



World Health
Organization
Tanzania

UNVEILING IMPACTS,
FORGING AHEAD

2022-2023 BIENNIAL REPORT

ON HEALTH ACHIEVEMENTS

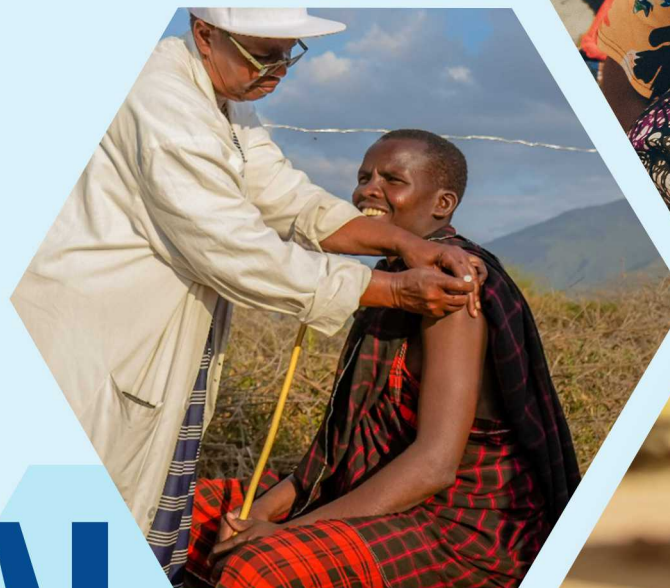


Table of Contents

INTRODUCTION



- 1 Acronyms
- 3 Forward
- 4 About Tanzania
- 5 Strategic Approach to achieve goals
- 6 2022-2023 Snapshot

STRATEGIC PRIORITY 1 - Universal Health Coverage



- 8 *Outcome 1.1*
- 9 Access to Quality Health Services
- 11 Human Resource for Health
- 13 Maternal, Sexual and Reproductive Health
- 14 Maternal and Newborn Health
- 15 Cervical Cancer
- 16 Child and Adolescent Health and Nutrition
- 17 Tuberculosis
- 18 HIV/AIDs
- 20 Malaria
- 22 Neglected Tropical Diseases
- 24 Non Communicable Diseases
- 25 *Outcome 1.2*
- 25 Health Financing
- 27 *Outcome 1.3*
- 27 Essential Medicines and medical equipments
- 30 Immunization and vaccinations



STRATEGIC PRIORITY 2 - Health Emergencies

- 34 *Outcome 2.1* - Emergency Preparedness
- 36 *Outcome 2.2* - Epidemics and Pandemic Prevented
- 36 Ebola
- 37 Cholera
- 37 Covid-19
- 38 *Outcome 2.3* - Emergency response
- 39 Measles
- 40 Marburg



STRATEGIC PRIORITY 3 - Promoting Healthier lives

- 42 *Outcome 3.1*
- 42 Health determinant
- 42 *Outcome 3.2*
- 42 Non Communicable Disease risk factor surveillance
- 43 Tobacco
- 43 Health food consumption
- 44 Physical activity
- 44 Mental well being
- 45 Gender based violence
- 45 Drowning prevention
- 46 Gender, Equity , Human Rights and disability inclusion
- 47 *Outcome 3.3*
- 47 Environment determinant and Climate Change



Enabling Functions

- 49 Monitoring and Evaluation
- 50 Communications
- 51 Human Resources
- 52 Fleet Management
- 52 Procurement
- 53 Financial Management
- 54 External Relations & Partnerships
- 57 Delivering as one with Partners and UN

Acronyms

A

- AAR - After Action Review
- AFRO - Regional Office for Africa
- AIRA - African Infodemic Response Alliance
- AMS - Antimicrobial Stewardship
- ART - Anti- Retroviral Treatment
- ASAQ - Artesunate-amodiaquine
- AVOHC - African Health Volunteers Corps

B

- BemONC – Basic Emergency Obstetrics and New Born

C

- Can GIVE - Canada Grant for Vaccine Equity
- CBWSOs - Community Based Water Supply Organizations
- CCS - Country Cooperate Strategy
- CDC - Center for Disease Control and Prevention
- CemONC – Comprehensive Emergency Obstetric and Care
- CERF - Central Emergency Response Fund
- CHVs - Community Health Volunteers
- COG - Council of Governors
- COP - Climate Change Conference of Parties
- COVID-19 – Coronavirus Diseases 2019
- CRS - Civil Registration Service

D

- DHIS2 - District Health information System
- DPGH - Development Partners Group for Health
- DST - Drug Susceptibility Services
- DVSOs - District vector surveillance (and control) officers

E

- DHIS2 - District Health information System
- ECHO - European Civic Protection and Humanitarian Aid Operations
- EPI - Expanded Programme on Immunization
- EPR - Emergency Preparedness and Response
- ES - Environmental Intelligence

F

- FAO - Food and Agriculture Organization
- FCTC - Framework Convention on Tobacco Control
- FCTC - Framework Convention on Tobacco Control

G

- GBV - Gender-Based Violence

H

- HCW - Health Care Workers
- HCWs - Healthcare workers
- HiAP - Health in All Policies
- HTS - HIV Testing Strategy

I

- IDSR - Integrated Disease Surveillance and Response
- IDSR - Integrated Disease Surveillance and Response
- IHR - International Health Regulations
- IPC - Infection Prevention and Control
- IPC - Infection prevention and control
- IT - Information Technology
- IVM - Integrated Vector Management
- IVM - Vector Management

K

- KOICA - Korea International Cooperation Agency

L

- LF - Lymphatic Filariasis



M

- BemONC – Basic Emergency Obstetrics and New Born
- MAF TB - Multisectoral accountability framework for Tuberculosis
- MDA – Mass Drug Administration
- MDR – Multi-drug Administration
- MoH – Ministry of Health
- MRCTR - Malaria Reactive Community-based Testing and Response
- MUHAS – Muhimbili University of Health and Allied Sciences
- MVD - Marburg Virus Disease
- MVIP – Malaria Vaccine Implementation Programme

N

- NAIA - National Accelerated Investment Agenda for Adolescent Health and Wellbeing
- NAPHS – National Action Plan for Health Security
- NCD - Non Communicable Diseases
- NDPN - National Drowning Prevention Network
- NHA – National Health Accounts
- NSAs - Non-State Actors
- NTEC – National TPT Expert Committee
- NTP – National TB Program

P

- PHC - Primary Health Care
- PLHIV – People Living with HIV
- Polio – Poliomyelitis
- PPM – Public-Private Mix

R

- RCCE – Risk Communication and Community Engagement
- RCO - Resident Coordination Office
- RECAP - Regulatory and Fiscal Capacity Building Programme

- RHIS - Routine Health Information System
- RMNCAH – Reproductive Maternal, Newborn, Child and Adolescent Health
- RNLI - Royal National Lifeboat Institution
- RSSH – Resilient and Sustainable Systems for Health

S

- SDGs – Sustainable Development Goals
- SOPs - Standard operating procedures
- SWAp – Sector Wide Approach

T

- TB – Tuberculosis
- TETSIM - Tobacco Excise Tax Simulation Model
- THE - Total Health Expenditure
- TMDA - Tanzania Medicines and Medical Devices Authority
- ToTs – Trainer of Trainers

U

- UN – United Nations
- UNDAF – United Nations Development Assistance
- UNSDCF - United Nations Sustainable Development Framework

V

- VAWC - Violence against Women and Children
- VDPVS – Vaccine-Derived Poliovirus
- VL - Visceral Leishmaniasis

W

- WASH - Water, sanitation and hygiene practices
- WCO – WHO Country Office
- WFP – World Food Programme
- WHO - World Health Organization

Z

- ZDPNAP - Zanzibar Multisectoral Drowning Prevention National Action Plan
- ZFDA - Zanzibar Food and Drugs Authority



Forward



Dr. Charles Sagoe-Moses
WHO Tanzania, Country
Representative

As we reflect on the strides made over the past two years in WHO Tanzania's 2022-2023 Biennial Report, our unwavering commitment to advancing health outcomes and promoting well-being across Tanzania has been resolute, despite the unprecedented challenges posed by global health crises and local dynamics.

It is with great pride that we present this report, a testament to our collective dedication and steadfast commitment from the Country Office, partners, donors & the government to advancing health and well-being across Tanzania. In alignment with the Country Cooperate Strategy (CCS), over the past two years, our efforts to achieve the health for all agenda have seen remarkable milestones, transformed health outcomes, and strengthened resilience in the face of diverse challenges.

Notably, Tanzania has witnessed a substantial reduction in maternal mortality rates, with pregnancy-related deaths declining sharply from 556 per 100,000 live births in 2015 to 104 in 2022. This achievement reflects our persistent efforts in maternal health interventions and the healthcare system strengthening.

Underscoring our commitment to equitable access to vaccines and public health protection, Tanzania made significant strides in vaccination coverage, increasing from below 2.8% in 2021 to 53.8% by leveraging WHO-supported initiatives.

In 2023, our swift and coordinated response to the Marburg virus outbreak exemplifies our readiness and effectiveness. Within 90 days, we successfully contained the outbreak, safeguarding communities and preventing further spread.

Another landmark achievement was the adoption of the Universal Health Insurance bill by Tanzania's parliament, facilitated by technical guidance and reviews from WHO and partners.

This milestone paves the way for equitable access to healthcare services and financial protection for all Tanzanians. In the years under review, WHO Tanzania invested in capacity-building through training of trainees who will continue to provide essential mentorship and support, reinforcing sustainable healthcare service delivery across the country.

As we reflect on the accomplishments of the past biennium, we extend our heartfelt appreciation to the government, the UN community, partners, and donors who have contributed to WHO Tanzania's success story. Through collaborative support, we have been able to scale up critical health interventions, strengthen health systems, and respond swiftly to emerging health challenges. Their collaboration and support continue to be crucial as we work towards achieving health equity and ensuring a healthier future for all Tanzanians.

Our commitment to the people of Tanzania remains unwavering. Together with our partners, we will continue to innovate, advocate, and strive towards achieving better health outcomes for all in the next biennial and beyond.

