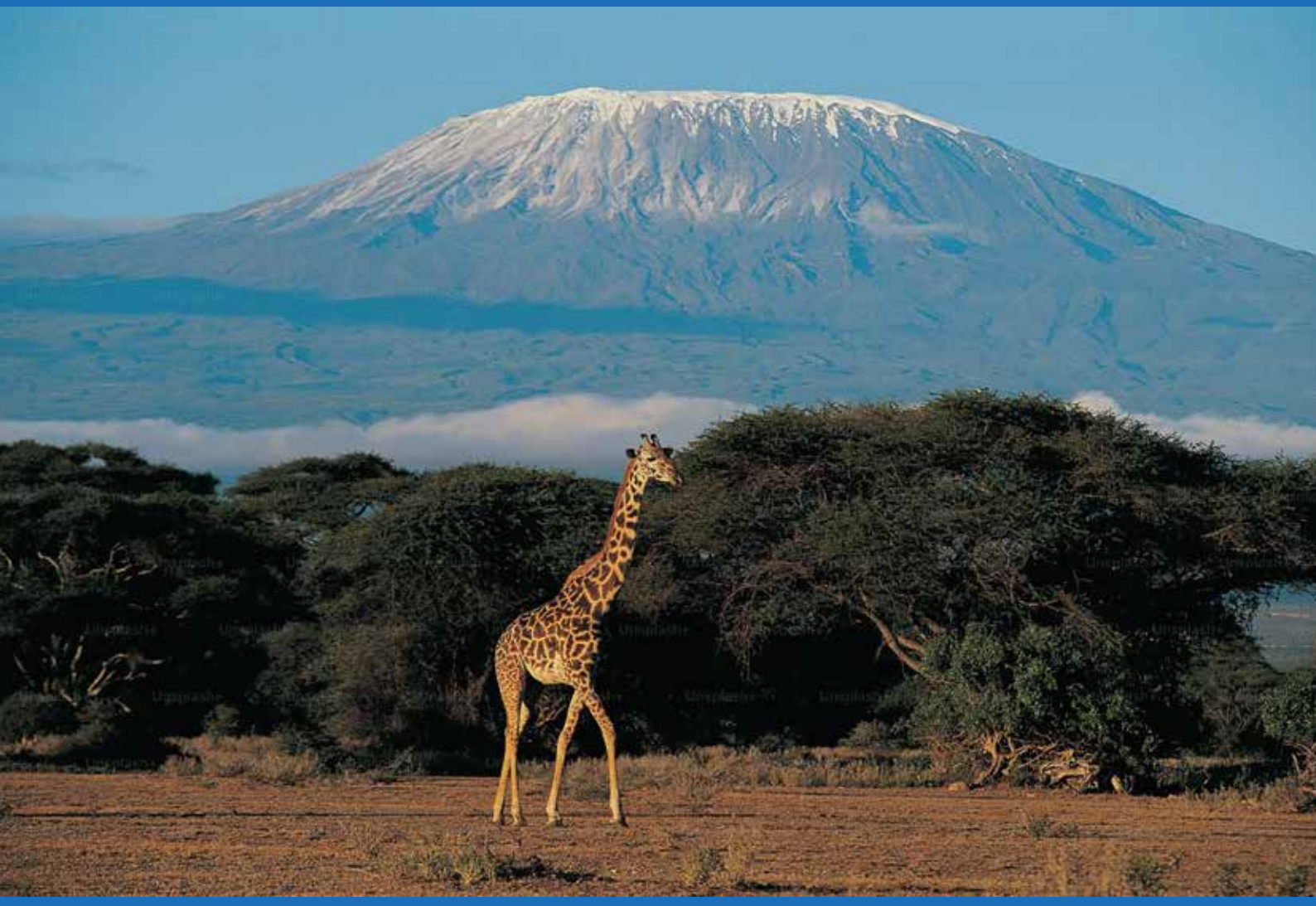
THE UNITED REPUBLIC OF TANZANIA

UNIVERSAL HEALTH AND PREPAREDNESS REVIEW (UHPR)

NATIONAL REPORT

JANUARY 2025



FOREWORD

Tanzania, like other countries in the World, has, in recent years, experienced public health emergencies such as the COVID –19 pandemic and the Marburg Virus Disease outbreak. These crises have not only strained our healthcare systems but also impacted our nation's economic and social structure, revealing vulnerabilities that necessitate a strategic and concerted effort to fortify our resilience.

As a country and in collaboration with partners, we have managed to get through the challenges. However, we have learned from the experience that we need to strengthen our preparedness and have a resilient system capable of absorbing all shocks related to public health emergencies. In view of this, the United Republic of Tanzania has conducted a Universal Health and Preparedness Review, a comprehensive high-level and whole-of society process aimed at assessing our capacities and identifying priority actions to strengthen emergency preparedness and enhance our health system resilience toward the goal of universal health coverage.

The review process has been conducted in collaboration between government and non-government actors. This was done by engaging national leadership at the highest level, catalyzing pragmatic and specific actions based on best available information and underpinned by a robust accountability framework. The outcome of this collaborative effort will ensure a sustained focus and adequate financing for preparedness.

The government commends all those who contributed to the development of the National Universal Health and Preparedness Review Report and appreciates the recognition of best practices as revealed during the review and promises to take them forward. To sustain the observed gains, we are committed to supporting the implementation of five priorities which are elaborated in the last section of this report.

Consequent upon the above, we call upon government departments and agencies, development partners, research and higher learning institutions, civil society, the private sector and the Tanzanian community to join hands in reinforcing health security capabilities, enhancing the resilience of our healthcare system and advancing universal health coverage through collaboration in the implementation of the identified priorities.

The government stands resolute in its commitment to this cause and looks forward to a collective, cooperative approach for the well-being of our nation and the global community.

Kassim Majaliwa Majaliwa (MP)
PRIME MINISTER

Jenista J. Mhagama (MP)
MINISTER OF HEALTH

DEDICATION

This report is dedicated to the memory of Dr. Faustine Ndugulile, WHO Regional Director-Elect for Africa, whose untimely passing is a profound loss to the United Republic of Tanzania and the global health community. Dr. Ndugulile was a tireless advocate for health for all Tanzanians and played a pivotal role in the success of the UHPR initiative. His steadfast commitment, visionary leadership, and unwavering support were instrumental in fostering high-level engagement and advancing Tanzania's health preparedness agenda.

Throughout his distinguished career, both as a parliamentarian and in his role as Regional Director-Elect, Dr. Ndugulile championed the importance of building resilient health systems, leaving a legacy that will continue to inspire future efforts. The Government of Tanzania extends its deepest condolences to his family and prays for their strength during this difficult time. May his contributions to public health never be forgotten, and may his soul rest in eternal peace.

Kassim Majaliwa Majaliwa (MP)
PRIME MINISTER

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EXECUTIVE SUMMARY

The Universal Health and Preparedness Review (UHPR) is a voluntary, transparent, Member State-led peer review mechanism. It aims to establish a regular intergovernmental dialogue between Member States on their respective national capacities for health emergency preparedness, strengthening accountability and fostering mutual learning.

The UHPR process was owned and led by both the government of the United Republic of Tanzania (URT) and the Revolutionary Government of Zanzibar right from its onset, from its inception, reflecting high-level political will and leadership. In pursuit of this initiative, stakeholders were sensitized on UHPR, and multisectoral consultative sessions were held with representatives of Civil Society Organizations, Non-Governmental Organizations and Professional Associations. The UHPR secretariat led by the Prime Minister's Office and the Office of the Second Vice President of Zanzibar coordinated the implementation of the process, with a primary focus on the comprehensive review of key country documents including the national health risk profile, to develop a robust lop a draft National UHPR report.

The frequency of epidemics and associated impacts in our country highlights multiple challenges and limitations in emergency preparedness, as well as reveals structural weaknesses and gaps in the healthcare system's ability to respond effectively. Despite progress in public health in Tanzania, it is important to acknowledge that substantial investments and targeted improvements in existing capacities are still required. This reality offers an opportunity to make significant improvements, strengthen our healthcare system, and cultivate a more robust resilience. The commitment of URT to the UHPR process demonstrates the government's transparency in this matter and its commitment to addressing these challenges with determination, while continuing its development efforts.

The capacity-building efforts assessed within the UHPR framework aim to ensure that health emergency preparedness and response are driven by high-level leadership, with an inclusive approach that actively engages the entire government, development partners, and civil society. Furthermore, the UHPR aligns with the Tanzanian government's framework documents for health development, including the National Five-Year Development Plan 2021/22 - 2025/26, the Health Sector Strategic Plan from July 2021 to June 2026 (HSSP V), and the National Operational Plan for Health Security from January 2023 to June 2024. The UHPR aligns with these documents and will significantly contribute to the realization and implementation of strategic interventions and action points outlined in these documents.

Therefore, the UHPR serves as a catalyst for health system strengthening in Tanzania, paving the way for sustained improvements in emergency health preparedness, the development of a more robust and resilient health system, and advancing the country's progress towards achieving Universal Health Coverage (UHC). Demonstrating his steadfast commitment to the UHPR process, the Honourable Prime Minister led the initiative and personally chaired the UHPR launch ceremony in Tanzania, offering his full support to this transformative agenda. In his powerful address, he provided clear directives to government members, underscoring the urgency of translating priorities identified through the UHPR process into actionable outcomes. His Excellency directed his government members as follows:

1. All government departments to take immediate actions to address vulnerabilities that expose the country to health emergencies.
2. All ministries to allocate funds within their sectors to address the priorities highlighted in the UHPR report for preparedness and response
3. Regional administrations and ministries to develop a strategy to address priorities in alignment with their mandates under the Prime Minister's Office (PMO).
4. All departments responsible for health insurance to ensure the full implementation of this critical project.
5. Active government participation in various regional and global forums to advance this project and represent the country's commitments.
6. Task the Ministry of Health with overseeing the proper dispensation of medications, ensuring county-level access, and conducting necessary research.
7. The Ministry of Industry to ensure the availability of all essential medicines to meet national needs.
8. Ministry of Health and Regional Administration and Local Government to ensure that all health centres at every administrative level are fully prepared for emergency response at both public health and community levels.

These high-level directives from His Excellency, the Prime Minister, urge government members to take swift and coordinated actions by addressing identified gaps, ensuring efficient resource allocation, and reinforcing cross-sectoral collaboration to strengthen health security and emergency preparedness. Building on this high-level, whole-of-government leadership, multisectoral collaboration, and whole-of-society engagement, the UHPR process in Tanzania has identified key priority action points across the three core areas of Governance, Systems, and Financing to guide the country's concerted efforts towards an effective, resilient, and sustainable health system response:

Governance

1. **Legislative Reform for Health Security**
    - Drive transformative legislative reforms to establish a unified, resilient, and adaptive legal framework for public health emergency preparedness and response.
    - Review and update legislative frameworks from various sectors to align with amended International Health Regulations (IHR)
    - Implement the amended International Health Regulations (IHR) to position Tanzania as a model of compliance with global health security standards.
    - Amend and implement the Public Health Act, 2009 and Zanzibar Public and Environmental Health Act, 2012
2. **Institutionalize Inclusive Governance for Equity in Health**
    - Integrate socio-cultural considerations into national health strategies, ensuring that the governance of health emergencies prioritizes inclusivity and addresses the needs of the most vulnerable populations.
    - Champion gender equity and regular comprehensive assessment and documentation of progress made in reaching gender SDG targets

3. **Strengthen High-Level Strategic Oversight for Health**
    - Establish a National Health Council chaired by the Head of Government, comprising cabinet ministers, parliamentarians, civil society representatives, and other stakeholders.
    - Strengthen development partners' alignment with government priorities, following the Paris Declaration on Aid Effectiveness.
4. **Enhance Strategic Accountability Mechanisms**.
    - Integrate and strengthen monitoring and evaluation frameworks to foster collaboration, enhance accountability, and optimize resource allocation.

