United Republic of Tanzania

Country Cooperation Strategy
at a glance

HEALTH SITUATION

The health status of the Tanzania population has continued to improve in recent years. This is evidenced by the improvement of the life expectancy at birth. Similarly findings indicate that, child mortality has declined rapidly to 81 per 1000 live births for 2006-2010, and according to projections, with data from the Health and Demographic Studies the MDG target of 54 by 2015 is within reach. Neonatal mortality is also declining but at a slower pace, with almost one-third of the deaths occurring in the first month of life. The gaps between urban and rural children and between the poorest and the better-off have gone down considerably. (MTR HSSP-III report 2013). Adult mortality has also declined considerably since 2000, most likely due to reductions in AIDS mortality. The national maternal mortality decline however is slow and well-off MDGs pace. Nearly all pregnant women attend antenatal care but make too few visits and come too late in pregnancy. Deliveries in health facilities and deliveries with a skilled birth attendant are increasing gradually but considerably slower especially in rural areas, and are still under 60% which is well off the 80% target for 2015.

HIV is still one of the major health concerns; however according to the Tanzania HIV indicator surveys of 2004 and 2012; the prevalence among adults has declined from 8.4% in 1996 to 5.1% in 2011. Similarly malaria prevalence has been reduced from 18% in 2002/03 to 9.2% in 2011/12. (Tanzania HIV/Malaria Indicator Survey 2011/12). Respiratory infections including tuberculosis are also among the leading causes of mortality.

Recently, the country has experienced outbreaks of new/re-emerging conditions such as dengue as well as other emergencies. Neglected tropical diseases such as lymphatic filariasis also remain a burden. Noncommunicable diseases (NCDs) are perceived to be on the increase, evidence to this is in Mid-Term Analytical Review Report of HSSP II 2009-2015. Road accidents, diabetes, cardiovascular diseases and cancer are amongst leading causes of death in the adult population. Efforts at their prevention are being scaled up. Key gaps contributing to many of the mortalities and morbidities especially in children are poor sanitation, shortages of safe drinking water and malnutrition. Focus should be to strengthen the health systems, further decentralization, quality of services, effective and efficient management of essential medicines and health technologies, tailor-made resource allocation and equity considerations. This should include community participation and ownership and engagement of Public Private Partnerships (PPP).

HEALTH POLICIES AND SYSTEMS

Tanzania Vision 2025 aims to achieve by 2025 a high quality of livelihood for its citizens, peace, stability and unity, good governance, a well-educated and learning society and a competitive economy capable of producing sustainable growth and shared benefits. Similarly, the National Strategy for Growth and Reduction of Poverty (NSGRP) 2010-2015, provides the global direction for achievement of the Millennium Development Goals (MDGs). The Health Sector Strategic Plan III (HSSP III), July 2009 – June 2015, provides an overview of the priority strategic directions across the sector which is guided by the National Health Policy of 2007. Specifically the Government aims to: reduce morbidity and mortality by providing quality health Care, ensure that basic health services are available and accessible, prevent and control communicable and noncommunicable diseases, advocate to the citizens about the preventable diseases, create awareness in individual citizen on his/her responsibility on his/her health and health of the family; improve partnership between public & private sector, religious institutions, civil society and community in provision of health services, plan, train, and increase the number of competent Health staff; identify and maintain the infrastructures and medical equipment as well as increase availability of essential medicines and health technologies; and review and evaluate health policy, guidelines, laws and standards for provision of health services. The details of the policy are further elaborated in the Primary Health Services Development Program (PHSDP 2007-2017) MMMAM.

In addition, Tanzania has ratified the FCTC and made progress in its implementation particularly in the control of smoking in public places, advertising, sponsorship and promotion. A STEPS Survey was conducted in 2012 and the major non communicable disease risks were identified. A national medicine policy of 1991 has been revised to guide the implementation of priority interventions in the pharmaceutical area. However notable challenges still exist in human resource for health management particularly in the production and skills distribution; health financing; monitoring and evaluation of the sector and the use of the information gathered; persistent stock-outs of medicines and health technologies due to underfunding, inadequacies in the procurement and distribution system as well as capacity to manage especially at the district and facility levels; and poor quality of services delivered.