Asante Sana



About United Republic of Tanzania



Population

61 Million



Life Expectancy

66 years old

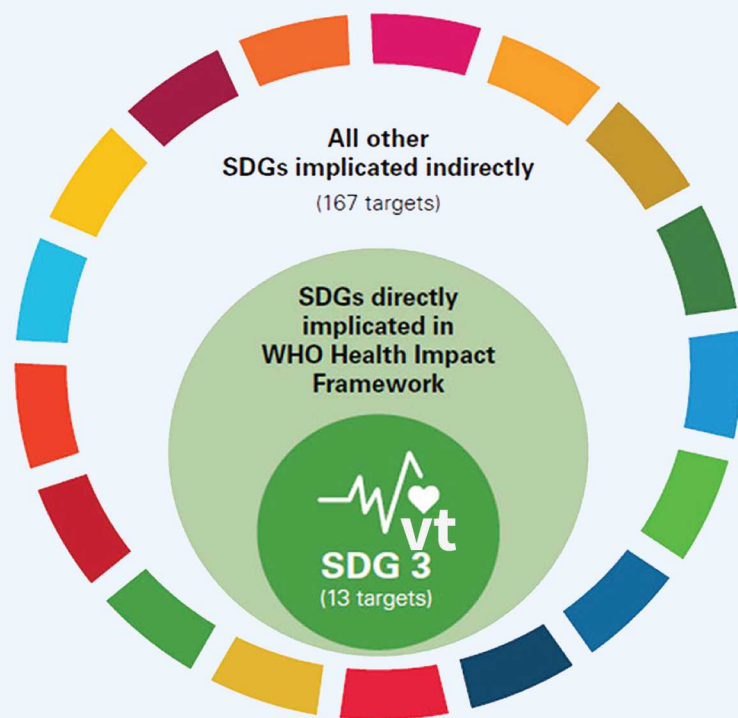
United Republic of Tanzania's Health Landscape

A healthy population is necessary for the prosperity of the Tanzanian economy. In order to achieve universal health coverage and high-quality health care, the Government of Tanzania has been implementing the Health Sector Strategic Plans as well as a range of detailed supporting strategies. There has been remarkable progress in the health status of Tanzania. Despite the progress achieved, there are still challenges to be addressed in improving the health of the population, the quality of care, and the inequalities in access and service.

In recent years, digital health has gained a lot of traction as an engine for innovation to attain universal health coverage. Digital technologies have significant potential to transform health care services in ways that contribute to health-sector goals, including quality and continuity of health care services, efficient use of resources, supported availability, and use of high-quality health information. The Government launched, and has begun implementing the Digital Health Strategy 2019–2024.



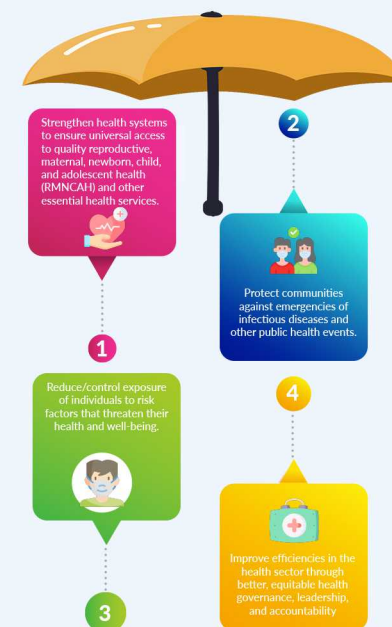
In the biennial, WHO Tanzania ensured strong multi sectoral engagement which aligns with the Sustainable Development Goals (SDGs). The SDGs reflect a new understanding that today’s health and development challenges are increasingly complex, integrated and interlinked. **SDG 3 exclusively addresses health, but health in the SDGs goes beyond SDG 3, with core health issues also residing in other goals. All SDGs influence – and are influenced by – health.**



STRATEGIC APPROACH TO ACHIEVE GOALS

The country office in close collaboration with stakeholders developed a six-year Country Cooperation Strategic (CCS) plan (2022-2027). This is the WHO’s Corporate Framework Strategy in response to country needs and priorities in line with the thirteenth General Programme of Work (GPW13) and addresses health and health-related Sustainable Development Goals (SDGs). It provides a medium-term strategic cooperation framework for the WHO in achieving health strategic priorities of the United Republic of Tanzania. The time frame tally with the United Nations Sustainable Development Framework (UNSDCF) for Tanzania. The priorities are aligned with the National Health Sector Strategic plan, SDGs, GPW13, and UNSDCF. The strategic document was launched in a colourful event on April, 2022.

THE FOUR PRIORITY AREAS IDENTIFIED UNDER THE CCS ARE:



SCAN ME

Download the WHO Tanzania Country Cooperation Strategy (CCS) 2022-27.

WHO 2022/2023 Snapshot



MONTHS



Sharp Decline from **556 Maternal Deaths** in 2015 to **104 pregnancy related deaths** in 2022 per **100,000 live births**



95% routine Vaccination Coverage in 2023.



Marburg Virus outbreak controlled within **90 days** due to swift and timely response



From below **2.8%** in 2021 to **53.8%**, in 2023, Tanzania increased COVID-19 Vaccination Coverage



Strengthened **200 networks** of religious and traditional leaders/practitioners in epidemics



Treatment coverage for Tuberculosis increased from **38%** in 2015 to **78%** in 2023

Strategic Priority 1

Universal Health Coverage



Outcome 1.1:

**Improved access to
quality essential
health services
irrespective of
gender, age, or
disability status**

High-quality,
people-centered health
services, based on primary
health care strategies and
comprehensive essential
service packages



Access to quality health services



Universal Health insurance bill was adopted by the parliament in **November 2023** in Tanzania Mainland and in Zanzibar since April 2022 through WHO's guidance and technical reviews and recommendations.



WHO conducted with IHI the evaluation of the implementation of the National Essential health care Intervention Package Tanzania to provide evidence for translating the Health Sector Strategic Plan into concrete intervention at District level



The Essential Health Service package developed with the technical Assistance of WHO and the University of Bergem was adopted by the revolutionary Government of Zanzibar. WHO provided Technical Assistance for the definition of a service delivery platform for the selected interventions. The exercise informed the decision of the Government to align the nomenclature of Primary Health Care Services with one of Tanzania's mainland.



The number of health centers was increased by **30%** and the number district hospitals by **40%** in Tanzania Mainland from **2015 to 2023**, while 10 district hospitals were constructed In Zanzibar from **2021 to 2023**.



Laboratory capacities were enhanced by installing **2,315 pieces** of equipment at **2,312 health facilities**, including **807 hematology analyzers**, **740 chemistry analyzers**, and **768 urine analyzers**. The government procured **32 CT scans**, **6 MRIs**, and **199 digital X-ray machines**.



As part of delivery strategy, the Mmama strategy was launched to improve the referral system. WHO conducted an assessment of the referral guideline and produced a referral guideline that is being rolled out in the country.



To improve responsiveness of health services to the need of elders:



Drafted the National Healthy Ageing Framework



Supported older persons through a health outreach activity including a national symposium; provision of screening services (Blood Pressure, Blood Sugar, Eyesight); COVID-19 vaccination and Mental Health and Psychosocial Services.



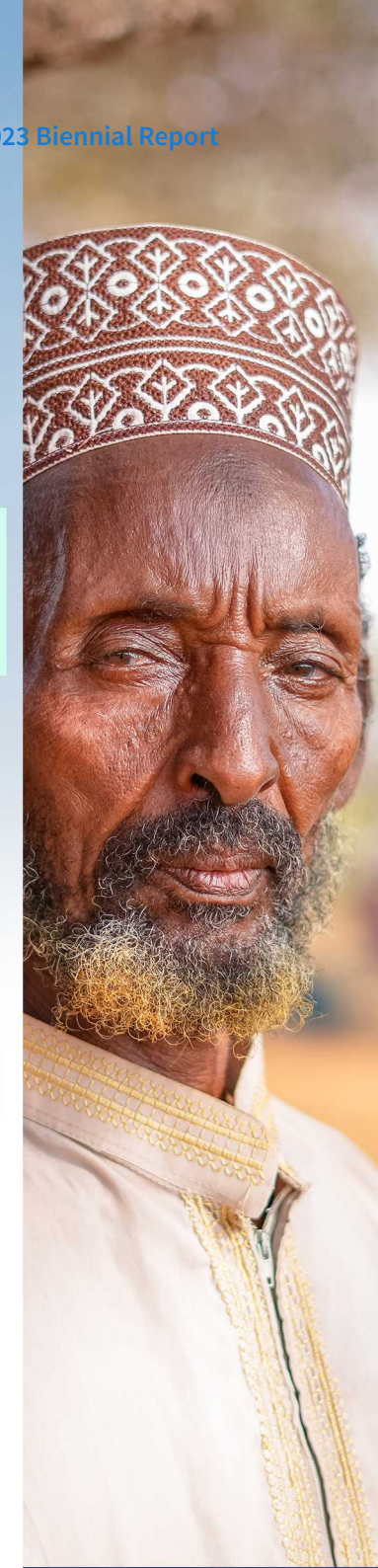
Situation analysis of the provision of health aging services at PHC conducted and documented



To improve accountability of Health sector stakeholder's, Health sector performance profile 2019-2020 and 2021-2022 were produced to ease the monitoring of the Health Sector Strategic plan and to share information sharing making. To further improve the monitoring of the HSSP V, Tanzania National Health Portal (<https://hmisportal.moh.go.tz/hmisportal/#/home>) is regularly updated.



14,000 assistive products to enable older persons continue being functional and independence handed over by WHO.



Human resource for health

Improve coordination of donor to close Human Resource for health gap in the health sector, with Donor's funds covering 9% of health workers and volunteers' salaries.

- » To improve human resource planning and distribution with the aim of boosting graduate absorption to **55%** by 2026 and reduce the human resource gap in health facilities from **66%** to **52%** in 2026, covering a minimum requirement of approximately **184,000 health workers** in Tanzania Mainland.
- » Advocacy was also conducted within the Human Resource for health technical Working group, leading to the development of a three-year accelerated plan for human resource acquisition
- » WHO facilitated the production of a referral guideline and implementation plan in Zanzibar.

- » Improved involvement of volunteer staff in service delivery. The volunteers, recruited and paid for by local government and health facilities management teams, currently constitute 35% of the health workers in public facilities.
- » WHO's initiatives in improving data availability enhanced the functionality of the Human Resource for health technical Working group.
- » National Health Workforce Account was conducted, and the preliminary results used for the development of a three-year accelerated plan for human resource acquisition aiming at improving the planning and distribution of the health workforce at subnational level.
- » Improved involvement of volunteer staff in service delivery. The volunteers, recruited and paid for by local government and health facilities management teams, currently constitute 35% of the health workers in public facilities.