Systems

1. **National Public Health Institute**
    - Accelerate the establishment of an independent National Public Health Institute (NPHI), taking into consideration existing structures such as the National Public Health Laboratory, Public Health Emergency Operations Center (PHEOC), and National Institute for Medical Research

2. **Reinforce Health Workforce Strategy including health labour market analysis for greater Impact**
    - Develop and operationalize an innovative strategy for increasing absorption of healthcare workers who are currently in labour market
    - Establish a nationally certified rapid response program, featuring specialized training, operational simulations, and a comprehensive multisectoral deployment framework to enhance readiness for health crises.
    - Operationalize integrated community healthcare workers' program as part overall health workforce strategy for strengthening primary healthcare capacity and emergency response
3. **Digitalize and Integrate Health Emergency Surveillance Systems**
    - Enact policies and allocate resources to prioritize the digitalization and inter-operability of surveillance systems across human health, animal health, and food safety to enhance early detection, timely notification, and effective response.
4. **Strengthen and sustain Health Infrastructure Development Efforts**
    - Develop a National Health Infrastructure Program to establish modern health facilities and leverage public-private partnerships to catalyse investment and improve healthcare access.

5. **Strengthen Climate-Resilient Health Systems**
    - Implement national commitments on climate and disaster risk reduction and leverage initiatives like the Health Impact Investment Platform to enhance health system resilience.

Finance

1. **Enhance Health Financing for Sustainability**
    - Increasing domestic financing allocation for health emergency preparedness security
    - Expand the national disaster management fund to include health emergency preparedness

2. **Catalyse Universal Health Insurance Implementation**
    - Fast track the implementation and monitoring of the Universal Health Insurance Act to reduce the catastrophic expenditure in health

The Government of the United Republic of Tanzania together with the Revolutionary Government of Zanzibar, under the leadership of the Her Excellency Samia Suluhu Hassan, The President of United Republic of Tanzania, commits to supporting the implementation of these priorities. This collective effort aims to reinforce health security capabilities, enhance resilience of our healthcare system, and accelerate progress toward universal health coverage.

1. COUNTRY CONTEXT

1.1 Country background

The United Republic of Tanzania (URT) comprises Tanzania Mainland and Zanzibar with a total area of 945,087 Km². It borders Kenya, Uganda, Rwanda, Burundi, Democratic Republic of Congo, Zambia, Malawi and Mozambique. The Indian Ocean constitutes the east coast of the country as reflected in figure 1. According to the 2022 census, the country has a total population of 61,741,120 (Mainland 59,851,347 and Zanzibar 1,889,773) with annual growth rate of 3.2% in Tanzania Mainland and 3.7% in Zanzibar.

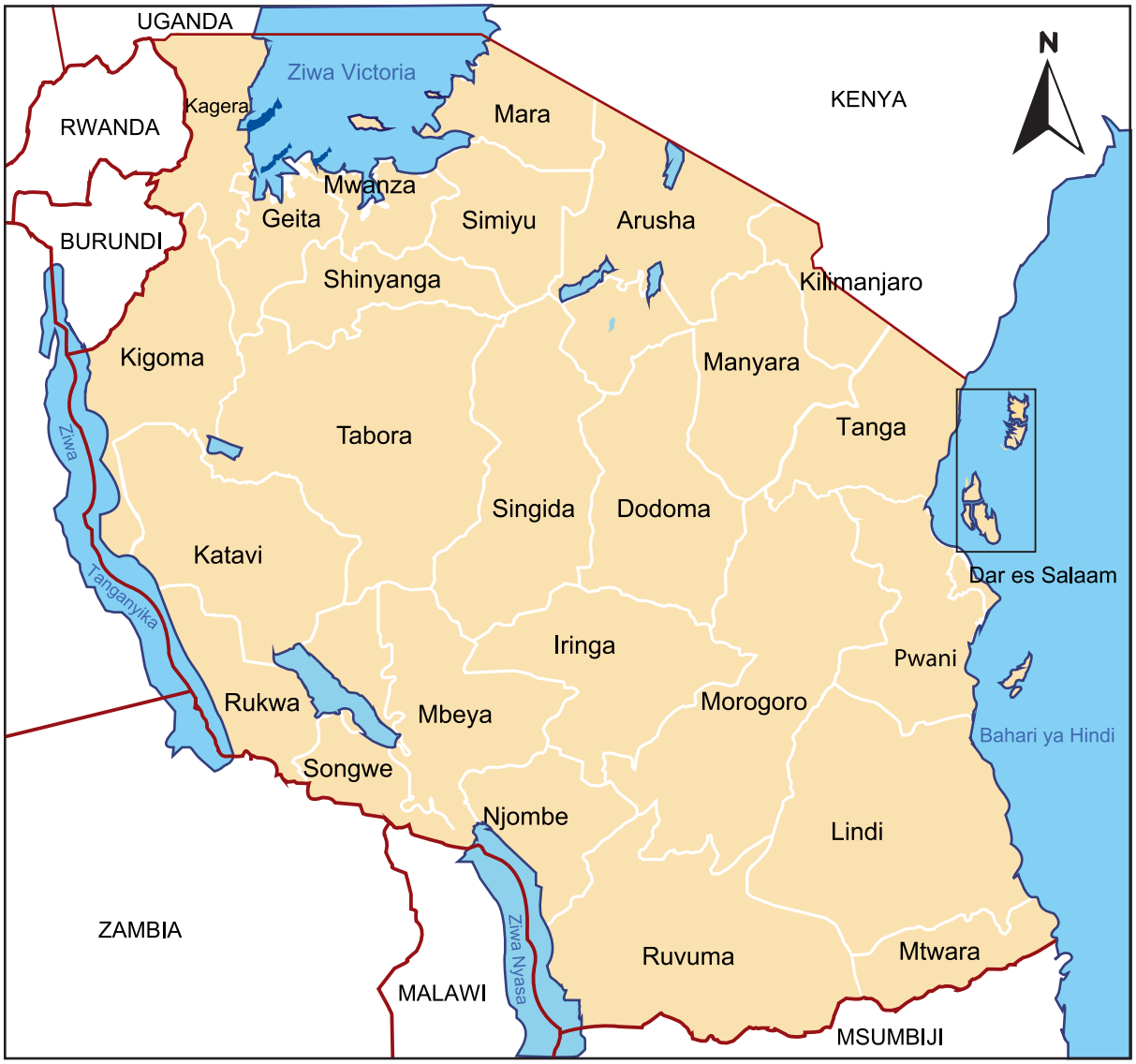


Figure 1: Tanzania map showing country borders

The President of the URT serves as Head of State, Head of Government and Commander-in-Chief of the Armed Forces. The Vice President is the principal assistant to the President in respect of all matters in the URT. The Prime Minister oversees the entire government affairs and leads the government business in the Parliament. The Prime Minister is assisted by Deputy Prime Minister whose roles are centred on coordination of government activities. Sectoral Ministries are led by Ministers, assisted by Deputy Ministers and Permanent Secretaries.

The President of Zanzibar is the head of the Revolutionary Government and the Chairman of the Revolutionary Council constituted by the 1st and 2nd Vice-President, Ministers and other officials. The Revolutionary Government of Zanzibar is a semi – autonomous Government within the URT.

Health care system organisation in the country

Health issues are non-union matters whereby, there are respective Ministries responsible for health for both the Tanzania Mainland and Zanzibar. The URT national health system operates in a decentralized system of governance organized in a referral pyramid, made up of three main levels namely Primary, Secondary and Tertiary levels. The classification of private health facilities follows the criteria of the national health system. The institutional arrangement in Tanzania mainland is such that, the Ministry responsible for health prepares and oversees implementation of various policies and guidelines for the delivery of health services.

The primary level includes community- based health services, dispensaries, health centres and council hospitals; secondary level includes regional referral hospitals and other referral hospitals while tertiary level includes Zonal referral hospitals, Specialized hospitals and the National Hospital. The Ministry of Health (MOH) oversees the institutions and authorities that support the provision of health services at the national level, including National Hospital, Specialized Hospital, Zonal Hospitals, and Regional Referral Hospitals, as well as health regulatory institutions. These regulatory institutions carry out various health functions to enhance and improve access to health services in the country. The MOH works closely with the Ministry responsible for Regional Administration and Local Government, which coordinates national health policies implementation at sub national level.

Regions are responsible for interpreting policies, guidelines and overseeing the delivery of primary health services. The Local Government Authority manages and delivers primary health services which are provided from the community, dispensaries, health centers and district hospitals. In addition, at the Primary Health level, there is a Regional and Council Health Management Teams responsible for the management, monitoring, and implementation of various guidelines for the provision of health services in both public and private facilities. The community participates in the management of health care services through their representatives in health services board and health facilities governing committees.

The structural organization of the health care delivery in Zanzibar is as well classified in three levels. The primary level consists of community-based health services, dispensaries and health centres. The secondary level includes council and regional referral hospitals while tertiary level includes referral and tertiary Hospital. The Ministry responsible for health prepares policies and oversees provision of health services at all levels.

Policy and legal framework for health care

Legal frameworks guiding the health sector in the United Republic of Tanzania include legislations that govern public health, service provision, institutions that provide services, health professionals, health commodities and equipment and other public health-related issues. The National Health Policy of 2007 and Zanzibar Health Policy 2010 guide the health sector. The Health Sector Strategic Plan V (2021-2026) and Zanzibar Health Sector Strategic Plan IV (2020/21-2024/25) provide guidance for priorities of the health sector. A health Sector-Wide Approach (SWAp) dialogue structure provides an avenue for policy and technical dialogue among stakeholders. The health sector is financed through government budget, health insurance schemes, development partners, the private sector and out of pocket.

Overall coordination of disaster management is under the Prime Minister's Office (Policy, Parliament and Coordination) through Disaster Management Department and the Second Vice President's Office through Disaster Management Commission in Zanzibar. In Zanzibar, the disaster management structure is that; at the national level there is a Commission for Disaster Management and Disaster Management Technical Committee. At the district level there is a District Disaster Management Committee and District Disaster Management Technical Committee; and at the Shehia level there is a Shehia disaster management committee.

In Tanzania Mainland, the disaster management structure is that at the national, regional and district levels there are Disaster Steering and technical committees respectively. The disaster management committees exists and work at the ward and village/street levels.

The committees as a coordination mechanism are multisectoral bodies comprising of representatives from all sectors, including finance, environment, health, agriculture, water, information technology, infrastructure, education, community development, regional and local government, and internal affairs. Their primary responsibility is to address disaster-related issues at both the national and subnational levels including those related to One Health, (*Annex 3)*. The country has been using a One-Health approach and developed a One-Health Strategic Plan of 2015-2020 and 2022-2027 to provide strategies in addressing emerging and re-emerging diseases at the human-animal-environment interface. There is a dedicated unit to coordinate emergencies and disasters within the health sector. National technical committee for public health events is the highest-level health technical committee which feeds the National Technical Committee for Disaster Management under PMO.

Health Sector Performance

The health sector performance profile in the United Republic of Tanzania for the year 2022 indicates that life expectancy had increased to 67 years in 2022 from 51 years in 2002. Number of hospital beds is 11.6 per 10,000 populations, Health facilities 1.6 per 10,000 population, Nurses 4.1 per 10,000 populations, Assistant Medical Officers and Medical Doctors 1.34 per 10,000 populations, Vaccination coverage for main diseases: Bacillus Calmette Guerin (BCG) 107%, Pentavalent 1 (PENTA1) 101% and Pentavalent 3 (PENTA 3) 96%, Oral Polio Vaccine 3 (OPV 3) 78%, Measles Rubella (MR) 85%.

According to the recent Tanzania Demographic and Health Survey-Malaria Indicator Survey (TDHS-MIS 2022), trends show that Under-5 mortality decreased from 67 to 43 deaths per 1,000 live births between the 2015–16 and 2022. Over the same period, infant mortality declined from 43 to 33 deaths per 1,000 live births, while neonatal mortality remained basically unchanged (24 deaths per 1,000 live births). The Maternal Mortality ratio declined from 556 to 104 deaths per live births and perinatal mortality rate is 38 deaths per 1,000 pregnancies of 28 or more weeks' duration.

The proportion of national budget in Tanzania spent on the health sector has ranged between 10 percent to 11 percent between 2017 and 2021 indicating increased priority of health in the budget. Government health expenditure as a share of GDP has remained at 2 percent of GDP between 2017 and 2020. Nine out of ten persons have access to safe drinking water and sanitation. The RMNCAH services have increased from 3,369 in 2007 to 7,268 in 2019. The majority (82.7%) of all health facilities in 2019 were providing childbirth services for pregnant women.

