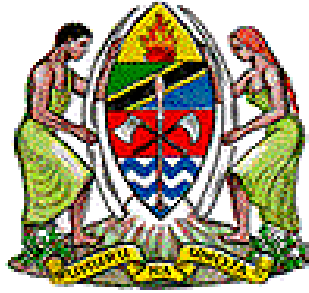


THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN**



The National Health Policy 2017

Sixth Draft Version

For External Consultations with Ministries, Departments and Agencies

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List of Abbreviations

ADDOs	Accredited Drugs Dispensing Outlets
AIDS	Acquired Immuno-Deficiency Syndrome
AMOs	Assistant Medical Officers
AMR	Antimicrobial Resistance
ARVs	Antiretroviral
BHP	Biomedical Health Practitioners
CBR	Community Based Rehabilitation
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CHMT	Council Health Management Team
CHSBs	Community Health Service Boards
CHWs	Community Health Workers
COPD	Chronic Obstructive Pulmonary Diseases
DHS	Demographic Health Survey
EMS	Emergency Medical Services
EOC	Emergency Operation Center
EPR	Emergence Preparedness and Response
FGM	Female Genital Mutilation
FYNDP	Five Year National Development Plan
GCLA	Government Chemist Laboratory Agency
GVB	Gender Based Violence
HC	Health Centre
HCC	Health Centre Committee
HIMS	Health Management Information <i>System</i>
HIV	Human Immunodeficiency Virus
H-MIS	Health Management Information Systems
HPV	Human Papillomavirus
HSSP	Health Sector Strategic Plan
HTA	Health Technology Assessment
ICT	Information, Communication, Technology
IHR	International Health Regulations
IPT	Intermittent preventive treatment
ITNs	Insecticide Treated Nets
IVD	Immunization and Vaccine Development
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MIS	Monitoring Information System
MMT	Methadone Maintenance Treatment
MOFP	Ministry of Finance and Planning
MOU	Memorandum of Understanding
MR	Measles/Rubella

MSD	Medical Stores Department
MTCT	Mother-to-Child Transmission
NACTE	National Council for Technical Education
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NHP	National Health Policy
NIMR	National Institute for Medical Research
NTDs	Neglected Tropical Diseases
OHS	Occupational Health and Safety
OPV	Poliomyelitis
PCV	Pneumococcal Vaccine
PHEIC	Public Health Events of International Concern
PMTCT	Prevention of Mother-to- Child Transmission
PO-RALG	Prime Minister’s Office – Regional Administration & Local Government
PPPs	Public Private Partnerships
PWDs	People with Disabilities
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RTI	Road Traffic Injuries
SCD	Sickle Cell Disease
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
SWAp	The Sector Wide Approach
TAM	Traditional and Alternative Medicine
TB	Tuberculosis
TDV	Tanzania Development Vision
TFDA	Tanzania Food and Drugs Regulatory Authority
TFNC	Tanzania Food and Nutrition Centre
TRM	Traditional Medicine
TT	Tetanus
UN	United Nations
VAC	Violence Against Child
WHO	World Health Organization
XRF	X-Ray Fluorescence Spectrometer

Glossary

AIDS

Acquired Immuno-Deficiency Syndrome, which is a condition characterized by a combination of signs and symptoms, caused by HIV which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life threatening infections;

Alternative Health Practitioner

A person formally trained and has acquired knowledge, skills and competence in alternative medicine practices and disciplines as recognized internationally.

Alternative Medicine

A total sum of knowledge and practice used in diagnostic, prevention and elimination of physical, mental and social imbalance relying exclusively on various established alternative medicine system of respective disciplines

Anti-Retroviral Drugs

Medications for the treatment of infection by retroviruses, primarily HIV.

Child Development

The process of change during which a child is able to reach his/her physical, mental, emotional and social potentials. The development of each of such dimensions occurs simultaneously through continued life time interactions with the environment

Communicable or Infectious Disease

An illness faced by an individual or a group of individuals caused by an infectious agent or its toxic products, which is transmitted directly or indirectly from an infected person or animal or through the agency of an intermediate environment;

Cross cutting issues

The issues whose implementation involves various sectors and the communities. These issues will be implemented in collaboration with different sectors and other authorities in line with the existing laws, rules and regulations.

Diagnostic Services

It refers to surgical, medical, pathological, laboratory, radiology and imaging, and molecular biology procedures used to determine the cause of a disease or condition.

Disaster

Is a serious disruption of the functions of a society causing widespread human material or environmental losses, which exceed the capability of the affected community to cope using its own resources.

Emergency

An event actual or imminent, which endangers or threatens to endanger life, property or the environment, and which requires a significant and coordinated response

Emergency Management

The organization and management of resources and responsibilities for addressing all aspects of emergencies and effectively respond to a hazardous event or a disaster.

Environmental Health

Activities contributing to prevention and control of factors in the man's physical environment which exercise or may exercise deleterious effect on his physical development, health or survival.

Health Facility

Point of Health Care Service provision includes hospital, health Centre, dispensary and specialized clinics. Others are Pharmacy, ADDOs, MSD warehouse, health laboratory, diagnostic centre, radiological unit, maternity and a nursing home:

Health Technologies

Applications of organized knowledge and skills in the form of devices, procedures and systems developed to solve a health problem and improve quality of lives.

HIV Transmission

Transfer of HIV from an infected person to an uninfected person, most commonly through sexual intercourse, blood transfusion, sharing of intravenous needles, during pregnancy or breast feeding;

Hospital

An institution or Health Facility providing medical, surgical treatment and nursing care for sick or injured people.

Hygiene

It refers to cleanliness related to good health and healthy living. It entails personal hygienic behavioural practices towards safe management of human waste and keeping oneself and one's surroundings clean, in order to prevent illness or the spread of disease.

Maternal Death

A death of a woman while pregnant or within forty-two days of delivery, miscarriage or termination of pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes;

Medical Devices

An instrument, apparatus, implement medical equipment, machine, contrivance, implant, in-vitro reagent or other similar or related articles

Medicines or Pharmaceutical Products

Means any substance or mixture of substances manufactured for treatment of diseases or for use in the diagnosis or prevention of diseases.

Mental Health

The state of a person's emotional, psychological, and social well-being. It affects how a person thinks, feels, and acts and for this reason it is responsible for helping a person to determine how to handle (or deal with) stress, how to relate to others, and how to make choices and when. Mental health is important at every stage of life - and should be traced or determined from childhood through to adolescence, youth until adulthood.

Menstrual Hygiene Management

It refers to: (i) articulation, awareness, information and confidence to manage menstruation with safety and dignity using safe hygienic materials together with; (ii) adequate water and agents in spaces for washing and bathing with soap; and (iii) disposal of used menstrual absorbents with privacy and dignity.

Midwifery

Means giving care and supervision to a woman during pregnancy, labor and postpartum period and caring for the new born babies and infants

Non Communicable Diseases

Medical condition or disease not caused by infectious agents, mostly is caused by life style of an individual. NCDs can refer to chronic diseases which last for long periods of time and progress slowly.

Nursing Practice

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life.

Nutrition

Intake of food considered in relation to the body's dietary needs.

One Health Approach

Collaborative effort of health science professions together with their related disciplines and institutions working locally, nationally and globally to attain optimal health for people, domestic animals, wildlife, plants, and the environment.

Pharmacy

Approved premises wherein or from which any service pertaining to practice of a pharmacist is provided, and shall include a community pharmacy, consultant pharmacy, institutional pharmacy, or wholesale pharmacy;

Pre-hospital Care

A type of healthcare provided on-scene at a medical emergency or major incident, and during transfer of casualties to definitive care facilities.

Preparedness

The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current disasters.

Public Health

A national health, community health and individual health which is primarily aimed at increasing the well-being of the population by providing essential public health services.

Public Health Emergency Operations Centre

This is the central location where responsible personnel gather to coordinate operational information and resources for strategic and tactical management of public health events and emergencies.

Research

A scientific enquiry aimed at discovering/identifying a problem needing a systematic investigation involving scientifically thought-out methodologies whereby the end result of the investigation is to come up with rigorous evidence-informed recommendations of potential problem-solving options.

Sanitation

Means prevention of human contact from the waste to promote health through use of improved facilities for safe disposal of human excreta, maintenance of hygienic practices such as hand washing and provision of services for garbage collection and waste water disposal.

Substance Abuse

A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances

Traditional Health Practitioner

A person who is recognized by the community in which he lives as competent to provide health care by using plants, animal, mineral substances and other methods based on social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social wellbeing and the cause of disease and disability.

Traditional Medicine

The total combination of knowledge and practice, whether applicable or not, used in diagnosing, preventing and eliminating a physical, mental or social disease and which may rely exclusively on past experience and observation handled down from one generation to another orally or in writing.

Chapter One

1.0. Introduction

1.1. Background

As Tanzania strives to reach middle income status, the health sector has resolved to give more attention to the quality of health services in tandem with the pursuit of universal access. At the same time, better health for the entire population has been promoted through the adoption of health in all policies. The country has made impressive gains in reducing under-five and infant mortality, through strengthening immunization services and improved preventive services for malaria and other childhood diseases. A number of new HIV cases has been also decreasing. However, Maternal Mortality is still high in Tanzania as the Millennium Development Goal, (MDG), targets were not attained.

The epidemiological transition with non-communicable diseases has shown an upsurge and a consequent rise in health care costs. Addressing this depended critically on strengthening of the health service delivery system including human resource. The population in Tanzania has increased substantially in the last 10 years. The health system thereby has been adjusting continuously to provide services to an increased number of people. Health services are provided from the grass root level beginning with community health care, dispensaries and health centres, and proceeding through first level hospitals, regional referral hospitals, zonal and national hospitals, all providing increasingly sophisticated and well-defined services.

Due to constraints of key components of the health system like human resources, supplies of medicines and health products, not all primary health services are of sufficient quality. In certain geographical areas, populations still live far away from health services. This has especially been problematic in terms of maternal and newborn care. The referral system does not always function as required, sometimes due to a lack of adequate transport to the next level of care or due to an inability at the referral level to provide adequate services. Health sector challenges posed by current financing levels and modalities require change to the way financial access to health care is organized, greater efforts on resource mobilization, transparency and social accountability, as well as more determined measures to strengthen the health system as a whole.

1.2. The Second National Health Policy 2007

Tanzania has been implementing the National Health Policy 2007 which envisioned a healthy community that contributes effectively to individual as well as to the nation's development. The mission was to facilitate the provision of basic health services that are of good quality, equitable, accessible, affordable, and sustainable and gender sensitive. The main objective was to improve the health and wellbeing of all Tanzanians, with a focus on those most at risk, and encourage the health system to be more responsive to the needs of the people and, thus increase the life expectancy. The National Health Policy 2007 had several specific policy objectives. These included the need to reduce morbidity and mortality and increase life expectancy for all Tanzanians by delivering better health services, which focus on requirements for vulnerable

groups such as infants, under-fives, pre and school children, youths, people with disability, women of reproductive age and elderly people to access health services.

The ministry responsible for health matters in collaboration with stakeholders had the responsibility of improving people's health physically, mentally and socially and their welfare through promotion, prevention and/or reduction of diseases, disabilities and deaths. To achieve this objective, the ministry has the role of developing policies, guidelines, regulations and laws, which will facilitate the delivery and supervision of promotional, preventive, curative, rehabilitative and palliative health services. Furthermore, the ministry has a responsibility of ensuring the availability and development of health sector professionals, mobilization and management of funds, equipment, infrastructure, implementable health plans and provision of quality health services, which are accessible to all people. In addition, the ministry has been responsible for strengthening relationship and collaboration with the private sector, international organizations and various development partners in the delivery of health services.

1.3. Foundations for the New National Health Policy 2017

The coherent systems of government policies, legislation, strategies, institutions and programmes exist gave direction to the consistent implementation of health sector development in Tanzania. The National Health Policy 2017 implementation will be consistent with implementation of the National Development Vision 2025, the National Five Year Development Plan 2016/17 – 2020/21; the Sustainable Development Goals 2030; and the Health Sector Strategic Plan 2015 – 2020.

The Tanzania Development Vision 2025 (TDV 2025) is a document providing direction and a philosophy for long-term development. By 2025, Tanzania wants to achieve a high quality of livelihood for its citizens, peace, stability and unity, good governance, a well-educated society, and a competitive economy capable of producing sustainable growth and shared benefits by 2025. The TDV 2025 document identifies health as one of the priority sectors contributing to a higher-quality livelihood for all Tanzanians.

The National Five Year Development Plan 2016/17 – 2020/21 (FYDP II) health objective is to provide quality health care ensuring that people are fit to participate in social economic activities. Addressing this depends critically on strengthening of health service delivery system with service delivery geared towards improving the health of mothers and children. It also entails, addressing the prevalent illnesses such as malaria and HIV and AIDS which are major causes of deaths as well as addressing the human resource crisis which constrains provision of adequate health care. Specific interventions for the plan include; improving livelihood of Tanzanian; strengthening of referral system; improving availability of specialized services and strengthening of training institutions.

The Sustainable Development Goals (SDGs-2030) has a specific goal on Good Health and Well-being and aims at ensuring healthy lives and promote well-being for all ages at all times. Significant improvements have been made in increasing life expectancy and quality of life. However, only half of women in developing countries have received the health care they need and for Tanzania it also requires continuously, focus and effort to reach the important goal.

The overall objective of the Health Sector Strategic Plan 2015 – 2020, (HSSP IV), is to reach all households with essential health and social welfare services, meeting, as much as possible, the expectations of the population, adhering to objective quality standards, and applying evidence-informed interventions through efficient channels of service delivery. The specific objectives include; quality improvement of primary health care services, delivering a package of essential services in communities and health facilities; equitable access to services in the country by focusing on geographic areas with higher disease burdens and by focusing on vulnerable groups in the population with higher risks; active community partnership through intensified interactions with the population for improvement of health and social wellbeing; a higher rate of return on investment by applying modern management methods and engaging in innovative partnerships and social determinants of health, the health and social welfare sector will collaborate with other sectors, and advocate for the inclusion of health promoting and health protecting measures in other sectors' policies and strategies.