12 | Key Achievements

- » Organized **4** training of trainers in conducting Health labor market Analysis.
- » Training on the National Health Workforce Account (which is the descriptive phase of the health labor Market Analysis) was also organized for **60** members of the Human resource for health technical Working Group, representatives of civil society organizations, academicians from local Universities, representatives of Health Professional Councils, and representatives of various administrations involved in health Workforce training and management.
- » Fact sheets developed from National health Account results for evidence-informed advocacy in TZ Mainland and Zanzibar.
- » Coordination of investment was also enhanced by contributing to developing, monitoring, and evaluating the Health System Strengthening component of the Global Funds grant.
- » Improved involvement of volunteer staff in service delivery. The volunteers, recruited and paid for by local government and health facilities management teams, currently constitute **35%** of the health workers in public facilities.

To improve the productivity of Health Workers:

- » WHO conducted an induction training of district health management teams in Zanzibar with MUHAS.
- » WHO supported the training of **55** trainers of trainees who will be readily available to continue with onsite mentorship, coaching, and supportive supervision during the routine health services provision.
- » **25** young academicians and researchers from Muhimbili University of Health and Allied Sciences (MUHAS) were capacitated on developing policy briefs, and **22** on strategic planning and designing Theory of Change.
- » Junior staff of Muhimbili University of health and Allied Sciences were capacitated in project design and result based management.



Maternal, Sexual and Reproductive health



Sharp Decline from **556 Maternal Deaths** in 2015 to **104** pregnancy related deaths in 2022 per **100,000** live births



Conducted a rapid assessment of the quality of Sexual Reproductive Health in **25 selected health facilities** in Kigoma region and results informed the ongoing quality improvement initiatives geared towards improving intrapartum and postpartum care for positive birth experience, IPC measures, management of obstetric complications in all **25 selected health facilities**.



15 ultrasound machines that were distributed to **15 health facilities** in **eight districts councils** thanks to Norwegian embassy



2,299 women supported in accessing quality health care services during pregnancy thanks to **2 ambulances** donated with funding from Norwegian embassy



Provided support in the process for development of One Plan 3 as part of Health Sectors Strategic Plan identifying policies and strategic intervention for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH).



54 frontline health workers in Kigoma and Zanzibar were capacitated with the involvement of other partners to improve the quality of maternal and perinatal reviews, and early detection and management of cervical cancer.



Support was provided to improve quality of care and infection prevention and control in health facilities. Advice was provided for the implementation of innovative delivery strategies, especially in newly constructed health facilities.



Maternal and Newborn Health



WHO has supported the region to train healthcare providers from 36 Comprehensive Emergency Obstetric and Newborn Care (CemONC) and 28 Basic Emergency Obstetrics and Newborn Care (BemONC) health facilities. In total 73 healthcare providers were trained (37 male and 36 females), from district hospitals, from health centers and high-volume dispensaries.



Trained **88** healthcare providers on Obstetric Emergencies and Essential Newborn care, whose **87%** were newly employed healthcare providers who had limited practical skills to manage obstetric and newborn emergencies.



WHO built the capacity of frontline health workers (54 in Kigoma and Zanzibar in 2023) for provision of quality services which including Maternal and Perinatal reviews.



Capacity of **50** health care workers on integrated FP services is improved



WHO contributed to the adaptation of the Labour Care Guide in Mainland and in **6 regions** (Mwanza, Mara, Shinyanga, Geita, Katavi and Dar es Salaam). The guide is now being used for intrapartum care.



Cervical Cancer



With technical and financial support from WHO, an Operational Manual for the Introduction of HPV DNA and the HPV screening verification protocol were developed.



Sixty (60) health workers were capacitated on early cervical cancer screening and treatment of cervical precancer lesions



Capacity building for early detection and management of cervical cancer was also done along provision of essential tools. About **66,474** aged **30-50 years** were screened and **82.1%** were treated with either Thermocoagulation or cryotherapy.



54 frontline health workers in Kigoma and Zanzibar were capacitated with the involvement of other partners to improve the quality of maternal and perinatal reviews, and early detection and management of cervical cancer.



1,016 (82.1%) out of **1,237** who had cervical precancer lesions received cryotherapy.



Child and Adolescent Health and Nutrition



WHO provided support in the process for development and implementation of One Plan 3 as part of Health Sectors Strategic Plan identifying policies and strategic intervention for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH).



The National Accelerated Investment Agenda for Adolescent Health and Wellbeing (NAIA) launched, and dissemination will contribute to the sustainability of these initiatives



Roll out integrated management of childhood illness and improve acre at referral facilities



Trained healthcare providers from **36** Comprehensive Emergency Obstetric and Newborn Care (CemONC) and **28** Basic Emergency Obstetrics and Newborn Care (BemONC) health facilities



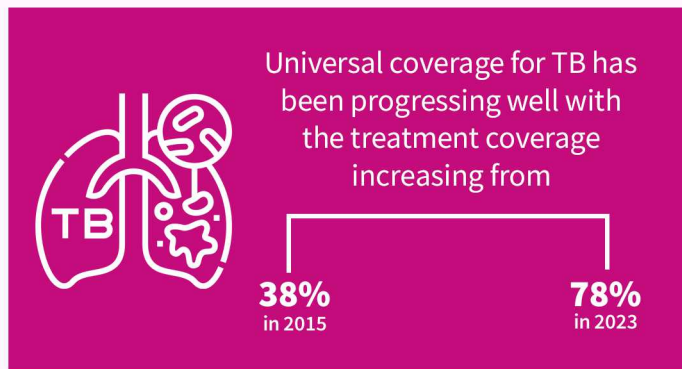
Skills of staff in **20** selected districts with newly established newborn care Units have been improved through mentorship



45 IMCI facilitators have the skills and knowledge to conduct trainings at subnational level



Tuberculosis



National TB notification and Universal Health Coverage 2023 [cohort registered in 2022]			
	Estimated Incidence	National Notification	Treatment coverage (%)
New and relapse cases	128,000	100,100	78
HIV positive TB cases	21,000	16,490	79
MDR TB	1,700	344	20
Tuberculosis treatment outcomes 2023 for cohorts register in previous years			
	Treatment Success (%)	Cohort size	
New and relapse cases, 2022 cohort	96	86,382	
HIV positive TB cases, 2022 cohort	93	15,222	
MDR TB, 2021 cohort	78	402	

- Developed the multisectoral accountability framework for Tuberculosis (MAF TB) with the Government and led advocacy efforts for its adoption. This was endorsed by Prime Minister and will be coordinated through the Prime Minister's office and aims at achieving a multisectoral approach to TB control.

- Provided technical knowledge to guide the Mid-term review of the TB strategic plan (2020 – 2025) for Mainland, Tanzania, recommendations for improvements in the remainder of the lifespan of the strategy were provided. The findings and recommendations of the MTR also fed into the development of the GF GC 7 funding request for TB.

- Introduced the newer regimens for TB prevention among PLHIVs and children which are for **3-months** compared to the **6-month** INH regimen. This included adaptation of the guidelines, development of training package and development of protocol for post marketing surveillance of adverse drug reactions to the new regimens (TPT CEM).

- To successfully scale up the new regimens (3HP), 18 Trainer of Trainers (TOTs) were trained, followed by cascade trainings to **355** national, regional and district HIV and TB coordinators, 100 regions were mentored, and **1,200** frontline health workers trained.

- 240,000** doses of the new regimens were procured and delivered in country for roll out. WHO as member of the National TPT Expert Committee (NTEC) provided constructive guidance on the transition and roll out of the new regimens across the country.

- To pledge commitment and accountability in their respective sectors, a total of **23 Ministries** signed the Multisectoral Accountability Framework to end TB (MAF TB) in Tanzania. Vulnerable groups such as prisoners or people in police custody, miners, healthcare workers, school pupils, refugees, or internally displaced people facing increased risk of TB will be reached with prevention and treatment services.

HIV/AIDS



In the biennial, through WHO's guidelines, **1,457,000 (94%)** out of **1,548,000** people living with HIV were on antiretroviral therapy and the country is progressing well towards the 95-95-95 global targets for **2025** and is set for ending AIDS by **2030**.



WHO supported Tanzania Mainland in mobilizing **USD 602,877,336** through the Global Fund for the next funding cycle Global Fund Cycle 7 (GF GC7). HIV, TB, Malaria/RSSH were allocated **\$370,004,151, \$49,963,120, and \$182,910,065** respectively.



Zanzibar was also supported to mobilize USD10,816,163 from the Global Fund. HIV (**\$4,209,668**), TB (**\$1,377,491**) and Malaria (**\$5,229,004**)



Supported Tanzania Mainland to develop an Integrated HIV, STI and Viral hepatitis National strategic plan, **2022 - 2026** and a two-year Operational Plan to contribute to ending the three epidemics by **2030**.



Supported the Ministry of Health Zanzibar conduct an end term review of the strategic plans for HIV, STI, Viral Hepatitis, TB and Leprosy for Zanzibar, was conducted by the Ministry of Health Zanzibar.



Enhanced integrated HIV and Hepatitis programming, through the provision of technical and financial support to establish the National AIDS, STI and Viral Hepatitis Coordination Programme (NASHCoP) formerly National AIDS Control Programme (NACP).



Coordinated the development of the new integrated five-year strategic plan for HIV, STI, Viral Hepatitis, TB, and Leprosy (**2023 - 2027**) for Zanzibar. The plans have been guiding the implementation of strategic interventions towards ending HIV, STI, Hepatitis, TB, and Leprosy in the United Republic of Tanzania towards **2030**.



Collaborated with UNCIEF and UNAIDS to establish the Global Alliance to end pediatric and adolescents AIDS in Tanzania.



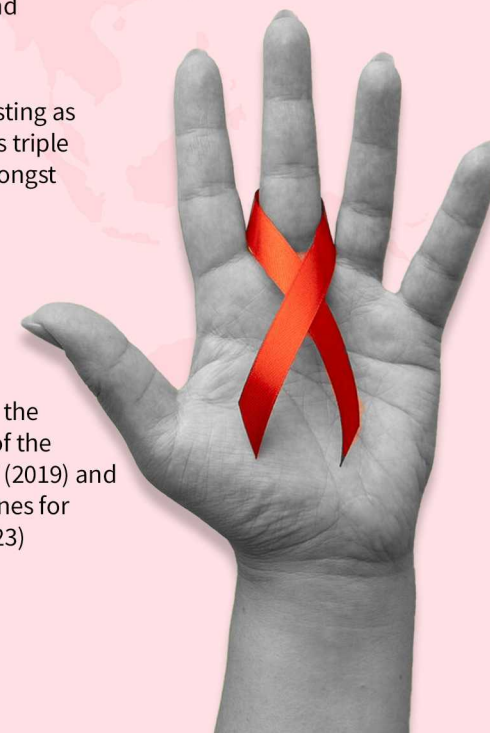
130 health workers were trained on triple testing as part of the feasibility study in 4 regions towards triple elimination of HIV, Hepatitis B and Syphilis amongst pregnant women.



