



Minutes, DPG Health meeting Wednesday, 3<sup>rd</sup> April 2019, High Commission of Canada

**Present**

1. Meaghan Byers	Canada	DPG H Chair
2. Kyaw Aung	UNICEF	DPG H Incoming Chair
3. Leticia Rweyemamu	WHO	DPG H Secretariat
4. Gradeline Minja	Denmark	Member
5. Peter Okwero	World Bank	Member
6. Andrew Makoi	CDC	Member
7. Miwa Ito	JICA	Member
8. Hiltruda Temba	PEPFAR	Member
9. Otilia Scutelnicuic	UNAIDS	Member
10. Rose Shija	WHO	Member
11. Dr. William Mwengee	WHO	Member
12. Irene Mwoga	WHO	Member
13. Stefan Paquette	Canada	Member
14. Felister Bwana	UNFPA	Member
15. Adrian Fitzgerald	Ireland	Member
16. Dr. Peter Nyella	Ireland	Member
17. Sayaka Kutsukaka	Embassy of Japan	Member
18. Laurel Fain	USAID	Member
19. Frederick Magnusson	UNICEF	Member
20. Britt Hilde Kjolas	Norway	Member
21. Kira Thomas	KOICA	Member
22. Dr. Sai Kumar Pothapregado	Global Fund	Guest
23. Nelson Msuya	Global Fund	Guest
24. Grace Mallya	Dalberg	Guest
25. Dr. Ellen Mkondya Senkoro	Mkapa Foundation	Guest
26. Rahel Sheiza	Mkapa Foundation	Guest

**AGENDA**

1. Welcome and Introduction of members
2. Presentations: (1) NAIA-AHW (2) HRH analysis
3. Adoption of the Minutes, Agenda and Matters arising
4. Updates on SWAp events
5. Selection of Incoming DPG H Chair
6. Critical issues from TWGs/Thematic Areas
7. Updates on key events/ Upcoming events, missions
8. AOB
9. Next DPG H meeting: 2<sup>nd</sup> May 2019



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**ACTION POINTS:**

- **HRH small team to prepare for high-level dialogue:** DPG H Troika to request the MOH to include few CSOs working on HRH to the small team.
- **SWAp TWGs:** DPG H Troika to follow up with the Permanent Secretary at the next consultative meeting on the planned TWGs meeting.

**1. Welcome and Introduction of members**

The DPG H Chair welcomed all members to the meeting followed by round of introductions.

**2. Presentations:**

**(i) A progress update on the National Accelerated Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW)**

The presentation was made by Dalberg. They worked with MOHCDGEC since last year to support development of NAIA-AHW. The document was developed under 6 pillars to accelerate improvement in adolescent health, and it is for a period of four years. The document is expected to be launched in May 2019. A request to DPs: continued advocacy to fast track the approval process; participating in and supporting the secretariat; alignment of the action plan with on-going initiatives; and participation in and supporting the launching. The presentation can be found at the DPGHwebsite:

[http://www.tzdp.org.tz/fileadmin/documents/dpg\\_internal/dpg\\_working\\_groups\\_clusters/cluster\\_2/health/DPG\\_H\\_Meeting\\_Documents\\_2019/NAIA\\_AHW\\_Presentation.pdf](http://www.tzdp.org.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/DPG_H_Meeting_Documents_2019/NAIA_AHW_Presentation.pdf)

**Discussions:**

It was clarified that NAIA-AHW is costed where 42 districts are prioritized. The cost per district is TZS 15bn. So far the sectoral Ministries which have been involved include Education, Prime Minister's Office, Labour, Youth and Employment, PORALG, TACAIDS and TFNC. There is a gap on higher level involvement from the sectoral Ministries. The secretariat has written to the sectoral ministries to assign focal points for NAIA-AHW. CSOs were involved during consultation meetings. On the funding available and gaps, there is a need for a mapping to identify the exact needs from the districts. M&E framework/platform is not yet set and it will be developed after the approval of the document. The Permanent Secretaries need to be oriented on NAIA-AHW. DPG H may need to engage with other DPG groups on this, Troika will make follow up.

