



Minutes, DPG Health meeting Thursday, 7th August 2019, UNICEF

Present

1. Kyaw Aung	UNICEF	DPG H Chair
2. Meaghan Byers	Canada	DPG H Outgoing Chair
3. Leticia Rweyemamu	WHO	DPG H Secretariat
4. Norzin Grigoleit-Dagyab	German Embassy	Member
5. Pascal Kanyinyi	KfW	Member
6. Sabine Flessenkaemper	GIZ	Member
7. Peter Okwero	World Bank	Member
8. Dr. Bhavin Jani	WHO	Member
9. Maximillian Mapunda	WHO	Member
10. Eric Vaan Praag	UNICEF	Member
11. Frederik Magnusson	UNICEF	Member
12. Ulrika Baker	UNICEF	Member
13. Dr. Wilfred Ochan	UNFPA	Member
14. Felister Bwana	UNFPA	Member
15. Dr. Peter Nyella	Irish Embassy	Member
16. Kim Mwamelo	Irish Embassy	Member
17. Jacqueline Matoro	Swiss Embassy	Member
18. Ananthu Thambinayajan	USAID	Member
19. Milly Kayongo	USAID	Member
20. Hiltruda Temba	PEPFAR	Member
21. Otilia Scutelnicu	UNAIDS	Member
22. Fin Poulsen	Danish Embassy	Member
23. Comillo Ipsen	Danish Embassy	Member
24. Nelson Msuya	Global Fund	Observer
25. Dr. Ama Kasangala	MOHCDGEC	Guest
26. Dan Brun Peterson	MOHCDGEC	Guest
27. Erick Msunyar	MOHCDGEC	Guest
28. Shaba Kilasi	MOHCDGEC	Guest
29. Rehema Kombe	MOHCDGEC	Guest
30. Waziri Nashiri	PORALG	Guest
31. Dr. Chakou Halfani	Tanzania Health Summit	Guest
32. Dr. Omary Chillo	Tanzania Health Summit	Guest
33. Nsiande Urassa	Tanzania Health Summit	Guest

AGENDA

1. Welcome and Introduction of members
2. Presentations: (i) Addressing public, private and social accountability through information empowerment-TZ Health Summit; (ii) Community Health Workers updates- MOHCDGEC
3. Adoption of the Minutes, Agenda and Matters arising



4. Updates on SWAp events
5. Critical issues from TWGs/Thematic Areas
6. Updates on key events/ Upcoming events, missions
7. AOB
8. Next DPG H meeting: 4th September 2019

ACTION POINTS:

- **Commodities clearance:** DPs to come up with a consolidated position to be brought to the attention of the DPG Main.
- **Health Financing and Health Emergencies TWGs DPs focal points:** Interested DPs to express their interests to their groups and communicate the focal points to the DPG H Secretariat.
- **Agenda for MTR events:** to be circulated to DPs.

1. Welcome and Introduction of members

The new DPG H Chair, Kyaw Aung (UNICEF) welcomed all members to the meeting followed by round of introductions.

2. Presentations:

Addressing public, private and social accountability through information empowerment- Tanzania Health Summit

The presentation was made by the Tanzania Health Summit. This is an annual health care conference which serves as a national platform for private and public dialogue, information exchange and promoting evidence-based practice since 2014. Its mission is to address information gaps among health stakeholders. They facilitate information sharing to public and rural communities through partners and implementers and promote health systems projects. They have also started promoting MOH on-going initiatives including physical exercise events such as Annual Heart Marathon which will later be organized in four regions at once, and Afya yangu mtaji wangu. The Summit has noted an increase in number of Abstracts during the summit from 25 in 2014 to 135 in 2018 and increase in participating institutions from 5 to 53 respectively. Their plea to the DPG H is to support the initiative in a way that the group deems fit, appoint DPG H representative to the Board of Directors and to the Organizing Committee, and to provide technical support. 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/TZ_Health_Summit_-_DPG_Health_Presentation_06-August-2019_.pdf

Discussions:

During discussions, several issues were raised by DPs for clarification including the linkage between the summit and Joint Annual Health Sector Review (JAHSR) and how are summit resolutions feed



into the JAHSR. It was responded that the summit is not part of the JAHSR, they are in a process to ensure their participation. The summit resolutions have been shared with the Minister-Health through soft and printed copies. With regards to ensuring gender appropriate messages for the young health professionals, the summit will improve on gender balance for their Board of Directors. The summit is registered as guarantor through BRELA, but due to the recent changes in law, they will change to an NGO. It was advised that the summit should improve on their abstracts to public health and health systems strengthening perspective. Is there a competition between the existing associations with the Tanzania Health Summit? There is no competition, the summit brings together the existing associations which are of different fields (medical doctors, midwives, pharmacists, etc) to share information.