Over **25,000** eligible pregnant women had been given information on triple testing and over 615 underwent triple



Provided technical guidance to the ministry for the comprehensive review of the National guidelines for the management of HIV (2019) and development of the national integrated guidelines for management of HIV, STI and Viral Hepatitis (2023)





The Ministry of Health (MOH) undertook a comprehensive evaluation of the HIV Rapid Test (RT) algorithm, aligning it with the WHO recommended testing strategies. WHO facilitated the orientation, providing a toolkit and protocol.



WHO developed results oriented HIVST scale up plan, implementation framework and monitoring implementation in collaboration with the Ministry.



WHO collaborated with the Ministry to plan and conduct the evaluation of the HIV-3 strategy, which was rolled out across the nation to close the gap in identification of PLHIVs.



Tanzania launched the Integrated Health Sector HIV, Viral Hepatitis and Sexually Transmitted Infections (STI's) National Strategic Plan (NSP) with financial support from WHO.



Tanzania launched the fifth Multisectoral National Strategic Framework for HIV and AIDS with support from WHO. Under the framework, Tanzania seeks zero new infection, zero discrimination, and zero AIDS-related death by 2026. The global target is to achieve the three zeros by 2030.



Provided technical input in the grant making process which was approved by the Grant advisory committee (GAC) and the grant was ready for implementation at the beginning of 2024. For Zanzibar technical and financial support was provided for development of the funding request.



Malaria

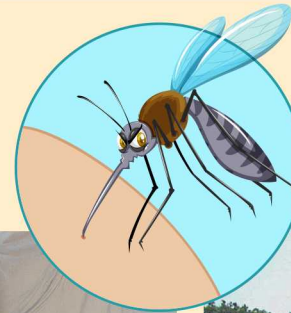
Through Malaria Reactive Community-based Testing and Response (**1,7-mRCTR**) approach for malaria burden reduction in southeastern Tanzanian districts of **Kilwa, Rufiji, and Kibiti:**

- > **4.5 %** reduction in malaria in the 3 districts
- > In Rufiji, a district with lower prevalence where larviciding was added, the approach led to a **63.9%** decline in malaria prevalence

4

Major technical products to support elimination of malaria

- > Report of the comprehensive malaria programme review in Zanzibar
- > Report of the mid-term review in mainland Tanzania
- > Zanzibar National Malaria Strategic Plan, 2024-2028
- > Integrated Vector Management guidelines and Standard Operating Procedures, mainland Tanzania.



- ▶▶▶ Trained **59** regional and district vector surveillance (and control) officers from **32** sentinel sites across the country to collect, identify, and preserve mosquito samples to track potential invasion of *Anopheles stephensi* in the country.
- ▶▶▶ Tanzania established a **19-member End Malaria Council**, with the top leadership of the country to keep malaria a national priority and mobilize actions and resources to address operational issues and resource gaps in Tanzania.
- ▶▶▶ WHO provided technical support to develop Integrated Vector Management (IVM) guidelines and standard operating procedures (SOPs) to streamline the control and management of vectors of public health importance. Vector surveillance officers from **34** districts and **23** regions were trained on these guidelines and SOPs empowering them to effectively implement vector control strategies in their respective areas.

- ▶▶▶ Entomological surveillance and insecticide resistance monitoring were successfully conducted at sentinel sites across the country. This comprehensive effort played a crucial role in mapping and updating the distribution of malaria vector species, along with assessing their insecticide susceptibility/resistance status. The findings have been instrumental in understanding the patterns of malaria transmission nationwide.

- ▶▶▶ WHO provided technical and financial to conduct a special therapeutic efficacy and safety study on artemether-lumefantrine (AL) and artesunate-amodiaquine (ASAQ) for treating uncomplicated falciparum malaria in Karagwe district. The study confirmed presence of artemisinin partial resistance in the area. These findings have informed the following actions:

- > Strengthen quality of case management services
- > Intensify surveillance
- > Malaria vector control



Neglected Tropical Diseases (NTD)



A total of **3,963,000** drugs of **albendazole** were donated to Tanzania mainland against Lymphatic Filariasis to a targeted population of **4,862,639** people in **9 IUs** in **2022**.



3,282,000 praziquantel tablets were donated against schistosomiasis morbidity in **2022**, and **3,141,000** in **2023**.

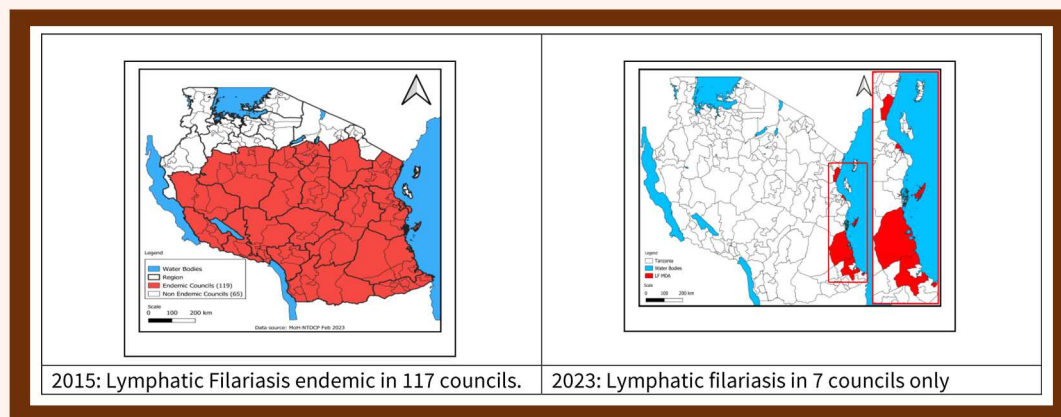


Albendazole was also targeted to reach **5,154,000** people against Soil-transmitted helminthiasis.



More than **30 Million** people in **110 districts** are now living in free from Lymphatic filariasis LF transmission zones,

Lymphatic Filariasis: Out of 117 council endemic for lymphatic filariasis in 2015, by 2023, only 7 councils are endemic



Both clinicians and victims of the Lymphatic Filariasis infection received training on grading and staging elephantiasis and hygienic management.

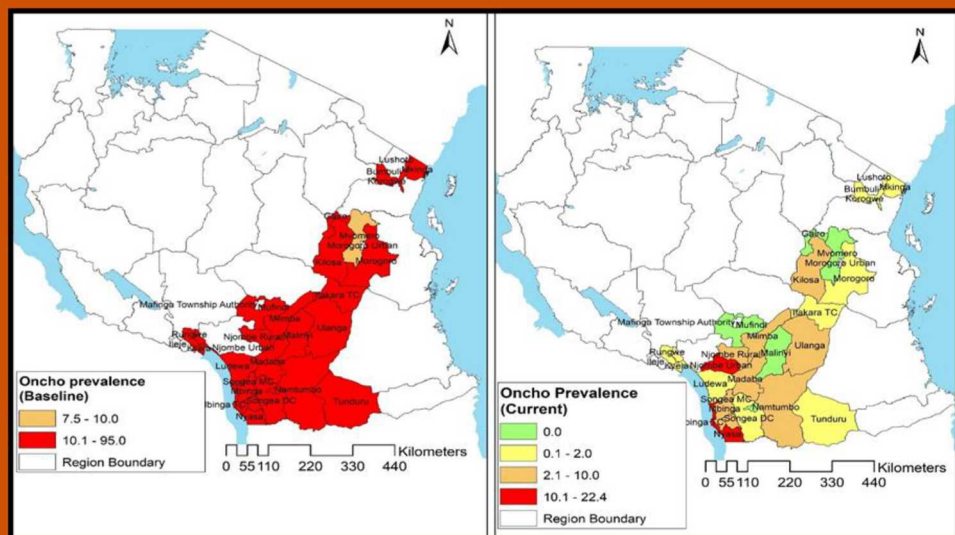


Medical doctors were also trained on hydrocele surgical intervention, and each district hospital in Sustained donation of medicines, their distribution and monitoring have enabled the country to effectively reduce the burden of lymphatic filariasis, and schistosomiasis morbidity across regions of Tanzania Mainland contributing to achieving global health targets, such as those outlined in the WHO's roadmap on NTDs.



For the **185 districts** with ongoing treatment for SCH, morbidity has been reduced, only 19 districts lie within high prevalence, while 166 have a moderate prevalence, and none with low prevalence.

Onchocerciasis: Shrinkage is majorly on the prevalence



Partnership Driving Transformational Change in NTD control and elimination at all levels

- To tackle deficiencies in Mass Drug Administration (MDA), particularly in high-risk areas, World Health Organization (WHO) partnered with Ministries of Health from Ethiopia, Kenya, Nigeria, Tanzania, and Ghana, as well as Act to End NTDs, a US-based partner specializing in NTDs. Together, they conducted an assessment of challenges associated with drug distribution by community volunteers in Monduli and Longido in Arusha, Tanzania. This assessment included the development of micro plans, which incorporated maps of local communities and their proximity to national parks and conservation areas to enhance distribution at the grassroots level. The exercise was in line with the newly launched WHO Guidelines on NTD Microplanning.

- Thanks to financial assistance from ESPEN, the Ministry of Health in Zanzibar received support to develop an integrated three-year annual plan providing a clear framework for interventions targeting the three priority conditions endemic in the islets in line with the recently developed NTD Master Plan for Zanzibar
- The agenda for eliminating NTDs in Tanzania gained prominence, particularly with the address delivered by President Samia Suluhu Hassan. She spoke to development partners during a significant meeting held in Kigali on January 27, underscoring the government's unwavering commitment to achieving a complete elimination of NTDs.
- The Tanzanian Government achieved a significant milestone by launching the second edition of its national NTD Master Plan, along with the NTD Sustainability Plan.
- Maintained collaboration with pharmaceutical companies including Merck Company and Associations. GSK and Johnson and Johnson, and US and UK-based supported partners to ensure the availability of quality-assured medicines and funds for executing preventive chemotherapy interventions.
- Tanzania submitted twice, drug requests attaching updates on ongoing surveillance activities to assess the impact of interventions, as well as partners and potential funding for subsequent drug distribution in communities. The process has been useful in ensuring effective coordination by the Government at all levels to ensure timely delivery, proper storage, and monitoring of stock levels to prevent stockouts.

