is efficiency in implementation. This proposed setup recognizes the need to strengthen the public health system and infrastructure of Tanzania to improve the evidence based planning as well as having a robust surveillance system and response to public health emergencies. The Technical committee will thus improve the analysis and use of data collected within the regional health system and enhance facility data generation and use, as well as reduce the response time to disease outbreaks.

2.0 RESPONSIBILITIES AND FUNCTIONS:

Public Health Emergency Preparedness and Response: The technical committee will take a leading role to ensure that the region is prepared for Public Health emergencies and guide the Regional response team. It will provide technical guidance and oversight to the planning and implementation of the public health, hospital and community emergency preparedness programs. The technical committee will ensure that the local disease surveillance systems are complete and timely enough to assure that a serious public health threat to the country is detected rapidly and information is gathered to make immediate plans for control of the condition, as well as monitoring the rate of disease to evaluate effectiveness of control measures.

3.0 TOR FOR THE TECHNICAL COMMITTEES

- (i) Surveillance and Data Management:** Setting, Evaluating and implementing surveillance activities. Establish and manage the regional and district surveillance system and ensure quality of surveillance data and all other data from services and programs are discussed, interpreted and used in decision-making for planning and in report writing, and shared within departments and with all partners and stakeholders.
- (ii) Emergency and Routine Response:** Surveillance Data will trigger emergence and routine response, guided by the **Technical Committee** The Regional *Epidemiologist's* lead role will be to ensure that, the local disease surveillance systems are complete and timely enough to assure that, a serious public health threats to the country are detected rapidly and information is gathered to make immediate plans for control of the condition, as well as, monitoring the rate of disease to evaluate effectiveness of control measures. They will also take a leading role to ensure that the region is

prepared for Public Health emergencies and guide the Regional response team, in collaboration with the Regional Referral Hospital i/c and its Management Team.

- (iii) **Coordination:** Initiate and maintain contacts with statistical and data processing managers in other agencies, to maintain access to epidemiological source materials.
- (iv) **Managerial role:** will be included in the supportive supervision of staff performing epidemiologic and technical functions at District/Council level and below.
- (v) **Planning:** The **Technical Committee** will provide guiding principles which will be used for planning and forecast resource requirements, for the emergence or routine response. The committee will also initiate and maintain contacts with statistical and data processing managers in other agencies to maintain access to epidemiological source materials
- (vi) **Supervision, Monitoring, Evaluation and Mentorship:** Generate archives and analyzes regional health system data. Regularly update the **RHMT/CHMT** on the **effectiveness** and **efficiency** of the regional/council health care systems **and suggest interventions to assure quality, quantity and access improvement**. Coordinate and discuss individual intervention and data from various programs, to determine burden of disease and related determinants, prior to sharing and formulating appropriate mitigations and mentorship programs.
- (vii) **Availability of trained staff and Medicines, devices and other health commodities:** will monitor and ensure that, medicines, devices and commodities are available and adequate.
- (viii) **Availability of Funds** through cost sharing, NHIF, CHF and other known sources, will ensure that, appropriate funds are available and accessible for use at the intended level and for the intended purpose.
- (ix) **Outbreak Investigations:** The **Technical Committee**, guided by the epidemiologist, will lead in disease outbreak investigations and other public health events, and instituting control and treatment measures. The committee will also assist the RHMT/CHMT in coordination of various partners in the region in outbreak investigation, control and treatment.
- (x) **Research and Development:** will lead in carrying out operational research, in collaboration with the MoHSW and other Government/Non-Government Institutions, particularly Research Academic Institutions in the Region. Will also offer

technical support to the region in operational research on health events. Setting up monitoring system for the quality of research that will be conducted in the region.

4.0 TASKS

- (i) Monitors timeliness and quality of disease reporting;
- (ii) Interprets and analyzes statistical data for public health managers and advises them of implications of the data for public health policy;
- (iii) Defines the type of data to gather for surveys;
- (iv) Gathers and reviews current statistical literature;
- (v) Defines populations of interest to develop health studies for specific groups in the country;
- (vi) Develops statistical and technical summary reports based on surveys
- (vii) Implements epidemiological research projects;
- (viii) Plans, coordinates and directs collection, coding and entry of data;
- (ix) Develops and maintains computerized databases to monitor the current health status of target groups
- (x) Evaluates the effectiveness and efficiency of intervention or control strategies; and
- (xi) Determines health status outcomes in order to ensure that established program standards are met
- (xii) Provide technical assistance to investigation of outbreaks and other public health events.

5.0 MANAGEMENT

- (i) Supervising staff in his Unit
- (ii) Developing annual work plans and budgets
- (iii) Training and supporting staff on disease investigation and surveillance
- (iv) Preparing monthly, quarterly and annual reports.

6.0 PROPOSED MEMBERS OF THE REGIONAL/DISTRICT TECHNICAL COMMITTEE

- (i) Regional Epidemiologist - **Chair**
- (ii) M/O in charge Regional Hospital/Referral Hospital - **Co chair**
- (iii) Hospital Secretary – Regional/District Hospital – **Secretary I**
- (iv) Nursing Officer In-charge - Regional/District Hospital – **Secretary II**
- (v) Member of Regional Aids Coordinator (RACC)
- (vi) Regional TB/Leprosy Coordinator
- (vii) Infectious Disease Surveillance Regional focal person
- (viii) Malaria Focal person
- (ix) NTD focal person

- (x) MTUHA focal person
- (xi) RCHS Coordination
- (xii) RIVO
- (xiii) Regional/District Cold Chain Operator (RCCO),
- (xiv) Regional Mental Health Coordinator,
- (xv) Regional Eye Care Coordinator,
- (xvi) Regional/District Radiographer Coordinator ,
- (xvii) Accountant – Regional/District Hospital,
- (xviii) Principal of Training Institution available,
- (xix) One Representative from Referral Hospital available,
- (xx) Regional/District Health Policy, Planning and Management Analyst,
- (xxi) M&E Specialist,
- (xxii) IEC Coordinator,
- (xxiii) CBE Coordinator,
- (xxiv) NCD Coordinator,
- (xxv) Private Health Facilities Coordinator,
- (xxvi) Traditional and Alternative Medicine Coordinator,
- (xxvii) Elderly/ Geriatric Services Coordinator,
- (xxviii) Nutritionist Coordinator,
- (xxix) Family Planning Coordinator,
- (xxx) Research and Global Health Coordinator

7.0 PROPOSED TIMELINES OF MEETINGS

The committee will meet on quarterly basis; however ad hoc meetings will be called in case need arises.