In Zanzibar life expectancy is 66.4 years and the bed capacity is 2.3 per 10,000 population. The doctor/population ratio was 1: 4,374 and one nurse served 1,131 in 2020/2021. Vaccination coverage for main diseases in 2021; BCG 123.5% PENTA 82.5%, MR 76.7%. According to DHIS2 data 2021/22; total number of live births has increased from 52,165 to 52,648 and number of Early neonatal death (0-7days) and Institutional maternal death has decreased from 70 to 52 and 665 to 574 respectively.

1.2 Country risks

The URT updated its health risk profile in 2022. A total of 23 potential public health hazards were identified to pose public health threats. Out of all 23 hazards, COVID-19 was ranked very high risk and nine (9) hazards high risk. The high-risk hazards include Cholera/Acute Watery Diarrhoea, Pandemic Influenza, Earthquake, Storm, Ebola Virus Disease, Yellow Fever, Aflatoxicosis, Drought and Transportation accidents. The risk profile is reviewed after every two years.

For Zanzibar, the health risk profile, which was updated in 2023, showed a total of 21 potential public health hazards that were identified; whereby six (6) were ranked as High risk (Marine accident, Flood, strong wind, Marburg virus diseases, Influenza with new subtype, and COVID-19), six (6) as Moderate (Earthquake, Tsunami, Rabies, Ebola Diseases, Measles, and Cholera/Acute watery Diarrhea), three (3) low (Fire accident, Anthrax, and Rift

valley, fever) and six (6) very low (Chemical agents, Radiation agents, Structural collapse, Poliomyelitis, Chikungunya, and Dengue).

Some of disease outbreaks which occurred in the country include COVID-19, Marburg Virus Disease, Leptospirosis, Cholera, Measles, Dengue, Anthrax, Rift valley fever, Aflatoxicosis, and African Swine Fever. Critical non-biological events experienced include Floods events in various regions such as Landslide in Hanang - Manyara, Building collapse at Dar Es Salaam, MV Bukoba Accident in Mwanza, MV Nyerere Ferry accident in Ukerewe Island, MV Spice Islander and MV Skagit accidents in Zanzibar, Road Traffic Accidents (RTA), Fuel tanker explosion in Morogoro, Earthquake in Kagera, bomb blasts in Dar es Salaam, Precision Air accident in Kagera, Dodoma Train Accident, fire accidents, strong winds in Zanzibar, drought at central regions and storm in coastal regions.

1.3 Most relevant and innovative actions during the COVID-19 pandemic and other recent emergencies

The first confirmed case of COVID-19 in the URT was reported on 16th March 2020. Prompt response, several innovative actions and best practices were swiftly implemented. These were in line with the three blocks of the UHPR namely Governance, Systems and Finance. The National response coordination committees led by high level leadership were established which strengthen coordination of response activities.

Deliberate efforts were also made to strengthen the health system. There were introductions of the COVID-19 vaccine, local production of sanitizers, hand washing facilities, masks and gloves which led to their increased availability and utilization. These initiatives significantly promoted infection prevention measures without necessarily applying lock down or movement restrictions. Utilization of Accredited Drug Dispensing Outlets improved alert and case detection. Other surveillance activities were enhanced through expansion of sentinel surveillance for Influenza-like illnesses and event- based surveillance.

Early detection was done through entry and exit screening of travellers. The national laboratory system in Tanzania has demonstrated developed capacity on new and advanced testing techniques, molecular diagnostics like PCR, sequencing following the COVID-19 outbreak and decentralization of COVID-19 testing to sub national levels.

Intensified community sensitization through social networks and media platforms enhanced compliance to public health measures. COVID-19 patients with comorbidity were not deprived of other essential care such as dialysis. A holistic approach to patient care was adopted that included counselling, psychosocial support and physiotherapy. Also, established research agenda enabled initiation of COVID -19 research.

In addressing COVID - 19, Tanzania invested in both health and non-health sectors including strengthening emergency medical services, intensive care services, diagnostic services, water supply, health care workforce development and recruitment as well as construction of classrooms to facilitate physical distancing in schools.

Notable challenges that emerged during response to COVID - 19 included insufficient beds for supportive care, inadequate number of health care workers, inconsistent supply of medicines, oxygen, Personal Protective Equipment (PPE) and other consumables, limited data sharing which caused limited partners' support.

The recently controlled Marburg Virus Disease outbreak of 2023 in Kagera region can be attributed to in-country's preparedness and ability to report, test and confirm the virus. Other contributory factor were availability of experts to manage cases and associated complications (organ failure), intensification of public awareness and sensitization, availability of necessary emergency supplies and commodities, establishment of community-based surveillance system with availability of trained community health workers in the region, functional lower- level government structures which supported health services for early detection of cases and timely isolation of cases, Similarly, a well-established surveillance system for immediate contact tracing and quarantine of contact for early detection of symptoms, prompt treatment and timely isolation to prevent further spread.

Furthermore, deployment of mobile laboratory [BSL-3] in Kagera was a good practice that facilitated timely confirmation of outbreak and provided opportunity to develop local skills. Furthermore, health care workforce development facilitated timely Marburg Virus Disease outbreak management. Health care workforce development included African Volunteer Health Corps Strengthening Utilization of Response Groups for Emergency (AVoHC SURGE) training. Conducive response fora which involved government and stakeholders facilitated transparency and attracted support for response. Continuity of essential health services was ensured despite 89 health care workers from Bukoba Regional Referral Hospital in Kagera Region being contacts and quarantined. Experienced and skilled Mental Health and Psychosocial support staff provided services which had positive impacts to victims.

2. HOW THE UHPR WAS CONDUCTED IN THE URT

2.1 Methodology

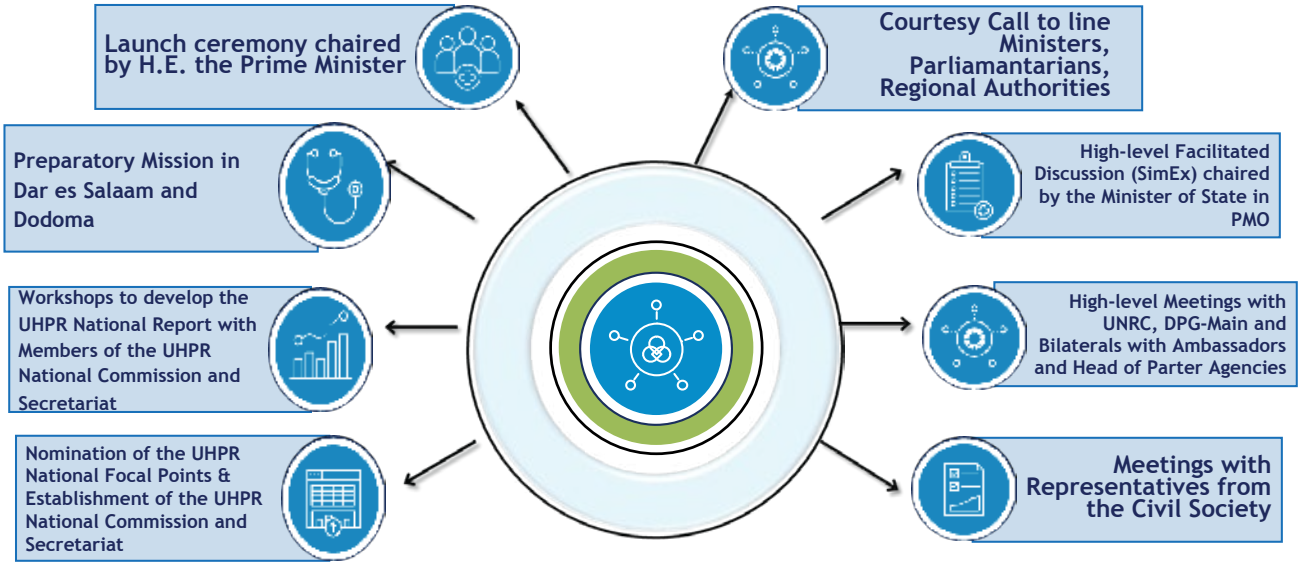


Figure 2: Methodology of the UHPR in Tanzania

The government of Tanzania engaged in the UHPR process in 2022. Since then, the UHPR process in Tanzania has evolved through continuous high-level discussions between the country leadership and WHO country office about UHPR and benefits with guidance provided on the process for application. In February 2023, a letter expressing interest for the URT to conduct the UHPR was written to WHO. In April 2023, WHO provided its official commitment to support the country. Sensitization on UHPR was done in various fora, including participants of the IHR Joint External Evaluation workshop on 14th to 18th August 2023, Development Partners Group and United Nations Country Team (UNCT) meetings on 6th September 2023.

A UHPR secretariat, formed in July 2023, held regular meetings to spearhead the process. Development of the draft National UHPR report resulted from review of key country documents including policy and legislation documents, capacity assessment reports, risk assessments reports, plan and strategic documents, simulation exercise reports, evaluation reports, Intra and After-Action Review reports. Furthermore, interview and consultative sessions were held with Directors, Senior Officials, Leaders of special groups etc., from the health sector and other sectors. Two consultative sessions, led by the UHPR secretariat were organized on 15th September 2023 in Dodoma and on 31st October 2023 in Zanzibar including representatives from Civil Society organizations, Non-Governmental Organizations and Professional Associations to obtain their views on best practices, challenges and priorities on how the country can build better capacity on emergency preparedness and Universal health coverage.

This UHPR report was initially validated on 2nd November 2023 by stakeholders and subsequently on 8th November 2023 by Permanent Secretaries. The stakeholders included members of various Parliamentary Committees and Civil Society Organizations representing the community, Head of Government Institutions and Agencies, Academic institutions, Research Institutions, Development partners, non-state actors and others. List of participants of the validation meetings and their current position is included in annex 2. Comments from the two validation sessions were incorporated into the report which was presented to the second permanent secretaries' meeting for endorsement followed by the Ministerial meeting for the finalization of the draft report.

The United Republic of Tanzania hosted a preparatory UHPR mission from 3rd –8th December 2023 in Dar es Salaam and Dodoma. During this mission, a delegation from WHO Headquarters held productive discussions with national authorities, including the Minister of Health and other high-ranking officials from government, parliament, partner agencies, and civil society organizations (CSOs). These dialogues were instrumental in finalizing plans for the upcoming UHPR high-level mission.

The United Republic of Tanzania is the eighth WHO Member State to host a Universal Health and Preparedness Review (UHPR) high-level mission. This milestone marks a significant step in strengthening health security and emergency preparedness through multi-stakeholder collaboration and strategic leadership.

The high-level mission took place from 19–21 November 2024, in Dar es Salaam. The mission was conducted under the esteemed patronage of H.E. the Prime Minister, with the Minister of Health coordinating efforts. The mission builds upon a series of completed activities designed to ensure its success:

1. **Launch Ceremony of the UHPR:** The official launch of the UHPR National Report in Tanzania, chaired by H.E. the Prime Minister, was held on 21 November 2024. This high-profile event brought together the nation's top leadership, senior policymakers, development partners, and civil society representatives. The ceremony underscored Tanzania's steadfast commitment to the UHPR process and its dedication to implementing key national health priorities.
2. **Courtesy Calls:** Strategic courtesy calls were conducted with line ministers, parliamentarians, and regional authorities to reinforce high-level engagement in the UHPR process and foster multi-sectoral dialogue. These interactions enabled the WHO delegation to introduce the UHPR process, present the roles of top leaders and policymakers in the process, and discuss strategic national priorities to advance health security and emergency preparedness.
1. **High-Level Facilitated Discussion (SimEx):** On 21 November 2024 a high-level emergency preparedness simulation exercise was chaired by the Minister of State in the Prime Minister's Office and attended by several line ministers. This high-level intersectoral simulation, based on a country-cleared scenario, facilitated a collaborative exploration of Tanzania's capacities to respond to health emergencies. It enabled participants to identify challenges and agree on strategic actions to strengthen preparedness and integrate emergency response into broader governance frameworks.
2. **High-Level Meetings with Development Partners:** The UHPR delegation held high-level discussions with key development partners, including the UN Resident Coordinator (UNRC), Development Partner Group (DPG), ambassadors, and heads of partner agencies. These engagements served as a platform to introduce the

UHPR framework and underscore the pivotal roles of development partners in the process. They also facilitated a comprehensive review of existing partnerships, the identification of opportunities to deepen collaboration, and the alignment of efforts to support Tanzania in implementing the national priorities identified within the UHPR framework.

