

OVERVIEW OF JOINT POLICY COMMITMENTS FOR 2016 and 2017

SN	PRIORITY AREA	RESPONSIBLE	UPDATE/PROGRESS FEB 2017
	Policy Commitments for 2016		
1.	<p><u>Prevention and Community Health</u></p> <p>a. The MOHCDGEC in collaboration with PORALG, President's Office Public Service Management and Good Governance (PO-PSMG) and other stakeholders will address the outstanding priority issues related to the institutionalisation of the new Community Health Worker cadre by end of 2017</p>	DPS/DHR	<p>a. Roundtable one took place in May 2016, Outstanding Issues identified as; Selection process, (Village based), Curriculum (with more preventive, promotive, basic curative and referral), training time, (One year) deployment (Contractual to the Councils for the respective village)</p> <p>b. Re-prioritised for 2018</p> <p>c. Within TWG 2 (HRH) POA</p>
2.	<p><u>Equity</u></p> <p>a. MOHCDGEC together with PORALG and stakeholders will develop a comprehensive geographic mapping of resources (internal and external) by the end of June 2017</p>	PORALG MOHCDGEC	<p>a. A draft zero of the Overview of mapping of national level stakeholders in terms of distribution and resources is available</p> <p>b. Mapping of the decentralised programmes and stakeholders and the operationalisation of a decentralised SWAp is planned for 2018.</p>

3.	<p><u>Health financing and Public Financial Management</u></p> <p>a. Together with NHIF and partners, harmonise different CHF/TIKA approaches by end 2016 towards a single design; (SNHI) in terms of: improved health insurance membership, enrolment, and financial data management; increased focus on enrolment of the poor; and introduction of a clear purchaser-provider split</p>	<p>MOHCDGEC, NHIF, PORALG, CHF partners</p>	<p>a. MoHCDGEC, NHIF, PORALG, together with other Implementing partners have developed an Improved CHF model (Social Health Insurance Fund =SHIF) which will be implemented countrywide beginning 2018. This will complement the current NHIF towards Universal Health Coverage.</p>
4.	<p><u>Governance and leadership</u></p> <p>a. MOHCDGEC in collaboration with PORALG and Ministry of Finance and Planning (MOFP) will implement an Effective and Efficient Direct Facility Funding (DHFF) to all public health facilities in the FY 2017/18, preceded by a systematic capacity building on Planning and Financial Management to all relevant actors.</p>	<p>MOHCDGEC PORALG DPs</p>	<p>a. A decentralised DHFF Concept has been developed, and is centred around the already available experiences of Health Facilities managing CHF and NHIF funds and doing Facility Planning.</p> <p>b. Updated Facility Planning guideline in place, 2017/18 Countrywide Facility Plans and Accounting framework (PFM) inbuilt.</p> <p>c. 535 Accounts personnel employed - supporting all Public H/centres and satellite dispensaries</p> <p>d. Disbursement of Health Basket Fund to Public Health Facilities effected.</p> <p>e. Further Capacity building of RHMTs, CHTs, FMTs, FGCs planned for 2018.</p>
5.	<p><u>Commodities</u></p> <p>a. MOHCDGEC will issue clear policy guidelines, through PORALG, outlining one clear model for complementary procurement of essential medicines and health</p>		<p>a. While the process of improving the functionality of Central MSD procurement and management arrangements, PORALG has issued a letter to all Regional Secretariats and LGAs clarifying on the</p>

	commodities by LGAs and health facilities.	CP	participation of the private sector (Prime vendor) identified and Contracting by MSDs for complementing availability of medicine at health facilities.
	Policy Commitments for 2017		
6.	<p><u>Quality Improvement</u></p> <p>a. MOHCDGEC in collaboration with PORALG and others health stakeholders will continue to strengthen data collection in health facilities and ensure data collected is of better quality, reliable and is used at all levels for planning and decision making.</p> <p>b. MOHCDGEC and PORALG will together with other stakeholders strengthen the referral system by clear definition of health care service delivery provided at each level in line with essential healthcare package and current financing mechanism.</p> <p>c. MOHCDGEC and PORALG together with stakeholders will improve rescue and evacuation system, emergency hospital care first at Regional Referral hospitals and later at district hospitals. The MOHCDGEC will explore possibilities on how to establish a road traffic accident fund.</p>	MOH & PORALG HEAD- M&E & ICT	<p>a. Data Quality remained a 2017 priority theme for JAHSR. DHIS 2 Action Plan for strengthening implementation of reliable planning data at decentralised level and introduction at Regional , Zonal and National level in place.</p> <p>b. Health Services Quality Standards for all levels in place</p> <p>c. Health Services Referral Guideline Draft 2017 developed and shared</p> <p>d. Document with technical Specifications for Ambulances, Rescue vans, Patient Rider Van and communication facilities submitted to the WB for no objection that will enable establishment of an Emergency Medical Services (EMS) in Tanzania. First phase will involve both rescue and emergency medical services.</p> <p>e. Proposal for establishing Road Traffic Accident Fund developed and shared to stakeholder and PMO. More consultations required on this matter.</p>

7.	<p><u>Innovative Partnership</u></p> <p>a. MOHCDGEC in collaboration with PORALG and other health stakeholders will continue to engage the private sector through Public Private Partnership (PPP) arrangements to improve diagnostic Services at National, Zonal and Regional Referral Hospitals</p>		<p>a. A concept paper on improving diagnostic services (radiology and imaging) through private sector engagement and PPPs submitted for approval</p> <p>b. Through APHFTA, Private for Profit Health Facilities are able to secure loans for investment</p>
8.	<p><u>Social Determinants</u></p> <p>a. MOHCDGEC in collaboration with PORALG and Prime Minister’s Office (PMO) will strengthen inter-ministerial cooperation to address health security and emergencies at national, regional and district levels; and facilitate technical and financial support to build and sustain, the core capacities to prevent, detect and respond to public health events and health consequences of disasters across all levels which will ultimately strengthen national, regional and global health security</p> <p>b. MOHCDGEC together with stakeholders will Strengthen community health Education and promotion on the importance of: proper nutrition in order to minimize rates of malnutrition; prevent nutrition related NCDs and advocate for improved water, sanitation and hygiene in</p>	<p>MOHCDGEC, PORALG</p>	<p>a. The MoHCDGEC has developed a draft national action plan for the implementation of International Health Regulations for Health Security</p> <p>b. MoHCDGEC has conducted capacity building for health workers at Port of Entry on Ship Sanitation and orientation to the prevention and control of viral haemorrhagic fever</p> <p>c. MoHCDGEC has conducted core capacities assessment at all Port of Entry under the MoHCDGEC for the purpose of designation of port of entry which will be recognized internationally</p> <p>d. MoHCDGEC has worked with Prime Ministers Office during JAHS Technical meeting 2017 towards a broader Interministerial Collaboration.</p> <p>e. MoHCDGEC with relevant partners is finalizing Water, Sanitation and Hygiene guidelines in Health care facilities.</p> <p>f. National Strategic Plan for Workers’ Health (2017 -2021) is in place; including health and safety of the health workforce,</p>

	health facilities and in communities for prevention and control of communicable diseases		emergency responders, safety of the informal workers, prevention of NCDs at workplace, occupational health and safety and strengthening of data, statistics and surveillance for workers' health. g. MoHCDGEC reviewed health care waste management guidelines and standard operation procedures to include control of mercury and Unintentional Persistent Organic Pollutants (UPOPs)
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