Non-Communicable Diseases (NCDs)

➤ Facilitated advocacy and needs assessment for Epilepsy, Maternal Mental health, and other Neurological Disorders, to monitor, enhance services and document lessons for scale-up at primary healthcare levels

➤ WHO launched the new International Global Action Plan on Epilepsy and other Neurological Disorders, and the new WHO Guideline on the integration of Perinatal Mental Health Services at primary health care level.

➤ The monitoring of national NCD trends and activities has continued, aligned with the Global NCD Monitoring Framework and the National NCDs Multisectoral Strategy and Action Plan 2021-2026.

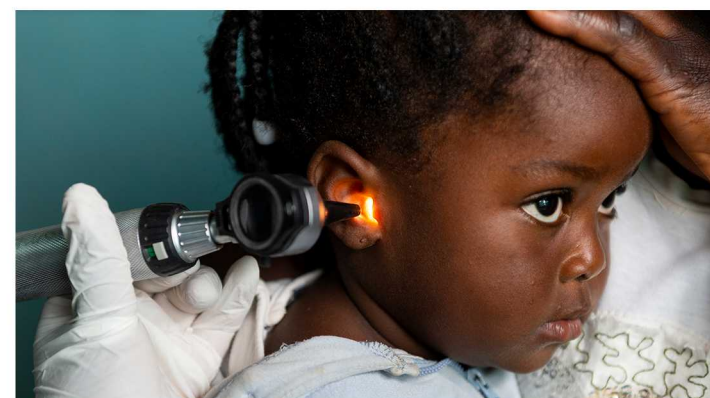
➤ WHO assessed the National Hearing Care services, findings used to feed into the global report on the Status of Hearing and Hearing care. In response to these gain, WHO supported to scale up services, including ensuring effective screening of younger children to reduce chances of deafness.

➤ WHO contributed to the assessment of NCD services at PHC level using WHO PEN and HEART assessment tools. The activity was done in collaboration with TDA. The results (from ten regions) is being used to summarize strengths and areas in need of improvement.

➤ WHO has worked with ministries to conduct a Country Capacity assessment, a report that contributes to WHO's Global report to the UN General Assembly. This report covers progress on the implementation of the commitments made in the Political Declarations on NCDs adopted at the UN General Assembly in 2011, 2014 and 2019, the findings of which are analyzed through ten identified.

➤ Periodic WHO NCD country capacity surveys provide a measure of the progress made in countries.

➤ Reduction of modifiable risk factors for noncommunicable diseases and underlying social determinants" Contributed to the execution of the second 2023 NCDs STEPs survey in both Tanzania Mainland and Zanzibar to monitor the prevalence of NCDs and associated risk factors in the United Republic of Tanzania. Preliminary findings from the NCD Monitor 2022 highlight the necessity of raising awareness about various NCD risks preventing premature deaths among the younger population



OUTCOME 1.2 Reduced number of people suffering financial hardship

Health Financing



The Total Health Expenditure (THE) increased from **Tshs 4.294,944 million (USD 2,164 million)** in 2016 to **5,415,996 million (USD 2,336 million)** in 2020, an increase of **26 percent**.

Foreign funds distributed by the government increased by **40%** between **2019** and **2022** while foreign funds distributed by foreign entities declined by **30%** during the same period.

WHO leverages on its convening and brokerage role to improve partnership coordination and alignment of partners to Paris declaration, especially during covid-19 response.

WHO also advocate for Direct Financing Facilities using the basket funds to allocate more flexible funds in primary health care facilities.

Coordination of investment was also enhanced by contributing to developing, monitoring, and evaluating the Health System Strengthening component of the Global Funds grant.

To improve domestic finance and hence ensuring financial sustainability in the health sector, WHO facilitated orientation and training on health financing options to 40 Senior staff in the Department of policy and planning of the Ministry of Health, Ministry of Finance and Presidents Office Regional Administration. This has resulted into increased health budget execution rate from 77% in 2019/20 to 79% in 2021/22.

WHO facilitated orientation and training on health financing options to **40** Senior staff in the Department of policy and planning of the Ministry of Health, Ministry of Finance and Presidents Office Regional Administration.

WHO supported the development and update of Health financing strategies that were used for advocacy, but also contributes to the whole process of developing and advocating for the health insurance bill.

WHO provided technical and financial support to produce National Health account and use it or evidence-based advocacy. The health budget tracking and reporting is also conducted, and feedback shared to Government entities, contributing to increased health budget execution rate from **77%** in 2019/20 to **79%** in 2021/22.

Increased share of general government spending on Health from **8.1%** in 2019/20 to **9.1%** in 2021/22, contributing to an increase per capita health spending from **93,433 (41\$)** in 2019/2020 to **112,300.57 (48\$)** in 2021/22.

Coordination of investment was enhanced by contributing to developing, monitoring, and evaluating the Health System Strengthening component of the Global Funds grant.





Outcome 1.3: Improved access to essential medicines, vaccines, diagnostics, and devices for primary health care

Essential Medicines



Increase in tracer medicine availability from **90.5%** in 2021 to **94.48%** in 2022

- WHO conducted capacity building and supervision in supply chain management including quantification and DQA.
- Eight pharmaceutical manufacturing companies are under construction to augment the 17 facilities operational.
- WHO supported the production of data to inform the decision-making process, pointing the fact that health products from abroad accounted in 2022 for 80% of medicines and medical equipment and 100% for reagents and vaccines.
- Trainings on tools and guidelines for medicine evaluation and for recall and disposal of unfit medicines were also conducted to further improve the quality of services.

Strengthened the capacity in formulating strategies on medicine policies and local production, assessing and submitting data for medical registration and determining poor quality reporting.

Training on assessment of clinical trials applications for medicines, traditional medicines, vaccines of recombinant DNA technology and Genetically Modified Organisms was conducted to increase the regulatory capacities, anticipating on increase local production.

9 guidelines for medical devices by the ZFDA (Zanzibar Food and Drugs Authority) developed to ensure the marketing of medical devices including in vitro devices in Zanzibar meets acceptable standards of quality, safety, and performance. Antimicrobial resistance

Staff in Muhimbili national hospital, Mwanayamala and Dodoma referral hospitals, and Mnazi Mmoja hospital were trained to establish Antimicrobial Stewardship (AMS).

Support was provided to improve quality of care and infection prevention and control in health facilities. Advice was provided for the implementation of innovative delivery strategies, especially in newly constructed health facilities.


Medical Equipment

- In 2022/2023, laboratory capacities were enhanced by installing **2,315** pieces of equipment at **2,312** health facilities, including **807** hematology analyzers, **740** chemistry analyzers, and **768** urine analyzers. The government also procured **32** CT scans, **6** MRIs, and **199** digital X-ray machines.
- WHO with financial support from the Norwegian Embassy donated **15** ultrasound machines that were distributed to **15** health facilities in **eight** districts councils. Their availability is increasing the access to an early ultrasound test before the gestation age of **24** weeks as per global recommendations in Kigoma. The **15** health facilities is serving an estimated population of **291,505**.
- WHO handed over a consignment of **14,000** assistive products worth **193 million** Tanzanian shillings to enable older persons continue being functional and independent





Immunization and Vaccinations



95% DPT3 Vaccination Coverage in 2023 and 53.8% of Total Population vaccinated against COVID-19

- WHO produced guidelines for immunization, conducted trainings and provided financial support for periodic intensification of routine immunization and catch-up immunization campaigns.
- Developed a digital NGO map to centralize NGO's in Tanzania to support vaccine uptake at the grassroots community.

An intensified vaccination exercise reached over **42,000** children aged **9 - 59 months** in addition to over **37,000** adults above **18 years** against COVID-19 disease. Other routine vaccines including polio, penta3, DPT and rotavirus are offered according to the status of each child.

- COVID-19** With funding support from the Canadian government, the World Health Organization supported Tanzania with systematic integration of covid 19 vaccination into routine immunization and primary healthcare services.
- WHO supported the development of a national guideline for COVID-19 integration to provide principles for operationalizing the integration of COVID-19 vaccination into routine immunization programmes, Primary Health Care (PHC) and other relevant health services.

- With support from the European Union, WHO in the African Region trained 72 social welfare officers from five of Tanzania's regions categorized as high risk for outbreaks, providing them with skills to address the mental health challenges associated with emergencies.
- As a strong testament of the country's support and enthusiasm to integrate vaccinations, the Africa Vaccination week which is globally celebrated was commemorated in Manyara, one of the communities that experience huge success in both routine and COVID-19 vaccination with thanks to WHO and financial support from Canada.
- WHO supported the decentralization of COVID-19 testing by establishing five additional laboratories at Kigoma Regional Referral Hospital (RRH), Kagera RRH, Shinyanga RRH, Kahama District Hospital (DH), and Binguni Laboratory. Helps reduce the turn-around time (TAT) for test results from 72 hours to 24 hours within their respective catchment areas, addressing delays caused by long-distance sample referrals.

POLIO Eradication

Following WPV1 outbreak in Malawi and Mozambique, WHO with other GPEI partners supported the government in responding to the outbreak by conducting 4 rounds of bOPV polio campaign, synchronized together with other countries at risk namely Zambia, Zimbabwe, Mozambique, and Malawi. Progressively high number of children were reached with the vaccine, attaining high coverages of more than 96% in round 2 to round 4 s evidenced by independent monitors and LQAs.

2022 SIA - bOPV3					
TARGET POPULATION - UNDER 5					
SIA ROUND	DATES CONDUCTED	TYPE OF CAMPAIGN	TARGET	VACCINATED	COVERAGE
ROUND 1	24TH - 27TH MARCH 2022	SNID (4 REGIONS MBEYA, NJOMBE, SONGWE AND RUVUMA)	975,839	1,130,261	115.8%
ROUND 2	18TH - 21ST MAY 2022	NID	10,576,805	12,436,361	117.6%
ROUND 3	1ST - 4TH SEPT 2022 (8TH - 11 TH SEPT 2022 - IRINGA)	NID	12,692,166	15,052,442	118.6%
ROUND 4	17TH - 20TH NOVEMBER (ZANZIBAR) AND 1ST - 4TH DEC 2022 (TANZANIA MAINLAND)	NID	15,052,442	17,816,933	118.4%



WHO supported the country in preparedness for the use of nOPV2 and Tanzania Medicines and Medical Devices Authority (TMDA) authorized for emergency use of Polio Type 2 (nOPV2) vaccine after successfully completed documentations needed for EUL use and the vaccine was used to respond to the cVDPV2 outbreak in September and November 2023, covering six regions with a total of 37 districts. All six regions attained administrative coverage of more than 100% in both rounds, with all 37 districts passing LQAs in both rounds.