2.0. Current Status

2.1. Health Promotion

Better health was promoted through health education with a focus on disease specific prevention, nutrition, sanitation, and environmental issues. Main tools for health promotion included dissemination, sensitization and advocacy efforts adapted to local needs, informed community participation, awareness on environmental health, life style and health, occupational health and enhanced understanding of the role of nutrition in wellbeing.

The government to a large extent created and facilitated an environment for the provision of health education which included numerous health education messages such as *Malaria Haikubaliki, Tanzania Bila UKIMWI Inawezekana* which have contributed to improved health of the community. Generally, there is an increased knowledge/awareness towards the protection and promotion of health by the communities on malaria, HIV/AIDS, Immunization and environmental health. There is a conducive environment for the increasing provision of health education and promotive services at almost all levels in the country.

Intensified provision of health promotion has facilitated the improvement of community health and thus effectively contributing to individual as well as to national development. It has reduced the individual and government expenditures in treating diseases especially child health curative. It contributed towards reduced MMR from 578/100,000 in 2007 to 432/100,000 in 2014. But it is noted that the DHS 2015/2016 reported that the MMR has increased to 556/100,000 in 2016.

2.2. Nutrition

The Demographic Health Survey (DHS) of 2015/16 revealed that 34% of the children under age 5 are stunted which is above the target of 22%. One third of children under age 5 are stunted that they are short for their age and 14% are underweight. These children have an increased risk of diseases, impaired mental health and physical development and early death. Also, there are interregional variances whereby Ruvuma, Iringa, Rukwa, Kagera, Geita and Njombe all have rates above 40%. Malnutrition in the form of obesity is becoming a health problem in children and adults contributing to Non Communicable Diseases, (NCD), reducing working capacity. Specifically, the prevalence of women who are overweight or obese increased from 22% in 2010 to 28% in 2015/16. Moreover, 42% of women between 40-49 are overweight or obese. On another hand, women with higher education and those living in urban area have a higher risk of being overweight.

Despite the observed notable improvements of public health through promotion and sensitization about nutrition to the community, still there is prevailing malnutrition in communities and stunting is evident. There is inadequate implementation of guidelines of maternal, infants and young child feeding, management of acute malnutrition, control of micronutrient deficiencies, healthy eating and life style issues. Also, there is low level of awareness about nutrition matters to the people in communities.

2.3. Immunization Services

Tanzania has been increasing survival of children through delivering of the several vaccines in the children immunization programme including Tuberculosis (BCG), Poliomyelitis (OPV), Pneumococcal Vaccine (PCV13), Rota vaccine, Measles/ Rubella (MR), Pentavalent (Diphtheria, Pertussis, Tetanus, Hepatitis B, Haemophilus Influenza type b and Tetanus (TT)). Tanzania has also supported the global initiatives towards Poliomyelitis Eradication, Measles and Neonatal Tetanus elimination initiatives as pillar for child survival, growth and development.

Within the last 5 years, Tanzania has achieved and maintained high coverage for all vaccines above 90 percent nationally from 2010 to 2015. The number of districts with Penta 3 coverage less than 80 percent has been reduced from 56 percent (55/119) in 2009 to 11.9 percent (20/168) in 2014. Tanzania has achieved Polio free status and eliminated neonatal tetanus since 2012. Tanzania is on track and aiming to reach high coverage across all districts through strengthening Reach Every Child (REC) approach, defaulter tracking, targeted strategies for hard to reach populations, and improved micro planning especially in lower performing districts.

Fully immunized children are those who received BCG, Pentavalent vaccine 3, OPV 3, Rotavirus 2 and Measles Rubella vaccine before reaching the age of 24 months. Also other vaccines provided outside IVD are Yellow Fever and meningococcal vaccines to international travellers, anti-rabies and TT to injured persons. Despite increased number of children vaccinated, Tanzania is still having a few children who are not fully immunized due to the respective vaccine being out of stock when the child goes to the facility. Other reasons included; ignorance on the importance of vaccination, mother being too busy and distant service delivery points.

2.4. Reproductive, Maternal, Newborn, Child and Adolescent Health

Maternal, New Born Child and Adolescent Health

Child survival indicator has improved over 10 years. The under-five mortality rate has decreased from 81/1000 in 2010 to 67/1000 in 2015/16. The infant mortality rate has decreased from 51/1000 to 43/1000. The neonatal mortality has decreased from 26/1000 to 25/1000. The neonatal mortality is the risk of dying within the first month of living. Neonatal mortality accounts for more than half of the infant mortality rate.

Almost 80 percent of all health facilities offer all three child health services namely outpatient curative care for sick children, child growth monitoring services, and child immunization services. All public health facilities offer vaccination services. Currently, few facilities have necessary equipment for offering neonatal services. Adolescent fertility has been important on both health and social grounds. 27% of women age 15-19 have begun child bearing in 2016, that is, higher than reported in DHS-2010 of 23%. Teenage mothers are more likely to experience adverse pregnancy outcomes and children born to very young mothers are at increased risk of sickness and death.

Maternal health care in terms of antenatal care including malaria in pregnancy, prevention of Mother-to-Child Transmission of HIV (PMTCT), Nutrition etc., and Postnatal care have been

improved. Majority that is about 74 percent of women received two or more doses of tetanus immunization in 2009 and the proportion steadily increased to 88 percent in 2015. Efforts to combat malaria among pregnant mothers were done through provision of two or more doses of SP for intermittent preventive treatment (IPT) of malaria during routine antenatal care visits and the trend of using the doses improved from 32 percent in 2012 to 35 percent in 2015. 63 percent of births occurred in a health facility in 2015 compared to 50 percent in 2010.

On the other hand, the number of women who had a live birth and examined within two days of giving birth increased from 13 percent in 2004 to 32 percent in the year 2015. By September 2007, only 1,311 health facilities with PMTCT services were established within reproductive and child health (RCH) clinics throughout the country. However, by December 2015, a total number of 5659 out of 6,067 health facilities were providing PMTCT services in RCH clinics. The births assisted by skilled health workers raised from 51percent in 2010 to 64 percent in 2015. Despite these achievements, maternal and child health still has some weakness in the emergency system during delivery process including its infrastructures, limited scale of maternal and child health services and limited awareness on the importance of maternal and child health services in the community.

Reproductive Health

The reproductive health services encompass human reproductive function related diseases with regard to family planning, pregnancy, sexually transmitted diseases, Gender Based Violence (GBV), Violence Against Children (VAC), Female Genital Mutilation/Cutting (FGM/C), Harmful traditional practices, cervical cancer, prevention and treatment of infertility. Concerning family planning services, the measure has been satisfying couples with contraceptive methods of which the impact is measured by contraceptive prevalence rate.

The contraceptive prevalence rate for women between age 15-49 using modern contraceptive has improved slightly increased from 27 percent in 2010 to 32 percent in 2015/16 compared to the set target of 60 percent. There are notable regional variances from 13% to 51%. The age group with the highest use of contraceptives on 36.1% are between 30-34 years, whereas only 8.6% between 15 and 19 years use modern contraceptives.

Also, there has been an increase in community awareness on Harmful Traditional Practices such as FGM where the practice is steadily decreasing since 2010 when the prevalence was 15 percent to 10 percent in 2015/16. However, GBV and VAC still remains as major problem whereby in 2015/16 40 percent and 17 percent of women 15-49 years have ever experienced physical and sexual violence respectively. Also, 8 percent of pregnant women reported to experience violence during pregnancy.

Regardless of the improvement of reproductive health, still there is a problem in the application of the family planning. This plan has not been successful because of the existence of myth and misconception; low male involvement; GBV, Gender norms, inadequate skilled human resource; erratic supply of family planning method mix at health facility and community level. Generally, limited knowledge to the public on various reproductive measures has led to the inadequate improvement in the reproductive health services.

2.5. Communicable Diseases

Tuberculosis

The incidence of tuberculosis has decreased from 492/100,000 in 2007 to 306/100,000 in 2015. The success rate for treatment of verified tuberculosis has remained high and is more than 90% and mortality has decreased overall and especially for patients with HIV and TB co-infection. However, under diagnosis of TB remain problems. It is estimated that 164,000 people in Tanzania are infected with TB however only 63,532 (37%) are treated. Furthermore, multidrug resistance and extensive drug resistance remain challenges in the management and control of Tuberculosis. Also, there has been limited involvement of the community in the surveillance of TB drug resistance.

Malaria

Malaria morbidity and mortality has decreased significantly in the last decade due to a focus on both prevention and treatment. However, malaria continues to be one of the major public health problems in Tanzania and a continuous focus has to be sustained in order to control the disease. Recently there has been a significant increase in prevalence from 9% in 2010/11 to 14% in 2015/16. This indicates that the focus on malaria has to be not only sustained, but also strengthened, in order to maintain the achievements. Malaria prevalence is highest in children from Geita, Kigoma and Kagera regions and is more or less non-existent in Arusha, Njombe, Iringa, Dodoma, Kilimanjaro, and Manyara regions in Tanzania Mainland and in all regions in Zanzibar. There is a very large variability in malaria prevalence across zones, from as high as 28% in the Western Zone and 24% in the Lake Zone, to 1% in Northern Zone, and zero prevalence in Zanzibar.

Malaria is still the leading cause of morbidity and mortality among children under five years and pregnant women. Attention to these groups has been limited. Tanzania has focused on prevention and the use of Insecticide Treated Nets (ITNs) has increased. The sensitization of the communities on the use of ITNs and other preventive measures has continued as well as focus on early diagnosis. The number of people who gets tested before treatment has increased, however the number of cases with fever has remained high. The cost for diagnostics has remained high, but the cost for the actual treatment has decreased.

HIV/AIDS

HIV/AIDS is one of the most serious public health and development challenge in Tanzania; it affects all sectors of the economy. The main route of HIV/AIDS transmission in Tanzania is heterosexual which accounts for about 80 percent of infections. Vertical transmission from mother-to-child transmission (MTCT) accounts for about 18 percent of infections, and the remaining 2 percent are a result of unscreened blood transfusions, unsafe injections, and traditional practices such as group circumcisions.

The trend of women who received ARVs to prevent MTCT has risen from 73 percent in year 2013 to 86 percent in 2015 proportionally and the ART coverage for children is moderate in a

sense that, by December 2015 an estimated number of children living with HIV was 87,000 and 52,150 of them which is the achievement of 54 percent are on ART. The ART coverage for all ages has been on the increase as in 2005-2010 it was 51.1 percent and 65.3 percent in 2010-2012. It's clear that, the MTCT for HIV services has been increased, HIV prevalence is decreasing from 7% in 2007 to 5.1% in 2012.

Epidemics

Emerging diseases are a global threat towards human existence. Like other countries, Tanzania has been exposed to a potential re-emergence of infectious diseases like Cholera, Rift Valley Fever, Plague, Anthrax, Swine Flu, and Dengue. There is an increasing trend for the occurrence of new emerging diseases as well as re-occurrence of old diseases in Tanzania. Several factors such as changes in ecology, climate and human demographics play different roles in a complex mechanism contributing to the occurrence of infectious diseases. Important aspects towards control in case of outbreaks are surveillance, preparedness and early response.

The emergence of the 'fit-for purpose' approaches and technologies such as the discipline of One Health, use of participatory epidemiology and disease surveillance and mobile technologies offers opportunity for optimal use of limited resources to improve early detection, diagnosis and response to disease events and consequently reduced impact of such diseases in animal and human population. However, Tanzania has limited capacity of community and healthcare staffs in responding to potential infectious disease outbreaks. Community-based surveillance systems have not effectively been incorporated into the national systems for early detection of public health events. Also there is limited coordination and collaboration between health sector and other sectors as well as participation of non-state actors in addressing emerging and re-emerging diseases.

2.6. Neglected Tropical Diseases

The plight of Neglected Tropical Diseases (NTDs) has been on the decline across the country although the magnitude differs from place to place and by specific diseases. The risk of infection with Filariasis, which is a mosquito borne infection, has been reduced significantly; as 74 districts have registered infection levels that are below 1% by year 2017. Trachoma infection also has declined, as only 18 out of 54 endemic councils currently have active trachoma folliculitis of 5%. This indicates substantial reduction in prevalence. Soil transmitted helminthiasis and Schistosomiasis are also earmarked for control.

The prevalence of high intensity of infection has gone down in most parts of the country with a few highly endemic schistosomiasis foci along the lake zone where contact with infested waters is a large problem. There has been limited surveillance to ensure any signs of recrudescence is detected early and addressed appropriately. In addition, there has been limited access to care for people already affected with NTD morbidity.

2.7. Non-Communicable Diseases

Mental Health, Substance Abuse

Mental Health

Tanzania has experienced increased prevalence of mental illness which often have onset in young adulthood. It is estimated that at least 1% of the population suffer from a mental illness at any given time. Furthermore, increasing survival is expected to increase absolute numbers of persons with mental disorders. Common mental illnesses are often not diagnosed or treated which have implications for lost productivity of both patients and the extended family while seeking healing for prolonged time. Persistence of the AIDS epidemic and its psychosocial ramifications, and increasing socio economic hardships may increase the magnitude of mental ill health.

Traditional and faith healers cater for 80% of persons with mental illnesses. Mental Health Services are underdeveloped and a better understanding is needed for forging linkages with the formal health care system. Tanzania has limited number of psychiatric hospitals and rehabilitation facilities and only very few offer comprehensive mental health care (treatment, case management and rehabilitation). The country has very few psychiatrists, clinical psychologists and social workers. Most mental health care is provided by the community health workers (CHWs), general nurses and assistant medical officers (AMOs) in the primary health care facilities. Currently mental health care has been integrated into primary care in most regions.

