



Minutes, DPG Health meeting Wednesday, 6<sup>th</sup> November 2019, UNICEF

**Present**

1. Kyaw Aung	UNICEF	DPG H Chair
2. Leticia Rweyemamu	WHO	DPG H Secretariat
3. Pascal Kanyinyi	KfW	Member
4. Sabine Flessenkaemper	GIZ	Member
5. Flavia Manyanga	JICA	Member
6. Dr. Tigest K. Mengestu	WHO	Member
7. Dr. Julius Wekesa	WHO	Member
8. Matthias Percl	WHO	Member
9. Maximillian Mapunda	WHO	Member
10. Dr. William Mwengee	WHO	Member
11. Dr. Jarrie Kabba-Kebbay	UNFPA	Member
12. Dr. Peter Nyella	Irish Embassy	Member
13. Kim Mwamelo	Irish Embassy	Member
14. Gradeline Minja	Danish Embassy	Member
15. Britt Kjolås	Norwegian Embassy	Member
16. Christian Pfleiderer	P4H	Member
17. Hiltruda Temba	PEPFAR	Member
18. Wendy Fisher	EU	Member
19. Milly Kayongo	USAID	Member
20. Stefan Paquette	Canada	Member
21. Dr. Rutasha Dadi	Canada	Member
22. Norzin Grigoleit-Dagyab	German Embassy	Member
23. Otilia Scutelnicu	UNAIDS	Member
24. Andrew Durrant	DFID	Member
25. Dan Brun Peterson	MOHCDGEC	Member
26. Neema Boniphace	PharmAccess	Member
27. Dr. Heri Marwa	PharmAccess	Member

**AGENDA**

1. Welcome and Introduction of members
2. Presentations: Making UHC achievable – 8 years of lessons learned
3. Adoption of the Minutes, Agenda and Matters arising
4. Updates on SWAp events
5. Updates on Demographic Health Survey
6. Critical issues from TWGs/Thematic Areas
7. Updates on key events/ Upcoming events, missions
8. AOB
9. Next DPG H meeting: 4<sup>th</sup> December 2019

**ACTION POINTS:**



- **DPG H Draft Retreat report:** Inputs to be shared with the Secretariat.
- **Participants to the Policy meeting:** HoMs and HoA to be reminded to participate and confirmations to be sent to the Secretariat.

### 1. Welcome and Introduction of members

P4H new focal point, Christian Pfeleiderer who has replaced Nina Sierget introduced himself to the group. New Incident Manager and Program Management Officer who will be supporting the WHO Country Office in EVD preparedness were introduced to the group by the Country Representative.

### 2. Presentations:

#### **Making UHC achievable – 8 years of lessons learned - PharmAccess**

PharmAccess shared their experience in Universal Health Coverage (UHC) particularly health financing where they supported Kilimanjaro Native Cooperative Union (KNCU) with insurance scheme which ran for 3 years from 2015. Later on they continued with improved Community Health Fund (iCHF) which expanded the coverage from district to regional level. It also covered private health facilities. It was then extended to Manyara region until 2018 when the Government started to roll it throughout the country. Among the lessons learnt from their project include: communities' willingness to join the insurance scheme when they are assured of access to services and informed of the benefits package; involvement of private sector is very crucial as communities preferred private facilities more than the public ones. Challenges noted include: benefit package does not fit with the premium. It is advised to come up with a realistic package. Poverty mapping and categorization were also noted. More information on the presentation can be found at the DPG H website:

[http://www.tzdpdg.or.tz/fileadmin/documents/dpg\\_internal/dpg\\_working\\_groups\\_clusters/cluster\\_2/health/DPG\\_H\\_Meeting\\_Documents\\_2019/PharmAccess-UHC\\_Presentation.pdf](http://www.tzdpdg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/DPG_H_Meeting_Documents_2019/PharmAccess-UHC_Presentation.pdf)

#### **Discussion**

PharmAccess was commended for its contribution towards iCHF enrolment. They were also reminded that UHC is not only about iCHF, it is broader. Key issues were also raised:

-What was the impact of your project/ what improved health status of the population? They will share their report on the project impact.

-What are your recommendations as the country is moving towards Single National Health Insurance? There is a need to link quality of services with insurance scheme. So, enrolment in insurance scheme depends with the quality of services that people get. The enrolment percentage tend to decrease due to poor services provided i.e. people don't get what they expected as a benefit package hence, they will share information with others.