Community Health Workers updates- MOHCDGEC

The MoH made a presentation to the DPG H on the Community Health Workers (CHW) model that the government is looking forward to adapting. The government from the Mainland and Zanzibar visited Uturo to learn about the CHW model where other CHW initiatives were also presented. The government is looking forward to adapting the Uturo model. The nomination criteria have been set for the new proposed CHW model. For the new criteria, at least primary school level qualification is required, 3 CHWs per hamlet which is different from the previous package of 2 CHWs per village. The CHW training is designed for 3 months (within their locality) from the previous one which was 1 year. The module has been modified to add social events. There will be a working tools package for CHW. The service package will comprise of Promotive, Preventive, Basic curative, Rehabilitative care, Social welfare and protection, Identifying and reporting health and social events and outbreaks, and on job training.

The CHWs will be administratively supervised by Village Executive Officer (VEO)/MEO and technically by health facilities. A regulatory framework applicable to the village structure shall apply- this has been borrowed from the Uturo model. The proposed CHW model has been presented to the Management of the MOH and PORALG where some changes were proposed including the coordination structure. Incentives for CHW is still under discussion by the government to give formal financial incentive that cuts across. Some proposals include to get 5% contribution from community/village or from NHIF for community contribution. There has been a challenge in coordinating all stakeholders to conclude the proposed model due to geographical locations as most of the partners are based in Dar es Salaam. The proposed model is expected to be launched this August 2019 for implementation to start immediately.

Discussion:

Regarding the CHW cadre, it will be one person with added role of social welfare. The MOH and PORALG will merge the current roles of the social welfare volunteer and CHW. An enquiry was made on how men will be encouraged to take part in sexual reproductive health. It will be taken as a comment to the Management to see how it will be reflected in the document as it is not in every culture that the mothers would accept to be served by men. It was advised that with the current



increased population, the village size has also increased hence, the government needs to take that into account to determine the minimum number of CHWs per village. The former 3 months curriculum is being revised to address social welfare component as module 6. The current one-year trained CHWs will be welcomed to join the new proposed model and they would still go for the 3 months training as the model focuses on the integrated services so that they can serve all areas of health and social services. How is the Evaluation of the 1980's CHW model being considered? Community based guideline, 2014 took into consideration recommendations from the Evaluation.

For the Uturo model, the CHWs are not paid any incentive. It looked on one area only i.e. maternal health which is not full-time work. They often work in the evenings to escort pregnant women to health facilities for delivery. With the proposed new model, there is an integration of health and social welfare issues that is why incentives come in to promote the CHWs. It was proposed that the name of the proposed new model (Uturo) should be changed as there were many models presented and some of the things that have been proposed are not part of the Uturo model.

3. Adoption of the Minutes, Agenda and Matters Arising

Minutes of the previous meeting were approved and Agenda for this meeting adopted.

4. Updates on SWAp events

Feedback from July 2019 consultative meeting: The meeting took place on July 29th, 2019 in Dar es Salaam. Most of the key issues discussed are covered in other Agenda items including HRH High level dialogue, MTRs, Resource mapping and HBF.

- **HRH high-level dialogue:** it will take place on 5th September 2019 in Dodoma targeting government ministries where Permanent Secretaries and Ministers are expected. The priority will be to get other ministries including Education, Finance and Planning, POPSM, etc to address issues of absorption, retention and recruitment. It is expected that the meeting will open a series of other meetings to address HRH in the country and will agree on policy commitments. The next task force meeting will take place on 14th August 2019 to discuss policy options for absorption, retention and recruitment. It has been advised that development of the new HRH strategy should wait for the high-level dialogue outcome.
- **Updates on Mid-Term Review (MTR) – HSSP IV, One Plan II and HBF:** the lead international consultant will have a series of workshop from 19 – 23 August 2019 to present the Main findings of different thematic areas and recommendations. The reports are at final stages. Different stakeholders will be invited for the thematic areas workshop. The workshop will be held in parallel with RMOs/DMOs conference so that other participants from the conference can be invited to the workshop. For the HBF MTR, the team is working on the qualitative report. The first draft will be presented by end of August 2019. Agenda of MTR events will be shared with DPs.
- **Resource mapping:** the budget for excel based tool for data collection is USD 170,000



The final product will be linked with PORALG Wadau portal which focuses on implementation level. The MoH excel based tool focuses on resources gap analysis hence, the two will complement each other. With regards to National Health Accounts (NHA), WHO has conducted NHA training to MOH officials from 5 -10 August, 2019 in Morogoro which looked at sources, budgets and expenditures. NHA maps the accounts for spending in the health sector. It takes 7 months for the report to be completed. The 2016/17 NHA report will be completed in November 2019. The challenge that the MOH has been facing is to get information from NGOs. DPs should encourage the NGOs they support to provide information for the NHA.