Drug Abuse and Misuse of Alcohol

Tanzania has been faced with upward trends in drug abuse and trafficking and alcohol misuse which have detrimental socio-economic, political and health consequences on the society. The incidence of drug abuse has been on the rise among young people and it becomes more apparent every year. Drug abuse impairs judgment and may be associated with other risk taking behaviours of young people and as such preventable measures of both physical and mental incapacity are matters of the individuals and national concerns. It is estimated that many intravenous drug users in Tanzania are facing complex issues of syringe and needle sharing and unsafe sex whereby youths and teenagers do not use condoms. As a result, many are HIV positive. Tanzania was the second country in Sub-Saharan Africa, after Mauritius, to open the Methadone Maintenance Treatment (MMT) clinic for drug addicts and HIV positive in 2011. Methadone treatment, HIV testing and counselling are considered essential components of the comprehensive package of intravenous drug users and HIV prevention programmes among drug users. However, the MMT are not well established in the country as a results hinder the provision of health services

Increasing misuse of alcohol is one of the significant public health problems that often begins early in adult life and is associated with a range of non-communicable health conditions. It is a major cause of intentional and unintentional injuries; have adverse negative effects on the fetus, increasing risk of development of certain types of cancer, physical and sexual violence and increase in road accidents and injuries in Tanzania in recent years.

Despite the fact that Tanzania's existing laws, regulations and institutions provide stern punitive measures against all those involved in drug trafficking and consumption, the war against narcotics seems to be difficult as Tanzania continues to be a transit route for illicit drugs

Cancer

The number of people who develop cancer has been increasing among others because of increase in the population, higher age and increased unhealthy life style habits, such as tobacco smoking and alcohol intake. At present about 35,000 people develop cancer each year, and recent forecasts suggest that by 2020 this number will increase by 50%. This will cause increasing strain on already stretched health systems and resources.

The most common cancer in Tanzania is cervical cancer, and more than 4000 women die every year because of the disease. Cervical cancer is caused by HPV and it can be prevented by immunizing young girls. Other common cancers in Tanzania are Kaposi 's sarcoma, prostate cancer and breast cancer. Tobacco smoking is a major risk factor in developing cancer and the prevalence of tobacco is rising in Tanzania. From 2008 to 2012 the prevalence of tobacco smoking jumped from 7.9% to 14.1%, and according to the latest data 28% of males are smoking. About 80-90% of cancer patients are unable to access diagnostic and treatment facilities and when they seek hospital care, about 75-80% of the patients have cancer in advanced stages that cannot be cured.

Diabetes and Cardiovascular Disease

The burden of diabetes and cardiovascular diseases such as hypertension are high in Tanzania. The prevalence of diabetes in urban areas has increased from 5% in 2007 to 9% in 2012, while in 2012 a survey showed that the prevalence of hypertension 26%. Prevention of these diseases has been through reduction of lifestyle related risk factors by practicing healthy eating, physical exercises, stop using tobacco and tobacco products and reduction of alcohol consumption. Indeed, sustaining these measures is necessary in due course if the already high rates are to be contained.

Diabetes and hypertension, have not been given due attention. Habits of healthy eating and physical activities, especially among at-risk communities are worsening. Early detection through regular medical examinations promotion efforts have started but have been limited. Independent NCD clinics have not been well integrated into the health care system to enhance accessibility. Treatment of these diseases mainly takes place in hospitals and the services are limited in primary health care facilities where majority of Tanzanians are seeking services.

Sickle Cell Disease/Anemia

Globally there are about 300,000 births with sickle cell disease (SCD) each year. Tanzania ranks 4th globally with almost 11,000 sickle cell newborn births per year. The numbers may be higher as many children die undiagnosed since currently only few facilities can definitively diagnose SCD and there is no universal newborn screening program yet in Tanzania. Also, disease oriented national programmes are not well developed for the management and prevention of this

disease. Tanzania has developed a framework for research, which is integrated into healthcare provision with development of policies to improve healthcare. However, limited technologically-literate professionals needed to ensure sustainability and competitive advantage. The national screening programme for congenital disabilities and for Sickle Cell Disease (SCD) has not been operational.

Other Non-Communicable Diseases

The trend of other non-communicable diseases (NCDs) including renal diseases, brain and neurological diseases, chronic obstructive pulmonary diseases (COPD), haemophilia, anaemia and disabilities shows that the rate is increasing drastically. It is evident that patients who require these non-communicable diseases services in Tanzania are increasing and the services need to be scaled up to cope with the needs. The cost of other NCDs services to patients has been high and numbers other NCDs patients will continue to grow. In addition, other NCDs curative services have not been comprehensive care with less emphasis on prevention.

2.8. Oral Health

Oral health has been an important component of community health with many Tanzanians suffering from oral diseases that are mostly preventable. The government is providing oral health services at district, regional and national levels. However, these services are not yet accessible to many people particularly those residing in the rural areas. Dental diseases have increased due to changes in the system of life-style of people; changes in food and drinks and low awareness of oral health issues in the community due to lack of dentists. Furthermore, the services provided do not meet needs due to shortage of human resources and related commodity.

2.9. Eye Health

Eye conditions constitute 15 percent – 20 percent of hospital attendance at all levels of health care service delivery. It is estimated that about 80 percent of eye conditions leading to blindness can either be treated or prevented. The increase in NCDs has also increased the related eye conditions such as Diabetic Retinopathy, Glaucoma, Age Related Macular Degeneration and other retinal diseases.

Currently, the specialized services are mainly available at the National Hospital, Zonal Referral Hospitals, Regional Referral Hospitals and a few District Hospitals. Although eye health services exist at all the mentioned levels, the comprehensive services are provided mainly at the National hospital and the three Zonal referral hospitals of Mbeya, Bugando, KCMC and CCBRT. It is therefore clear that eye health services have not been accessible to the majority, especially communities living in rural areas. The main contributing factors include shortage of skilled personal, inadequate infrastructure as well as low community awareness on eye conditions.

2.10. Rehabilitation Services

Access to rehabilitation has been essential health services for all people with disabilities to achieve the highest attainable level of health. The Convention on the Rights of Persons with

Disabilities calls for “appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspects of life. The disability prevalence in Tanzania stands at around 2.5 million with 44% being male and 56 % female.

Tanzania has limited palliative care services in its regions. Inequalities in the provision of palliative care in the country are due lack of knowledge and skills on palliative care, shortages of medicines (opioids) for managing chronic pain and insufficient financial resources intended for providing palliative care. Furthermore, palliative care services are inadequate or limited, taking onto consideration the increase of chronic illnesses which at the terminal stage needs palliative care services.

2.11. Emergency Preparedness and Response

Tanzania has faced with multitude of natural and man-made hazards that have had far-reaching consequences on health sector and impeding our socio-economic growth. The impact of climate change, level of poverty, population pressure, widespread environmental degradation, unplanned settlements and poor waste management systems, amongst others expose communities to higher risks and hazards. Some of the notable emergency events in Tanzania among others include; earthquake in Kagera (September, 2016), and Cholera epidemic (August 2015 - July 2017) in which 25,600 people were affected and 401 died.

The government has undertaken several measures including completion of all -hazard preparedness and response plan, initiation of one- health approach and build capacity to respond to emergencies. Likewise, the health sector has improved coordination and collaboration mechanisms, by establishing Public Health Emergency Operation Center (EOC). Despite the efforts, Tanzania is still faced with inadequate hazards mitigation and preparedness, response and recovery plans and strategies at all levels, comprehensive multi-hazard preparedness, emergency capacity in terms of human and financial resources, and lack of pre hospital Emergency Medical Services, (EMS).

2.12. Injuries

Injuries have been becoming an important contributor to the national disease burden due to rapidly transforming socioeconomically from rural-agrarian to urban-industrial and commercial economy. As injuries occur on regular basis in the day to day activities, two important categories of injury must be recognized. One has been *intentional incidents* like attempted or actual suicide in which the former leads to injuries while the late causes actual deaths. The second group which has been broader in perspective has been *unintentional injuries* resulting from motor traffic accidents, occupational causes, sporting activities, domestic activities and violence, criminal violence and related causes. In this regard, injuries has been differentiated from emergency disasters which occur incidentally.

From the changing economic activities, Tanzania has seen tremendous rise in motor traffic accidents. Major causes being pedestrians against vehicles, passengers of conventional vehicles like buses, three wheeled vehicles and above all, two wheeled motorcycles.

Road traffic injuries in Tanzania are an important public health problem, predominantly in adult males. Road traffic accidents are now the leading cause of permanent disability and mortality among those aged 10 to 50 years. A study of mortuary based fatal injuries surveillance (FIS) system in rural and urban hospitals in Tanzania (2010-2015) revealed that out of 2387 deaths, two-thirds, 1222 (68%) were from unintentional courses, majority (51%) being due to road traffic injuries (RTI). Whereas suffocation from hanging has been the main mechanism in intentional injuries. Guns and blunt objects were the weapon involved for the majority homicide deaths.

2.13. Diagnostic Services

Quality Diagnosis services have been the backbone in the delivery of health services and ensuring proper management of patients as well as prevention and control of diseases. Without quality diagnosis, management of patients become a guess work, and disease control is impossible. Since 2007, a number of achievements in diagnostic services have been realized.

These includes, just to mention a few of them: 1) Use of modern automated laboratory technology such as molecular diagnosis, 2) implementation of WHO Afro stepwise laboratory accreditation at regional and district level with more than 30 laboratories achieving 1-3 stars for accreditation recognition, 3) accreditation of health laboratories on ISO 15189, 4) Digitalization of radiology and imaging equipment, 5) Availability of CT Scan and MRI services at higher level health facilities, 6) Recognition of biomedical engineers in the Health Services Scheme, 7) Establishment of biomedical engineering technicians training program, 8) Development of laboratory information system from regional laboratory level, 9) Development of laboratory supplies logistic system, 10) Integration of laboratory services in disease surveillance, 11) upgrading of national and regional level laboratories to biosafety containment level II, and 12) Establishment of a National Public Health Laboratory Services responsible for confirmation of disease outbreaks, disease surveillance, quality assurance, and in services training.

However, there are still challenges of weak public health laboratory services, biosafety and biosecurity containment levels, paucity of diagnostic instruments in hospitals especially at the lower levels and the inadequate qualified personnel. In addition, there has been weak standardization and harmonization of diagnostic equipment and supplies, planned preventive maintenance, and unreliable availability of diagnostic supplies and consumables. There have been limited efforts for strengthening diagnosis services and health technologies.

2.14. Health Technology

Health Technology in health services has been essential in ensuring accurate and reliable diagnostic results and therefore appropriate management of patients and prevention of traditional, emerging and re-emerging diseases. There has been increasing acquisition of modern technology such as; bio larvicide for prevention of malaria, implants in the management of orthopaedic case and use of endoscopy for micro-surgery. Other application of health technology includes diagnostic services such as: use of digital X ray, MRI and CT Scan. In addition, there are efforts to acquire Linac Machine and Pet Scan Machine for management of cancer patients.

Furthermore, the health technology has enhanced revenue collection through electronic payment system, reduced cost for treatment of patients abroad.

Also, it has improved capacity of health sector manpower thus it has adequately contributed to the provision of better health services to population. However, the adoption of health technology has been slow and faces a lot of challenges due to high cost of modern technology, rapid change in technology, low utilization capacity, inadequate qualified personnel to servicing the technology, inadequate planned preventive maintenance and inadequate and unreliable availability of health technology commodities and consumables. Health technology is also faced with inadequate infrastructure to support it and inadequate knowledge in health technology assessment (HTA) for evidence based selection of quality and safe technology as well as realizing value for money.

2.15. Blood Safety

Availability of adequate and safe blood has been crucial in life saving of patients and emergence medical services. Although the government has made significant progress in providing safe blood for transfusion through establishing a program for voluntary non-remunerated blood donors and screening of blood, availability of adequate and safe blood is still a big challenge. This has been attributed to inadequate budget allocated for supporting blood transfusion services and low capacity for blood collection, screening and separation techniques, storage and distribution to the health facilities.

Currently, only 40% of the required blood units for transfusion is produced through voluntary non-remunerated blood donors. This makes it necessary for the health facilities to collect blood from relatives on emergence basis, to compensate for blood unit deficit, which increases risk of unsafe blood. Other challenges include; lack legal framework for blood transfusion services, lack of sustainable financing mechanism, inadequate human resources, inadequate and unreliable availability of reagents and consumables for blood transfusion services and negative attitude of the community to donate blood.

2.16. Geriatric Services

The elderly now constitutes 6 percent of the Tanzanian population. This group remained disadvantaged in the previous Health Policies. Most probably because in terms of numbers they were not so visible. Now however their numbers have increased substantially. There are special challenges this group is facing. *First and foremost* is lack of human resources for health who are trained specifically to understand the health problems of the elderly. *Secondly*, their health problems are age specific and so deserve care guided by specific inputs and facilities. *Thirdly*, they have no income to pay for care.

2.17. Traditional and Alternative Medicine

Traditional and Alternative Medicine, (TAM), has been one of the components of healthcare in Tanzania. Integration between traditional and biomedical health systems is highly needed. For instance, alongside increasing access to biomedicine, 60% of Tanzania population access

healthcare through traditional healers. Trend in the use of Traditional Medicine (TRM) and Alternative or Complementary Medicine (CAM) has been increasing due to epidemics like HIV/AIDS, malaria, tuberculosis and other diseases like cancer.

Despite the wide use of TAM, genuine concern from the public and scientists/biomedical health practitioners (BHP) on efficacy, safety and quality of TAM has been raised. However, use of TAM has been a complex function of cultural belief models, limited access to biomedicine, disease understanding, safety concerns of biomedicine, and perceptions of TAMs as more effective. Also, in some cases conventional health practitioners considered traditional health practitioners to be more competent in mental health management. Traditional Medicines like other medical health systems worldwide have side effects and some contentious ethical issues.

2.18. Medicines and Health Commodities

Availability of adequate and quality medicines and health commodities (medicines, medical supplies, reagents and equipment) at all levels of health care is a major step towards attaining better health services provision in the country. However, shortage of some medicines, medical supplies, reagents and equipment has remained a major public outcry across the country and in various health service institutions. In addition, a number of pharmaceutical industries have declining from 10 during 2007/08 to 5 in 2015/16. These pose concerns on improvement of availability of medicines and related product from local industries, this necessitate a policy action on more investment and support to local industries.