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### 3. Adoption of the Minutes, Agenda and Matters Arising

The DPG H meeting was replaced with the DPG H Retreat. The draft DPG H retreat report has been shared with DPs, inputs will be provided. Agenda for this meeting was adopted.

### 4. Updates on SWAp events

**DPG H Retreat:** PORALG made a presentation on Makole model which was led by the Deputy Permanent Secretary-Health, Dr. Dorothy Gwajima. She has formed a National Task Force to work on the designing of the Makole model to be scaled up in the country. The timeline will be last week of January 2020.

**JAHSR Policy meeting:** will be held on 19<sup>th</sup> November 2019. DPs inputs to the Strategic Priorities were received by the MoHCDGEC. DPs were reminded that it is usually the HoMs and HoA who attend the meeting hence, confirmations should be sent to the Secretariat. Plans for HSSP V development will be presented at this meeting. HRH Strategy, NCD Strategy, Nutrition and One Plan II will be developed along with HSSP V.

**JAHSR TRM:** the meeting was successful, trying a new way of working i.e. multisectoral collaboration both within the Government and with partners.

**HRH high level multi-sectoral dialogue:** will be held on 15<sup>th</sup> November 2019. The final preparation meeting will be held in Dodoma on 14<sup>th</sup> November 2019. Invitation has been sent to DPs by the MoH.

**CHW Policy guideline:** has been signed, it is expected to be launched during the launching of National NCD Program.

**Global Health initiatives (GAVI, GFF, GF):** It was advised to write to the global health initiatives to encourage them to support the SWAp mechanism. A draft letter has been prepared, it will be shared with DPs for their inputs.

### 5. Technical Working Groups/Thematic Areas Updates

**PPP TWG:** The 3<sup>rd</sup> Annual PPP forum was conducted in October 2019 with a theme: 'Role of private partners in SDGs.' Areas that were discussed include enrolment of students in private health institutions, duplication of efforts i.e. placing of Government health facility where there is a private public health facility which was commented by PORALG that it is done as per community demand. CHF reimbursement was another area of concern where it was advised that it should not be equal to private and government facilities. Also, registration of private facilities is now digitalized.

**HBF:** HBF review completed, a follow up on the recommendations will be done accordingly.

**Global Fund (GF):** Preparations for next GF funding proposal – applications will be open in May 2020. TNCM is working on the roadmap.



**GAVI:** a meeting with PS MOHCDGEC is expected the week of 11<sup>th</sup> November 2019 to discuss audit issue and follow up on measles rubella campaign. Children from 9 – 59 months were vaccinated during the measles rubella (MR) campaign from 17 – 23 October 2019 where the coverage was 110% with all districts attained more than 99%. Those with below 99% were Katavi 51% and Morogoro DC 91%. There is a shortage of MR vaccine as far as routine immunization is concerned.

**DPG AIDS:** HIV Amendment Act is expected to be approved by Members of Parliament. One of the issues is to lower the age of consent for testing and self-testing.

**DPG Nutrition:** Scaling up nutrition meeting is on-going with high participation of the Government.

**Disease outbreaks:** No reported cases of cholera, dengue and aflatoxicosis. Acute water diarrhea has been reported in Lindi. DRC EVD outbreak is currently concentrated in small area with low number of cases reported i.e. 59 vs 130 in the last few weeks. For Tanzania, Ebola preparedness is going on well and smoothly including: screening, trainings for Rapid Response Teams on different thematic areas. Case management training has been done in Tanzania Mainland last week, this week is done in Zanzibar.

## 6. Demographic Health Survey (DHS)

Funding is required to support DHS 2020/21. Micronutrient study adds the total budget to USD 8m. Irish Aid, UNICEF and KOICA committed a total of USD 250,000. USAID requested other DPs to support the DHS. USAID has made its commitment, but the gap is still huge even without the micronutrient study. NBS and ICF collaborate on the next DHS. German, Norway, UNFPA and DFID showed interest to support the DHS. There was also a discussion on channeling of the funds where it was advised if donors can have a pool of funds where one Agency signs a contract with NBS and donors pull resources to that Agency to ease the process.

## 7. Updates on key events/Upcoming events

- **SADC Health Ministers meeting:** on-going this week.
- **World AIDS day:** 1<sup>st</sup> December 2019, to be held in Mwanza. Resource mobilization to be done through physical activity. Prime Minister will be the guest of honour.

## 8. AOB

**Scoping visit for Advancing Nutrition:** 11 - 21 November 2019. DPs will be invited.

## 9. Next meeting:

Next meeting on **Wednesday, 4<sup>th</sup> December 2019 at 12pm at UNICEF.**