**(ii) HRH analysis for facility and community based health workforce**

The presentation was made by Benjamin Mka Foundation (BMF) on the health workforce and Community Health Workers (CHW) from BMF implementing projects. The presentation revealed that the current health workforce availability is at 49%. In 2018, about 7680 permits were provided for both MOHCDGEC and PORALG. As of 2018, Regional Health Hospitals have 28% shortage of health workforce including specialists. Private health facilities have 70% shortage due to



challenges on service agreement and using of part-time staff. On the production, the government produces more than the absorption rate. BMF worked with other partners including APHFTA, MOH and PORALG on recruitment options for health care workers through other funding mechanisms. The paper was presented at President's Office-Public Service Management (POPSM). On CHW, BMF has recruited 151 CHWs at the village level who are funded by Irish Aid. The current Global Fund grants have a support to recruit 600 CHWs through BMF.. Most of the Community Based Health Program (CBHP) missed evidence for advocacy at national level. Therefore, BMF used information from their pilot projects to advocate on the effectiveness of CBHP. The presentation can be found at the DPG H website through: [http://www.tzdpdg.or.tz/fileadmin/documents/dpg\\_internal/dpg\\_working\\_groups\\_clusters/cluster\\_2/health/DPG\\_H\\_Meeting\\_Documents\\_2019/PPT-DPG-BMF\\_Experience\\_3\\_April.pdf](http://www.tzdpdg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/DPG_H_Meeting_Documents_2019/PPT-DPG-BMF_Experience_3_April.pdf)

### **Discussion:**

It was clarified that the 70% shortage of staff is for private facilities in urban areas where they hire part time staff. On the cadres production, BMF did an analysis for that which also showed cadres which are under produced. More information was provided on the supervision of the current CHWs whom are being supervised by the facility In-charge and the Village Executive Officer. However, the CBHP Policy provides for supervisory/reporting structure for CHW. Currently 12,000 CHWs have been produced and 1,200 are in training institutions. The meeting was informed that a small HRH team of DPs and government officials will take forward some of the key issues from this meeting to prepare for high level HRH dialogue. DPG H Troika will request the MOH to include few CSOs working on HRH to the small team. A request was made for the high level HRH dialogue with DPG to be held from the 2nd week of May 2019

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

Minutes of the previous meeting were approved with additional information on the Global Fund agenda item. Agenda for this meeting was adopted.

### **4. Updates on SWAp events**

#### **Proposed issues for discussion in the next monthly consultative meeting:**

- Timeline for approval for radio/TV spots for family planning.
- Clearing procedures by Tanzania Revenue Authority (TRA) which demand all donated products in the country to have a Government Notice Number.
- Human Resources for Health
- Multi-sectoral involvement in addressing health emergencies including cholera, Ebola etc.

**Community Health Workers (CHW):** Troika met with Permanent Secretary, MOHCDGEC to discuss on the CHW. They were informed that the ministry is currently working with the POPSM to document clear path for CHW. Troika asked the Ministry for a dialogue with DPs on the CHW, of which the meeting is planned for next week. The proposed issues for discussion are sustainability



and financing of CHW program, and strengthening of whole community system to ensure CHW in all programs. The meeting will be coordinated through SWAp TWG 1.

**Updates on Mid-Term Reviews (MTRs) – HSSP IV, One Plan II and HBF:** HSSP IV MTR is fully funded. Data collection is expected in May and June 2019.

#### 5. Selection of Incoming DPG H Chair

USAID came out as the only volunteer for the position, of which was unanimously elected as the next Incoming DPG H Chair.

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

TWGs updates that have been submitted are Health Financing, and Health Commodities and Health Technologies. See DPG H web link: <http://www.tzdp.org/dpg-website/sector-groups/cluster-2/health/top-tabs/dpg-h-meetings/2019.html>

**Health Financing TWG:** The Health Financing Strategy has not yet been approved, it is subject to the agreement on the proposal for Single National Health Insurance. National Health Accounts (NHA) narrative reports for 3 years (2013/14, 2014/15, 2015/16) have been completed, awaiting for National Bureau of Statistics' clearance.