The production of medicines and related medical supplies locally has been facing a number of challenges leading to most of the industries closing down their businesses. The leading factors which lead to the closure of some of these industries include: small working capital; high utility charges; over reliance on imported raw materials and packaging materials; high tax tariffs imposed on raw materials and packaging materials and low capacity to compete in the international market. There has been increasing resistance to a wide range of antimicrobial agents that are used in human and animals. Among the challenges that country is facing are inadequate awareness and understanding of Antimicrobial Resistance (AMR), limited evidence based research on AMR, inadequate integrated IPC programs, irrational use of antimicrobial agents and unsustainable fragmented approaches to curb AMR in human and animal.

Intersectoral Health Sector Issues

2.19. Water, Sanitation, Hygiene and Food Safety

The situation of water, sanitation, hygiene and food safety services in Tanzania has shown a significant improvement. The government has implemented National Sanitation and Hygiene Campaign in the country using the Community Led Total Sanitation strategy hence between 2007 and 2017 use of improved toilets at household level has increased from 13% to 35%. The government has also developed National Standards for monitoring food quality and safety. However, 10.8% of the households still practice Open Defecation. Moreover, 44% of health care facilities have a functioning toilet while 96% of schools lack standard sanitary facilities. In

addition, only 35% of households perform water treatment and about 32% of all health facilities have unsafe water supply.

Despite the efforts taken by the government, Water, Sanitation, Hygiene and Food Safety problems remain of big concern in the country as observed in annual health reports that more than 60% of OPD diagnosis has been associated with poor sanitation and hygiene practices. This has been due to inadequate enforcement and overlapping of various laws and regulations; (TFDA Act 2003 and Public Health Act 2009), weak coordination among stakeholders dealing with sanitation and hygiene issues.

2.20. Occupational Health and Safety

Occupational health is considered to be multidisciplinary, aiming at promotion of health and protection of workers. Various assessments conducted in 2016 among health care workers indicated that the prevalence of HIV was 13% higher than the general population of 5.1%,

Despite substantial efforts to address occupational health in the country, still workers are faced with a multitude of health hazards, due to inadequate awareness among workers in various sectors and enforcement of laws and regulations governing occupational health services.

2.21. Port Health Services

Public Health measures at Ports, Airports and Ground crossing have been implemented to manage International spread of Public Health Events of International Concern (PHEIC) in accordance with International Health Regulations (IHR, 2005), and Public Health Act, 2009. In 2015/2016, a total of 1.6 million out of 4.6 million passengers were inspected against the threats of Ebola and Yellow fever. In responding to this challenge the government, in 2015/2016, strengthened public health measures by supplying 16,100 doses of yellow fever vaccines, equipped 11 out of 46 points of entry with thermal scanners, equipped 74 health officials with skills for detection and responding to such infectious diseases.

Despite these interventions still there are challenges that hinder effective implementation of the public health measures. This is due to inadequate institutional capacity, coordination and weak surveillance of health migrants through uncontrollable porous borders.

2.22. Environmental Pollution Control and Climate Change

Environmental factors such as air pollution, unsafe disposal of waste, smog, leaded gasoline use have deleterious effects on human health and survival. The government has invested notable efforts in addressing these factors including initiating community awareness programmes, enactment of the Public Health Act – 2009 and drafted regulations on management of wastes including disposal of human remains. It is laudable that 78 percent of healthcare facilities have the capacities to minimize human exposure to toxic elements such as mercury that has been used for the long time in medical diagnostics. On the other hand, management of waste in urban is a serious public health problem as only 50% of waste generated is effectively managed.

Between 2007 and 2017, the country experienced drastic changes in climate which exposed the Health sector to be at risk of climate-sensitive diseases. Climate change on water quality is the main concern in the health sector as people suffer from water related diseases mainly malaria, diarrhea diseases including cholera and dengue fever mostly associated with increased precipitation and temperature as a result of the global climate change.

Cross Cutting Health Sector Issues

2.23. Gender

The various social differences and discrimination in gender can contribute to inequities in health status as well as access to health services. These results to continued negative health outcomes especially among women and children. Harmful gender norms encourage risky healthy behaviors and limit health seeking behaviors among men and boys. Gender-related power imbalances continue to influence mortality among women and girls. The persistence of gender-based violence contributed to increased risk and vulnerability to HIV and Reproductive Health problems among women and girls.

The government continued to make great strides in gender equality and special groups in health care delivery in the country. The government has continued to prepare, implement, monitor and evaluate rules, regulations, guidelines and procedures for the provision of health services based on gender and special needs groups. There have been concerted efforts towards women empowerment, free health services to pregnant women and children under five years, provision of reproductive adolescence and youth health services.

2.24. Governance

There has been increased good governance practices in the health sector in Tanzania. Transparency in health services and facilities have improved such as adequate information medical commodities, price lists, equipment and supplies received from MSD, DMO and other stakeholders has increased. The patients and community know what was received and used. Despite of the above efforts made by the government to ensure good governance is attained, yet some of the health facilities are not transparent. For example, pricing list is not displayed; free services are charged taking advantage of ignorance of the community and so forth.

Accountability has improved and there has been increased involvement of the communities through their representative on matters relating to the health facility. Health workers have been required to abide with ethics that govern their profession on executing their duties in order to attain good governance in health service delivery. Despite these efforts; there has been a number of complaints from the community in some areas that, health workers abuse professional code of ethics and conduct. There are complains on usage of bad language to patients, lack of confidentiality and health practitioners asking for side payment for the services provided

2.25. Corruption

For the last ten years, government has been implementing various National Anti- Corruption Strategies and measures for combating and preventing corruption in the health sector. These efforts included capacity building training on good governance and anti-corruption programmes, dealing with complaints and handling mechanism and training on ethics and integrity committees

Despite these government efforts corruption practices still persist in many public health systems and facilities all over the country. Petty corruption or bribery is the dominant type of corruption that exist in the health sector in Tanzania where by patients are asked for a bribe so as to get health services like consultations, treatment, check-up and referrals. Major factors contributing to corruption include poor wages/ remuneration for the health sector staff, greed/ behavior, pressure from patients, inadequate equipment and supplies and bribes are socially accepted in the community. Other factors include lack of institutional accountability, poor management, failure to adhere to professional code of ethics and conduct and no clear knowledge on client's rights.

Corruption has many negative effects. These include misallocation of resources, delays and inefficiencies. Also, patients are denied their health service rights, and at time may die and or causing unnecessary family sufferings. In many cases community losses faith in the health sector services and damage the ability of the health care system, increase inequality and cause health status to deteriorate.

Chapter Two

3.0. Rationale and Justification

The rationale and justification for the new National Health Policy 2017 emanates from the fact that time has changed, there is a new fifth government political regime, increasing health sector challenges and new demands for drafting processes, format and contents of national sector policies in Tanzania. The implementation of the National Health Policy-2007 has been in line with implementations of the National Development Vision 2025, the Millennium Development Goals (MDGs), the National Strategies for Growth and Reduction of Poverty (NSGRP I and II) programmes and other development efforts. Despite these efforts and achievements observed during the implementation; still there are health services financing shortfalls, unresolved issues in relation to human resources for health, limited specialized health services, increase in emerging and re-emerging diseases; increase in non-communicable diseases and inadequate provision of quality care; increase in maternal - child/infant mortality and burdens of HIV/AIDS are weaknesses to the health sector.

First, it is notable that ten years have elapsed since when Tanzania started implementing the National Health Policy-2007 and also there have been changes in the current government regime which is now focusing on nurturing industrialization for economic transformation and human development. As the country strives to attain a middle income goal, the new health sector policy is justifiable to give more and strategic attention to the quality of health services in tandem with the pursuit of universal access. At the same time, better health for the entire population has to be promoted through the adoption of health in all policies.

Second, during the last ten years there have been increasing domestic challenges such as increase in population with limited resources; changing in information communication technologies; new specific national development policies, guidelines and directives. Moreover, there have been changes in the regional and international opportunities, policies and strategies which also needed national health sector to change and address them so as to achieve sustainable health service goals, at large. The current national, regional and global state of social, economic and political requirements of the health sector are significantly different from what they were in 2007.

Third, in year 2014, the government of Tanzania came with clear directives and guidelines on how to prepare national sector policies, contents and formats. There is a requirement that all national sector policies must have specific implementation strategies. The implementation of the National Health Policy 2007 has been through implementation of the various strategies, programmes, projects and Health Sector Strategic Plans II, III and IV. The current Health Sector Strategic Plan 2015 – 2020, (HSSP IV) has been developed to guide the continued transformation of the health sector, to address the unfinished MDG agenda, and the increasing demand for decentralised, affordable, equitable and quality health services in a performance-oriented mode. However, the HSSP IV is too general, consisting of only four specific strategic objectives covering both health and social welfare sectors and include broad issues such as achieving a higher rate of return on investment by applying modern management methods and engaging in innovative partnerships. The New National Health Policy 2017 is needed to rationalize and formalize implementation of the HSSP IV.

Fourth, the New National Health Policy 2017 (and Its Implementation Strategy) is needed in order to address the following specific health sector weaknesses and challenges;

- a) Availability of medicines, medical supplies, and equipment in health facilities continue to affect provision of quality services.
- b) Skilled human resources for health in the various cadres have remained chronic at all levels in the health sector.
- c) Pace of reduction of Maternal mortality is not in favor of achieving Millennium Development Goals / Sustainable Development Goals as Planned.
- d) Continued changes in society lifestyles and behavior has contributed to increases in communicable and non-communicable diseases, accidents, and disasters while existing services do not sufficiently have the capacity to respond do it.
- e) Underfunding of the Health Sector; financial resources are not sufficient to deliver the bare minimum of essential services and therefore continued to hinder achievement of international declarations in which Tanzania is part to the signatories e.g. Abuja Declaration.
- f) Protecting the people especially the poor and vulnerable groups in accessing the health services in terms of financial barriers.
- g) Changing from input base to output base i.e., performance oriented to get Value for Money for Investment.

4.0. Vision, Mission and Objectives of the Policy

4.1. Vision

A healthy community that contributes effectively to individual as well as to the nation's development towards becoming a middle income country.

4.2. Mission

Facilitate the provision of basic health services that are of good quality, equitable, accessible, affordable, sustainable and gender sensitive.

4.3. Main National Health Policy Objective

The overall National Health Policy objective is to reach all households with essential health services attaining the needs of the population, adhering to objective quality standards and applying evidence-informed interventions through resilient systems for health.

Chapter Three articulates the following specific objectives:

4.3.1. Health Services

- i. Effective health promotion services
- ii. Reduced malnutrition in the country
- iii. Comprehensive and sustainable immunization services
- iv. Improved reproductive, maternal, newborn, child and adolescent health services.
- v. Reduced prevalence of communicable diseases
- vi. Efficient prevention and management of Neglected Tropical Disease
- vii. Reduced morbidity, disability and mortality due to non-communicable diseases.
- viii. Effective oral health services
- ix. Effective eye health services
- x. Improved rehabilitation services for PWDs
- xi. Efficient emergency preparedness and response
- xii. Reduced burden of intentional and unintentional injuries
- xiii. Comprehensive, well maintained and quality diagnostic services
- xiv. Accessible, affordable and quality health technology
- xv. Adequate safe blood and sustainable quality blood transfusion services
- xvi. Improved quality of health care services for the elderly
- xvii. Safe, quality traditional healing and alternative medicine services
- xviii. Adequate and accessible quality medicines and health commodities.

4.3.2. Intersectoral Collaboration

- xix. Sustainable water safety, sanitation, hygiene and food safety
- xx. Sustainable occupation health and safety at work place
- xxi. Sustainable port health services
- xxii. Sustainable Environmental Pollution Control and Climate Change Services

4.3.3. Crosscutting Issues

- xxiii. Enhanced gender equity and equal opportunities to access health services.
- xxiv. Good governance in the health sector.
- xxv. Zero tolerance to corruption in health sector.

Chapter Three

5.0. National Health Policy 2017 Issues, Objectives and Statements

This chapter presents the National Health Policy -2017 issues, objectives and statements.

5.1. Health Promotion

5.1.1. Policy Issue

Tanzania has put in place conducive environment for the provision of health education and promotion services at almost all levels. Financial budgets allocated for health education have increased. All health sector stakeholders participated in the provision of health education and promotion services. This has been through increasing use of communication media, especially television, internet, mobile phones and social media such as Facebook, twitter, blogs, etc.

Effective community health education has some positive impact on social welfare. There has been an increasing knowledge /awareness towards the protection and promotion of health by the communities in Tanzania. It has also increased government and private sectors investments in social services especially to vulnerable groups such as elders, women, children and people with disabilities. However, Tanzania has no governing principles, act, regulations and guidelines established for health education, weak institutional linkages and community engagement.

5.1.2. Policy Objective

Effective health promotion services

5.1.3. Policy Statements

The Government will:

- i. Strengthen governing principles, acts, regulations and guidelines for promotion of health services;
- ii. Ensure active community engagement in the designing, planning, implementing, monitoring and evaluating health promotion and education programs; and
- iii. Enhance institutional linkages between health promotions with other stakeholders.

5.2. Nutrition

5.2.1. Policy Issues

Nutrition has been an essential component for safeguarding and maintaining better human health and hence development of human capital. Despite the observed notable improvement of public health through promotion and sensitization about nutrition to the community, still there is increasing of over nutrition and prevailing of under nutrition in communities. The management

of acute malnutrition, control of micronutrient deficiencies, healthy eating and life style issues has not been adequate.