3. **Meetings with Civil Society Representatives:** Civil society organizations (CSOs) were actively engaged to ensure inclusivity and a whole-of-society approach to the UHPR process. The meeting with CSO representatives provided an opportunity to brief them on their roles, review national priorities, and align their contributions toward strengthening health security, enhancing community resilience, and ensuring equitable service delivery during emergencies.

2.2 UHPR multisectoral high-level platforms

The UHPR secretariat was led and coordinated by Prime Minister's office (Policy, Parliament Affairs and Coordination) through Disaster Management Department, One Health Section, in collaboration with the second Vice President's Office, Disaster Management Commission, Zanzibar. The secretariat had representatives from Government MDAs and development partners and other stakeholders (Annex 1-Members of Secretariat). The National Secretariat was responsible for planning, coordinating and participating in UHPR activities, including drafting of the National UHPR Report.

Membership from the Government included the President's Office, Prime Minister's Office, Second Vice President Office in Zanzibar Ministry responsible for Health, Ministry responsible for Livestock and Fisheries, Ministry responsible for Finance, Ministry responsible for Community Development, Ministry of Defence and the President's Office Regional Administration and Local Government (PORALG). Development partners and other stakeholders were also represented in the secretariat by WHO, UNICEF, US CDC, FAO and Tanzania Red cross Society. The National Secretariat was responsible for planning, coordinating and participating in UHPR activities, including drafting of the National UHPR Report.

3. OUTCOMES OF THE UHPR

The tables below summarize best practices, challenges/gaps and priority actions, along with references in the three categories of UHPR (i.e. governance, systems and financing).

Category 1: Governance

Best Practices	1. Under the leadership of H.E. Dr. Samia Suluhu Hassan, President of Tanzania, the country has consistently prioritized health in national development strategies and plans. This unwavering commitment is evidenced by the integration of health as a cross-cutting priority in multiple sectors, consistent and strategic budgetary allocations, and the formulation of forward-thinking health policies. 2. The government's high-level engagement during the COVID-19 response exemplifies effective leadership and multisectoral coordination. The establishment of three COVID-19 Response Committees: (1) Ministerial Committee (chaired by the Prime Minister), (2) Permanent Secretaries' Committee (Chaired by the Chief Secretary), and (3) Task Force (chaired by the Permanent Secretary of Health), ensured a unified national response. They have provided high-level ownership, coordination, strategic guidance, multisectoral involvement, and resource mobilization during the pandemic. 3. Tanzania has successfully institutionalized several multisectoral platforms to foster collaboration in addressing health challenges. Notable among these platforms is the National Stakeholders Platform for Disaster Management, facilitating active participation from all stakeholders and offering valuable advice to the government. Additionally, the country boasts a functional National Technical Committee for Public Health Events, emphasizing its strategic coordination in responding to health crises. Moreover, a range of other multisectoral and partner coordination mechanisms, such as the Sector Wide Approach, Development Partners Group, and initiatives in Health and Nutrition, along with the Joint Annual Health Sector Review and Technical Working Groups, collectively exemplify a comprehensive approach to collaboration in the health sector. 4. Legislative reforms have strengthened governance structures for health security and disaster management. The enactment of the Disaster Management Act No. 6 of 2022 formally established the National Steering Committee for Disaster Management and the National Technical Committee for Disaster Management, ensuring sustained

	coordination during emergencies. Additionally, the Public Health Act Cap 99 guarantees the provision of comprehensive, functional, and sustainable health services, reinforcing the legal foundation for health system resilience. 5. A high level of trust between the government and the public has been pivotal in the successful implementation of health measures during emergencies. This trust, reflected in high vaccination coverage during the COVID-19 pandemic, has been cultivated through active engagement, transparent communication, and participatory mechanisms that incorporate diverse perspectives. By fostering open dialogue and inclusive governance, the government has built credibility and strengthened public confidence, resulting in greater acceptance and adherence to public health initiatives.
Gaps and challenges	1. Not all relevant legislations support public health emergencies including IHR implementation. This limits effective management of public health emergencies and implementation of IHR; thus, affecting the ability of the country to meet its legal obligation in preparedness and response to public health emergencies. 2. Absence of systematic assessments and consideration for gender equity, vulnerable groups and community specific needs in public health emergencies prevention and response activities. This hinders our ability to identify and address disparities at their root, undermining the effectiveness of prevention, preparedness, detection, response, and recovery activities. This gap may leave vulnerable groups more exposed, exacerbating existing inequalities in health outcomes. 3. Non-adherence to the Guideline for Medical Supplies Donation by donors and recipients leading to unsolicited and unannounced and unwanted donations. This non-compliance causes logistical challenges, including delays in the clearance of emergency stocks from international sources, which in turn delays the timely delivery of essential medical supplies needed for effective emergency response. 4. Insufficient alignment of financial and technical partners with the country's public health needs, especially during health emergencies. This misalignment undermines the Ministry of Health’s strategy on capacity building, resource optimization, and harmonization of development projects and programs, while limiting the efficient use of existing capacities, weakening sectoral integration, and hindering sustained progress in health security and emergency preparedness.

Priorities	**1. Drive transformative legislative reforms to establish a unified, resilient, and adaptive legal framework for public health emergency preparedness and response.** • Review and update legislative frameworks from various sectors to align with amended International Health Regulations (IHR). • Implement the revised IHR to position Tanzania as a regional leader in health security compliance. • Amend and implement the Public Health Act, 2009 and Zanzibar Public and Environmental Health Act, 2012. • The expected outcome is an improved legal framework that reinforces the mandate of the IHR National Focal Point, simplifies the process of outbreak declarations to improve the management of public health emergencies, and strengthens the country's ability to fulfil its legal obligations in preparedness and response, ensuring compliance with IHR standards. **2. Institutionalize Inclusive Governance for Equity in Health Emergency Management** • Integrate socio-cultural considerations into national health strategies, ensuring that the governance of health emergencies prioritizes inclusivity and addresses the needs of the most vulnerable populations. • Champion gender equity and regular comprehensive assessment and documentation of progress made in reaching SDG gender targets • The MOH will engage in a participatory dialogue and collaborate with platforms that gather community, women, and representatives of vulnerable groups to revise the 2021 National Operational Plan for community-based services by the end of 2025. • This initiative aims to enhance capacity-building and community empowerment for health emergency management, thereby reducing vulnerability among specific groups and addressing existing inequalities in health outcomes. **3. Strengthen High-Level Strategic Oversight for Health** • Establish a national health council chaired by Head of Government composed of cabinet Ministers, Members of Parliaments, representatives of Civil Society Organizations and other stakeholders.

- The council will provide high-level leadership, coordination, and oversight for health security and Universal Health Coverage (UHC) initiatives, ensuring the integration of emergency preparedness into national development agendas.

4. **In line with the Paris Declaration on aid effectiveness, strengthen partners' alignment with government priorities**,
   - Ensure that external support is coherent and responsive to the country's public health needs. This structure is expected to be functional by end 2025 with regular review to guide emergency preparedness and universal Health Coverage activities in the country.

5. **Strengthen Adherence to the Guideline for Medical Supplies**
   - Establish and enforce a robust framework for better adherence to Guideline for Medical Supplies Donations by both donors and recipients.
   - The MOH will coordinate this initiative, working with partners and recipients to better streamline the clearance of medicines, including emergency stocks from outside the country with a targeted completion date set for the end of 2025. This will lead to a simpler and more efficient process, ensuring better adherence to the Guideline.
   - The framework will focus on ensuring the timely clearance of emergency supplies, improved selection and quality assurance with an adequate shelf life of donated medicines, as well as their proper presentation, packaging, labelling, and effective information management.
   - The expected outcome is an efficient, streamlined medical supply chain, ensuring timely availability and improved quality of medical supplies during emergencies, with stronger adherence to national guidelines.

6. **Enhance Strategic Accountability Mechanisms**.
   - Improve integration of monitoring and evaluation frameworks to foster strategic collaboration, enhance accountability, optimize resource allocation and align efforts with national and global health priorities. The MOH and the Ministry of Foreign Affairs and International Co-operation will collaborate to establish this mechanism, engaging with existing partner platforms to establish this mechanism by end 2025.

	• The initiative aims to have a comprehensive mapping of partners, improve the effectiveness of cooperation with Financial and technical Partners (FTPs), and improve the alignment of external aid with the country's health priorities and needs, particularly in the context of health emergencies.

References	• National Operational Guideline for Community-Based Health Services, 2021
	• Capacity for Disaster Reduction Initiative (CADRI) Report 2023
	• Joint External Evaluation report 2023
	  • Zanzibar Joint External Evaluation report, 2023
	  • Marburg After Action Review report, 2023
	  • Consultative meetings with CSOs, NGOs and Professional organizations reports (Tanzania Mainland and Zanzibar)
	  • Strategic Policy Priorities for 2022/2023 (22nd Joint Annual Health Sector Policy Review Meeting)

Category 2: Systems

Best Practices	1. Tanzania has prioritized the development and strengthening of research institutions with the capacity to conduct high-impact scientific research in both human and animal health. These investments have been instrumental in enhancing service delivery and guiding evidence-based decision-making during health emergencies. Notable establishments include the National Institute for Medical Research (NIMR), Zanzibar Health Research Institute (ZAHRI), Tanzania Wildlife Research Institute (TAWIRI), Tanzania Livestock Research Institute (TALIRI), and Zanzibar Livestock Research Institute (ZALIRI). These institutions serve as critical pillars for advancing public health, ensuring timely responses, and informing national preparedness strategies. 2. The integration of 137,294 Community Health Workers (CHWs) across all villages/Mtaa nationwide has significantly enhanced Tanzania's emergency preparedness and response capacity. CHWs have played a pivotal role in the early detection and timely reporting of public health emergencies, as demonstrated during the Marburg virus outbreak, where CHW-led surveillance enabled rapid identification and containment. Their deployment has strengthened grassroots health system resilience,

	expanded access to services, and empowered communities to take proactive measures during emergencies. 3. Tanzania has localized the production of critical medical supplies, including gloves, masks, hand sanitizers, and hand washing facilities, alongside the installation of oxygen plants. This initiative addressed critical shortages caused by global supply chain disruptions during the COVID-19 pandemic and has since reduced reliance on external support. The ability to produce these supplies domestically has strengthened national self-reliance, enhanced response capabilities, and ensured the availability of vital resources during health emergencies.
Gaps and challenges	1. Inconsistent access to adequate, timely and transparent information during health emergencies which hinders effective collaboration and support from partners and CSOs. 2. The Public Health Emergency Operations Centers (PHEOCs) are currently non-functional, facing notably technical, staffing, and financial gaps particularly at the regional level. This hinders their capacity to effectively coordinate and manage responses during public health emergencies. The lack of operational readiness compromises the country's ability to swiftly and efficiently address emerging health threats, 3. Insufficient healthcare personnel at both national and sub-national levels, spanning across the public and private sectors. The shortage has resulted in a health workforce density of 11 per 10,000 populations, falling short of the country's established target of 22 per 10,000 populations for 2025/2026. This shortage of health professionals limits the capacity to deliver essential healthcare services, especially during public health emergencies. 4. Some of the newly constructed facilities are not fully functional due to the shortage and unavailability of key capacities. These facilities fall short of either human resource, medical equipment, and supplies, reliable water and electricity supply and transport network including roads, air, railway and maritime to these facilities. This shortfall has impacted access to essential healthcare services, particularly during public health emergencies, resulting in increased vulnerability to public health threats and poor health emergency responses. 5. Notable gap in training and exercise institutions, along with the absence of a comprehensive certification framework for health emergency response personnel. Even among trained individuals, there is a

	deficiency in a national framework and tools for effective personnel deployment during public health emergencies, hindering seamless calling, receiving, and sending both within and outside the country. Finally, among deployed personnel, the absence of clear guidelines on risk allowances for frontline at-risk emergency responders, especially during highly infectious disease outbreaks, poses a potential demotivation factor.
Priorities	1. **Establish and Position the National Public Health Institute** • Accelerate the establishment of an independent National Public Health Institute (NPHI) by 2025, taking into consideration existing structures such as the National Public Health Laboratory, Public Health Emergency Operations Center (PHEOC), and National Institute for Medical Research. • The MOH will be in charge of coordinating this project, providing robust legislation and a clear mandate, and ensuring it is equipped with cutting-edge technology and staffed with well-trained professionals. There should be a comprehensive annual assessment and revitalization plan for the PHEOC. • This coordinated effort led by the Ministry of Health and the Ministry of Finance, with collaborative support from partners, aims to optimize functionality and operational readiness of PHEOCs nationwide, by revitalizing facilities, providing comprehensive training and exercises, recruiting qualified personnel, and ensuring the availability of necessary materials, as per the needs. • The goal is to have a fully functional NPHI and operational PHEOCs capable of managing and coordinating effective responses to public health emergencies by 2025. 2. **Reinforce Health Workforce Strategy including health labour market analysis for greater Impact** • Develop and operationalize an innovative strategy for increasing absorption of healthcare workers who are currently in labour market • Establish a nationally certified rapid response program, featuring specialized training, operational simulations, and a comprehensive multisectoral deployment framework to enhance readiness for health crises. Incorporate the critical role of community health workers in these teams • Operationalize integrated community healthcare workers' program as part overall health workforce strategy for strengthening primary healthcare capacity and emergency response