**RMNCAH TWG:** The TWG meeting was held on 21<sup>st</sup> March 2019 in Morogoro where the government presented on the maternal deaths for 2018 which showed 1744 deaths, with Dar es Salaam leading by 116 deaths followed by Mwanza and Morogoro. Partners requested for a tool that was used to collect data which the government promised to share. Scorecard was also reviewed which showed family planning is currently high in the Southern zone. The TWG was also informed of the integration of One Plan II MTR in HSSP IV MTR. DPs were concerned with the TWG meeting venue since UNICEF is currently investing in video conference for the Ministry, so moving the venue to Morogoro may not be effective. There was also a concern on the RMNCAH TWG meeting preparation where DPs in the TWG felt that they are not fully involved in setting the Agenda. A need for smooth communication between TWG Chair and DPs to ensure Agenda is well prepared and shared well in advance through mutual agreement, was noted. It was agreed that Troika will follow up with the Permanent Secretary at the next consultative meeting on the planned SWAp TWGs meeting.

**Health Basket Fund:** HBF partners have been invited to the inauguration ceremony of health facilities funded through HBF. The ceremony will take place on 9<sup>th</sup> April 2019 in Ruvuma region.

**DPG AIDS:** Will work on the facilitation of the PEPFAR COP.

**Global Fund:** TB and Malaria grants are on good track. HIV has challenges on absorption rate. Currently, malaria has a new strategy based on the disease burden. TB has been doing very well in case detection whereas currently the case detection is 75,000 and the absorption rate of 110%. Major issues have been noted on clearing procedures by Tanzania Revenue Authority (TRA) which



demand all donated products in the country to have a Government Notice Number. Also VAT tax refund from TRA takes long which may affect the availability of additional fundings from GFATM through portfolio optimization, specifically for the TB programs. PS-Finance to provide a formal update on both matters (i.e. Health commodities clearance at the port and VAT) in April 2019.

**GAVI:** The government has paid off the co-financing fees, and the vaccines have been cleared from the airport. GAVI has sent another letter to MOHCDGEC requesting to address audit issue. GAVI is expected to meet with DPs in the first week of May 2019 to discuss among others, the financing mechanisms.

**GFF:** DPG H had a meeting with the MOHCDGEC on 25<sup>th</sup> April 2019 to receive GFF updates. The Ministry was informed that DPs need more information beyond finance. DPs were informed of the ongoing discussions between the Ministry of Health and World Bank to recruit GFF Liaison Officer. It was agreed that One Plan II MTR will include questions on GFF.

**Ebola/ cholera/ dengue/anthrax outbreaks' updates:**

**Ebola:** cases are still reported in DRC. For Tanzania, Ebola Contingency Plan was distributed to partners by the Ministry of Health with a request for support. Screening at ports of entry is ongoing.

**Cholera:** the new wave outbreak is still being reported in Tanga region. A gap on multi-sectoral collaboration has been noted. A need for funds to buy aqua tabs to support households was highlighted. WHO works with Tanga region to hold a Regional Primary Health Care (PHC) meeting.

**Dengue:** cases are still reported in Tanga and Dar es Salaam regions.

**Anthrax:** no case has been reported.

**Discussion:** DPs were concerned about community sensitization and advised for massive campaign on WASH as it used to be done in the past. Multi-sectoral collaboration was noted as a key issue to control cholera as the Ministry of Health cannot work alone. It was agreed that this will be discussed at the next consultative meeting between PS-Health and DPG H Troika.

More information on the outbreaks updates can be found at the DPG H website link: [http://www.tzdpdg.or.tz/fileadmin/documents/dpg\\_internal/dpg\\_working\\_groups\\_clusters/cluster\\_2/health/DPG\\_H\\_Meeting\\_Documents\\_2019/EVD\\_Preparedness\\_Weekly\\_Update\\_3\\_April\\_2019\\_NK.pdf](http://www.tzdpdg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/DPG_H_Meeting_Documents_2019/EVD_Preparedness_Weekly_Update_3_April_2019_NK.pdf)

**7. Updates on key events/Upcoming events**

- **Measles rubella campaign** for 9 – 59 months children will take place the second of week of September 2019. USD 4.2m has been allocated for the campaign.
- **Inauguration ceremony of health basket funded facilities** in Ruvuma region on 9<sup>th</sup> April 2019.



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8. **AOB**

No any other business.

9. **Next meeting:**

Next DPG H meeting will be held on **2<sup>nd</sup> May 2019 at UNICEF.**