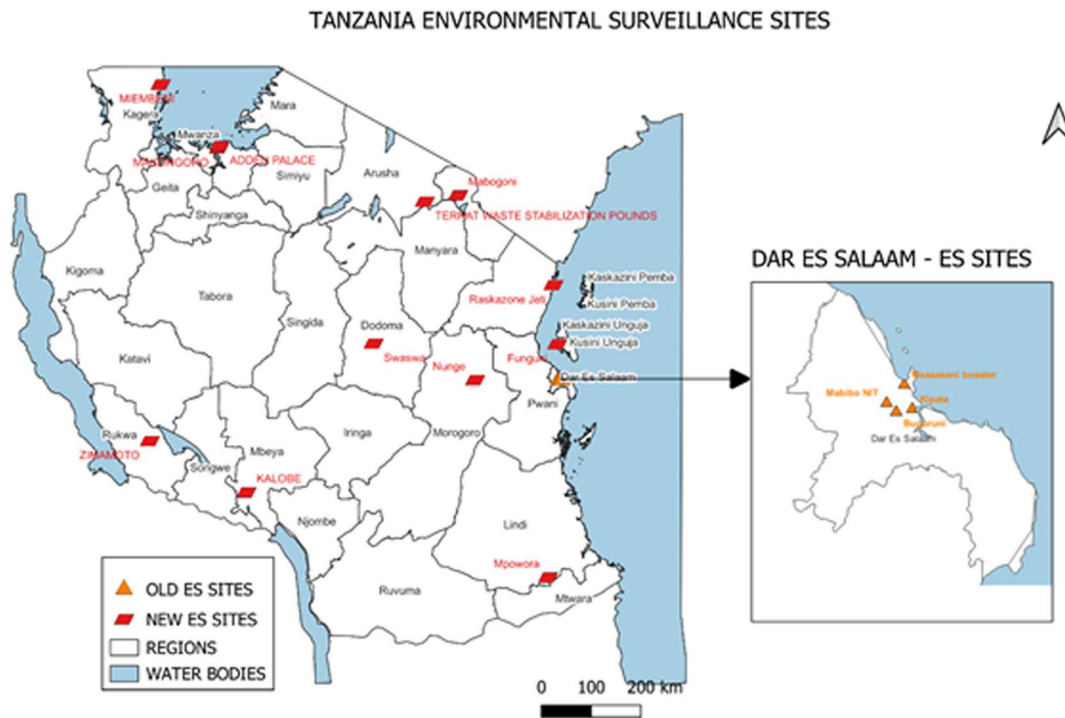
nOPV2 sNID CAMPAIGN (KAGERA, KATAVI, KIGOMA, MBEYA, SONGWE AND RUKWA)

TARGET POPULATION - UNDER 8 YEARS				
SIA ROUND	DATES CONDUCTED	TARGET	VACCINATED	COVERAGE
ROUND 1	21ST - 24TH SEPT 2023	3,250,598	4,258,162	131%
ROUND 2	2ND - 5TH NOV 2023	4,258,162	4,634,921	109%

The country has maintained the polio-free status by meeting standards of effective and sensitive Polio surveillance and high coverage of routine polio vaccination and during polio campaigns. WHO supported the country to intensify Polio surveillance by ensuring sustained high AFP surveillance indicators

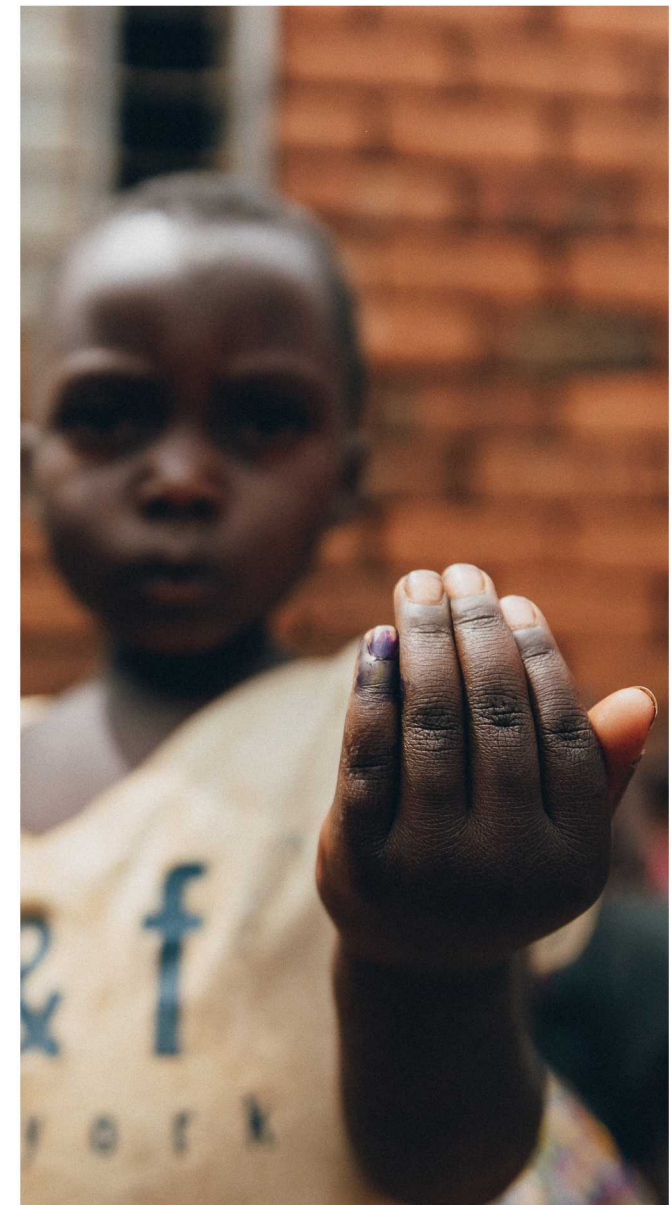


Environmental surveillance expanded from four sites to sixteen sites.



Map indicating old sites and new sites

As part of surveillance intensification efforts WHO and GPEI partners deployed 9 HR surge consultants to the regions across the country to support the ministry of health in conducting active case search in prioritized health facilities and to provide technical supportive supervision.



Strategic Priority 2

Health Emergencies



Outcome 2.1: Countries prepared for health emergencies

With WHO's financial and technical support,

Second round Joint External Evaluation for both Mainland and Zanzibar was completed and documented improvement across the **19 technical areas** to **60%** from **48%** of **2016** for mainland and to **52%** from **32%** of **2017** in Zanzibar

Lessons learnt from response operations have been documented through After-Action Reviews following Marburg Viral Disease Outbreak and COVID 19 Pandemic. These were to inform plans for capacity improvement in detection, prevention, and response to public health emergencies.

Updated public health emergencies risk profiles for mainland of 2022 and Zanzibar of 2023 which has informed preparedness, operational readiness, and capacity building of the country.



Through the Emergency Preparedness and Response (EPR) flagship initiative, 8 vehicles were handed over to the Ministry of Health to facilitate emergency response.

Trained **135 African Health Volunteers Corps (AVOHC) SURGE** members from mainland and **56** from Zanzibar to respond to public health emergencies within 24 to 48 hours of an incident through WHO AFRO EPR Flagship initiative.

Two regions; Arusha and Kilimanjaro were supported to establish the Public Health Emergency Operations Centre (PHEOC) through provision of equipment and furniture.

WHO supported the assessment and mentorship on Ebola Virus Disease in 18 healthcare facilities and **15 designated treatment units in 5 high-risk regions** of Tanzania mainland (namely Dar-es-salaam, Songwe, Mbeya, Dodoma, and Kigoma) and Zanzibar for Ebola Virus Disease preparedness.

Capacity building on decontamination and safe & dignified burials to 40 burial teams (**13 females, 27 males**) from **Unguja and Pemba**.

Simulation exercises (tabletop and drills) were conducted in 6 high risk regions following Ebola Virus Disease outbreak in neighbouring country to enhance operational readiness. About **250 health workers** in health facilities from Dar es salaam, Mwanza, Kigoma, Kagera and Geita were capacitated.



To strengthen the national disease surveillance and response systems, WHO,

In collaboration with Center for Disease Control and Prevention (CDC), WHO supported the Ministry of Health to develop the electronic IDSR system and provided training to **398 health care workers** on reporting and verification of cases and events through the electronic system.

Operationalized a total of **32** regional and district multisectoral Risk Communication and Community Engagement committees in four regions: Tanga, Pwani, Geita and Manyara. **1,440 members** trained and engaged to prevent and respond to public health emergencies.

OUTCOME 2.2: Epidemics and pandemics prevented



Ebola Virus Disease

Capacity building of **3,957** frontline healthcare workers on Infection prevention and control to strengthen Ebola Virus disease readiness measures in six **high-risk regions** of Tanzania mainland (namely: Kagera, Mara, Mwanza, Kigoma, Geita, and Dar-es-salaam) and Zanzibar



Cholera Prevention and control



National Multisectoral Cholera Prevention and Control Plan (2023-2028) was developed and launched. The Plan aims at guiding national wide efforts by all sectors to prevent and control cholera in the country.



National Cholera Prevention and Control Guidelines of 2015 reviewed to align with Global Task Force for Cholera Control outbreak manual and new proven intervention to control and eliminate Cholera.

COVID-19 Vaccine Integration



An intensified vaccination exercise reached over **42,000** children aged **9 - 59 months** in addition to over **37,000** adults above 18 years against COVID-19 disease. Other routine vaccines including polio, penta3, DPT and rotavirus were offered according to the status of each child.



With funding support from the Canadian government, the World Health Organization supported Tanzania with systematic integration of covid 19 vaccination into routine immunization and primary healthcare services.



WHO supported the development of a national guideline for COVID-19 integration to provide principles for operationalizing the integration of COVID-19 vaccination into routine immunization programmes, Primary Health Care (PHC) and other relevant health services.



OUTCOME 2.3: Health emergencies rapidly detected and responded to



150 community health care workers oriented on cholera prevention, effective community engagement strategies and deployed for community sensitization and social mobilization.



60 schoolteachers oriented to amplify the promotion of WASH and IPC practices mainly focusing on the use of improved latrines, water treatment, food safety, and hand hygiene for cholera response in Mbeya and Ruvuma regions.



41,000 posters and brochures with cholera prevention messages were printed and disseminated in the Mbeya and Ruvuma regions.



To support Marburg virus disease response, **500** full sets PPEs were provided to Kagera regions. Additional IPC&WASH supplies (pool testers, aqua tabs, sanitizers, boots) were also donated to Manyara, Arusha, Mara and Kigoma in responding to Cholera and Covid-19.