	• The MOH will organize a national dialogue on human resources for health across the country to bring together all relevant ministries and institutions (from public and private sectors) by the end of 2024. • The objective is that by the end of 2026, URT increases the health workforce density to meet the country's target of 22 healthcare professionals per 10,000 populations and enhances their distribution across the country, with a specific focus on rural areas. 3. **Digitalize and Integrate Health Emergency Surveillance Systems** • Enact policies and allocate resources to prioritize the digitalization and inter-operability of surveillance systems across human health, animal health, and food safety to early detection, timely notification, and more effective response to health emergencies. • Allocate resources to implement systems that enable real-time data sharing for early detection, notification, and response. • The objective is a fully integrated surveillance system supporting coordinated and timely responses by 2026. 4. **Strengthen and sustain Health Infrastructure Development Efforts** • Develop and implement a National Health Infrastructure Development Program by end of 2028, co-led by the MOH and the Ministry of Lands, Housing, and Human Settlements Development. • Leverage public-private partnerships to catalyse investment in modern facilities and ensure access to reliable utilities and transport networks. • The expected outcome is to build a resilient health infrastructure network providing equitable access to essential services, particularly during emergencies. 5. **Strengthen Climate-Resilient Health Systems** • Implementation of countries' commitment to international agreement on climate and disaster risk reduction as well as optimizing opportunities from initiative such as health impact investment platform which intends to improve resilient health system. • Establish a national climate and health taskforce by 2024, aligning with the National Five-Year Development Plan and international agreements on climate and disaster risk reduction. • Foster collaboration among ministries responsible for health, environment, agriculture, and water resources.

	• The expected outcome is a climate-resilient healthcare system capable of addressing climate-induced health threats by 2028. **6. Incorporate risk allowance for frontline responders** • Revise and implement allowance policies to include risk allowances for frontline responders during infectious disease outbreaks by 2025/2026. • The expected outcome is an improved motivation and retention of emergency response personnel during health crises. 7. **Promote Local Innovation and Manufacturing of Medical Supplies** • Collaborate with relevant ministries, departments, and agencies to enhance local production of medical supplies and equipment by 2030. • The goal is to reduce country dependence on imports, ensuring the timely availability of critical supplies during emergencies.
References	• UHPR Country profile 2023 • Dynamic Preparedness Metric • Global Health Security Index: • Joint External Evaluation report 2023 • COVID-19 Intra Action Review • Marburg After Action Review report, 2023 • Consultative meetings with CSOs, NGOs and Professional organizations reports (Tanzania Mainland and Zanzibar) • Annual Health Sector Performance Profile Report 2023

Category 3: Financing

Best Practices	1. Existence of standing parliamentary committee for health matters which actively reviews and monitors budget allocation to support health services and public health emergencies. The committee has influenced the allocation and reallocation of funds for emergency response. It also influenced earmarking of specific sources of funds to finance universal health insurance for indigents. 2. Availability and use of emergency funding mechanism from the government and development partners for public health emergencies. This provides flexibility and allows a balance between diligence and accountability e.g. utilization of National Disaster Management Fund (NDMF) during COVID-19 pandemic, Cholera outbreaks and Ebola preparedness. The NDMF was established under the Disaster Management Act, No. 6 of 2022. 3. Implementation of the Universal Health Insurance Bill of 2022 which guarantees access to essential health services to the indigents. 4. Establishment and use of direct facility financing mechanism at dispensary and health centre level. The decision allows dispensaries and health centres to timely access funds and provides a room for autonomy and accountability. The arrangement has improved financial management, health service provision and effective emergency response in health centres and dispensaries.
Gaps and challenges	1. Domestic funding for health services and emergency preparedness remains insufficient, primarily due to competing priorities within the government budget. Between 2017 and 2022, public health expenditure as a share of GDP stagnated at around 2 percent, far below the 5 percent threshold recommended to achieve Universal Health Coverage (UHC). This funding gap limits the country's ability to strengthen health systems, improve emergency preparedness, and ensure financial access to essential healthcare services. 2. Absence of price regulations for health services and commodities, stemming from the lack of a structured pricing framework, and resulting in poor financial access to health services. This gap exacerbates health inequalities, particularly among vulnerable populations, and restricts access to essential services during emergencies.

	3. With over 84 percent of the population lacking health insurance, access to healthcare remains a significant challenge, especially during public health emergencies. The heavy reliance on out-of-pocket payments exposes households to catastrophic healthcare costs, undermining financial protection and increasing the risk of impoverishment.
Priorities	1. **Enhance Health Financing for Sustainability** • Advocate for increased domestic financing within the health sector budget, aiming to allocate at least 5 percent of GDP to health by 2030. • Expand the National Disaster Management Fund to include health emergency preparedness, ensuring sustainable financing mechanisms for health security. • The Ministry of Health (MOH) and the Ministry of Finance will jointly coordinate this initiative, supported by annual progress reviews to track funding increases and ensure alignment with national priorities. • The expected outcome is improved financial access to healthcare, reduced out-of-pocket expenditures, and enhanced health system resilience, advancing progress towards UHC. 2. **Catalyse Universal Health Insurance Implementation** • Fast track the implementation and monitoring of the Universal Health Insurance Act to reduce the catastrophic expenditure in health. The project will include the following steps: ○ First, the completion of Resource mapping for harmonisation, alignment, and equitable coverage over the country of financial contributions from within and outside government, with target date mid-2025, ○ followed by the development of a resource mobilization plan and monitoring and evaluation by end of 2025. ○ The finalisation of regulations on the gatekeeper system, reimbursement claims, eligibility criteria, automation, and maximum reimbursement period should also be achieved end of 2025. ○ Finally, the Mobilization of citizens to join health insurance schemes, aiming for 70% enrolment by the end of 2026.

	• The objective is to enhance health insurance coverage, ensuring equitable access to healthcare and financial protection for all people living in Tanzania, particularly during public health emergencies. 3. **Review and Update the Health Financing Strategy** • Conduct a comprehensive review of the Health Financing Strategy to address high-priority needs in alignment with the Health Sector Strategic Plan and Five-Year Development Plan. • The MOH and Ministry of Finance will lead this effort, with the revised strategy completed by end-2025. • The expected outcome is a more robust financing strategy that aligns resources with national health priorities, strengthens financial sustainability, and supports the attainment of UHC. 4. **Establish a Pricing Framework for Healthcare Services and Commodities** • Develop and implement pricing regulations for healthcare services and commodities to foster affordability and equitable access across public and private facilities. • Conduct a legal and financial review to ensure a robust pricing framework is in place by end-2025. • The MOH and Ministry of Finance will jointly oversee this initiative, with the framework's first review scheduled for 2026. • Expected outcome is to have regulated healthcare prices, reduced inflated costs, and improved financial access to essential services, particularly during public health emergencies.
References	Joint External Evaluation Report 2023 Capacity for Disaster Reduction Initiative (CADRI) Report 2023 UHPR Country Profile Marburg After Action Review report 2023 National Health Accounts Update 2018/19 and 2019/20. National Five-Year Development Plan 2021/22 - 2025/26 National Health Sector Strategic Plan V (2021-2026) Consultative meetings with CSOs, NGOs and Professional organizations reports (Tanzania Mainland and Zanzibar) Direct Health Facility Financing Report

National priorities identified throughout the UHPR process will serve as a foundation for strengthening Tanzania's health security and resilience by guiding critical actions and ensuring alignment with broader national and global objectives. These priorities will enable the country to:

- **Monitor and Evaluate Progress:** Establish a plan to track implementation, ensuring accountability and alignment with national goals.
- **Update Development Plans:** Revise key strategies like the National Action Plan for Health Security (NAPHS) and align with global goals such as the SDGs.
- **Prioritize Key Actions:** Focus resources on addressing critical gaps while sustaining effective practices.
- **Secure Resources:** Advocate for domestic funding and mobilize external support to implement priority actions.
- **Enhance Collaboration:** Engage in national, regional, and global platforms to exchange best practices and foster partnerships.
- **Document Experiences:** Capture lessons learned to refine strategies and inform other Member States.

4. HIGHEST NATIONAL PRIORITIES & ACTIONS

1.4 Implementation of relevant international and regional commitments

1.5 International Health Regulations (2005)

Tanzania has demonstrated a multi-sectoral and multi-disciplinary collaboration in the implementation of International Health Regulations 2005 (IHR 2005) since 2007. The IHR National Focal Point (IHR-NFP) oversees the implementation of IHR and is always available to communicate with WHO. The IHR Technical Working Group (TWG) was established in 2012, with clear Terms of Reference and Standard Operating Procedures. The TWG meets on a quarterly basis to monitor progress made in the implementation of IHR. The United Republic of Tanzania provides annual reports on IHR implementation through the State Party Annual Reporting (SPAR) tool.

To complement the SPAR above and in compliance with IHRMEF, commendably, the United Republic of Tanzania (URT) was among the early adopters of the Joint External Evaluation (JEE). The country conducted its first JEE in Tanzania Mainland (in 2016) and Zanzibar (in 2017) and developed the National Action Plan for Health Security (NAPHS) (2017-2022) and 2018-2021 respectively. Currently, an interim Plan, the National Operational Plan for Health Security (NOPHS), (2023-2024) is being used to implement the necessary priority actions to strengthen IHR core capacities. A second round of JEE was completed in 2023 in both Tanzania Mainland and Zanzibar. Between the two rounds of JEE the country exhibits progress across all nineteen technical areas, boasting strong political and technical commitment. However, the areas that need further improvement in both Tanzania Mainland and Zanzibar include Legislation, Coordination, IHR resourcing and visibility, Human Resources. data management and information-sharing systems, and financing.

To test the functionality of the IHR capacities, regular simulation exercises (SimEx) such as table-top, drills and full-scale exercises on the IHR core capacities have been carried out. SimEx have been conducted for Ebola Virus Disease (EVD) in January 2023, Rift Valley Fevers (RVF) involving cross-border between Tanzania and Kenya in 2019, EVD in 2019 (Kigoma Region) and COVID-19 at Kilimanjaro International Airport (2021). A total of six After Action Reviews (AARs) have been conducted involving disease outbreaks of Anthrax in 2016 and 2019, Rabies in 2019 Leptospirosis in 2022, Marburg Virus Disease in 2023 and COVID-19 in September 2023. In addition, two Intra-Action Reviews have been conducted involving a few pillars during the COVID-19 Pandemic (July 2021) and COVID-19 Vaccine Pillar (November 2022).

Findings from these assessments identified gaps and best practices in preparedness, prevention, detection and response. Some of the documented key challenges include delayed detection, limited resources and inadequate multisectoral participation.

