

**WELCOMING ADDRESS BY THE PERMANENT SECRETARY
MINISTRY OF HEALTH AND SOCIAL WELFARE BLANDINA J. S.
NYONI AT THE 11TH JOINT ANNUAL HEALTH SECTOR REVIEW
29TH - 30TH OCTOBER 2010**

**Guest Honour, Minister for Health and Social Welfare Hon. Prof David
Homeli Mwakyusa (MP),**

Honourable Deputy Minister for Health and Social Welfare (MP),

**Co-Chairs; Permanent Secretary, Prime Minister's Office Regional
Administration and Local Government, and Lead Troika,**

Permanent Secretaries,

**Distinguished Ambassadors and representatives of Our Development
Partners,**

Commissioners, Directors and Section Heads,

**Representatives of Partner Government Ministries in Health
development,**

**Representatives of the Civil Society, Private Sector and Faith Based
providers,**

Invited Guests,

Ladies and Gentlemen:

It is my pleasure and great honour to address this important partnership forum that has brought together technical experts and important stakeholders in our joint efforts to improve the performance of the health sector in Tanzania. More importantly, is being privileged to once again lead and chair this forum. On behalf of the Government of Tanzania and the Ministry of Health and Social Welfare and on my own behalf, allow me to take this opportunity to first welcome you to this 11th Joint Annual Health Sector Review meeting. To those who have travelled all the way from outside

Tanzania, you are all welcome to the land of peace and hospitable people, the land of Mount Kilimanjaro, famous national parks, historical Islands, beautiful sceneries and beaches. To those who are coming from outside Dar-es salaam, I wish you a warm KARIBU and enjoyable stay.

Guest of Honour, Ladies and Gentleman

As you may know, the Government has been, and continued to implement various reforms that aim to improve quality of living of all citizens. In the health sector, the reforms focused on improving the health status through provision of high quality health services at all levels. During implementation of the reforms, the Ministry of health and Social Welfare, PMoRALG and Development Partners have been conducting Annual Joint Health Sector Reviews to assess the progress. These assessments give us the perceived benefits and realise the quality of health services delivered as well achievement gained in the previous year.

As we embark into this very important exercise of reviewing our performance for the last fiscal year and by inference for the past 11 years of implementation of Sector Wide Approach program (SWAp) jointly with our partners, we all take note that, the whole process gives us the opportunity to improve our strategies and plans for the next fiscal years.

Guest of Honour, Ladies and Gentleman

On 7th to 8th September, the ministry conducted JAHS Technical Review Meeting. The meeting was chaired by the Chief Medical Officer. The objective of that meeting was to deliberate and agree on the issues to be brought forward for discussion in this policy meeting. This include

Performance and progress overall and implementation of HSSP III Strategies. In this regard, we will receive briefs from Technical Review Meeting on the health sector performance profile Report 2009/10. Specific papers on thematic areas will be presented as per the agenda items in front of you and the status of implementation of the last year's milestones.

Furthermore we will discuss any proposed changes in the share of allocations to the district basket and come up with recommendations for MTEF 2011/12 priority areas and CCHP guidelines.

Guest of Honour, Ladies and Gentleman,

As regard to the health sector investments, the sector was operating with a budget of 3.46 USD per capita, in 1999/2002. Through the reform agenda which includes SWAp and Basket arrangements, the budgetary allocations increased to approximately 6 USD in 2003/04 and further reached 9 USD in 2005/08. This year we have reached 14 USD. This trajectory increase has been due to better planning, more negotiation ability, the sector Basket Funding arrangements, and the support from our Development Partners in the Health SWAps.

The sector Medium Term Expenditure Frame works that of the MoHSW and that of PMO-RALG show evidence of substantial budgetary increase over time. The financing of the Local Government health sector through the Comprehensive Council Health Plans (CCHPs) has increased both from the health basket and from the block grants through the Treasury. The allocation for the regional level has also increased as compared to last years. We are not saying the funding of the sector is sufficient. Not at all, we are only pointing out the increase over times.

Guest of Honour, Ladies and Gentlemen

MOHSW through the support of TC RRHM Project continued to strengthen capacity of the RHMTs focusing on planning, management and Supportive Supervision. Through this arrangement, each region is now having its Regional Health Strategic Plan and out of this an Annual Implementation Plan has been prepared. To ensure effective supportive Supervision to Councils, the regions are now in the process of finalising regional supportive supervision checklist that suits regional environment. As I said in the last review; this support is an ongoing and is expected to enhancing review of priority areas in HSSP3.

Guest of Honour, Ladies and Gentleman,

Let me highlight briefly on our health sector performance. Much will be reflected in the report that will be presented in this meeting. Generally the quality of health services is still unsatisfactory despite the increase in investments and resource allocation, as well remarkable improvements over the years since the advent of health sector reforms. To date, Maternal Mortality is still high i.e. 578 per 100,000 live births. Our aim is to reduce it to 225 by the end of this year. The vaccination coverage stands at 91% and we intend not to fall behind 85% of complete coverage for under 2 years at any time. The Infant Mortality now stands at 58 per 1000 live births, whereas Under- Five Mortality is 91 per 1000 live births. This declining trend is impressive, but we need to be aware that maintaining it requires availability of adequate resources and commitment.

Ladies and Gentlemen

High burden of disease in areas of communicable and non communicable is a challenge to the existing health system. Malaria, Tuberculosis and HIV and AIDS epidemic continue to affect many people in the country.

