

**UNITED REPUBLIC OF TANZANIA**



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**HEALTH SECTOR STRATEGIC POLICY PRIORITIES  
FOR 2024/2025**

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## **Preamble:**

The 23rd Joint Annual Health Sector Review Technical Review Meeting convened from 23rd-24th November 2023 reviewed the progress made in the implementation of the Health Sector Strategic Plan in the FY 2022/2023. Although data was unavailable to inform the progress for nearly 20% of the Health Sector Strategic Plan 2021-2026 (HSSP V) indicators, 23% of the targets were achieved in 2022, and fourteen per cent (14%) are on track. Specifically, the 2022 milestone of two-thirds of health coverage indicators surpassed the target set by the Health Sector Strategic Plan V (2020-2026).

This result can be attributed to investments made in the health sector. For instance, \$71 million was allocated to primary healthcare (PHC) rehabilitation, construction, and medical equipment procurement in the 2022/2023 financial year, with the government contributing 70% of these funds. Even though none of the health system inputs targets has been achieved to date, the share of domestic spending to Total Health Expenditure (THE) increased from 67% to 77%, with a significant portion of these funds directly allocated through Direct Facility Financing to compensate for the exemption policy for women and children under 5 years.

Partnership coordination is also improving, as evidenced by stakeholders' alignment with national policies, strategies, and plans. For example, 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.

Nevertheless, the improvements are disproportionately distributed: 13 councils have ANC1 coverage before 12 weeks below 20%, 20 councils have delivery in health facilities coverage below 55%, and 20 councils have DPT 3 coverage below 80%. Additionally, efforts are required to reach the goals for 30% of the targets, particularly in reducing neonatal mortality, teenage pregnancy, and mortality due to non-communicable diseases (NCDs), despite the improvements. These targets are mainly related to quality of care.

In response, the Ministry developed a three-year accelerated plan for human resource acquisition in 2023, aiming to boost graduate absorption to 55% by 2026 and covering a minimum requirement of approximately 184,000 health workers in Tanzania. This is



crucial to anticipate the increased demand for quality health services following the introduction of mandatory health insurance planned for 2026. The Ministry of Health has also launched a Community Health Workers program and developed a quality improvement accelerated plan to foster the achievement of the latest milestones of the HSSP V.

### **Strategic Policy Priorities for 2024/2025**

The 2024/2025 Strategic Policy Priorities, aimed at promoting access to quality health services for all without causing financial distress, were formulated through a consultative process initiated during the 23<sup>rd</sup> Joint Annual Health Sector Review - Technical Review meeting (JAHSR-TRM) held in Dodoma on 23-24<sup>th</sup> November 2023. The policy priorities were also informed with insights from Joint Field Visits to Katavi, Lindi and Ruvuma regions. The priorities adhere to the National Health Policy, Health Sector Strategic Plan 2021-2026 (HSSP V) and are aligned with the theme of the 23<sup>rd</sup> JAHSR: *“Improving Quality of Health Care in Tanzania: Role of Human Resources for Health”*.

The Policy Priorities for the financial year 2024/25 were identified during keynote presentations, plenary discussions and group discussions of the Technical review, in the following six areas:

1. Human Resources for Health
2. Quality of Health Services
3. Health Care Financing and Social Protection
4. Community Health Workers
5. Non-Communicable diseases
6. Public Private Partnership

These priorities will be complemented by efforts to tackle health inequities, promote gender equality, consider health in all policies and enhance access to quality health services for all without causing financial distress as outlined in the HSSP V.



The priorities that will guide all health SWAp partners in 2024/2025 are as follows:

## **1. Human Resources for Health**

The GoT in collaboration with stakeholders will support the implementation of the accelerated HRH plan **to reduce the HRH gap in PHC facilities from 70% in June 2023 to 49% in June 2025** by:

- 1.1. Increase employment in the health sector, both public and private, by application of WISN, use of volunteers, contractual employees, redistribution of staff and use of digital technology to enhance equity
- 1.2. Designing and implementing retention schemes at regional level to motivate early reporting of staff to duty station and reduce the attrition rate in regions with highest gaps in Human Resource for Health
- 1.3. Enhancing the competencies of Regional and District Health Management teams in innovative leadership and management, fostering evidence-based staff redistribution, and promoting Human Resource development through e-learning, mentorship, and coaching and task-shifting
- 1.4. Adopting research, innovative approaches to improve HRH competency and skills including e-learning, mentorship and coaching
- 1.5. Introducing competence-based induction and orientation of newly recruited middle cadre health care workers who are responsible for patient care and management of pharmaceuticals, diagnostics and other health commodities
- 1.6. Improving capacity of tutors and clinical instructors and clinical practicum side of training for middle level health care workers
- 1.7. Expanding the role of professional bodies in supporting the improvement of HRH competency and skills through certification, registration and licensing

## **2. Quality of Health Services**

In collaboration with stakeholders, the Government will **improve the quality of services delivered at all levels of the health system as evidenced by positive patient experience while seeking care at levels** by:

- 2.1. Introducing use of standard management protocols and indicators based on evidence-based recommendations of independent committees of health professionals in public and private health facilities
- 2.2. Updating quality assessment processes (the star rating tool and clinical audit) to ensure they addresses key issues of health system and service delivery quality and expanding their implementation in collaboration with all stakeholders.
- 2.3. Institutionalizing respectful care and gender inclusion (*including customer care*) across all service delivery points
- 2.4. Innovative approaches for strengthening leadership and management across all levels of healthcare services
- 2.5. Ensure availability and access to affordable health commodities at all levels of health care
- 2.6. Strengthening the rational use of medicines in all health facilities and reduction of counterfeit and sub-standard health commodities circulating in the market
- 2.7. Revise the roles and composition of RHMTs and CHMTs to reflect the current needs in the health sector
- 2.8. Establishing a national system for accreditation of health facilities and stand-alone health laboratories

## **3. Health Care Financing and Social Protection**

In collaboration with stakeholders, the Government will **scale up health insurance coverage from 15.3% to at least 20% with a special focus on the poor and special groups** by:



- 3.1 Finalizing the essential health package that will inform and guide the establishment of health insurance package(s) for UHI schemes.
- 3.2 Finalizing the regulations to expedite the implementation of the UHI Act and scaling up access to health insurance coverage
- 3.3 Finalising the regulations for the UHI Act that to cater for the poor and special groups until all citizens are enrolled in UHI
- 3.4 Establishing a strategic purchasing mechanism that ensure the provided services meet established quality standards and prices of health services are regulated in both Public and Private health facilities
- 3.5 Awareness creation on importance of enrolment in Health Insurance schemes in order to accelerate attainment of Universal Health Coverage

#### **4. Community Health Systems**

In collaboration with stakeholders, the Government will facilitate the implementation of the **Integrated and Coordinated Community Health Workers Program** including the placement of **55,324 CHWs** in **27,662 urban and rural hamlets (Vitongoji and Mitaa)** in 2024 to accelerate the attainment of UHI in Tanzania by:

- 4.1 Clarify the Institutional arrangements for oversight, management and coordination of the Integrated Community Health Workers Program
- 4.2 Establishing national framework for the implementation of Community Based Health Services policy guidelines including guidance on the provision, storage, distribution and use of health commodities by CHWs
- 4.3 Developing a business case for sustainable financing mechanisms of CHWs in the context of Universal Health Insurance (UHI).
- 4.4 Integrating an implementation research agenda and knowledge management system into the Community Health Workers program

#### **5 Non-Communicable Diseases**

In collaboration with stakeholders, the Government will increase focus on **prevention early detection and management of NCDs with a focus on most at risk groups at PHC level** by:



- 5.1 Building the capacity of PHC facilities (with equipment, staff, diagnostic facilities and health commodities) for early detection and management of NCDs
- 5.2 Introduce specific packages for annual screening for people over 30, 40 and 50 years of age respectively
- 5.3 Improve health information system (DHIS2) to produce disaggregated data (by disease, age and sex) for NCD at all levels to inform policy design and decision-making
- 5.4 Enhance community awareness of NCD to influence change in lifestyle
- 5.5 Enhance strategies to address Mental Health and Management and Rehabilitation of people affected with injuries especially after road traffic accidents

## **6 Public Private Partnership**

In collaboration with stakeholders, the Government will **foster a conducive political, policy and legal environment to enhance the contribution of the private sector in increasing access to quality health services, commodities, equipment and assistive technology** by:

- 6.1 Establishing a single registration and accreditation board for private and public health facilities with the involvement of professional bodies and a pool of dedicated health inspectors equipped with training, guidelines, standards and checklists
- 6.2 Promoting service agreements with private health facilities for the provision of specific health services to expand access to the national essential health intervention package and facilitating the improvement of the referral system at all levels of services in private health facilities
- 6.3 Providing a suitable environment for private sector investment in tertiary and rehabilitative care to increase the availability of super-specialized services and assistive technology in the country and expand opportunities for medical tourism
- 6.4 Encouraging private sector investment in the pharmaceutical sector to increase local production capacity to meet country needs and export to neighbouring countries

Signed, this 15<sup>th</sup> day of February, 2024



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Dr. John A. K. Jingu  
**Permanent Secretary, Ministry of Health**



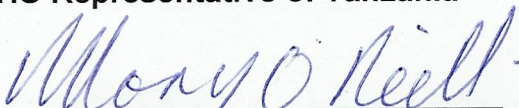
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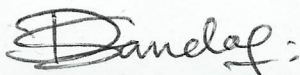
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Dr. Charles Sagoe-Moses  
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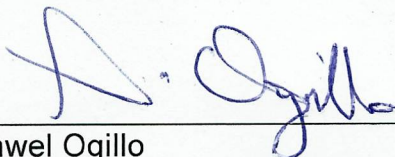
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H. E. Mary O'Neill  
**Ambassador, Embassy of Ireland Tanzania,  
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