The IHR-NFP is not adequately resourced in terms of dedicated human resources, equipped office and financial support to enhance running of day-to-day activities. Furthermore, although IHR (2005) has been adopted in the Public Health Act of 2009, there is a need to

have regulations that state a clear mandate and terms of reference for IHR-NFP functions. The current UHPR report will highly contribute towards strengthening of the implementation of the country's IHR commitments. For instance, reviewing and updating legislations across relevant sectors to focus on IHR integration will strengthen implementation of IHR across the country. Additionally, this report will provide inputs in the upcoming development of the next national action plan for health security, which is necessary for the country to build in the core capacities to implement IHR.

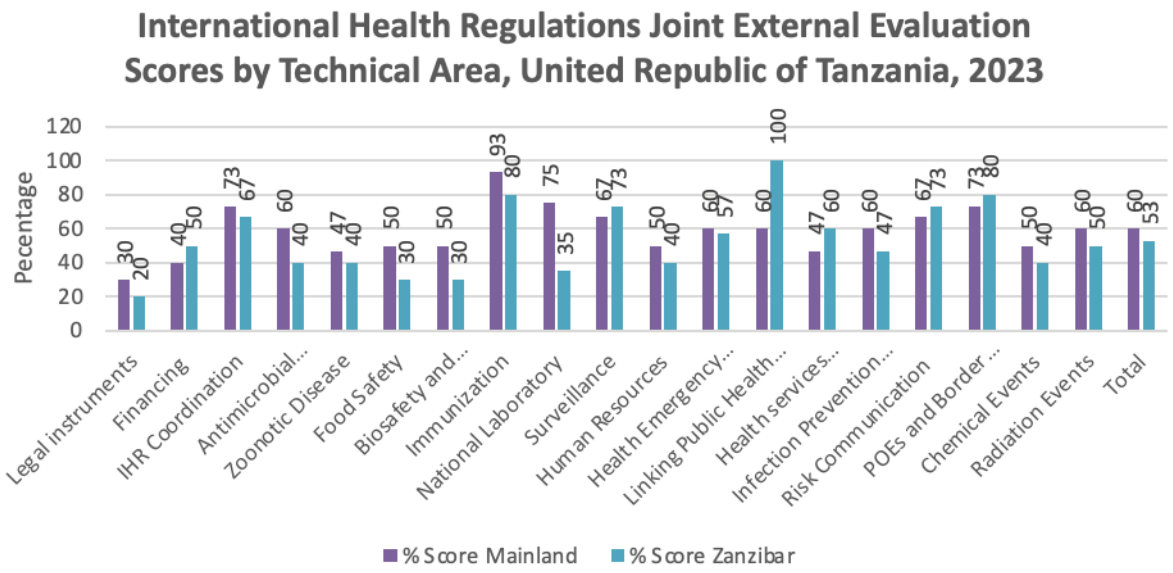


Figure 2: IHR Joint External Evaluation by Technical Areas

1.6 Regional commitments

The East African community (EAC) comprises of seven (7) Partner States: The Republic of Burundi, the Democratic Republic of Congo, the Republic of Kenya, the Republic of Rwanda, the Republic of South Sudan, the Republic of Uganda, and the United Republic of Tanzania. This region is vulnerable to communicable disease outbreaks due to its geographical location, climate, and ecological environment. With 70 percent of the emerging and re-emerging diseases having an animal origin, the region adopted the One-Health approach for preventing and controlling communicable diseases that can cause epidemics and pandemics. The EAC Regional Contingency Plan for Epidemics Due to Communicable Diseases, Conditions and other Events of Public Health Concern is the primary instrument for strengthening regional leadership, governance and coordination of health emergencies with a view of supporting national level emergency preparedness, response, recovery, and rehabilitation efforts.

With the aim to support pandemic preparedness and response, the EAC through a project supported by the German Government through GIZ has developed capacities at institutional, community and individual level. It facilitates the institutionalization of the One Health approach as well as risk and crisis communication. Several cross-border simulation

exercises have been implemented and an EAC digital regional rapidly deployable expert pool is being put in place to enhance regional response capacities, while also linking to the AVoHC SURGE initiative at a continental level. The EAC Mobile Labs project aims to strengthen diagnostic laboratory capacities in the EAC Partner States. These EAC Regional projects have been supported by the German Government through GIZ and Kreditanstalt fur Wiederaufbau (KfW).

The Strengthening Pandemic Preparedness (SPP) Project in the Eastern, Central and Southern Africa Health Community is a joint regional initiative funded by the World Bank. The target of the project is to improve epidemic preparedness in the project countries of Malawi, Mozambique, Rwanda, Tanzania, and Zambia. This project has three main components: (i) strengthening surveillance systems; (ii) preparing for health emergencies; and (iii) enhancing health systems, while promoting innovations, knowledge sharing and use of digital technology.

Member States of the Southern Africa Development Community (SADC), Tanzania included, have a mutual agreement under the SADC Protocol on Health (1999) to cooperate in producing, procuring, and distributing affordable essential drugs. This commitment led to the development of the first SADC Pharmaceutical Business Plan (2007-2013), which emphasized the importance of collective procurement in achieving the region's health objectives. Tanzania actively participates in joint procurement initiatives within SADC, which involve the acquisition of crucial health supplies like pharmaceuticals, medical equipment, vaccines, and more. Through this collaboration with other SADC states, Tanzania can negotiate for more favourable prices and ensure a consistent supply of high-quality healthcare products.

In 2016, Tanzania endorsed the “Regional strategy for health security and emergencies 2016–2020” which is under the WHO AFRO. The strategy aims to strengthen and sustain national capacity to prepare for public health emergencies; to strengthen inter-operational public health surveillance and response systems at all levels; to ensure effective responses to health emergencies and humanitarian crises within the first 24 hours of confirmation; to ensure the provision of quality essential health services during health and humanitarian emergencies using a multisectoral approach; to strengthen systems for accountability, monitoring, evaluation, and peer review and to promote strategic, synergistic and mutually trusting partnerships.

By adopting the strategy, Member States agreed to reach 12 targets by 2030 which will strengthen their capacity to prevent, prepare for, detect and respond to health emergencies, including 80% of Member States having predictable and sustainable health security financing, 90% mobilizing an effective response to public health emergencies within 24 hours of detection and all countries having 80% of health districts with functional service delivery and quality improvement programmes.

In 2001, the United Republic of Tanzania (URT) endorsed the Abuja Declaration, committing to allocate a minimum of 15 percent of the annual national budget to enhance healthcare system. Tanzania has since undertaken reforms to enhance the allocation of resources to healthcare system. As of 2022, the share of budget allocated for health was at 9 percent of the total government budget, based on National Health Accounts report 2019/2020.

The URT, as a key player in the East African region and on the African continent, recognizes the importance of collaborative efforts to address health security challenges and promote public health. One of the significant initiatives that Tanzania has engaged with is the African Centre for Disease Control and Prevention (African CDC), a specialized agency of the African Union. The African CDC, established to enhance the continent's capacity to detect, prevent, and respond to health threats and emergencies, aligns with URT''s commitment to improving health security and strengthening its healthcare systems. Tanzania's engagement with the African CDC underscores its dedication to regional/continental cooperation in the field of public health.

The URT signed the Treaty for the establishment of the African Medicines Agency (AMA) on 10th August 2021, at the AU Commission in Addis Ababa, Ethiopia. The AMA Treaty was adopted by Heads of States and Government during their 32nd Ordinary Session of the Assembly on 11th February 2019 in Addis Ababa, Ethiopia. The African Medicines Agency aspires to provide support for the improvement of weak regulatory systems. The COVID-19 pandemic has reinforced the need for the continent to have very strong continental health institutions, and the AMA working in tandem with the Africa CDC will be the key to collectively addressing the continental health challenge. Through this engagement, the URT has demonstrated her commitment to guarantee quality-assured, safe, and efficacious medical products that are fundamental to the health and safety of her people and Africa as a whole.

1.7 Sustainable Development Goals

The URT has integrated all 17 SDGs into the national planning, budgeting, implementation, monitoring and evaluation cycles. The SDGs have been integrated into the third National Five-Year Development Plan (2021/22-2025/26), under the theme of “Realizing Competitiveness and Industrialization for Human Development”. Similarly, the Revolutionary Government of Zanzibar adopted Agenda 2030 into the Zanzibar Development Plan (2021 – 2026) with a theme of “Blue Economy for Inclusive Growth and Sustainable Development”.

According to the voluntary national review of SDGs in Tanzania in 2023, there is good progress in goals 2, 3, 4, 5, 6,7, 8, and 16 and relatively moderate progress in goals 1, 9, 10, 11, 12, 13, 14, 15, and 17. Challenges in progress have been exacerbated by the COVID-19 pandemic, the Ukraine-Russia war, the impacts of climate change and Global financial shocks. These resulted into slow progress toward attaining both the envisaged national development agenda and the SDGs.

1.8 Other commitments related to health emergency preparedness

Other international agreements that Tanzania has signed include the Stockholm Convention on Persistent Organic Pollutants (2005); the Seasonal Influenza Material Transfer Agreement (SIMTA) of 2023 under the Pandemic Influenza Preparedness Framework; and the Convention on the Rights of the Child (CRC 1989), which is a commitment by member states to ensure victimized children are physically and psychologically supported to recover and reintegrate into society.

Regional agreements include the Emergency Preparedness and Response for Disease Outbreaks, Disaster Management and Improvement of Environment Health and Sanitation between Tanzania and Kenya, agreement between Tanzania and Burundi on Strengthening Border Disease Surveillance; and the Inter-Agency Standing Committee (IASC) Guidelines for Mental Health and Psychosocial Support in Emergencies (2007), which provides standards and enable actors to plan, establish and coordinate a set of minimum multi-sectorial responses to protect and improve people's mental health and social wellbeing in the midst of emergency.

1.9 National priorities and actions on the path to health security and sustainable development

National priorities for health security

1. ***The Honourable Prime Minister directed*** the UHPR champions in his office, the Ministry of Health and other government entities to ensure active participation in various regional and global forums to advance UHPR initiative and represent the country's commitments. The Prime Minister also encouraged the regional administrations and ministries to develop a strategy to address priorities in alignment with their mandates under the Prime Minister's Office (PMO).

2. Ministry of Finance to allocate adequate domestic funding for health service delivery and public health emergency. The MOH in collaboration with the Ministry of Finance will mobilize additional domestic funding for health sector to reach five percent (5%) of GDP by 2030. Adequate domestic funding will enable the country to achieve universal health coverage as well as reducing exposure to external shocks. This should take into account adequate and dedicated funding for preparedness activities across sectors.

3. The Government in collaboration with stakeholders including private sector to equip and sustain constructed facilities with human resources, medical equipment, supplies, water, electricity supply and reliable transport network (roads, air, railway and maritime) to enhance the availability and accessibility of health services including during emergencies by 2030. To achieve this, *the Honourable Prime Minister gave the directive that all ministries allocate funds within their sectors to address the priorities highlighted in the UHPR report for preparedness and response. The PMO also mandated all government departments to take immediate actions to address vulnerabilities that expose the country to health emergencies*

4. The MOH in collaboration with relevant ministries to promote the local innovation and manufacturing of medical supplies, equipment and medicines. The objective is to ensure timely availability and reduce dependence on imports during public health emergencies by 2030. In line with this, *the Ministry of Industry was mandated by the PMO to ensure availability of all essential medicines to meet national needs.*

5. Catalyze Universal Health Insurance Implementation by fast-tracking implementation and monitoring of the Universal Health Insurance Act to reduce the catastrophic expenditure in health. To achieve this, *the PMO directed that all departments responsible for health insurance to ensure the full implementation of this critical project*

6. Conduct a comprehensive review and updating of the existing legislation across relevant sectors to integrate International Health Regulations (IHR) and establish a robust legal framework for their implementation. This initiative will be overseen by the MOH, in close collaboration with relevant ministries and agencies, and is set to be concluded by the end of 2025. By doing so, we aim to better engage all relevant sectors in the prevention, detection, response to, and recovery from public health events, thereby enhancing our health security capacity. Drive transformative legislative reforms by reviewing or amending and implementing the national public health Act, 2009, Zanzibar public and environmental health Act, 2012 and other legislative frameworks

7. Review the legal framework to establish and manage prices for healthcare services and commodities. The MOH will work alongside relevant authorities to undertake this task. The objective is to institute measures that regulate prices in the healthcare sector, curbing inflated prices, fostering affordability, and guaranteeing equitable access to health services including public health emergencies, in both public and private healthcare facilities. Ultimately, this endeavour seeks to sustain the health system and enhance the population's health outcomes. The framework will be reviewed by 2026.

