

**Joint Annual Health Sector Review – Policy Meeting
Development Partners Health Opening Statement
Dar es Salaam, 11th February 2016**

FORMALITIES

Honourable Dr Umyy Ally Mwalimu, Minister of Health, Community Development, Gender, Elderly and Children

Honourable Dr George Simbachawene, Minister of State in President's Office - Regional Administration and Local Government

Honourable Dr Hamisi Kigwangalla, Deputy Minister, Ministry of Health, Community Development, Gender, Elderly and Children

Honourable Dr Mpoki Ulisubisya, Permanent Secretary in the Ministry of Health, Community Development, Gender, Elderly and Children

Honourable Engineer Musa Lyombe –Permanent Secretary, President's Office - Regional Administration and Local Government

Honourable Dr Deo Mtasiwa, Deputy Permanent Secretary, President's Office - Regional Administration and Local Government

Honourable MPs

Excellencies, Ambassadors, Head of Cooperation

WHO Representative, Dr Rufaro Chatora,

Distinguished Guests and Colleagues

Ladies and Gentlemen,

It is a pleasure for me to speak on behalf of the Development Partners' Group for Health, at this opening of the Joint Annual Health Sector Review – Policy Meeting, the final stage in a long process stretching back to the Joint Field Visits in September last year, the RMO-DMO conference in October and the Joint Annual Health Sector Review Technical Meeting in November. Since then both the country and the now Ministry of Health, Community Development, Gender, Elderly and Children has seen some significant changes with new leadership and a new impetus to get things done in the most efficient and effective way possible with a strong sense of accountability. What hasn't changed is the commitment of Tanzania's Development Partners in the health sector who continue to dedicate themselves to supporting the Government of Tanzania in improving the health and wellbeing of all of its citizens.

This financial year has seen many new beginnings with a new Health Sector Strategic Plan, the scale up on BRN activities, a new Health Basket Fund and a draft Health Financing Strategy ready for endorsement. I would like to extend our thanks for the opportunities given to development partners to participate and contribute to these developments.

We have seen a decline in per capita health spending on health in real terms. Honourable Minister, we therefore welcome the strong commitment you have shown to advocating for increased domestic financing for health and for the introduction of Single National Health Insurance legislation.

We fully support the implementation of the national Healthcare Financing Strategy, as a means for increasing domestic investment and promoting a sustainable health care system through the expansion of health insurance, increased Government budget allocation, and the adoption of strategies that promote greater efficiency and “value for money” in the health sector.

We also hope that a stronger engagement with the Ministry of Finance will ensure that funds flow to where they are needed in a timely manner in order for the decentralised health system to work.

While perhaps being biased, I believe that the Health SWAp in Tanzania is an excellent example of how Government, development partners, private sector and civil society can come together to work in a sector towards common objectives. As we revise the Health SWAp code of conduct and sign up to Common Management Arrangements I hope we can all recommit to this collaborative and inclusive approach.

There was a renewed energy and commitment at the Technical Review meeting and I believe that this has been carried through into the priorities identified at that meeting which the Chief Medical Officer will present shortly. There will be an opportunity to discuss all of these priorities following the CMO’s presentation. I would like to take the opportunity here to highlight some issues that were not a larger part of the technical review meeting but which we consider important:

Global Fund OIG Audit Report

The Global Fund’s Office of the Inspector General published its audit report of Global Fund grants to Tanzania (mainland) this week. While recognising the progress that Tanzania has made in the control and treatment of HIV, malaria and TB, the report highlights a number of challenges with fiduciary controls, governance and oversight and in particular with the supply chain. Honourable Minister, most of the development partners here today are also significant contributors to the Global Fund and as such as keen to discuss with you the Government’s response and in particular how we can work with you to strengthen supply chain systems.

Cholera and Emergency Preparedness

Development Partners are particularly concerned about the continuing cholera outbreak We are concerned that there is underreporting and that the current cholera figures are not reflecting the true picture on the ground; also that misconceptions within communities means that people are not changing risky behaviours or not seeking health services early enough when infected.

Global health emergencies such as the Ebola crisis and the current spread of Zika virus and national emergencies including this and previous cholera outbreaks and previous dengue outbreaks underline the importance of having an effective health emergency preparedness plan, system and budget. While the Ministry of Health, with regional and local governments have been managing the health sector response to the current cholera outbreak there appears to have been a slower response from the other sectors of government to addressing the underlying causes of the outbreak. Responding to health emergencies cannot be seen as the sole responsibility of the Ministry of Health, these emergencies demand a whole of Government response with direction and leadership from the highest level.

Cholera will not be eradicated by the health sector alone. It need an effective and efficient multisectoral approach as well as full political commitment. Improvements in safe water supplies, adequate waste disposal, sanitation in households, schools, and health facilities as well as other public buildings are urgently needed. These can only be achieved by mobilising resources from across all sectors of government and with strong leadership at all levels from central government through regional administrations, and local councils to ward and village levels. We hope that the Cholera Task Force can take the lead in mobilising the necessary resources.