COOPERATION FOR HEALTH

The health sector is aligned to all national strategies and organized in a mature Health Sector Wide Approach since 1999 to date. The partnership in health is coordinated through the structures of SWAp which include technical working groups, annual meeting and sectoral committees. There is an MOU as the business in the dialogue structure. The National Health Programmes (Malaria, TB/L, NTDs, NCDs, IVD and HIV/AIDS) are accommodated in this process. There is a Development Partners Group for Health (DPG-H) including WHO and also a Health Basket Funding arrangement. The UN is organized in Delivery as One (DaO) and has one United Nations Development Assistance Plan (UNDAP) up to 2015 to support government in development agenda. Health sector is supported through Health & Nutrition component of the plan. Other components support HIV & AIDS, Water and Sanitation, Social Protection, governance, economic growth and reduction of income poverty. Government funding as a share of total public funding was 66% in 2007/08, decreased to 63% in 2009/10, and is 59%, based on the 2011/12 budget. Contrary to the goals of HSSP III, the public health budget has become increasingly reliant on foreign funds, which may not be sustainable. Donor funds are decreasing annually especially the Health Basket funds.

Sources of data:
Global Health Observatory April 2014
http://apps.who.int/gho/data/node.cco
# WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010-2015)

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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Strengthening Capacity of Health Systems and services:  
In line with the recommendations of Ouagadougou Declaration, WHO will support strengthening of the health system and revitalization of PHC with particular emphasis on improving access, equity and quality of health services | - WHO will provide technical support to the government in its efforts to improve management of health through effective partnerships and collaborative initiatives with stakeholders. Specifically on human resource for health is capacity building at national and district levels, long term planning and improving training. Will support government to mobilize resources to facilitate universal health coverage (UHC), thought improved management of complementary health financing e.g. Community Health Funds (CHF) and finalization of the Health Sector Financing Strategy for UHC  
- For Health Information System: WHO will support the government to develop a comprehensive Monitoring and Evaluation and Research strategy for the sector with a focus on capacity strengthening, evaluation, analysis of epidemiological data, monitoring immunization coverage and supporting research for problem solving and decision making |
| **STRATEGIC PRIORITY 2:** Scaling-up health service delivery:  
WHO will mobilize and provide technical support to the Government and partners in their efforts to increase availability, accessibility, utilization of health services interventions | - Facilitation of availability and provision of technical support for review, adaptation and implementation of international norms and standards, guidelines for improvement of services delivery  
- Support implementation of Quality Improvement Framework  
- Building capacity for procurement and supply management, review of forecasting stock management processes, and enforcement measures for quality, safety and rational use of essential medicines, vaccines and health technologies |
| **STRATEGIC PRIORITY 3:** Community-Based Health Services and Health Promotion:  
WHO would support the Government and partners in their efforts to strengthen health promotion and community participation in health improvement | - Sharing national and international evidence and best practices regarding effective strategies for community involvement and participation in health, behavioral change for health promotion and disease prevention  
- Supporting the demonstration documentation and dissemination among stakeholders of the best practices for community involvement and participation in health  
- Support health promotion and involvement of Civil Society and strengthening the referral system from district to national levels |
| **STRATEGIC PRIORITY 4:** Supporting the reduction of maternal, newborn, and child mortality:  
WHO in collaboration with UNICEF, UNFPA and the whole UN under DaO, will provide technical support to Government and its partners to ensure scaling up of cost effective interventions for improving the health and wellbeing of women, and children | - Facilitate ministries of health and institutions in the adaptation of standards, guidelines and tools for improving maternal and child health; sexual and reproductive health and provision of technical support to their implementation  
- Provision of technical support to strengthen immunization to prevent vaccine preventable diseases and introduction of new vaccines  
- Building capacity of institutions, associations and individuals and the private sector for advocacy for maternal and child health. Building partnerships involving ministries DPs and other stakeholders PPPs to ensure coordinated national response to reduce maternal and child morbidity and mortality |
| **STRATEGIC PRIORITY 5:** Supporting the country to combat communicable and noncommunicable diseases:  
WHO to provide TA to enhance access and continuum of prevention, care and treatment and support for HIV/AIDS, TB, Malaria, neglected tropical diseases, and noncommunicable diseases | - Build Capacity for adaptation, dissemination and implementation of standard guidelines and tools. Improving access to quality improvement for treatment and care of both communicable and non-communicable diseases  
- Build capacity to strengthen laboratory services and technical competencies for rapid diagnosis and quality assurance  
- Advocacy for strengthening health systems measures for efficiency, effectiveness of delivery of ATM, NTDs and NCDs |