5.2.2. Policy Objective

Reduced malnutrition in the country

5.2.3. Policy Statements

The Government will:

- i. Strengthen governing principles, acts, regulations and guidelines for provision of nutrition services;
- ii. Strengthen mechanism for provision of nutrients for supplementation or fortification of food;
- iii. Promote dietary intervention for control of micronutrient deficiencies;
- iv. Promote appropriate maternal, infant and young child feeding practices in households and in communities;
- v. Intensify awareness creation and public sensitization on life-style related illnesses;
- vi. Collaborate with other stakeholders to advocate food security among households in communities; and
- vii. Coordinate research and promote awareness of local food items of equivalence value in minimizing malnutrition in children and adults.

5.3. Immunization

5.3.1. Policy Issue

Immunization has been crucial in preventing morbidity and mortality. Despite impressive performance of child immunization, Tanzania is still having a few children who are not fully immunized due to unavailability of the respective vaccine in health facilities. Also the ignorance on the importance of vaccination still prevailing among people in communities. Moreover, mothers are observed to being too busy and far distant from service delivery points. In addition, there is limited coverage of all districts with immunization services and the comprehensive population based immunization has not been reached.

5.3.2. Policy Objective

Comprehensive and sustainable immunization services

5.3.3. Policy Statements

The Government will:

- i. Ensure safety and provision of quality vaccines;

- ii. Strengthen the systems of immunization services throughout the country for sustainability and maintaining high level performance; and
- iii. Enhance public awareness of the importance of immunization.

5.4. Reproductive, Maternal, Newborn, Child and Adolescent Health

5.4.1. Policy Issues

Significant efforts have been made by the government in collaboration with the community and stakeholders in expanding, improving and distribution of the reproductive, maternal, newborn, child and adolescent health services to the target population. However, the services related to family planning, pregnancy, sexually transmitted diseases, Gender Based Violence (GBV), Violence Against Children (VAC), Female Genital Mutilation/Cutting (FGM), harmful traditional practices, breast and cervical cancer screening, prevention and treatment of infertility are inadequate. In addition, there is minimal provision of adolescent specific health services and emergency service during delivery process has been weak. Also there has been limited scale up of emergency maternal and newborn health services, and the rate of maternal and newborn mortality has remained high.

5.4.2. Policy Objective

Improved reproductive, maternal, newborn, child and adolescent health services.

5.4.3. Policy Statements

The Government will:

- i. Ensure provision of quality health services to reproductive, maternal, newborn, child and adolescents;
- ii. Enhance reproductive, maternal and newborn emergency services;
- iii. Strengthen synergies between preventive and curative services in reducing maternal mortality.
- iv. Ensure effective enforcement of laws, regulations and guidelines on GBV, VAC and FGM and provision of post violence care services to the survivors;
- v. Strengthen services for infertility, family planning, pregnancy, sexually transmitted diseases, breast and cervical cancer; and
- vi. Strengthen gender sensitive programs for both men and women in provision of health services.

5.5. Communicable Diseases

5.5.1. Policy Issues

Morbidity and mortality from communicable diseases has decreased during the last decade. In the management and control of TB under diagnosis and increasing multidrug/extensive drug resistance remains challenge. While in malaria continuous focus has not been sustained in order

to control the disease. On the other hand, utilization of HIV/AIDS care and treatment services for marginalized groups, like people who inject drugs, sex workers, and people living with disabilities get insufficient attention. In addition, there is an increasing emerging and re-emerging communicable disease epidemics especially zoonotic diseases in Tanzania. This is compounded by weak Integrated Disease Surveillance and Response system that determine real time disease surveillance information. Despite substantial efforts and progressively positive results in combating these diseases, involvement of community in disease surveillance has been limited and inadequate.

5.5.2. Policy Objective

Reduced prevalence of communicable diseases

5.5.3. Policy Statements

The government will;

- i. Strengthened community involvement in prevention, care and treatment of communicable diseases;
- ii. Enhanced capacity of health workers and community in controlling and preparedness in responding to communicable diseases;
- iii. Ensure appropriate prevention, diagnosis and treatment of communicable diseases;
- iv. Ensure optimal interventions for highly affected groups such as children and pregnant women in communicable diseases;
- v. Strengthen the supply and distribution of medical equipment and commodities for prevention and care of communicable diseases;
- vi. Strengthen integration of communicable diseases management within RMNCAH services;
- vii. Ensure implementation of effective IHR 2005 legal and regulatory framework for timely controlling epidemics, emerging and re-emerging diseases; and
- viii. Strengthen inter-ministerial cooperation to address health security and emergencies at national, regional and district levels in order to attain country IHR core capacities

5.6. Neglected Tropical Disease (NTD)

5.6.1. Policy Issues

Tanzania has made significant progress towards combating NTDs. The overall prevalence of highly endemic diseases has gone down and the number of endemic districts that need treatment is also going down. However, there is limited surveillance to ensure any signs of recrudescence is detected early and addressed appropriately. In addition, there is limited access to care for people already affected with NTD morbidity.

5.6.2. Policy Objective

Efficient prevention and management of Neglected Tropical Disease

5.6.3. Policy Statements

The Government will:

- i. Promote public awareness on NTDs.
- ii. Increase access to care for people already affected with NTD morbidity
- iii. Enhance NTD management systems, monitoring and evaluation.
- iv. Strengthen operational research and surveillance capacity for early detection of NTDs and any recrudescence;

5.7. Non-Communicable Diseases

5.7.1. Policy Issues

Tanzania has an increasing trend of non-communicable diseases (NCDs) characterizing an evident epidemiological transition. It is evident that patient from cancer, diabetes and cardiovascular and mental diseases who require health services are increasing. Despite efforts invested in fighting against NCDs still there are challenges which include limited public awareness, promotion, prevention and curative services. This is related to inadequate NCD experts, rehabilitative services, community involvement in home based care and palliative care for patients. Habits of healthy eating and physical activities, especially among at-risk communities are worsening. Early detection through regular medical examinations promotion efforts have started but have been limited. Also, there is limited diagnosis of NCDs and interventions related to screening in newborn and elderly, and enrolment into comprehensive care services. Independent NCD clinics have not been well integrated into the health care system to enhance accessibility and affordability.

5.7.2. Policy Objective

Reduced morbidity, disability and mortality due to non-communicable diseases.

5.7.3. Policy Statements

The Government will:

- i. Strengthen governing principles, acts, regulations and guidelines for drug control;
- ii. Create community awareness, advocacy and communication on NCDs risk factors.
- iii. Improve community access to cancer management;
- iv. Enhance prevention, control, early detection, treatment for NCDs;
- v. Strengthen surveillance system and operational research in NCDs.
- vi. Enhance capacity building to the health workers for NCDs management;
- vii. Strengthen community involvement, home based care and palliative services care for patients;
- viii. Strengthen the provision of specialized and super specialized other NCD's health services in the health facilities;

- ix. Provide a framework for regulating alcohol use in order to promote the health and social wellbeing of Tanzanians.

5.8. Oral Health

5.8.1. Policy Issues

The government has been providing oral health services at district, regional and national levels. However, these services are not yet accessible to many people particularly those residing in the rural areas. Dental diseases have increased due to changes in life-style of people; in food and drinks with highly sugar consumption; low awareness of oral health issues in the community. The oral health services have not been effectively promoted, and there is shortage of practitioners, limited community involvement and oral health researches.

5.8.2. Policy Objective

Effective oral health in the community

5.8.3. Policy Statements

The government will:

- i. Ensure the availability of oral health commodities and equipment at all levels;
- ii. Improve prevention of oral health diseases at community level;
- iii. Scale up management of oral health services at all levels; and
- iv. Promote community awareness on oral health.

5.9. Eye Health

5.9.1. Policy Issues

Majority of eye conditions causing blindness or visual impairment can either be prevented or treated. However, eye health services are not available to a significant proportion of the population, with the rural far more affected than urban. Eye diseases are on the increase and hence triggering a burden to the health care system. There have been limited availability of eye health commodities, skilled human resource, equipment and infrastructure for provision of eye health services.

5.9.2. Policy Objective

Effective eye health in the community.

5.9.3. Policy Statements

The government will;

- i. Improve specialized eye health services from National to district level;
- ii. Strengthen prevention and management of eye health services at all levels;
- iii. Ensure availability of eye health commodities, equipment and infrastructure for provision of eye health services.
- iv. Collaborate with stakeholders in coordinating and conducting eye health related researches;
- v. Promote public awareness on eye health conditions and their preventive measures.

5.10. Rehabilitative Care

5.10.1. Policy Issue

Rehabilitation services have been focusing on specific needs to persons with disabilities, (PWDs). Services provided include physical, occupational; speech, restorative care and activities therapies. These services are constrained by low awareness. There are weak national support systems for assistive devices, other medical supplies and equipment. Human resource and institutional capacity building for provision of rehabilitative services are inadequate and there is no integration of physical rehabilitation services into primary, secondary and tertiary levels of health system.

5.10.2. Policy Objective

Improved rehabilitation services for PWDs

5.10.3. Policy Statements

The Government will:

- i. Strengthen the national support systems for assistive devices, other medical supplies and equipment,
- ii. Ensure provision of community based rehabilitation (CBR), support and protection services for Persons with Disabilities.
- iii. Enhance integration of physical rehabilitation services into primary, secondary and tertiary levels of health system
- iv. Promote the public private partnership for the provision of the rehabilitation health services.

5.11. Emergency Preparedness and Response

5.11.1. Policy Issue

The government has undertaken several measures including completion of all -hazard preparedness and response plan, initiation of one- health approach and build capacity to respond to emergencies. Likewise, the health sector has improved coordination and collaboration

mechanisms, by establishing Public Health Emergency Operation Center (EOC). Despite the efforts, Tanzania is still faced with inadequate hazards mitigation and preparedness, response and recovery plans and strategies at all levels, comprehensive multi-hazard preparedness, emergency capacity in terms of human and financial resources, and lack of pre hospital Emergency Medical Services (EMS).

5.11.2. Policy Objective

Efficient emergency preparedness and response

5.11.3. Policy Statements

The Government will:

- i. Strengthen institutional capacity for preparedness and response to emergency and disaster;
- ii. Strengthen communication and information sharing for early warning on emergencies preparedness and response;
- iii. Collaborate with stakeholders in emergency preparedness and response;
- iv. Strengthen emergency medical services including establishment of pre-hospital care;
- v. Promote community awareness and participation in the preparedness and response to emergency and disasters.

5.12. Injuries

Provision of health care services to people injured has been effective in most of health facilities although there are some deviances. Pre-hospital care has been almost non-existent and health care service deliveries at the health facilities has been inadequate. Furthermore, the requirement of case notification to police station before a victim is sent to hospital delays patients further and defeat the concept of golden hour in emergency management of trauma patient. It has been logical to believe therefore, that significant proportion of patients with severe injuries is dying without medical care in Tanzania. There are limited capacities for both pre-hospital and health care facilities to manage accidents.

5.12.1. Policy Objective

Reduced burden of intentional and unintentional injuries

5.12.2. Policy Statements

The government will;

- i. Recognize traumatic injuries (intentional and unintentional) as a disease entity which requires due attention.
- ii. Establish joint national injuries prevention system and surveillance

- iii. Enhance pre-hospital injuries care system which will be incorporated in the national health referral system.
- iv. Improve injuries care and management in all levels of health facilities.
- v. Strengthen injury care and rehabilitation services in all tertiary (zone hospitals) levels and at the national hospital

5.13. Diagnostic Services

5.13.1. Policy Issues

Quality diagnostic services and health technology have been an essential pillar in the delivery of health services and ensuring access to quality health care for every citizen. This aspect of providing health care has assumed greater prominence currently due to frequent occurrences of emerging and re-emerging diseases that require modern technology and molecular diagnosis. However, it still faces challenges of weak public health laboratory services, biosafety and biosecurity containment levels, paucity of diagnostic instruments in hospitals especially at the lower levels and the inadequate qualified personnel, planned preventive maintenance and unreliable availability of diagnostic supplies and consumables.

5.13.2. Policy Objective

Comprehensive, well maintained and quality diagnostic services

5.13.3. Policy Statements

The government will;

- i. Improve diagnostic and forensic services to detect diseases at all levels;
- ii. Expand diagnostic training systems and institutions;
- iii. Strengthen laboratory biosafety and biosecurity.

5.14. Health Technology

5.14.1. Policy Issues

Health Technology has been essential in the delivery of Quality Health care services. The use of health technology has improved the quality of health care services in the management of traditional disease, emerging and re-emerging disease. However, the adoption of health technology faced a lot of challenge due to changes in technology, high cost, inadequate qualified personnel, inadequate planned preventive maintenance and less availability of health technology commodity, consumables and equipment's. There are limited efforts to access and utilization of various health technology and inadequate knowledge in health technology assessment (HTA) for evidence based selection of quality and safe technology as well as realizing value for money.

5.14.2. Policy Objective

Accessible, affordable and quality health technology

5.14.3. Policy Statements

The government will;

- i. Promote low cost modern health technology systems
- ii. Ensure adequate qualified health technology personnel,
- iii. Improve availability and accessibility of health technology commodity, consumables and equipment's.
- iv. Improve adequate knowledge in health technology assessment (HTA) for evidence based selection of quality and safe technology as well as realizing value for money

5.15. Blood Safety

5.15.1. Policy Issues

The government has made progress in providing safe blood for transfusion, however availability of adequate and safe blood is still a big challenge. This is attributed to inadequate budget allocated for supporting blood transfusion services in turn leading to low capacity for blood collection, screening, blood product preparation, storage, distribution and use at the health facilities. Other challenges include: inadequate and unreliable availability of reagents and consumables for blood transfusion services, inadequate human resources and negative attitude of the community to donate blood.

5.15.2. Policy Objective

Adequate safe blood and sustainable quality blood transfusion services

5.15.3. Policy Statements

The government will;

- i. Establish a legal framework for blood transfusion services in Tanzania;
- ii. Strengthen the infrastructure and system for Blood Transfusion Services; and
- iii. Enhance the environment to motivate community to donate safe blood voluntarily;

5.16. Geriatric Services

5.16.1. Policy Issues

Government has established service point for geriatric services, However, many elderly people fail to access important quality health services including timely availability of health services. Health facilities do not have adequate expertise and lack human resource capacity in elderly/geriatric health care services which may lead to wrong patient's management. Furthermore, elderly people are not involved in every stage of provision of knowledge on free medical treatments in health facilities. In addition, geriatric care has not improved especially for non-communicable diseases especially cancer treatment. Likewise, there are limited functioning financing arrangements for the elderly is in place.

