

# **TERMS OF REFERENCE FOR THE *HEALTH COMMODITIES AND TECHNOLOGIES TECHNICAL WORKING GROUP (HCT-TWG) OF THE SWAP TECHNICAL COMMITTEE***

## **1. Background**

The Health Sector Wide Approach (SWAp) Committee provides a forum for consultations and exchange of ideas and experiences between the different stakeholders involved in the health sector. The SWAp Technical Committee also provides a forum for harmonization of donor support as well as policy consultation and advice on development of the health sector. The committee has several working groups.

## **2.0 Scope of Work / overall Aim and Purpose**

### **2.1 Health Commodities**

Stakeholders in the health sector acknowledge that pharmaceuticals and related supplies play an important role in the delivery of health services. However, the sector is overwhelmed with challenges of inadequacies in terms of accessibility, quality as well as rational use of medicines resulting from various factors such as:

- a) Inadequate and unpredictable funding for managing, procuring and distribution of health commodities;
- b) Inadequate supply and management systems at all levels of health care delivery;
- c) Shortage of pharmaceutical personnel to manage the supplies at different levels of health care service delivery;
- d) Absence of up-to-date guidance documents for the sectors such as the National Medicines Policy and its implementation plan;
- e) Inadequate promotion of rational use of medicines/commodities due to non-functioning of Drugs and Therapeutics Committees and limited access /absence of reference materials;
- f) Presence of substandard and/or counterfeit products circulating on the market.

### **2.2 Health Technologies**

- a) Inadequate and unreliable funds for procuring, distributing and maintaining diagnostic equipment, reagents and consumables.
- b) Weak supply chain management system especially at lower levels.
- c) Weak diagnostic quality management systems.
- d) Weak diagnostic regulatory framework.
- e) Emerging and re-emerging diseases e.g. Viral Hemorrhagic Fevers.
- f) Lack of biosafety level III containment public health laboratory.
- g) Rapid change in diagnostic technologies.
- h) Critical shortage of biomedical engineers and technicians for diagnostic equipment maintenance.
- i) Unsatisfactory quality of pre-service laboratory training.
- j) Lack of laboratory policy.

### **2.3 Rationale for establishing HCT-TWG**

In order to provide quality health services to the population in the country, the HCT-TWG has been established to support the Government of Tanzania in its efforts to achieve the objectives of its policies focusing in medicines and diagnostic services. These objectives aim at providing quality and equitable health services by increasing quality, accessibility and affordability of medicines and diagnostic services in country in order to

reduce illness, suffering and deaths to Tanzanians. In so doing the HCT-TWG will be supporting the achievement of the goals in the Health Policy, the Health Sector Strategic Plan (HSSP) and health related objectives in the MKUKUTA as well as the Sustainable Development Goals and Global Health Security Agenda.

### **3.0 Specific Tasks / Functions of HCT-TWG**

The main functions of HCT-TWG members are to provide sound advice and technical support for sustainable improvement of provision of health services with a focus on pharmaceuticals and diagnostic services.

#### **3.1 Specific Tasks**

- a) To conduct a monthly technical meeting to discuss availability of Health Commodities and Technologies and find solutions for various challenges of the Supply Chain.
- b) To identify important pharmaceutical and diagnostics issues, related to policy development and implementation in order to provide sound, timely advice and solutions;
- c) To support the MOHCDGEC in the development of a multi-sectoral pharmaceuticals and diagnostic services plans.
- d) To disseminate information and report progress on pharmaceuticals and diagnostic services to MoHCDGEC Management, TC-SWAp and other stakeholders;
- e) To assess and review reports, and appropriate policy guidelines within the Health Sector, to study/survey recommendations and their follow up;
- f) To facilitate coherent and sustainable technical and financial support to improve access, availability, affordability and safety of medicines and health technologies;
- g) To undertake any relevant assignment as may be directed by TC-SWAp
- h) To advice MOHCDGEC and TC-SWAp on diagnostic and biomedical engineering workforce development
- i) To advocate for medicine and laboratory policies
- j) To coordinate sharing information on stakeholders' plans in order to avoid duplicate efforts and evasion of policies.

#### **4.0 Institutional Framework**

In recognition of the problems facing the management of pharmaceuticals and related health supplies as well as provision of diagnostic services in the country, the Pharmaceuticals, Infrastructure and Food Safety Working Group has been restructured to include diagnostics aspects. Hence, it has been renamed as the *Health Commodities and Technologies Technical Working Group* (HCT-TWG). This Group will work in collaboration with the other SWAp Working Groups especially when dealing with issues affecting pharmaceuticals and diagnostic services. The Working Group will report to the SWAp Technical Committee and the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) Management.

#### **5.0 Membership**

- a) The Chairperson and Deputy Chairperson will officially be appointed by the Permanent Secretary, Health Department.
- b) HCT-TWG will comprise of members from the following;
  - i. Pharmaceutical Supplies Unit
  - ii. Oral Health Section
  - iii. Diagnostics Services Section
  - iv. Eye services
  - v. Tanzania Food and Drugs Authority (TFDA)

- vi. Medical Stores Department (MSD)
  - vii. Pharmacy Council (PC)
  - viii. Vertical Programmes (VPs)
  - ix. National Health Insurance Fund
  - x. District Health Infrastructure Rehabilitation Unit (under the PORALG)
  - xi. Development partners (bilateral and multilateral)
  - xii. Civil Society Organizations
- c) Other stakeholders may be invited to attend meetings or become co-opted members if deemed necessary

## **6.0 Operational Modalities**

### **6.1 Meetings**

- The HCT-TWG will be chaired by the Director of Pharmaceutical Services / Chief Pharmacist assisted by the Director of the National Quality Control Laboratory.
- The Pharmaceutical Service Unit (PSU) will form the Secretariat of the HCT-TWG.
- The HCT-TWG will meet every month, however, ad-hoc meetings may take place whenever need arises.
- Minutes of the previous meetings will be circulated two weeks before the date of the meeting.
- The quorum of the meetings shall not be less than 50% of all the members (excluding co-opted and invited members)

### **6.2 Cessation of Membership**

In the event that a designated member is unable to continue for one reason or another, the respective institution/section is responsible for maintaining its representation in the HCT-TWG.

### **6.3 Reporting and information sharing**

The Working Group is responsible for reporting on progress and bottlenecks related to access, availability, affordability and safety of Health Commodities and Technologies to the MoHCDGEC and SWAp Committee. Members are required to share information on upcoming events, missions, studies/surveys, projects and findings in the earliest stage possible.