

DP Statement at the JAHSR Policy Meeting (10 minutes)

Mheshimiwa Umy Ally Mwalimu, Waziri wa Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto,
Waheshimiwa Makatibu Wakuu,
Waheshimiwa Viongozi wa Serikali,
Waheshimiwa Wadau wa Maendeleo ya Afya,
Wageni Waalikwa; Mabibi na Mabwana,

Habari za asubuhi!

Ni heshima na furaha kubwa kwangu kusimama mbele yenu kwa niaba ya wadau wenzangu wa maendeleo ya afya. Mkutano huu ni muhimu sana katika kujadili mikakati ya pamoja ya kuboresha sekta ya afya.

This meeting culminates the series of a learning and dialogue process that is our joint effort to review progress of the Health Sector and set priority areas for the coming year. We commend this collaborative environment and call for continued commitment from all partners to achieve sustainable and realistic results aligned to the government plans. The principles of the Sector-Wide Approach Code of Conduct should be supported by all partners.

The roles and mandates of all actors who influence and impact health services delivery must be well clarified, including the Health Sector Ministries and contributing Sectors such as education, labour, and environment. Non-state actors are also an important part of the Decentralization by Devolution strategy. If Public-Private partnership is effectively explored and implemented and the private sector is part of the implementation of the Health Sector Strategic Plan IV they can

and will contribute to innovation and increase access to health care services.

We commend progress made on last year's policy priorities and recognize the fact that it is a continuous process considering the Health Sector Strategic Plan IV 5-year horizon. It is therefore understandable that some priorities are carried-over into the current policy priorities document.

Delivering the National Community Based Health Program and institutionalizing Community Health Workers in the health system, based on the approved Task Sharing guideline, is an important step towards a more efficient, accessible and equitable primary health care service.

Preparation for roll out of Direct Facility Financing is very important. We have an excellent example from the education sector in Tanzania that is already disbursing funds directly to schools in 7 Regions. We can also learn from our neighbours in Kenya, where a robust Direct Facility Financing system operates in the health sector. Essential for preparedness is the key role of the President's Office – Regional Administration and Local Government to ensure Comprehensive Council Health Plan guideline alignment and optimal preparedness of realistic output based planning and Public Financial Management at Facility level for all 8 Regions where implementation is foreseen. We hope that direct control of financial resources through facility governing committees will improve efficient and effective use to serve communities' health priorities beyond curative health services.

Within service delivery, continued emphasis on reproductive, maternal, newborn, child and adolescent health is crucial, as this is where our biggest life-saving gains lie. Supporting care with a reliable

supply chain and operationalization of a prime vendor system in all Regions is crucial, to serve as a backup to supplement Medical Stores Department supply of medicines and commodities.

We proudly recognize Tanzania as the first country to complete a Joint External Evaluation for Global Health Security, and hosting the first multi-stakeholder workshop to develop a national action plan to build health security capacity. With this initiative we were able to reflect beyond disaster management but focusing on resilient systems for health equity and security, in particular around the continued cholera epidemic, antibiotic resistance containment and radiation-related risk management. We recognized also the importance of a rapid health response to be integrated into disaster risk management authorities.

Improvement of data quality and utilization through an electronic and interoperable Monitoring and Evaluation system is essential for rational resource allocation and priority setting. We were pleased with the commitment from the Chief Medical Officer at the Technical Review Meeting to convene a stakeholders' meeting on data quality. Through this gathering we will be able to begin resolving data quality issues and mobilizing data use.

The endorsement and implementation of the single compulsory national health insurance will be the primary influence on how well all Tanzanian households will have equitable access to quality health services. We therefore look forward to a solid legislative base in the health financing strategy and participating in designing its implementation plan. We need to address adequately social protection for the poorest households and vulnerable groups, funded preferably from central sources.

Human capital is a highly important element for development. We applaud the ring-fencing of health and education financial resources at Local Government Administration level. However, information from field visits indicates that the ring-fencing nature is not very well understood by all District Executive Directors.

Enhancing participation and accountability at community level is vital through stronger health facility governing committees and hospital advisory boards and utilization of the Community Scorecard. Evidence also shows the essential role of civil society and communities in the design, delivery and oversight of effective health responses. Affected communities were the first responders to HIV three decades ago and today remain essential in mobilizing demand for services, supporting health systems strengthening, changing social attitudes and norms, and tackling HIV-related stigma and discrimination. Community responses need to be integrated into national health frameworks from the planning phase and budgeting, to implementation, monitoring and evaluation, ensuring mutual accountability.

And finally, with regards to preventing the rise on Non-Communicable Disease in urban areas, we must expand our mindset to include also commercial determinants of health as many risk factors for these diseases are linked to the food processing industry. The functioning of commercial channels such as marketing, supply chain, lobbying and responsible citizenship must be understood by health professionals in order to develop primary prevention strategies for Non-Communicable Diseases in the era of accelerated industrialization.

Honorable Minister,
Ladies and gentlemen,

On behalf of development partners in health, we want to reiterate our full commitment to ensuring that together we reach all households in Tanzania and provide them with quality health care.

Asanteni kwa kunisikiliza.