5. Technical Working Groups/Thematic Areas Updates

TWG meetings: the feedback received during the July 2019 Consultative meeting between PS-Health and DPG H Troika showed that majority of TWGs meetings took place in July 2019. There is a web-based application for the TWGs meetings where minutes are also uploaded. They will also link it with Policy Commitments. During the DPG H meeting, it was noted that there is a great improvement in terms of participation of MOHCDGEC and PORALG in TWGs meetings and the discussions are very productive. It was also suggested to conduct all TWGs meetings in one week so that those participating in more than one TWG can attend. DPs in Health Financing and Emergency TWGs need to select focal points. Interested DPs should express their interests to the groups and communicate the focal points to the DPG H Secretariat.

Health Basket Fund (HBF): Basket Financing Committee (BFC) meeting will take place on 15th August 2019 to approve the Side Agreement.

Global Fund (GF): GF Country team visited the country in July 2019. Commodities clearance issues have been resolved, the remain challenge is on the clearance of equipment. The PS-Treasury promised to come up with a clear procedure. On the supply chain redesigning, a steering committee chaired by the Chief Medical Officer (CMO) has been appointed. First meeting will take place on 13th August 2019. GF has signed MoU with Tanzania Medicines and Medical Devices Authority (TMDA) to build a big incinerator. All GF refunds by the government have been cleared and the matter has been closed. It was suggested to have a consolidated DPs position on the commodities clearance which can be brought to the DPG Main/ MoFP as the challenge is not only with the health sector, other sectors face the same. The DPG H Chair, GF and MoH will discuss about it and advise.

GAVI: UNICEF has signed MoU with GAVI and received USD 3.5m for immunization. GAVI Program Management Team will arrive in the country in September 2019 to assess other financing mechanisms.

DPG AIDS: HIV Investment case process has been completed. Report will be shared with DPs.

DPG Nutrition: there will be an International mission with NBS from 18 - 30 August 2019 to get a picture of the scope of the survey and how the micronutrient component will be captured. The



National Multi-sectoral Nutrition Action Plan (NMNAP) Mid-Term Review workshop will be held from 10th - 12th September 2019 in Dodoma.

Disease outbreaks updates:

- **Cholera:** no reported cases for the 3rd week.
- **Aflatoxicosis:** no reported cases since 4th August 2019. 100 blood samples have been sent to CDC Atlanta for further analysis.
- **Dengue:** 28 cases were reported in Dar es Salaam and Tanga regions with no deaths as of August 4th, 2019. Clinicians in Dar es Salaam were oriented in management guidelines. Community sensitization is on-going. Four fogging machines have been distributed to Dar es salaam and Tanga.
- **Ebola:** cases are dropping but the number of the areas affected are increasing. The situation in Goma has been contained after a case of a pastor who died with Ebola. One more health care worker diagnosed with Ebola. The DRC Ebola has been declared by WHO as Public Health Emergency of International Concern (PHEOIC). Simulation exercises are on-going in Kagera and Kigoma for Ebola preparedness. Protocol for vaccine is under development. There is a need for documentation and monitoring/ evaluation of the implementation of all these interventions. Partner engagement across all sectors in the efforts to end these epidemics is encouraged.

More information on the diseases outbreaks updates can be found at the DPG H website: http://www.tzdpg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/DPG_H_Meeting_Documents_2019/WHE_presentation_at_DPG_Health_07.08.19_Bhavin.pdf

6. Updates on key events/Upcoming events

- **Measles rubella campaign:** 12th -16th September 2019.
- **AGOTA meeting:** 22nd – 24th September 2019 at JNICC, Dar es Salaam.
- **Demographic Health Survey (DHS):** NBS requested for an ad-hoc meeting with DPG H on 28th August 2019. DPs will be informed of the confirmed date; the meeting will take place at Canadian High commission.

7. AOB

- **Thank you note:** The current DPG H Outgoing Chair who has just finished her term as the DPG H Chair, Meaghan Byers (Canada) thanked all members and appreciated their support as she was very new to the group, but she managed it well. She asked DPs to give the same support to the present Chair, Kyaw Aung (UNICEF).
- **Presentations for September DPG H meeting:** It was suggested that the next presentations would be on Resource mapping and Tanzania Digital Health Roadmap where PORALG and MOHCDGEC will be requested to deliver the presentations.

8. Next meeting:

Next DPG H meeting will be held on **Wednesday, 4th September 2019 at 12pm at UNICEF.**