5.16.2. Policy Objective

Improved quality of health care services for the elderly

5.16.3. Policy Statements

The government will;

- i. Enhance promotion programs for health ageing for older adults;
- ii. Ensure adequate expertise and human resource capacities in elderly/geriatric health care services.
- iii. Involve elderly people in every stage of provision of knowledge and information on free medical treatments in health facilities.
- iv. Improve geriatric care, especially for non-communicable diseases especially cancer treatment.
- v. Ensure adequate functioning financing arrangements for the elderly is in place

5.17. Traditional and Alternative Medicine

5.17.1. Policy issue

Traditional and alternative medicine practices have been among common methods used in provision of health services. Large populations particularly in rural areas begin with consulting traditional healing services before visiting modern health facilities for treatment and vice versa. Moreover, alternative medicine has of recent become popular among communities due to its increasing global popularity and acceptance. Despite these services being used by the majority, there are concerns on the quality and safety in the practice and products of traditional medicine. Such problems threaten the health of many who are the users of such services.

5.17.2. Policy objective

Safety, quality traditional healing and alternative medicine services

5.17.3. Policy statements

The Government will:

- i. Ensure quality and safety of traditional and alternative medicines in use;
- ii. Strengthen basic and scientific research on traditional medicine practice, traditional medicines and medicinal plants for improvement of traditional health services.
- iii. Promote industrial manufacturing of *materia medica* (Traditional Medicines).

5.18. Medicines and Health Commodities

5.18.1. Policy issues

Increasing availability of medicines and health products has been critical for any health delivery system. Despite the efforts by the government to improve the pharmaceutical sector, there are still shortages of medicines and health products thereby affecting provision of quality health services. Furthermore, antimicrobial resistance (AMR) is an emerging public health problem. Likewise there is use of ineffective medicines selections methods, irrational prescribing and dispensing, decline in the number and production capacity of domestic pharmaceutical industries, uncontrollable medicine, high price of medicines, low capacities of regulatory Agencies, inadequate human resources for pharmaceutical services and overdependency on imported health commodities.

5.18.2. Policy Objective

Adequate and accessible, affordable quality medicines and health commodities.

5.18.3. Policy Statements

The Government will:

- i. Ensure medicines and health commodities supply system is efficient, transparent, sustainable and adhering to national and international quality standards;
- ii. Put in place a system to enable local manufacturing and supplying of medicines and health commodities;
- iii. Establish measures to combat antimicrobial resistance;
- iv. Establish a mechanism for medicine and health commodities price control; and
- v. Enhance capacity building to organs for quality control of medicine and health products.

5.19. Water, Sanitation, Hygiene and Food Safety

5.19.1. Policy Issue

Despite the government efforts in strengthening Water, Sanitation, Food safety and Hygiene services, weakness still exists. Observed weaknesses include absence of improved latrines, which

satisfy health requirements, inadequate management of waste, inadequate capacity and resources to provide and sustain safe water, and food, sanitation and hygiene services at households and public places including menstrual hygiene management services, inadequate enforcement of laws and by-laws. Majority of Health and their Environmental determinants require a well-coordinated as well as intersect oral collaboration with other Public and Private sectors. Provision of these services is the key components towards prevention of diseases prevalent in the country, *e.g.*, cholera, typhoid, dysentery and diarrhoea. Moreover, this sub-sector faces weak coordination and linkage with other sectors and stakeholders leading to duplication of efforts in tackling the existing challenges, unsatisfactory participation of the community and the private sector.

5.19.2. Policy Objective

Sustainable water safety, sanitation, hygiene and food safety

5.19.3. Policy Statements

The Government will;

- i. Enhance public private partnership on promotion of water safety, food safety, sanitation and hygiene services;
- ii. Strengthen coordination, institutional arrangement and framework for safe water, sanitation and hygiene and food safety services.
- iii. Enforce laws and regulations related to safe water, and food, sanitation and hygiene including menstrual hygiene management.
- iv. Improve systems for sustainable implementation of the safe water, sanitation and hygiene.,
- v. Ensure efficient menstrual hygiene management.

5.20. Occupational Health and Safety

5.20.1. Policy Issues

Occupational health and safety has been supporting performances of personnel at work place. It has been crucial for employers to assume full responsibility for the protection of workers' health and safety. However, participation of the private sector for development and reviewing the workers' health policies including information sharing has been limited and uncoordinated. The healthcare services provided by the occupational health and safety (OHS) have been weak. OHS has not been very resilience at work and in the face of outbreaks and public health emergencies. Workers faced with a multitude of health hazards, due to inadequate coordination and linkages among sectors and inadequate enforcement of laws and regulations governing occupational health services.

5.20.2. Policy Objective

Sustainable occupation health and safety at work place

5.20.3. Policy Statements

The Government will:

- i. Strengthen enforcement of laws and regulations related to occupational health and safety
- ii. Improve occupational health and safety services and coordination
- iii. Ensure integration of occupational health services in the primary health care and health workforce emergency preparedness and responses;
- iv. Enhance public private partnership in provision of occupational health and safety services.
- v. Promote worker's awareness on health and safety at workplace.

5.21. Port Health Services

5.21.1. Policy Issues

Port Health Services have been critical for prevention of importation and exportation of international notifiable diseases (Public Health Events of International Concern (PHEIC)). However, the core capacity of the designated points of entry have not been determined and developed to meet the minimum WHO standards for effective implementation of International Health Regulations (IHR). The systems for early warning and early detection are weak. The public health response is not well coordinated to public health risks in a way that minimize unnecessary interference to international traffic and trade. Also, mechanism and linkage between port health services and immigration health services are weak and inefficient. These have failed to reduce the public health risks associated with mass movement through unofficial borders such as refugees and asylum seekers.

5.21.2. Policy Objectives

Sustainable port health services

5.21.3. Policy Statements

The Government will:

- i. Strengthen core capacity at points of entry for detection and responding to public health emergencies.
- ii. Improve systems for early warning and detection of public health events.
- iii. Ensure coordination of port health services, migrant health services and crossborder surveillance to address the issue of porous borders.
- iv. Enhance monitoring, control and evaluation of importation of goods and products that endanger public health and safety.

5.22. Environmental Pollution Control and Climate Change

5.22.1. Policy Issue

The environment changes are risk to human health. Current environmental risks to public health include rising levels of ambient and indoor air, increasing use of high impact noise, growing burden of municipal waste, hazardous waste from healthcare settings, toxic discharges from industries and production facilities, and improper disposal of the dead including human remains. There has been also increasing risk of human disasters linked with changing temperatures and precipitation, and hazards associated with poor housing and unplanned settlements. Moreover, there are no specific issues on the impact of the changing climate associated with human health addressed in the policies and strategies.

5.22.2. Policy Objectives

Sustainable Environmental Pollution Control

5.22.3. Policy Statements

The Government will:

- i. Ensure efficient safe management of waste in communities;
- ii. Strengthen systems for healthcare waste management at health care delivery settings.
- iii. Improve systems and capacities to adopt and mitigate public health risks from climate change

6.0. Cross Cutting Issues

6.1. Gender

6.1.1. Policy Issues

Gender integration has been a priority for the health and health-related sectors. The government made concerted efforts in gender and special groups in health care delivery systems. In addition, the government has made progress on prevention and response to GBV and VAC, however, integration of gender issues and equity in health services has been constrained by cultural norms encouraging limited reporting by GBV survivors; weak linkages within the sector, law enforcers and other stakeholders.

6.1.2. Policy Objectives

Enhanced gender equity and equal opportunities to access health services.

6.1.3. Policy Statements

The government will;

- i. Enhance gender equality and women empowerment integration in health services;
- ii. Strengthen intersectoral approaches against Gender Based Violence (GBV) and Violence Against Children (VAC); and
- iii. Ensure equitable service provision remains a priority, giving preference to those in the society who are most vulnerable, living in remote area and in the poorest Councils.

6.2. Governance

6.2.1. Policy Issues

There has been increased good governance practices in terms of transparency and accountability the health sector in Tanzania. There is improved information in health services and facilities. There has been increased involvement of the communities through their representative on matters relating to the health facility. Despite of these efforts, the health facilities are still governance problems and disadvantage of ignorance of the community. There has been a increasing community complaints on the health workers abuse professional code of ethics and conduct, on usage of bad language to patients, lack of confidentiality and health practitioners asking for side payment for the services provided

6.2.2. Policy Objective

Good governance in the health sector.

6.2.3. Policy Statements

The government will;

- i. Improve accountability and transparency at all levels.
- ii. Ensure institutional coordination and linkage between intersectoral ministries;
- iii. Strengthen the capacity of oversight and enforcement organs for management of provision of health services.

6.3. Corruption

6.3.1. Policy Issues

The government has taken various steps towards anticorruption through its National Anti-Corruption Strategy and Action Plan. Despite these efforts, corruption has continued to be one of the critical issues in provision of health services at all levels of healthcare delivery. Corruption has been damaging the credibility and ability of the health care systems to deliver high quality, effective care to the people who can benefit most, and to increase inequality and cause health status to deteriorate especially among the vulnerable population group.

6.3.2. Policy Objective

Zero tolerance to corruption in health sector.

6.3.3. Policy Statements

The government will:

- I. Promote accountability, transparency and ethical practice in the health sector;
- II. Ensure that all health sector staff are adequately remunerated and their working and living conditions improved.
- III. Ensure availability of adequate social economic infrastructural facilities, equipment, medical supplies to all Tanzanians.
- IV. Enhance effective institutional collaboration, accountability and management of health promotion.,

Chapter Four

7.0. Legal and Regulatory Framework

Chapter Four presents legal and regulatory framework for managing, coordinating and supporting implementation of the National Health Policy 2017 objectives, strategies and activities. A wide spectrum of legal entities (public, private and civil society) in health sector shall be responsible for implementation of the National Health Policy. The legal and regulatory framework is a policy implementation instrument with objective of optimal management of provision of health care services for the improvement of the public health. Given this objective, the relevant strategies include implementation of existing health sector legislation and related areas that will avoid contradictions, inconsistencies, overlapping mandates and adopt effective substantive and operational guidelines.

7.1. Core Acts and Regulations in Health

Currently, in the health sector there is no single legislation that guides provision of health services in the country. Therefore, the implementation of National Health Policy 2017 will follow existing and the newly established legislation framework. The legislation framework for supportive management and guidance of implementation of National Health Policy will be categorised as follow:

7.1.1. Legislation for Health Services

Tanzania has put in place various national laws and regulations relevant for management and supervision, and guidance of health services. In specific, the core laws and regulations among others includes: The Public Health Act No. 1 of 2009; The HIV & AIDS (Prevention & Control) Act, 2008; The Mental Health Act No 21 of 2008; and The Traditional and Alternative Medicine Act No 23-2002. Legislation for health services intentionally established to improve the provision of health services and eradication of diseases in the country. It is providing supervision and giving mandate and guidance for authorities to function on all matters related to public health.

The legislation for health services has been operational and effective, and provides the government mandate to undertake different initiatives aiming at attaining better public health through provision better quality health care services. Through the mandate given by this legislation, general regulations have been put in place to strengthen the enforcement of the laws in exercising its powers. Thus, public health has been enhanced due to initiatives taken in ensuring there is equitable access to health services around the country. The legislation provides guidance to health sector stakeholders on the development and implementation of general public health strategies and programs which contribute to sustainable community health. This legislation assists in attain the objective of improving public health so as to have a healthy society which contributes to sustainable individual and national development.

The legislation for Health Services is very essential for management and supervision of provision of health care services to the public purposely for preservation and maintenance of public health in Tanzania. However, despite its existence, there are still some problems in the enforcement of laws. There is low quantity and quality human resources in health sector and hence affects the enforcement of laws. The legal policy objective is to conduct capacity building and implementation strategies to solve health sector related problems connected to improvement of public health and provision of health services.

The main implementing strategies include recruiting right manpower with needed skills, knowledge and experiences in the right positions, conducting dissemination, sensitization and advocacy; Information; conducting training capacity building at different levels: Knowledge; putting in place adequate infrastructural facilities, financial resources, ICT and other systems and embarking on intensive consultations with all stakeholders, harmonization and institutional relations though entering into MoUs and Agreements.

7.1.2. Legal Instruments for Health Services

Tanzania has put in place various national laws which establishes instruments at all levels to guide the provision of health services in the respective areas according to the law. In specific, the core laws and regulations among others includes: The Nursing & Midwifery Act, 2010; Pharmacy Act, 2011; The Mental Health Act No 21 of 2008; The Environmental Health Practitioners (Registration) Act, 2007; The Health Laboratory Practitioners Act, 2007 and The Traditional and Alternative Medicine Act No 23-2002.

Legal instruments for health services establishes instruments which are designed and mandated to guide and supervise the provision of health services in a respective level. The legal instruments established are Councils and Professional Boards, which oversee the professionalism and ethics in the delivery of health services at all levels. Also other established legal instruments are Health Boards and Committees at all levels, which guides and oversee the provision of health services in their respective areas according to the law.

The legal instruments for Health Services are consistently guiding and supervising the provision of health services at all levels. The councils and professional boards has contributed significantly in health care services provision through setting standards of education and practices hence maintenance of consistency and direct interaction between health service providers and recipients. Health boards and committees has consistently supervised health service provision in health facilities. The legal instruments for Health Services are very essential for guidance and overseeing the provision of health services in the country. These instruments have been established and operational, although most of them seems to be weak in enforcement of laws due to fact that they have got limited resources for active supervision of health services delivery in the country.

The legal policy objective is to conduct capacity building to legal instruments for health services and make legal instruments strong enough for active supervision of health service delivery in the country.