The number of clinical malaria cases per year is estimated to be 17- 20 million resulting to 100,000 deaths. The MoHSW has continued scaling up the effective interventions to reduce the magnitude of the disease including environmental management to reduce the breeding sites, introduction of indoor residual spraying with DDT, Provision of Insecticides Treated Nets and correct diagnosis and treatment of Malaria infections. Treatment protocols have been revised from time to time.

Guest of Honour, Ladies and Gentlemen

Tuberculosis continues to be among the major public health problems in the country accounting for 7% of the burden of disease. Majority of the TB cases are young adults aged 15- 45 years, the same age affected by HIV/AIDS most. As you understand, we have interventions in place which includes Multi drug treatment by DOTS and enhancement of correct diagnosis and treatment. Again in this area the TB programme is doing well and we have reached success rate of 87% i.e. 2% above the world Gold standard of 85%.

On HIV /AIDS, the prevalence rate since the outbreak of the first case has been fluctuating above 12% in 1990s. To date, with interventions the prevalence rate has decreased dramatically in all age groups to less than 5. Since the launching of the National HIV voluntary testing by H.E. Jakaya Mrisho Kikwete, President of the United Republic of Tanzania on 14th July 2007, a total of 11.7 million people have been recorded to have voluntarily

tested for HIV in our country. Out of these, more than Three Hundred thousand are on ARVs. Significant efforts have also been directed to raising awareness on HIV/AIDS. In this regard, information awareness of HIV and AIDS in our country has been universal since 2004 with over 95% of Tanzanians having heard about HIV/AIDS. Report shows that increase in awareness has been going hand in hand with increases in number of people going for voluntary counselling and testing. The MoHSW will therefore continue to advocate and mobilise the public to know and voluntarily determine their HIV status.

Ladies and Gentlemen

Primary Health Services Development Programme- MMAM is an ongoing undertaking in all councils with a view to address equity of access to health services in the country. As you are aware, MMAM addresses deficiencies in the health system in terms of: infrastructure, human resource, the community to be served, services to be provided in line with achievement of MDGs 4, 5, 6 and 7, management and supply systems. Through CCHP and HMIS reports we have been observing notable progress in all councils. However the challenge has remained that annually, resources set aside to implement MMAM in the councils are sometimes not readily available. I urge the Development Partners to continue support the GoT endeavour through basket arrangements and other financing mechanisms.

Guest of Honour, Ladies and Gentlemen

On the National health policies and strategies the MoHSW continued to advocate and oversee the implementation of the National Health Policy 2007, HSSP III 2009-2015, MMAM 2007-2017, MNCH Road map one plan 2008-2015, Human Resource Strategic Plan 207-2013. The CCHP Guideline which has been reviewed with a view to translate HSSP III into implementation at District level and beyond is on the final stages of completion. Once completed, the Guideline will be disseminated and all RHMTs and CHMTs oriented on the updates

Guest of Honour, Ladies and Gentleman

We have further made some notable achievements in various areas. The budget Speech which the Honourable Minister for Health and Social Welfare Prof. David Homeli Mwakyusa delivered in the House on 28th June this year highlighted the main areas we have made improvements. Furthermore, I informed this same forum last year, that our health sector is competitive and is set to achieve results. This year, we received the First award for the “*Nane Nane*” competitions shows in Dodoma grounds for the service sectors and we were rank overall winner from all aspects. I thank stakeholders and partners who visited our pavilion in Dodoma. In particular, I thank the people of Dodoma who came to our pavilion for services and in turn, became advocates of the services we were providing.

Guest of Honour, Ladies and Gentlemen

I have tried to paint a real situation of our sector throughout my remarks. But the **major challenges** we continued to face in the health sector and which need our joint effort to overcome include:

The budget to meet the essential health services is limited. The infrastructure and medical equipment and supplies need major repair and or replacement;

Health Professionals in health facilities are still too few and the ones we have are over stretched and in a difficult working environment;

The costs of health care continue to escalate and accelerated further by the crunch in the world economy;

The disease burden is ever increasing and complex. The world epidemics including HIV/AIDS are worrying and most of them are viral with little or no available treatment;

Only 30% of the medicines and other supplies are manufactured inside the country. The health sector therefore depends on imports to operate the services. We are at unfortunate situation whereby this is happening in a context of high levels of poverty and low economic growth.

Much as we have to look for local solutions to our health problems we indeed require more resources to enable us speed up the implementation of the interventions we jointly agree and decide in this forum.

Guest of Honour dear guests and ladies and gentleman,

We are here today to review the health sector performance for the last year and plan forward together. We have our meeting to deliberate on the issues for the next two days. I strongly believe together we will work out ways to fast track the health sector performance within the agreed HSSP III 2009-

2015. We will also find ways to support the LGAs to play their expected role in service delivery to meet the expectations of the citizens.

Once again, let me assure you, that the MoHSW is most gratified with the strong representation of our partners I'm observing in this gathering. Your active participation, contributions and continued commitments are indeed of paramount importance in our efforts to reduce poverty in this country and improve the health status of our people.

Guest of Honour

I would not like to take any more time by making unnecessarily long speech. May I therefore, call upon you sir, to kindly address participants in this forum and officially open the 11th JAHSR meeting.

I thank you for your attention *and KARIBUNI SANA*