1.10 Country's vision and expectations regarding assistance and support expected from other Member States, partners and donors at the national, regional and global level

The URT envisions and expects valuable assistance and support from fellow Member States, international partners, organizations such as the UN, World Bank, technical and financial partners and generous donors, both at the national, regional, and global levels. In pursuit of addressing critical priorities, it is anticipated that there will be collaborative efforts that extend beyond borders to enhance our national resilience and preparedness. Support is welcomed in implementing activities aimed at addressing the priorities, with a focus on bolstering health security capacity and building more resilient healthcare systems, ultimately striving for Universal Health Coverage. Moreover, paramount importance of financial resources to achieve our goals is recognized. Therefore, full commitment to mobilizing funds from both domestic and external sources to effectively implement these corrective measures will be necessary.

In the spirit of collaboration and solidarity, Tanzania is prepared to reciprocate the support received by sharing best practices and offering capacity-building assistance to fellow Member States. For example, the United Republic of Tanzania has a total of 188 participants

(132 from mainland and 56 from Zanzibar), who successfully completed the training for rapid responders known as African Volunteers Health Corps-Strengthening and Utilizing Response Groups for Emergencies (AVoHC-SURGE). These responders were very instrumental in responding to the Marburg Virus Disease outbreak in April - May 2023 in the country and are available for deployment to other countries if needed. Together, we can strengthen our collective resilience and preparedness to address the challenges of our time.

1.11 Domestic actions for health security capacity strengthening

Preparedness for emergencies is institutionalized to all sectors as per the Disaster Management Policy of 2004 and each sector's mandate is stipulated and guided by the National Emergency Preparedness and Response Plan of 2022. The National Emergency Operation and Communication Centre (EOCC) came into operation in 2017 to coordinate all disaster events. The Public Health Emergency Operations Centre (PHEOC), which was established in 2015 under the Emergency Preparedness and Response Unit has successfully coordinated management of health emergency events.

Furthermore, the GOT accepts the concept of UHC as a goal within development policies and developed health financing strategies 2020-26 and 2022-2027 for Tanzania Mainland and Zanzibar respectively. Both have emphasis on the introduction of Universal Health Insurance to ensure fair and sustainable health financing. The Universal Health Insurance Bill which was recently passed by the Parliament if signed by the Honourable President has a provision of creating Health Insurance Fund which will be used to address cost of provision of health services during emergencies. Besides, the Health Sector Strategic Plan IV and V are designed in such a way that they contribute towards Universal Health Coverage. The UHC service index for the country increased from 38 in 2019 to 43 in 2021, which is likely to have increased with investments in infrastructure. Additionally, the number of health facilities has increased from 8, 549 in 2021 to 11,630 in 2023, which is equivalent to 36 percent.

Tanzania adopted various options of health financing including health insurance schemes (NHIF, CHF, SHIB, etc.). Between 2006 and 2009 the share of government health allocation in the budget had reached 15%, recommended by Abuja Declaration. However, since then it went down to 9% because of other government priorities. Nevertheless, the health sector still remains to be the third in government priorities.

Government health spending has grown steadily. Public health spending is undertaken through the Government system (whether from domestic or foreign sources) and social insurance (NHIF). Public health spending increased by 15 percent between 2017 and 2022. Actual public expenditure shows a fluctuating but increasing pattern. The health sector actual expenditure in nominal terms moved from TZS 4.294 trillion in 2016 to TZS 5.415 trillion in 2020. Spending is 3.5-4% of GDP which is a good indicator of equity. The GOT is also implementing the concept of PPP to accelerate the process towards UHC. The reform of the governmental CHF into iCHF has been used as an example.

1.12 Long-term national plans for health security and sustainable development

The government is committed in improving health security and accelerating achievement of Sustainable Development Goals (SDGs). The SDGs have been integrated into and are

implemented through the National Five-Year Development Plans (NDP), which also adhere to the three dimensions of sustainable development (economic, social and environment). The NDP provides guidance to the various Ministries, Departments and Agencies in developing their sector-specific plans.

The National Disaster Preparedness and Response Plan 2022 outlines measures for both preparedness and response to various disasters. It serves as a means to facilitate the coordination of resources and services. The One-Health Strategic Plan 2022-2027 is geared towards fostering collaboration among the human, animal, and environmental health sectors, with the objective of reducing the impact of zoonotic diseases, antimicrobial resistance (AMR), and other public health threats. Meanwhile, the all-hazard Public Health Emergency Response Plan 2018 provides guidance for the health sector's coordination in response operations. The Health Sector Strategic Plan IV and V for Zanzibar and Tanzania mainland respectively establish strategic priorities for the health sector over a five-year period, encompassing objectives related to health-related Sustainable Development Goals (SDGs) and health security. These plans serve as the guiding framework for the development of annual operational plans.

The National Action Plan for Health Security (NAPHS) is a multi-year plan used to accelerate implementation of core capacities for International Health Regulations (IHR 2005). The first NAPHS (2017-2021) was developed after the first Joint External Evaluation (JEE) conducted in Tanzania mainland and Zanzibar in 2016 and 2017 respectively. The second JEE, which was conducted in 2023, showed great improvement in overall IHR scores: Tanzania Mainland improved from 48% in 2016 to 60% in 2023 while Zanzibar improved from 31% in 2017 to 53% in 2023. With this evaluation, plans are currently underway to develop a second 5-year NAPHS (2024-2028). Currently, a transitional National Operation Plan for Health Security (NOPHS) (January 2023 - June 2024) is used to strengthen health security pending the development of the next NAPHS. The plan has been developed based on a One-Health approach for all-hazards and a whole-of-government approach, considering the prioritised activities for health security to be implemented for 18 months to align with the national budget planning process.

1.13 Conclusion

It is imperative to reaffirm the unwavering commitment of Government of the United Republic of Tanzania and Revolutionary Government of Zanzibar leadership to endorse and support the priorities presented herein. The outputs generated from the UHPR National Report will play a pivotal role in the ongoing process of revising, adjusting, and refining our long-term national plans for health security and sustainable development. These priorities form the cornerstone of the strategy to rapidly address gaps, foster capacity-building over the medium term, and strengthen the nation's healthcare capabilities over the long term. Through deliberate efforts in ensuring domestic and global mobilisation of resources to implement identified priority actions, Tanzania stands as a vital global health actor, dedicated to playing an active and constructive role in health security. We are committed to contribute to a safer world through actions and collaborations, working collectively to ensure the well-being of all. Together, we pave the way for a brighter, healthier future for the nation and the global community.

5. ANNEXES

Annex 1: Report of Inter-Ministerial Facilitated Discussion (Simulation Exercise)

Date: 21st November 2024

Scenario: Evolving Rift Valley Fever outbreak involving human and animal population

Attendees

GOVERNMENT REPRESENTATIVES:

- **Chair: Minister of State, PMO (*Policy, Parliamentarian Affairs and Coordination)***
- **Twelve Ministers from both Mainland (Tanzania) and Zanzibar (see list attached)**
- **Dr. Erasto Sylvanus - MOH**
- **Dr. Salum Manyatta – PMO**

WHO COUNTRY OFFICE DELEGATION:

- Dr. Charles Sagoe – WHO Representative
- Dr. Faraja Msemwa – EPR Lead
- Dr. Pili Kimanga – Technical Officer, EPR
- Ms Jaliath Rangi- Technical Officer, EPR
- Dr Sisay Tegegne – program Management Officer
- Dr. Andemichael Ghirmay – WHO Zanzibar
- Mr Salim Humayun – External Relations and Partnership

WHO AFRO DELEGATION:

- Dr. Moeti Matshidiso - Regional Director, WHO AFRO; Head
- Dr. Dick Chamla – Head of Emergency Preparedness Cluster, WHO AFRO
- Dr. Kola Jinadu, Technical Officer, EMP
- Pierre Clever Kariyo – Technical Officer Quality and Safety

WHO HQ DELEGATION:

- Dr. Stella Chungong – Director, Health Security and Preparedness
- Dr. Luc Tsachoua – Technical Officer, UHPR Secretariat, HQ

Objectives:

- Discuss health emergency governance, specifically national coordination, and governance frameworks.
- Explore funding mechanisms and legislative structures to support national response.
- Explore key capacities, including communication, notification, decision making and community engagement

- Foster multisectoral dialogue on health emergency preparedness and response at the highest levels of the Government.

Scope of the SimEx:

- Multi-sectoral coordination
- Mitigation of economic impact
- Community Engagement

Methodology

- Participants – Ministers from Tanzania mainland and Zanzibar
- Facilitators – Dr Stella Chungong - WHO HQ and Dr Erasto Sylvanus - MOH
- Facilitated discussions through structured questions focusing on the three key objectives
- Interactive Discussions
- Summary of key points compiled by WHO AFRO and Country Office and presented by Dr Dick Chamla - WHOAFRO

Key discussion points:

Scope of discussion	*Questions and outputs from discussions*
Multi-sectoral coordination	***What mechanisms should be in place to ensure timely detection, sharing of data and resources across sectors and levels during outbreaks? How can information be better shared for more timely responses?*** **Highlights:** - Review of laws, regulations, policy and doing assessment of implementation of these laws and procedures - Need to build trust among all relevant stakeholders to foster better information sharing - Enhance existing cross-sectoral surveillance systems to facilitate rapid information sharing across relevant sectors and ensure comprehensive coverage at all administrative levels. - Strengthen existing system in line with the global standard. There is need to capacitate human resources from lower levels (community and local practitioners) to national levels across relevant Ministries for timely detection and response. A tool called M-kilimo can also be strengthened to improved epidemic intelligence - Create awareness among the community including pastoralist in emergency preparedness and response and capacitate them on

	early detection and reporting of RVF. - Sharing of data and resources across ministries and institutions - Implementation of control and prevention measures like vaccination for both human and animals - Allocation of funds for emergency preparedness and response, and making use of disaster fund ***How can United Republic of Tanzania improve collaboration between ministries to develop a unified response to RVF and other zoonotic outbreaks?*** - Capacitate all responsible ministries on multisectoral coordination and collaboration for emergencies and outbreaks management - Working closely with the Minister responsible for disaster while leveraging existing disaster management act which clearly defined roles and responsibilities - Strengthen regional collaboration/cross border support (e.g. EAC, SADC) - Establish a forum or use existing forum for regular communication and coordination among relevant stakeholders
Mitigation of economic impact	***What resources are available for public health emergency preparedness and response in your Ministries?*** - The government has created, under the ministry of finance, a contingency funds for public health emergency and disaster response. - Availability of disaster management fund - Existing budget in the Ministry of Health Caters for emergency preparedness and response - Existing legislations, policies, plans and standard operating procedures - Need for allocating budget for emergency and disasters from internal sources - Prioritize and institutionalize sustainable and sufficient budgetary allocations across all ministries involved in health emergency and disaster management. Prepare for emergencies to be proactive than reactive
Community Engagement	- Develop early warning system by engaging and empowering communities from inception of emergency preparedness and response activities for early detection of public health events - Invest in infrastructure for provision of essential primary health care services

	- Create awareness among the community including pastoralist in emergency preparedness and response and capacitate them on early detection and reporting of RVF.
Key Highlights	**By the Head of Emergency Preparedness, WHO African Regional Office** - *Prioritize review of laws, regulations, policy and doing assessment of implementation of these laws and procedures* - *Increase allocation of funds to emergency preparedness and response and making use of disaster fund* - *Strengthen regional collaboration/cross border support (e.g. EAC, SADC)* - *Establish a forum or use existing forum for regular communication and coordination among relevant stakeholders* - *Develop early warning system by engaging and empowering communities from inception of emergency preparedness and response activities for early detection of public health events*
	Comments by the WHO Regional Director for Africa
Contribution by the WHO'Regional Director for Africa	- Need to report outbreaks for timely response - Mobilize FAO to support response especially based on existing agreement - Leverage pandemic fund to strengthen emergency preparedness and response activities - Prioritize initiatives to secure top-level leadership commitment and support for advancing health security, strengthening health system resilience, and progressing toward Universal Health Coverage.
	Closing Remarks by the Minister of State, SVPO ((***Policy, Coordination and House of representative,)***
Closing	The Honourable Minister of State, Second Vice President's Office, Hon.Hamza Hassan Juma, appreciated the leadership of WHO for the close working relationship with the Government of Tanzania particularly in the area of emergency preparedness and response. He also commended the Ministers who participated in the tabletop exercise for their meaningful contribution. He concluded by affirming continuous government commitment to strengthening health security and to implement the key recommendations made by the Ministers.

