

Terms of Reference for Technical Committee of SWAP Committee:

1. Introduction:

The Ministry of Health and Social Welfare has developed a framework to reform the Health Sector in order to improve health services delivery in the country. The reform was translated initially (July 1999 – June 2002) into a three year Plan of Work (PoW), and more recently has been translated into the five year Health Sector Strategic Plan II (HSSP II) 2003 – 2008).

The implementation of the HSSP II 2003 – 2008, the Medium Term Expenditure Framework (MTEF) and Comprehensive Council Health Plans (CCHPs) are monitored jointly by the Government (MoHSW, PMORALG and MoF); Development Partners and Civil Society Organisations through Health Sector Wide Approaches Committee* Meetings and Technical Committee Meetings (technical level meetings).

There are two Sector Wide Approaches (SWAp) Committee meetings held annually. One is in September -- to be informed on the progress made regarding the implementation of the milestones set -- and the second meeting is the Joint Annual Health Sector Review (JAHSR) held in March each year through 2006. Under General Budget Support (GBS) and “Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania” (MKUKUTA) planning cycles, as of 2007, the Joint Annual Health Sector Review will be held in September to input the Budget Guidelines that is released in November/December of each year. The second SWAp

* The “SWAp Committee” originally comprised only the Ministry of Health, PO-RALG and Development Partners committed to the SWAp. Today, it effectively encompasses a wider group comprising all partners committed to the Sector-wide Approach in Health.

Committee will be shifted to April to track progress on the implementation of the milestones set at the JAHSR and to discuss the MTEF for the up-coming financial year.

2 Rationale for the Technical Committee of the SWAp

The Technical Committee will represent all those signing the Code of Conduct for the SWAp and serve as a joint monitoring body of the HSSP II, MTEF and CCHPs. This Technical Committee has an advisory role; it will deliberate on technical issues; make proposals or recommendations to the SWAP Committee Meetings on what actions need to be taken to address issues of health services delivery as outlined in HSSP; advise the sector on how to carry out implementation; and get information from the departments that need technical review before submitted to the SWAP Committee.

Working with the various sub-committees (see below), the Technical Committee:

- facilitates dialogue between SWAp stakeholders;
- expands MOHSW capacity – enlisting effective support and participation of numerous stakeholders;
- coordinates activities in the health sector; and
- ensures that all stakeholders vest in the GOT-owned sector program
- gets feedback from the recommendations submitted to the management for decision making.

3 Tasks for Technical Committee of SWAp

The Committee will;

Monitor

- Monitor the implementation of HSSP, MTEF, CCHPs and JAHSR Milestones.

- Monitor sector expenditures to ensure that they will impact upon HSSP/MKUKTA objectives.

Advise

- Give advice when needed for implementation of HSSP, MTEF, CCHPs and on policy options to assist decision makers.
- Identify tasks that need to be tackled through special assignments, and policy issues which need to be informed through analyses.
- Review proposed external funding for its consistency with HSSP/MKUKUTA and advice MoHSW as may deem necessary.

Coordinate

- Coordinate and act as a link between the SWAp Committee and various partners supporting the Government in the health sector.
- Coordinate the thematic working groups and receive relevant proposals and studies related to the health sector (see below), review and identify issues that need further follow ups.
- Provide a forum for information sharing to improve coordination of various activities across the sector.

Organise

- Prepare SWAp Committee meetings and JAHSR.
- Support the thematic working groups and receive relevant proposals and studies related to the health sector review and identify issues that need further follow ups.

Report

- Report to each of the SWAp meetings.
- Synthesize reports and submit to the SWAp meetings.

4 Sub-Committees, Working Groups & Task Forces

Various Task Forces, Working Groups and Technical Working Groups have emerged to facilitate dialogue around sub-sectoral

issues (e.g., human resources, reproductive health, malaria, M&E, etc.). As the sub committees and working groups continue to function, the fora is under the umbrella of SWAp and their outputs will be coordinated via the Technical Committee of SWAp. The TC's terms of reference include coordinating and facilitating policy and technical dialogue around specific sub-sector issues.

Although the specifics of each group will differ (and the intention is not to over regulate them), ideally, these groups would:

- Coordinate targeted project financing, technical assistance and analytical work by all various stakeholders (MOHSW, GOT MDAs, Development Partners, NGOs) around the specific area of work
- Be chaired by a senior GOT official (e.g., Director)
- Include individuals from various SWAp stakeholders who have a solid technical knowledge of the subject and who are committed to contributing in a coordinated fashion.
- Meet routinely, prepare minutes and make recommendations to management through the Technical Committee.

5 Composition for The Technical Committee:

The membership comprises of persons from the Government, Development Partners and Civil Society Organisations.

Core members:

A: Government 14

Criteria: appointed individually with delegated responsibilities by the director, head of unit, senior officer, having a full overview on the activities in the directorate or unit, being committed to work with the TC, being able to assure continuous collaboration

- i) Ministry of Health and Social Welfare (11)
 - Directorate of Social Welfare
 - Office of Chief Medical Officer (2)
 - Directorate of Policy and Planning
 - Directorate of Administration and Personnel
 - Directorate of Hospital Services
 - Directorate of Preventive Services
 - Directorate of Human Resources for Health
 - Directorate of Accounts
 - Directorate of Audits
 - Section of Procurement.

- ii) Prime Minister’s Office, Regional Administration and Local Government (2):
 - Directorate of Local Government
 - Directorate of Policy and Planning or Regional Administration.

- iii) Ministry of Finance (1):
One Technical Representative

- iv) Health Sector Reform Secretariat:
The HSRS will serve as the Secretariat for the Committee

B: Development Partners 6

Criteria: expertise in health and ability to engage in technical discussion around the health sector as a whole, understanding of and commitment to the SWAp, willingness and ability

to commit to the tasks of the Committee.

- One person from the DPG TROIKA (1)
- Representative from WHO (1)
- Four (4) DPs selected by the DPG (which may rotate periodically) using the above criteria.

C: Civil Society Organisation5

- i. Faith Based Organisations [Christian Social Services Commission* 1 and BAKWATA 1]
- ii. Association of Private Health Services in Tanzania (APHTA) (1)
- iii. Non- Government Organizations (NGOs) (2) representatives (which may rotate periodically) to be nominated by TANGO and The Policy Forum.

D: Chairperson

The Chairperson of the Committee will be the Chief Medical Officer assisted by DPG chairperson. The Vice Chair will be the Director for Policy and Planning.

E: Obligations of the members

Members are expected to prioritize the membership, commit their time to contribute their knowledge of policy direction strategies,

initiatives projects and issues as well as their expertise to the technical Committee

6 Frequency of meetings:

The TC should meet after every two months on a regular schedule. Extraordinary meetings should be called upon according to need. Retreats should be programmed to deal with specific subjects needing deeper thought and discussion. .

Note:

i) Representatives from Professional Associations will attend SWAp Committee Meetings and not the Technical Committee Meetings.

ii) Co-opted members:

The TC may co-opt any other knowledgeable person and interested experts from the above constituencies or sub committees/task forces according to need to act as resource persons on specific issues.

iv) Observers:

Any interested member of the above mentioned constituencies might be invited as observer after application to the Secretariat.

v) The Technical Committee shall have not more than 27 core-members to remain manageable.

vi) _____“SWAP Committee” means all of those MDAs and

agencies who have committed themselves in writing or signing relevant document of incooperation to the Tanzania Health SWAp.