The main implementing strategies include recruiting right manpower with needed skills, knowledge and experiences in the right positions; Information: conducting training capacity building at different levels: Knowledge; putting in place adequate infrastructural facilities, financial resources, ICT and other systems and embarking on intensive consultations with all stakeholders, harmonization and institutional relations through entering into MoUs and Agreements.

7.1.3. Legislation for Health Training Institutions

Tanzania has put in place various national laws which establish and manage health training institutions for imparting health science to people with an aim of production of professionals to work in health sector. In specific, the core laws and regulations among others include: The Muhimbili University College of Health Science Act No. 9 of 1991.

The legislation for Health Training Institutions has been operational and effective since there are health training institutions established and operational where there is a good number of professionals produced from those institutions. The established institutions have been awarding different academic awards according to levels of graduates.

The legislation for health training institutions is consistently guiding and supervising health training institutions in its designated function of imparting health science to people and producing better quality professionals. Although, health training institutions are supervised by different institutions that is National Council for Technical Education (NACTE) and MoHCDGEC, hence there are conflicting procedures.

There are health training institutions established especially private health training institutions do not comply to laws and established standards, hence produce incompetent and semi-skilled professionals. Also there are outdated laws in legislation for health training institutions.

The legal policy objective is to have a comprehensive legislation for health training institutions so as to enhance the capacity of institutions in imparting health science to people and deliver competent and skilled professionals in health sector.

The main implementing strategies include review of the outdated laws and establish new laws that will be based on current needs and environment. Also establishing a single comprehensive legislation for health training institutions so as to avoid conflicting supervision of the institutions. Also there will be recruiting right manpower with needed skills, knowledge and experiences in the right positions, conducting dissemination, sensitization and advocacy: Information; conducting training capacity building at different levels: Knowledge; putting in place adequate infrastructural facilities, financial resources, ICT and other systems and embarking on intensive consultations with all stakeholders, harmonization and institutional relations through entering into MoUs and Agreements.

7.2. Other Legal Policy Issues and Objectives

7.2.1. Alcohol Regulatory Framework In Tanzania

The current alcohol regulatory framework requires revision in order to provide an effective and efficient environment for the importation, production, marketing and consumption in the country. There is in need for coordination of the various laws and operation of institutions which in one way or another deal with matters related to alcohol.

7.2.2. Various Legal Laws under Different Institutions and Mandates

The health sector in Tanzania has been based on various legal statutes under different institutions and mandates such as manufacturing, imports, trade, consumption, quality standards, health standards in different administrative bodies. The existing legislation does not adequately address the unique needs for promotion, preservation and maintenance public health in the country. Weakness in legal framework is one of the limitations that affect the promotion, preservation and maintenance of public health.

To address these legal and regulatory challenges, the Government will strengthen the enforcement of existing legislation; review the relevant legal and regulatory framework to make them more responsive to sustainable promotion, preservation and maintenance of public health in Tanzania.

7.2.3. Formulation and Harmonization of Laws, Regulations and Guidelines

The relevant strategies may be taken to attain the objective include creating broad legislation that will provide a legal framework to promote, preserve and maintain public through enhancement of the provision of quality health services to the public.

Chapter Five

8.0. Institutional Framework

The implementation of the National Health Policy of 2017 will be based on the health services system that are structured on the availability of all four types of the services such as health promotion, preventive, curative and rehabilitative care at every level. The overall objective of the health sector is to provide essential quality, sustainable and affordable health care services based on equity and gender. The policy aims at achieving a higher rate of return on investment by applying modern management methods and engaging in innovative institutional partnerships.

The achievement of this objective depends on the availability of effective institutional framework operated by professionals to deliver the services and strong involvement of the community, private sector, non-governmental organization and other sectors since, the health sector on its own cannot satisfy all the communities' needs. Thus, the implementation of the health policy will involve development of an effective institutional implementation framework that comprise and provide a review of existing legislation, capacity building in related areas that will avoid overlapping mandates, evaluate the role and participation of the private sector in provision of Health System and adopt appropriate regulations and operational guidelines.

The concept of decentralization to the communities will continue to be the critical means towards the achievement of the policy objective and the participation of other sectors in the delivery of health services. In line with this policy there is a need of having a strong guidance under the institutional framework in which every participating sector and identified area of decentralization is conversant with. Such organization will minimize bureaucracy and conflicts in sectorial roles and responsibilities during implementation of this policy. Also, improving the technical competency of health workers and ensuring adherence to quality standards will increase the overall institutional effectiveness of health services

The institutional framework of the implementation of National Health Policy of 2017 will comprise two interdependent institutional organizational structures. These are Internal (Central Ministries and Local Government Authorities) and external (Public and Private Entities) institutional frameworks. The key institutions, arrangement and their roles include the following:

8.1. Internal Ministry Institutional Arrangement

This part of the institutional arrangement comprises of central ministries responsible for health sector matters, local government authorities and ministerial agencies and departments.

8.1.1. The Ministry of Health, Community Development, Gender, Elderly and Children

The Ministry of Health, Community Development, Gender, Elderly and Children headquarters which is comprised of various departments and special units in collaboration with Prime Minister's Office – Regional Administration and Local Government is the supervisor of the implementation of the National Health Policy of 2017. The ministry is responsible for the

development, supervision, coordination and implementation of the National Health Policy, related laws, regulations, guidelines and standards of health services at all levels of health service delivery in Tanzania on behalf of the Government. Furthermore, the Ministry is responsible for policy based subsequent strategic planning, resource mobilization and monitoring and evaluation in the health sector through eyes on and hands off as an observer status key approach.

For the effective and efficient implementation of this policy towards achievement of the intended vision, mission and policy objectives, Inter-Ministerial Steering and Technical Committee of sectorial ministries will be formulated by the MoHCDGEC to oversee periodically all health services matters.

The Major Functional objectives of the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) will include:

- i. Coordinate health status and quality of health services in the country.
- ii. Analyse and interpret policies, various research conducted in the country and other special reports on health situation and services provided.
- iii. Making follow-up of Tanzanians health status and quality of health services in the country.
- iv. Facilitate pragmatic improvement of health services in the country.
- v. Delivery of health services at the District, Regional, Referral and specialized/Consultant Hospitals at the national level.
- vi. Provide health services based on the policy of decentralization by devolution of powers and resources to the people.
- vii. Develop, monitor and evaluate the implementation of the community development policies, programs, strategies and plans
- viii. Oversee coordination and monitoring of community based HIV/AIDS interventions

8.1.2. Zone Institutional Framework Arrangement

The Ministry of Health, Community Development, Gender, Elderly and Children will implement its policy through established Agencies; Zonal Resource Centres such as Zonal Medical Stores, Referral and Specialized Hospitals, Safe Blood Bank Centres, the Government Chemist Laboratory Agency Centres and Food and Drugs Authority centres for the improvement of sustainable health services by conducting various trainings, providing advice, monitoring and supervision and conducting research.

The use of these zonal centres is an important health policy implementation arrangement for provision and improvement of health services. It is also a crucial link between the Ministry headquarters and Councils through Regions. The Government will strengthen zonal centre system to facilitate the effective implementation of its functional objective roles including coordination, provision, distribution and improvement of regional and council health services within the zone.

8.1.3. Regional Level Institutional Framework Arrangement

The role of a regional health institutional framework is to implement the health policy by providing referral services to the region and also to monitor implementation of the Policy, laws, regulations and guidelines including expert advice, supervision, coordination and control of quality and standards of services delivered at the Council level. This level will directly monitor and supervise all health services within the respective region. The government through Ministry of Health, Community Development, Gender, Elderly and Children will establish Hospital Boards to oversee the operational of the hospital.

In exercising its responsibilities, the regional level will formulate Regional Health Management Team (RHMT) under the leadership of the Regional Medical Officer, who will be referred to as Assistant RAS Health with the necessary skilled professionals and essential tools. RHMTs are under the leadership of RMOs. Medical Officers in charge are leaders of RRHMTs. RRHMTs report to RHMT/RAS and are the once responsible to plan for the regional hospitals though the plans have to be assessed and endorsed by RHMTs before implementation. These will facilitate the following functional objectives:

- i. Plan the quality of health services to be provided in satisfaction of the patients in the respective hospital
- ii. Provide essential and quality health services according to Essential Health Package.
- iii. Develop and implement participatory annual health plans in all health facilities within the region.
- iv. Efficient use of all health service resources (finances, human resources, medicines, equipment, buildings, time and space).
- v. Collect, analyse, interpret and facilitate local use of health statistics including preparation of reports to be sent to higher levels and feedback to all data collection levels.
- vi. Effective use of Research findings for improving essential health services.
- vii. Develop and promote Human resource for the health sector personnel and expertise of various health professions in the region.
- viii. Promote environmental sanitation and protection in the region.

8.1.4. District, Town, Municipal and City Councils Level Institutional Framework

This is a critical level in the Implementation of National Health Policy. At this level there will be a formulation of operational structures such as CHMT. Also there will be a Council Health Service Board and health facility governing committees which are important decentralized structures at the grassroots level and perform several functions, including discussing and passing the facility's plans and budget; identifying and soliciting financial resources for running the facility; and advising and recommending on human resources concerning recruitment, training, selection and deployment to relevant authorities.

In the implementation of the health policy, the Council will be the focal point for quality assurance of the health services delivery and it the one with mandate of receiving reports, prepare comprehensive plans, transport medicine and medical facilities, coordinate, implement, monitor and evaluate the provided health services in collaboration with the community and

stakeholders within the Council. Also the Council will directly monitor and supervise all the health facilities in their area of jurisdiction.

8.1.5. Ward Level Institutional Framework

Being the first referral level for patients from dispensaries in the ward, the health centre should have adequate number of skilled staff to meet the requirements for delivery of all health services at this level. Through the Ward Executive Officer, the government will involve the community through formulation of the Health Facility Governing Committee (HFGC) for the health centre in improving health services at this level. The functional role of this collaborative unity will be:

- i. Construction of the health centre rooms for effective provision of the health services in the ward
- ii. Ensure the availability of running water, power, latrines and staff houses that support and simplify the provision of health services
- iii. Implement the Standard health centre plans made by MoHCDGEC
- iv. Implement the Participatory Annual Health Centre Plan

8.1.6. Village Level Institutional Framework

Dispensaries in villages is first point of provision of health services for patients from households. For provision of quality health services, dispensaries should have adequate number of skilled staff and health commodities respective to requirements at this level. Through the Village Executive Officer, the government will involve the community through formulation of the Dispensary Committee for the dispensary in improving health services at this level. The functional role of this collaborative unity will be:

- i. Construction of the dispensary rooms respective to Building Standards provided by MoHCDGEC for effective provision of the health services in the Village;
- ii. Ensure the availability of running water, power, latrines and staff houses that support and simplify the provision of health services
- iii. Implement the Standard health centre plans made by MoHCDGEC
- iv. Implement the Participatory Annual Service Delivery Plan

8.2. External Institutional Arrangements

There are two external institutional set-ups. The first external institutional systems consist of government ministries, departments and agencies. These are legal entities and operate within formal rules of engagement in health sector matters. The second external institutional system consists of formal and non-formal non-state actors.

8.2.1. The First External Institutional Systems

These are legal entities and operate within formal rules and regulations of the health sector. The systems consist of government ministries, departments and agencies.

8.2.2. Agencies and Institutions under The Ministry

Under the MoHCDGEC there are semi-autonomous agencies and regulatory bodies, which were assigned specific tasks. These are Registrar of Private Hospitals, National Food Control Commission, Optical Council of Tanzania, Medical Council of Tanganyika, Pharmacy Board, Nurses and Midwives Council, Private Health Laboratories Board, Health Laboratory Technologists Council, Emergencies and Disasters, Chief Government Chemist. TFDA, MSD, TFNC, NIMR, the Professional bodies and National, Specialized and Zonal hospitals. MoHCDGEC will incorporate these agencies and regulatory bodies in the implementation of the National Health Policy of 2016 within limits of the assigned duties based on their line of functional objectives.

8.2.3. The Other External Institutional System

This institutional arrangement system consists of formal and non-formal/ non-state actors in the health sector.

8.2.3.1. *Collaboration with stakeholders*

The implementation of the National Health Policy of 2017 will base on the collaboration between the Government with various health stakeholders including Faith Based organizations, Private sector, Non-governmental Organizations, International organizations and Development partners.

8.2.3.2. *Faith Based Organizations*

In the implementation of the health policy, the government though MoHCDGEC will collaborate with Faith Based Organizations in the provision of health services from dispensary to the national levels. Furthermore, the government will monitor and evaluate health facilities to ascertain the quality of services delivered.

8.2.3.3. *Private Sector*

Given the contribution of the private sector in the provision of the health services in the country, the government will collaborate with the private sector in the delivery of health services from the dispensary to the referral level. Furthermore, the government will monitor and evaluate health service facilities to ascertain the quality of the service delivered.

8.2.3.4. *Non-Governmental Organizations*

The Government will continue to collaborate with Non-Government Organizations and Civil Societies in the implementation of the health policy. Under this collaboration, all organizations and civil societies providing health services directly and those which negotiate with the Government prior to provision of the services, will have to abide to all the procedures including legislations and statements of this policy when putting their in operational strategies and guidelines.

8.2.3.5. *Other Service Providers*

There other Actors originated from public and private sector institutions like the Medias and legal service providers that provide specific service that support directly the implementation of the health sector policy. Due to the importance of these actors in the area of information dissemination and public education awareness on health policies and legislations and enforcement of the health laws and regulations, the Government will strengthen collaboration for better implementation of the 2017 policy.

8.2.3.6. *International Organizations and Development Partners*

Given the crucial role in provision of preventive, curative and different research in the health sector field, the International organizations and development partners will continue to be involved in the government's and community's endeavours to improve health services financially and technically.

For effective implementation of the health sector, the government will request for technical assistance for the purpose of capacity building of our professionals, whenever need arises.

8.3. Major Institutional - Governance Systems

There will be major institutional - governance systems which will emerge in the Implementation of the NHP-2017. These include providing oversight: management, laws and regulations; inclusive governance; performance management; public private partnership and a SWAp coordination and management.