The upcoming Joint Assessment on International Health Regulations provides an opportunity to identify capacity needs for preventing, detecting, and responding to cholera and other infectious diseases threats.

Lindi Region SABIN 2 Polio case

At the November technical meeting we heard the very good news that Tanzania had been declared polio free. However the reports from Lindi in late December of a SABIN 2 polio case remind us of the dangers of becoming complacent when it comes to routine immunisations. While we commend Ministry's response and the achievement of providing the first dose of Oral Polio Vaccine (OPV) to children under five across all districts of Lindi, we encourage the government to continue efforts to ensure all children receive all three doses.

The investigation into this case highlights many problems that we are already aware of, such as poor quality of data, and weaknesses in cold chain and vaccine management. A key contributing factor was the delay in health disbursements and the misallocation of health basket funds. This again highlights the importance of timely disbursements of funds to LGAs. We also encourage the government's continued efforts to ensure that health basket funds, which have yet to reach Lindi, are disbursed appropriately.

Tanzania has achieved and maintained high national immunisation which has certainly contributed to the improvements in the infant mortality rate, however there is a danger that this national achievement can hide pockets of underperformance.

This incident is a timely reminder that strong health systems, including financial systems, are essential and that we need to take action to rectify those problems that we know keep recurring.

Sustainable Development Goals and the Five-year Development Plan II

Last year the global community signed up to a new Sustainable Development Agenda and a new set of goals building on the MDGs. Sustainable Development Goal 3: which is “Ensure healthy lives and promote well-being for all ages” covers many of our priorities – reducing maternal, neonatal and infant mortality, increasing access sexual and reproductive healthcare services, the ambitious target of ending AIDS TB, malaria and NTDs, combating hepatitis, water borne diseases and other communicable diseases, preventing NCDs. SDG 3 also includes areas that we perhaps pay less attention to, for example mental health, road traffic accidents, pollution, and tobacco control thereby reminding us that health and wellbeing are not the remit of health services alone. SDG 3 calls for “universal health coverage” that all people should access the health services they need without financial risks.

It is important that we also recognise the contribution that the other sustainable development goals can contribute to achieving better health outcomes: education, particularly for girls; gender equality; the elimination of all forms of violence against women; universal access to safe drinking water and adequate sanitation and hygiene. All of these are important for a health population.

Tanzania now has to translate these goals and targets into national targets – where does Tanzania want to be in 2030? The 2015 Demographic and Health Survey will provide a good baseline and starting point. We hope to have the opportunity to work with the Ministry, the Planning Commission and other stakeholders over the next few months on defining to ensure that national targets for the SDGs, particularly those relating to health and wellbeing are integrated into the FYDP II.

The Health Big Results Now! and the HSSP IV set us on the right path with a focus on strengthening Reproductive, Maternal, Newborn and Child Health (RMNCH) and we hope that their strategic directions will inform the Five Year Development Plan II. The framework for the Five Year Development Plan II sees the close links between human and economic development, and the importance of the health and wellbeing of the population. We welcome the inclusion of maternal, infant and child health, quality and equitable primary health services, and the specific attention to nutrition, water, sanitation and hygiene. There are many issues that have not been specified including accountability, governance and the rights of patients, also the further decentralisation of health including fiscal decentralisation. We hope to see these and other health issues included in the final plan.

Today we will discuss the many issues and challenges to providing Universal Health Coverage in Tanzania I would like to touch on one topic.

Nutrition

Good nutrition is one of the best investments in health. Well-nourished children can survive illnesses, are more able to develop physically and cognitively and therefore have better opportunities; well-nourished children are healthier and more productive adults and live longer.

Tanzania has made progress in improving child nutrition as was seen from the 2014 National Nutrition Survey and hopefully will be confirmed by the TDHS but there is much more that needs to be done. Tanzania has adopted a multisectoral approach to nutrition but this should not de-

emphasise the importance of the specific nutrition services delivered by the health sector and it is essential that these services, particularly micronutrient supplementation and nutrition counselling, are integrated into health programmes, particularly RMNCH programmes.

Despite relatively low investments needs, and high benefit-cost ratios, the budget allocations for nutrition have been very poor. It is therefore encouraging that PO RALG has recently issued a directive all District Executive Directors to allocate at least Tsh 500 per child under 5 to support key nutrition activities including: promotion of maternal and infant and young child feed practices; management of acute malnutrition and prevention of micronutrient deficiencies. The Regional Administration Secretaries have also been asked to allocate at least Tsh 5,000,000 per council to support supervision activities by Regional Nutrition Officers. I would like to commend PO RALG for this initiative. It is a start and will hopefully lead to greater investments in the future.

Thank you for allowing me a few minutes to share these thoughts with you. I look forward to our discussions this morning and to our continuing collaboration in the services of the health and wellbeing of all Tanzanians.