Measles

- Through the engagement of over **447 health team members** comprising healthcare workers, recorders, and mobilizers, **86** supervisors from the region and five councils, WHO is supported the government to control an outbreak of measles in Tanga region.
- WHO supported the National Public Health Laboratory in establishing genomic surveillance for measles and rubella through capacity building. A total of **63** sequences were submitted to the WHO Measles Virus Nucleotide Surveillance (MeaNs) program



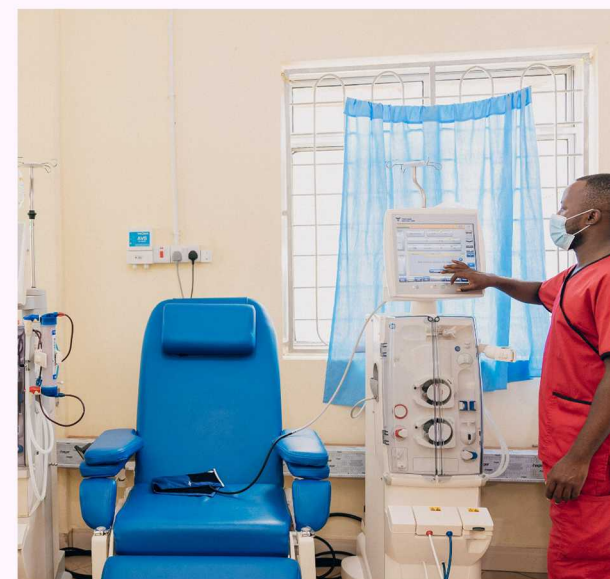
Marburg

- In collaboration with other partners and the government Marburg Virus Disease (MVD) outbreak was managed and controlled within **90 days** in the country and **2** new Dialysis machines were donated to Kagera region to ensure continuity of essential services.
- WHO supported the biorisk assessment of the mobile laboratory in Kagera to control and minimize the risk associated with infectious biological samples for the safety of staff, communities, and the environment.



Developed and implemented the Marburg virus recovery plan to build back better, through:

- Supported the renovation of the Mutukula boarder isolation unit to ensure sustainable and standard screening and isolation capacity. 20 health facilities (HFs) were assessed, and 93 healthcare workers (HCWs) were mentored on case management & infection prevention and control (IPC) (i.e., screening, triaging) in Ngara, Biharamuro, Kyerwa and Karagwe districts of Kagera region. Readiness in case of MVD resurgence or emergence of any other highly infectious diseases was strengthened.
- Trained **202 (151 Males, 51 females)** Environmental Health Officials, Community Health Workers, medical attendants, and religious leaders from 8 districts in Mwanza and Kagera region on safe and dignified burials.
- Supported the MVD Outbreak Response After Action Review (AAR) with **87** participants (**F 38, M 49**). Best practices and lessons learned were identified with improvement plan developed.
- Trained **35** IPC focal persons, from healthcare facilities across 8 districts (Misenyi, Biharamuro, Bukoba DC, Bukoba MC, Karagwe, Muleba, Kyerwa, and Ngara) in the Kagera region, enabling them to establish IPC committees within healthcare facilities.



Strategic Priority 3

Promoting Healthier lives



OUTCOME 3.1: **Determinant of health addressed**

Promoting the Health in All Policies approach

The World Health Organization in Tanzania in collaboration with the Ministry of Health, Prime Minister's Office and Ifakara Health Institute documented the Process of developing the National Health in All Policies (HiAP) Framework to address social determinants of health in Tanzania Mainland: lessons learned, 2018-2022.



OUTCOME 3.2: Risk factors addressed through multisectoral actions

Non-communicable diseases risk factor surveillance

With technical and financial support from the World Health Organization (WHO), Tanzania implemented its second WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey covering Tanzania Mainland and Zanzibar. This survey covered key modifiable risk factors: tobacco use, alcohol use, physical inactivity, and unhealthy diet, as well as key biological risk factors: overweight and obesity, raised blood pressure, raised blood glucose, and abnormal blood lipids.



Reducing tobacco use

- Trained **20 technical experts** from the Ministry of Finance and Planning, Revenue Authorities and Ministries of Health in Tanzania Mainland and Zanzibar on tobacco taxation - the most effective and most cost-effective measure to reduce consumption. Through this training supported by the WHO FCTC Knowledge Hub, a taxation policy brief was developed forecasting the potential impact of a tax change, on changes in tobacco consumption, price, and government revenue generated.
- Terms of References of the multi-sectoral technical working group on Tobacco control were developed together with a roadmap for passing amendments to the tobacco control law.

Reducing consumption of unhealthy foods and beverages

- To regulate the food environment and promote healthy diets, Tanzania was supported through a multi-partner Global Regulatory and Fiscal Capacity Building Programme (RECAP), to enhance capacities for development and implementation of regulator which strengthened national capacities for the development and implementation of regulatory and fiscal measures.
- The country was capacitated to support adoption of the WHO AFRO Nutrient Profile model was also provided to nutrition experts from the Ministry of Health, Tanzania Bureau of Standards and Zanzibar Food & Drug Authority.
- Adopted nutrition profile modelling and review of food labelling standards are a prelude to establishing regulations on the marketing of food and non-alcoholic beverages.



Reducing physical inactivity

- Following adoption of the WHO guidelines on physical activity and sedentary behaviours, country was supported to develop its National Physical Activity Action Plan. This plan defines coordinated activities to promote physical activity in the country, including regulatory and fiscal policy measures.



Promoting mental well-being

- WHO Country Office provided technical and financial support to the Ministry of Health to engage key actors in developing a National Mental Health Strategic Plan that gives guidance on mental health promotion, prevention of mental illness, treatment and rehabilitation in the country.



Preventing Gender based violence and Violence Against Children

The Kigoma Region Secretariat, in collaboration with the Ministry of Health (MOH) and the World Health Organization (WHO), organized a training program focused on Gender-Based Violence (GBV) and Violence Against Women and Children (VAWC) to enhance the capacity of GBV and VAWC service providers. The focus was on equipping them with the necessary skills to offer fundamental support and information to survivors.

Sexual Exploitation, Abuse and Harassment (SEAH)

No one is supposed to ignore the rules: No Excuse!

- ! WHO has **zero tolerance** for any form of sexual misconduct by any of our workforce.
- ! We must treat local people and colleagues with respect and dignity at all times.
- ! Sexual exploitation, sexual abuse and sexual harassment (SEAH) constitute misconduct by any WHO staff or affiliated personnel.
- ! EASH endangers the lives of those we have a duty to serve and protect.
- ! SILENCE IS NOT ALLOWED!

NO EXCUSE ZERO TOLERANCE TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT



For more information, contact us at AFROPRSEAH@who.int



Drowning Prevention

The World Health Organization (WHO) partnered with the government, Tanzania National Drowning Prevention Network (NDPN) and collaborated with the Royal National Lifeboat Institution (RNLI) from the United Kingdom. Together, they worked towards aiding the development of the Zanzibar Multisectoral Drowning Prevention National Action Plan (ZDPNAP) for the years 2024-2028. Additionally, the collaboration extended to organizing a national consultation meeting aimed at formulating a comprehensive roadmap for the national strategy on drowning prevention in mainland Tanzania.



Promoting Gender, Equity, Human Rights and Disability Inclusion

- WHO launched WHO Global Report on Disability Inclusion in December 2022, there were appeals for the Ministry of Health (MOH) to formulate strategies for implementing the recommendations outlined in the Global Report on Health Equity for Persons with Disabilities.
- In collaboration with the Ministry of Health the Tanzania, the Federation of Organizations of Persons with Disabilities, stakeholders, the World Health Organization (WHO) developed a three-year action plan (2024-2026) with priority actions to advance health equity for persons with disabilities in mainland Tanzania .
- WHO facilitated a comprehensive desk review focused on Gender, Equity and Human Rights issues in Health with a focus on immunization services delivery in Tanzania mainland. aimed to identify existing obstacles and propose tailored delivery strategies to overcome challenges, ensuring more inclusive access to COVID-19 vaccination and routine immunization.
- WHO organized three policy dialogue meetings coinciding with key events, including the dissemination of the Global Health Equity Report, International Deaf Day, and the International Day of Persons with Disabilities.
- Produced two advocacy documentaries for disability inclusion (during the commemoration of International Day of Persons with Disabilities in December 2023 in Dodoma and the World Day of the Deaf in September 2023, in Mbeya.) This multi-faceted approach underscores WHO's commitment to promoting health equity and inclusion in Tanzania.



OUTOME 3.3 Environmental determinants, including climate change

Promoting use of safe water, sanitation and hygiene practices (WASH)



Donated 100 Chlorine testers and water treatment reagents to Community Based Water Supply Organizations (CBWSOs) from six districts in Kigoma Region. The support contributed to increased access to safe water for rural communities in Kigoma Region, whose coverage currently stands at 57%.



Conducted IPC/WASH assessment in all Health Centers and high-volume dispensaries in Kigoma Region and trained 100 health care providers on IPC/WASH practices.



In response to the Cholera outbreak, WCO provided 930 Pool testers to facilitate water quality monitoring by health authorities in Ruvuma, Kigoma and Dar es Salaam regions.



Enhanced capacity for managing healthcare waste in Zanzibar by contributing to development of a policy guideline on healthcare waste management.

Climate Change and Health



Contributed to development of a country readiness proposal which has been submitted to Green Climate Fund to support implementation of National Health Sector Adaption Plan.



Supported preparation of country health delegates to participate in the COP28 meeting which was attended by the Head of State and Minister of Health joining the call to action by WHO to prioritize health in climate negotiations and the pressing need to address climate change, air quality, and biodiversity loss to mitigate the growing health risks associated with these challenges.



WHO played a key advocacy role and provided technical guidance that made the United Republic of Tanzania become among the twenty-five (25) countries in Africa that have made the COP26 commitments to build climate-resilient, sustainable, low-carbon health systems.



WHO supported health delegates to attend the 28th Climate Change Conference of Parties (COP28). The the Head of State, Her Excellency President Samia Suluhu Hassan and the Minister of Health participated in the first ever Health Day and endorsed the COP28 UAE Declaration on Climate and Health..

Strategic Priority 4

Cooperate services and Enabling Functions



Monitoring, evaluation, and data management

Monthly monitoring of programme and budget implementation instituted during the travel ban week helped the technical officers to be up to date on their work plan and financial implementation and lapses to be addressed timely.

The country is committed to adapt digital health architecture standards, Fast health care Interoperability Resources (FHIR) and Health Level 7 (HL7) across all digital health solutions.