8.3.1. Providing Oversight: Management, Laws and Regulations

In implementing the NHP-2017 it is absolutely necessary that issues which have been overlooked in the past to the detriment of the Health sector be carefully. These include: leadership, accountability and partnership between all involved parties to maximize on their contributions to improve the health care system. Inclusive in these issues is Governance, i.e., empowering communities, involving partners, being gender sensitive. Others include strategies, and mechanisms specific to health governance, different national and sectorial laws and regulations that guided and regulated governance in the Tanzanian health sector. In the governance framework, different rules, responsibilities, relationships and interactions among different actors will be determined and organized to involve the other sectors which affect health. Citizens and communities have high stakes in the health sector. Governance will seek to encourage shared actions among sectors and actors beyond health, public and private and citizens for a common goal.

8.3.2. Inclusive Governance

Social accountability is an essential input in policy implementation. To minimize this challenge in future Social accountability will be realized through community sensitization to inform the population, regarding rights and commitments. Introduction of the Score Cards and the Client

Charter showing patients' rights and disseminating it widely among the population will be a part of implementing NHP-2017. Other steps to be taken will include: i) the health sector improving social accountability through strengthening the HFGCs, giving them more gender-balanced representation ii) HFGCs having specific responsibilities with regard to management of the health facilities and relating to Ward Development Committees. iii) The health sector working with community-based organizations, civil society organizations and other non-governmental organizations in this area. iv) LGAs strengthening the CHSBs and giving them more controlling responsibilities and formal relations to Council Social Services Committees. v) The PO-RALG developing further guidance on the roles and responsibilities of management structures and their interactions.

8.3.3. Public Private Partnership

This is an area that deserves adequate attention in implementing NHP-2017. The MoHCDGEC, PO-RALG and other MDAs needed to put concrete measures in place to implement the Public Private Partnership Policy. Institutionalization of the responsibilities for implementation of the PPP Strategy will be needed at the national level. Establishment and strengthened functional dialogue structures between public and private sectors (including traditional medicine and alternative healing) to promote effective, sector-wide PPPs at the national level was an outstanding need that will be needed.

8.3.4. SWAp Co-ordination and Management

Verticality in the health sector in Tanzania has to some extent challenged realization of better implementation of previous policies. SWAp coordination and management needs to be strengthened in the implementation of the NHP-2017. Vertical projects with autonomous status and managed by a large number of independent agencies lack coordination and collaboration. This situation draws sizeable resources e.g. human resources from the health sector. This has negatively affected implementation of previous policies in Tanzania. The Sector Wide Approach (SWAp) at its best facilitates coordination and collaboration among stakeholders within the health sector. Stakeholders include the MoHCDGEC, PO-RALG, MOFP, NGOs and civil society, private sector, and development partners, including UN Agencies, active in health. It aims to create synergies and reduce transaction costs through coordinating financing, planning and monitoring of all health interventions, on and off-budget, in line with the alignment and harmonization policy framework.

9.0. Monitoring and Evaluation Framework

Chapter Seven presents the National Health Policy 2017 Monitoring and Evaluation Framework (NHP-2017-M & E System). The framework consists of general M&E purposes, monitoring information system, institutional arrangements, monitoring system indicators, evaluation system, dissemination, advocacy and sensitization and reward systems

9.1. The NHP-2017 Objectives

The objectives of the M&E System for the NHP-2017 are; *Firstly, to facilitate evaluation reviews of the performance* of the NHP-2017 implementation, at the input, processes, output and impact levels, using quantitative and qualitative data and information indicators. *Secondly, to provide information mechanism for feedback that will enable updating* of the NHP-2017 management, controlling and implementation. The Health Sector will have a detailed and regularly updated picture of the goals, interests, needs, priorities, challenges and preferences on health services. *Thirdly, to provide reports to all stakeholders that have necessary and sufficient data and information* to facilitate policies, strategies, programmes and project decision-making processes as needed at different levels by different government and non-government institutions.

9.2. Monitoring Information System

There will be a well-established formal Monitoring Information System (MIS) for the NHP-2017 designed to meet information needs of different stakeholders including, ministries, foreign missions, policy makers, civil servants in the central government, local government officials, civil society organizations, research and academic institutions, development partners, media and the general public. The Monitoring Information System will consist of a multi-pronged approach of special institutional arrangements. It will target data collection, analysis, storage, dissemination, communication, and strategic linkages with other monitoring systems.

The objective is to have an efficient Monitoring Information System. In this context, the government will ensure timely availability of data; ensure proper storage, easy access and use by different stakeholders; put in place a dissemination, sensitization and advocacy system; promote evidence-based decision making at all levels through monitoring and an increased attention to evaluation; and ensure that targets of national, regional, district, villages as well as global initiatives to which Tanzania is committed to, are integrated into the system and localized, to evaluate the extent to which health issues are being addressed through performance of health sector services and take remedial measures where necessary.

9.3. Health Management Information System

The health sector will achieve improved efficiency of the Health Management Information Systems (H-MIS) and its associated processes to meet health sector Monitoring and Evaluation (M&E) requirements. The ministry will reduce the burden of HMIS on health workers by prioritizing data elements and expanding the use of electronic tools. Electronic registers for service provision and electronic medical records will enable automated aggregate reporting incrementally. In addition, the age-disaggregation of routine reporting will be improved so that

decision makers and implementers better understand the coverage, utilization and quality of various health services by different segments of the population (e.g., children, adolescents, and youth) and address gaps through health promotion and other strategies. Capture of referral, zonal and national hospital data will improve, resulting in more complete information. HMIS data quality will improve by strengthening accuracy, completeness, and timeliness of data. Ministry will work with relevant partners to agree on data quality attributes and data quality check instruments for consistent use. Data quality checks will be integrated into routine supportive supervision, routine monitoring of data accuracy indicators including validation and outliers, and automated interpolation for missing data. The DHIS-2 web-based software will allow for real time data control and feedback to facilities.

The ministry will coordinate the approach to facility assessments across ministries, directorates and disease control programmes to increase efficiency of operations. There will be a coordinated approach for the health sector that addresses all facility assessment requirements and merges different methods, for example Service Availability and Readiness Assessment, Service Provision Assessment, BRN Star Rating, disease programmes balanced scoring cards, etc. The ministry will coordinate the approach to facility assessments across ministries, directorates and disease control programmes to increase efficiency of operations.

9.4. Other Data Systems

The health and social welfare sector will improve and integrate systems including data collection tools, planning, budgeting and reporting tools across government. The ministry will work with all partners to ensure the electronically geocoded health facility registry is efficiently and effectively functioning and optimally. The Ministry will coordinate population-based data systems and continue to use surveys and sample-based sentinel sites to provide nationally representative evidence on community health status and vital statistics. Using a coordinated approach collaboration with the agency responsible for births and deaths registration shall be important to determine the readiness of this source for generating vital registration data. The sector will improve data collection and analysis with regard to nutrition, linking information on food security to data concerning malnutrition. This will enable identification of weak spots and vulnerable areas.

9.5. Operational Research, Surveys and Surveillance Systems

Research needs in health and social welfare is increasing in Tanzania. In existing in medical universities in the country and in research institutes like National Institute for Medical Research (NIMR) and Ifakara Health Institute (IHI). The country will refine and record all national health research priorities. The ministry will stimulate more joint research together with academic institutions that fits within these priorities, to be relevant for the country, and share the research priorities with international agencies. More research will be shared with policy makers and practitioners. The ministry will advocate an open access policy to share research outcomes on the internet and make information available for interested parties. The ministry will activate the National Health Research Forum, to become a platform for exchange of knowledge for sustaining and increasing the use of survey and verbal autopsy system. This will enable more in-depth analysis and identification of regional priorities and constraints.

9.6. Dissemination, Sensitization and Advocacy

Increasingly, information coming from the health and social welfare sector will be used for priority setting, *e.g.*, distribution of personnel or procurement of medicines. Analysis, synthesis, and dissemination of information will improve through automated systems, and made accessible for many stakeholders. This will facilitate data use and accountability for evidence-informed decision making. The quarterly assessment of progress will be enabled through timely and correct provision of information on selected indicators. Information will be available for annual planning at Council and regional level. Indicators, which are in use at all levels, will be available online for direct use. The ministry will contribute to legal frameworks for protecting individual patient data and will guide the sharing of aggregated data in order to guarantee privacy. Information will be used for planning, management and decision making. Indicators in use at all levels and will be monitored regularly. The ministry will build capacity in translating scientific results into policy briefs and encourage dialogue with policy makers. The Data Dissemination and Use Strategy will provide guidance toward implementation.

The Ministry will continue to work with other ministries to promote the culture of data use for decision making through analysis, synthesis and publication of health indicators from regions, districts and health facilities. The government will revitalize and strengthening its library and electronic archiving of key documents and will encourage hospitals and RHMTs, CHMTs to manage electronic libraries for ease of retrieval and future use of guiding documents. The ministry will provide courses and certifications for M&E, and will develop consistent training for all cadres, and common definitions of key terminology. Alternatively, it will delegate these responsibilities to the Health and Allied Sciences Universities.

9.7. Institutional Arrangements for Monitoring and Evaluation System

The institutional framework for monitoring and evaluation consist of the institutional organizational set-up and an institutional environment. The former covers institutional organizational framework for reporting, supporting, and coordination systems for monitoring and evaluation. The later provides the rewarding or incentive system for the institutions and the various stakeholders to implement planned M&E activities. It has been important to have an integrated effective internal and external M&E institutional organizational system. This institutional framework will ensure execution by monitoring and evaluation strategies for effective implementation of the NHP-2017; provide coordination and management in policy formulation, implementation, monitoring and evaluation; provide technical support, manage M&E processes, data and policy analysis, assessment of M&E reports and provide professional opinions to all government reports and guidance to the government; and linking up with all institutional levels and vice versa for the generation of accurate and relevant data and information.

9.8. Monitoring System Indicators

The M&E system for NHP- 2017 requires that the targets are set, measurable indicators are determined, the data for tracking down changes are available, the institutional framework for M&E is established and MIS capacity for implementing M&E is developed and strengthened.

The choice of an agreed set of National Health Policy - 2017 implementation indicators requires involvement of a broad range of stakeholders and that Monitoring System indicators are consistent. This demands developing a list of indicators to meet information needs of different stakeholders at the national level, which will continue to be used; reviewing from time to time to meet additional information requirements necessitated by the new developments; and availing consistent and reliable data and information to allow comparison between implementing periods to be made.

9.9. Evaluation System

At each particular implementation period, internal and external evaluation systems will be undertaken to review the implementation of the National Health Policy - 2017 and its Implementation Strategy. Both ex-ante and ex-post evaluations will be carried by design. These evaluations examine the implementation of the National Health Policy - 2017 and its respective Implementation Strategy and to elicit the systematic relationships that exist between the national development performances and their effects. These evaluation systems have to be effective and efficient. The Government will plan, arrange and conduct these evaluations and in particular the government will assess National Health Policy - 2017 performances during specific time bound period; provide lessons and determine adjustments that may be needed to make the consequent periods; assess systematically and objectively the relevance, processes and performance of the NHP-2016; pay particular attention to linkages with other monitoring and evaluation systems to ensure that the different monitoring systems at different levels inform each other and determine type of tools, output and deliverables of the NHP-2017 M&E system.

9.10. Reward Systems

The reward system is the complex set of formal and informal incentives that connect individual motivation, behaviour, performance and ultimately results to the various forms of pay or compensation received in exchange. There shall be effective performance accountability and reward system which will focus on what is valued in the Health sector and a clear connection between the valued social economic results and the rewards offered in the system. It is important that the Government to establish an effective reward system as any process within the government institution that encourages, or compensates officers for taking a particular set of actions; develop and implement a behavioural framework for rewards; promote a clearer link between performances and incentives (e.g., prices, incomes and other social economic benefits), and provide facility to give timely recognition for individual and collective achievement.

10.0. Conclusion

The NHP - 2017 envision a healthy community that contributes effectively to individual as well as to the nation's development. That is, there is a need of reaching all households with essential health, meeting, as much as possible, the expectations of the population, adhering to objective quality standards and applying evidence-informed interventions through efficient channels of service delivery. As Tanzania strives to reach middle income status, the health sector has resolved to give more attention to the quality of health services in tandem with the pursuit of universal access. At the same time, better health for the entire population will be promoted through the adoption of health in all policies. The government in collaboration with other stakeholders will facilitate the provision of basic health services that are of good quality, equitable, accessible, affordable, sustainable and gender sensitive.

The policy considers an epidemiological transition with non-communicable diseases showing an upsurge and a consequent rise in health care costs. Policy challenges posed by current health financing levels and modalities require change to the way financial access to health care is organized, greater efforts on resource mobilization, transparency and social accountability, as well as more determined measures to strengthen the health system as a whole. This is needed to achieve a higher rate of return on investment by applying modern management methods and engaging in innovative partnerships.

Strengthening the health system will be emphasized in attainment of better health of the population. Promotion of healthy living and an environment conducive for health protection at households and workplaces will improve the quality of life. Prevention of communicable and non-communicable diseases, including healthy diets and action against malnutrition, will receive high priority at national, regional, district, community and household levels. Paid cadres at community level for social welfare, health promotion and disease prevention will complement measures to increase access to essential services at facilities and higher levels of the system.

Further, integration of social welfare and health services and closer collaboration with other ministries, agencies and non-governmental organizations will increase accessibility to services for those most in need with a focus on the elderly. This will involve active community partnership through intensified interactions with the population for improvement of health and social wellbeing

Gender equity will receive increased attention through concrete measures such as focus on prevention of HIV amongst adolescent girls and addressing violence against women. Equal representation of women will be prioritized in committees and boards, and rights and obligations of duty-bearers and rights-holders will be observed. Tanzania has a successful Sector Wide Approach, (SWAp) that will be streamlined to improve joint planning, implementation, monitoring, controlling and evaluation by all stakeholders.