WHO supported the ministry in an international training on the implementation of FHIR and HL7. WHO initiated the review of the current strategic document and advocated the inclusion of the FHIR and HL7 in the new strategic document.

An increased use of the District Health information System (DHIS2), 97% of the health facilities are using the DHIS2 of which the 97% of completeness and timeliness 98%.

WHO interacted with the senior ministry of health under the coordination of the permanent secretary for Ministry of health, WHO provided evidence for the prioritization, the reason for the prioritization and how it is linked to the countries health sector development and by extension to the SDGs health related indicators.

WHO supported the various working groups in the ministry that are mostly meeting on quarterly bases to monitor program implementation and craft way forward to achieve the objectives.

WHO supported the recent DHS survey conducted in the biennium that demonstrates improvements in various indicators including, improved maternal mortality, and child mortality. the focused support under the high priority outputs has contributed to this achievements

Communicating Impact

In the biennial, communications impact increased through the development of impact communications materials and actively engaging media and social media audience. This has influenced population into making healthier choices. More and more stakeholder's trust has been built through strategic communications. This has influenced a substantial investment into the health priority of the country, with about **70** percent of our partners commending communications efforts.

An average audience of **466,000** were reached with communications outreach programmes on both social media and traditional media.

5 **Media Trainings** were held in the biennial

5 **Press Briefings** were held



85 **Stories** were developed

12 **Impact Videos**

5 **Programme Impact Documents**

developed including the 2022 annual report was developed and published: [link](#)

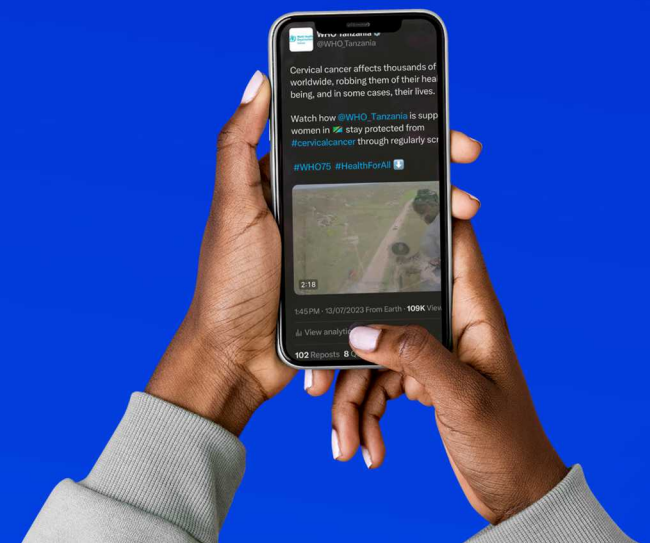


70 **Staff Trained** on impact story telling and social media

15 **Social Media Campaigns**



Scan QR Code to see impact Videos



Working together

Number of Staff



Demographics



50
Total Number
of Staff

20
New Positions
advertised

During the 2022/ 2023 biennial, the filling of the functional review vacant positions started in earnest which further bolstered the efforts and quality of service delivery in the country office.



Operational Support

Fleet Management

We have successfully facilitated local & international meetings within stipulated budget at 98% through the good operating systems at WCO

Management of vehicles was fully implemented and closely monitored through the WHO Tracking system at **90%**.

Vehicle Maintenance was timely reviewed through the use of track report and log sheets at **90%**.

Fuel Consumption was also reviewed timely, efficiently and well managed through the tracking tool, Log sheet and TOTAL replenishment system at **95%**.

Total costs of Fuel & Maintenance in 2023 was **TZS 172,630,548.67** that was used to support the County office movements on implementation of the activities.

We contributed to the achievement of the WCO clusters at 95% making sure they arrived in the field on time, safe and comply with WHO rules and regulations at all time.

Procurement

In 2023, procurement of worth **USD 5.7 million** was done to support the member state through WHO Tanzania Country Office.

Implementation of Daily procurement tracking tool and Monthly monitoring of Procurement Plans has enhanced transparency and proper monitoring of the procurements done by the Country Office.



Financial Management & Impact

In the biennial, we chalked some milestones financially



Digital payments implementation in Tanzania resulted in cost saving with an efficient and timely payment for the beneficiaries. Payment was done for the **99%** of the beneficiaries within **10 days** of implementation. Before this initiative the average payment was beyond **160 days** after implementation.



Monthly monitoring during the travel ban week helped the technical officers to be up to date on their work plan and structure their support accordingly, this practice will continue in this biennium

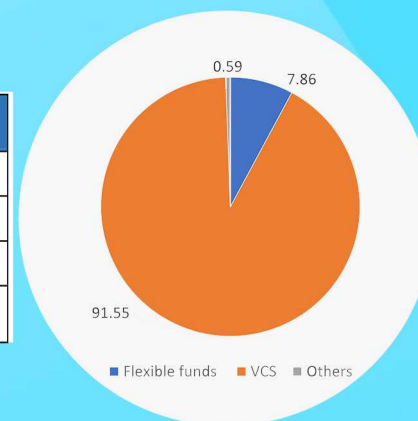
2022-2023 Budget

\$59,724, 821

mobilized against a planned cost of
\$71,090,872

Budget Sources

Fund Type	Funds Available
Flexible Funds	4,693,167
Others	354,258
VCS	54,677,396
Grand Total	59,724,821



Expenditure

97%

of budget utilized, equivalent to
\$57,901, 020

Strong Sustainable Partnerships

20 Donor and Partner
visits were conducted

2 Awards Signing
held

Partnerships across sectors

- WHO Tanzania supported the review and validation of the OH governance guideline for coordination and implementation of OH interventions, an important milestone to supporting OH coordination at the community level. [3.3] Healthy environments to promote health and sustainable societies
- WHO as the Secretariat to Development Partners Group for Health (DPG H) continued to play its key role in convening partners and ensuring aid effectiveness through the Sector Wide Approach (SWAp). In collaboration with the DPG H Troika, the following were achieved:
- Revival of the SWAP Task force meetings which strengthened collaboration between the Government and DPG H and other SWAp stakeholders including Non-State Actors (NSAs)-Health and the Private Sector.

- Joint field visits and the Joint Annual Health Sector Review which helped in reviewing sector performance and set Policy Priorities for 2023/2024 Financial Year to accelerate implementation of the HSSP V.
- Initiation of the process of Mid-Term Review of HSSP V (HSSP V MTR) where partners' resources were successfully mobilized to begin the MTR in 2024. The MTR will help in reviewing sector progress in the achievement of the objectives of HSSP V but also shaping the development of the HSSP VI.



External Relations & Partnerships

WHO Tanzania engaged with Government, Member States, Embassies and the UN to share information and appraise its partners



WHO Country Representative with the Vice President of Tanzania



WHO Country Representative with the Minister of Foreign Affairs in Tanzania



WHO Country Representative meeting with the Minister of Health Tanzania mainland



WHO Country Representative with the Minister of Health in Zanzibar



WHO country Representative meeting with the Irish Ambassador to Tanzania.



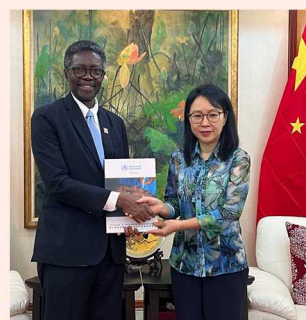
WHO Country Representative meeting with US Ambassador to Tanzania.



WHO Country meeting with High Commissioner of the Canadian High Commission in Tanzania



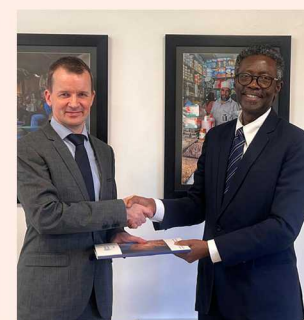
WHO Country Representative meeting with Kenya High Commissioner of the Kenya High Commission in Tanzania



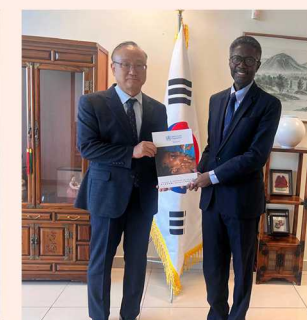
WHO Country Representative meeting with Chinese Ambassador in Tanzania



WHO Country Representative meeting with the Swiss Ambassador in Tanzania



WHO Country Representative meeting with Netherlands embassy in Tanzania



WHO Country Representative meeting with Korean Ambassador in Tanzania





WHO Country Representative meeting with Belgium Ambassador in Tanzania



WHO Country meeting with World Bank Representative in Tanzania



WHO Country Representative meeting with KOICA Representative in Tanzania



WHO Country Representative meeting with Ambassador of Oman in Tanzania



WHO Country Representative meeting with IMF in Tanzania



WHO Country Representative meeting with European Union in Tanzania



WHO Country Representative with UNICEF representative in Tanzania



WHO Country Representative meeting with UNFPA representative in Tanzania



WHO Country Representative with IOM Head of Mission in Tanzania



WHO Country Representative meeting with UN Women in Tanzania



WHO Country Representative meeting with ILO in Tanzania



WHO Country Representative meeting with UNDP Representative in Tanzania



Delivering together with Partners



Co-funded by
the European Union



European Union
Civil Protection and
Humanitarian Aid



Government
of Ireland
International
Development
Programme



KINGDOM OF BELGIUM
Foreign Affairs,
Foreign Trade and
Development Cooperation



MINISTÈRE
DE L'EUROPE
ET DES AFFAIRES
ÉTRANGÈRES

Liberté
Égalité
Fraternité



MINISTRY OF FOREIGN AFFAIRS
OF DENMARK



sanofi



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra



USAID
FROM THE AMERICAN PEOPLE



Delivering as one



Health For all agenda

Editor

Dr. Charles Sagoe-Moses
WHO Country Representative
in Tanzania

Deputy Editor

Dr. Sisay Gashu Tegegne
Programme Management
Officer

Writing & Design

Ms. Priscilla Mawuena Adjeidu
Communications Officer

Content

All WCO Technical Officers

Photography

WHO HQ
WHO AFRO
Mr. Charles Lutandula
Mr. Clemence Eliah





**World Health
Organization**

Tanzania

**Country Office
P. O. Box 9292, Luthuli Road,
Dar es Salaam, Tanzania**

**Office: +255 22 2113005: 2111718
<https://www.afro.who.int/countries/united-republic-tanzania>**

Follow us

 **@WHO_Tanzania**
 **@WHOTanzania**