Annex 2: List of the National UHPR secretariat members

NAME	ORGANIZATION	TITLE	DUTY STATION
1.Dr Salum Manyatta	Prime Minister's Office	AD One Health	Dodoma
2. Henry Kissinga	Prime Minister's Office	Vet. Epidemiologist	Dodoma
3. Mololo Noah	Prime Minister's Office	Field Epidemiologist	Dodoma
4. Valentina Sanga	Prime Minister's Office	Epidemiologist	Dodoma
5. Devotha Lugendo	Ministry of Finance	Economist	Dodoma
6. Dr Gatete Mahava	MOH	Principal Medical Officer	Dodoma
7.Emmanuel Mwakapasa	MOH	Epidemiologist	Dodoma
8. Yustina Muhaji	MOH	DRM Expert	Dodoma
9. Lilian Mreta	MOH	PHO	Dodoma
10. Jackline S Tarimo	MoH	SECON	Dodoma
11. Raynold John	MOH	HSRS	Dodoma
12. Juliana Mawalla	MOH	H/HSRS	Dodoma
13. James Hellar	MoH	MO	Dodoma
14 Said Makora	MOH	SIO	Dodoma
15.Makungu Suleiman	Ministry of Livestock and Fisheries	National Epidemiologist	Dodoma
16. Samuel Mngumi	Ministry of Livestock and Fisheries	Vet Epidemiologist	Dodoma
17. Jane Bukombe	President's Office	PO	Dodoma
18. Felix P Mnyeti	President's Office		Dodoma
19. Gerald Manasseh	PORALG	DESO EHO	Dodoma
20. Lilian Masuha	MCDGWSG	SWO	Dodoma
21. Kheri Issa	Tanzania Red Cross Society	PHiE Manager	Dar es Salaam
22. Capt (Dr) Hussein Kamugisha	TPDF	Public Health Specialist	Dodoma
23. Lt Col Enock Mwakyusa	TPDF HQ	A/DPS	Dodoma
24. ACP. Simon Haule	TZ Police Force	ACP	Dodoma

25. ASP Said Moshi	TZ Police Force	ASP	Dodoma
26. Benedict Kafumu	UNICEF	Health Specialist	Dodoma
27. Ian Njeru	WHO	Consultant	Dodoma
28. Faraja Msemwa	WHO	Emergency & outbreak Preparedness officer	Dodoma
29.Pelagia Muchuruza	WHO	NBW Catalyst Officer/OH FP	Dodoma
30. Azma Simba	WHO	UHPR consultant	Dodoma
31.Mwanakombo Khama	AMREF	Project Officer	Dodoma
32. Peter Mmbuji	CDC TZ	GHSA senior advisor	Dar es Salaam
33. Abdalla Mohamed	MOH	Head of Diagnostic Unit	Zanzibar
34. Habiba Ali Twaha	ZEMA		Zanzibar
35. Dr. Khadija Omar	ZALIRI	Researcher, Head of Animal Health	Zanzibar
36. Fadhil M. Abdallah	MOH	Coordinator, Malaria	Zanzibar
37.Makame Khatib Makame	DMC	Director	Zanzibar
38. Yahya Mbwana Mselem	MoH	EHO	Zanzibar
39. Salim N. Slim	MoH	Director of Preventive Health Services	Zanzibar
40. Omary Ali Mohamed	DMC	One Health Coordinator	Zanzibar
41. Abdul-Wahid Al-Mafazy	ZPHEOC	Manager	Zanzibar
42. Fatma Suleiman Abrahman	MoH	EHO	Zanzibar
43. Pili Kimanga	WHO	Surveillance officer	Zanzibar
44. Dr. Mohamed Ali Mohamed	ECSA	Epidemiologist	Arusha
45. Stella Kiambi	FAO	Country team leader ECTAD	DSM
46. James Allan	MOH	MO	Dodoma
47. Eric Richard	MOH	MO	Dodoma
48. Dr. Justine Assenga	FAO	ECTAD National Epidemiologist	DSM

49. Fungo Samson Masalu	MOH	Public Health Specialist	Dodoma
50. Alex Rutakubana	MOH	Economist	Dodoma
51. Grace Chenya	MoCDGWSG	SSWO	Dodoma
52.Dr. Erasto Sylvanus	MoH	Head Emergency Medical Service	Dodoma
53. Dr.Witness Mchwampaka	MoH	International Health Regulation Coordinator	Dodoma
54. Dr. Elias Kwesi	MOH	Director, Emergency Preparedness and Response	Dodoma

Annex 3: List of UHPR Validation Sessions Members (Commision)

SN	Organization/Agency	Number	NAME	TITLE
A	Permanent Secretaries from Tanzania Mainland			
1	President's Office (RALG)	1	Adolf H. Ndunguru	Permanent Secretary
2	Vice President's Office - Environment	1	Mary Ngelela Maganga	Permanent Secretary
3	Prime Minister's Office - Policy, Parliamentary Affairs and Coordination	1	Dr. Jim James Yonazi	Permanent Secretary
4	Ministry of Finance	1	Dr. Natu El-maamry Mwamba	Permanent Secretary
5	Ministry of Foreign Affairs	1	Hon. Amb. Dr. Samwel William Shelukindo	Permanent Secretary
6	MOH	1	Dr. John Jingu	Permanent Secretary
7	Ministry of Agriculture	1	Gerard Godfrey Mweli	Permanent Secretary
8	Ministry of Livestock and Fisheries	1	Prof. Riziki S Shemdoe	Permanent Secretary
9	Ministry of Home Affairs	1	Kasper Kasper Mmuya	Permanent Secretary
10	Ministry of Defence	1	Dr. Faraji Kasidi Mnyepe	Permanent Secretary

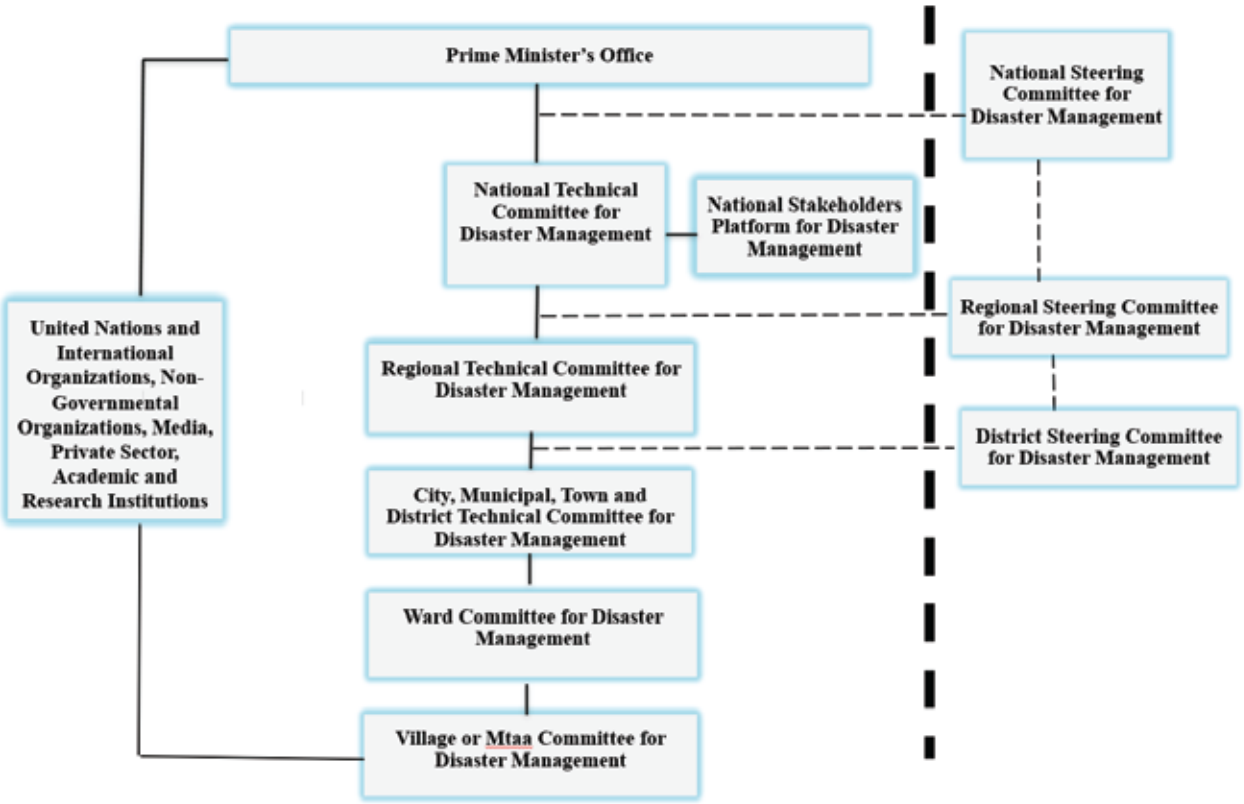
11	Ministry of Education	1	Prof. Carolyne Nombo	Permanent Secretary
12	Ministry of Community Development, Gender, Women and Special Groups	1	Dr. Seif Abdallah Shekalaghe	Permanent Secretary
13	Ministry of Energy	1	Eng. Felchesmi Jossen Mramba	Permanent Secretary
14	Ministry of Works	1	Hon. Amb. Eng. Aisha Amour	Permanent Secretary
15	Ministry of Natural Resources and Tourism	1	Dr. Hassan A. Said	Permanent Secretary
16	Ministry of Information, Communication and Information Technology	1	Mohammed Khamis Abdulla	Permanent Secretary
17	Ministry of Constitutional and Legal Affairs	1	Mary Gasper Makondo	Permanent Secretary
18	Ministry of Water	1	Prof. Jamal Katundu	Permanent Secretary
19	Ministry of Culture, Arts and Sports	1	Gerson Msigwa	Permanent Secretary
20	Ministry of Industry and Trade	1	Dr. Hashil T. Abdallah	Permanent Secretary

B. Participants from Zanzibar				
21	Ministry of Health	1	Dr. Amour S. Mohamed	Ag PS
22	Ministry of Agriculture, Irrigation, Natural Resources and Livestock	1	Seif Shaaban Mwinyi	PS
23	Ministry of Blue Economy and Fisheries	1	Dr. Aboud S. Jumbe	PS
24	Ministry of Contruction, Communication and Transport	1	Khadija Khamis Rajab	PS
25	Second Vice president Office	1	Dr Islam Seif Salum	PS
26	Ministry of Education and Vocational Training	1	Khamis Abdalla Said	PS
27	Mininistry of Social Development, Gender, Elderly and Children	1	Adeida Rashid Abdallah	PS
28	Ministry of Tourisim and Antiquities	1	Fatma Mbarouk	PS
29	Ministry of Water, Energy and Mineral	1	Joseph Kilangi	PS
30	Parliament Health Committee - Chair	1	Mhe. Sabiha Thani Filfil	Chairperson
Other members				
23	Parliament Representative - Various Committees (Mainland)			
24	Water and Environment Committee	1	Jackson Gedion Kiswaga	Chairperson
25	Health and HIV/AIDS Committee	1	Stanslaus Haroon Nyongo	Chairperson
26	Industries, Trade, Agriculture and Livestock Committee	1	Mariamu Ditopile Mzuzuri	Chairperson
27	Social Welfare and Development Committee	1	Fatma Hassan Toufiq	Chairperson
28	Budget Committee	1	Daniel Baran Sillo	Chairperson
29	Research institutions Representatives: NIMR	1	Prof. Said S. Aboud	Director General
30	Research institutions Representatives: TALIRI	1	Dr. Eligy Shirima	Director General

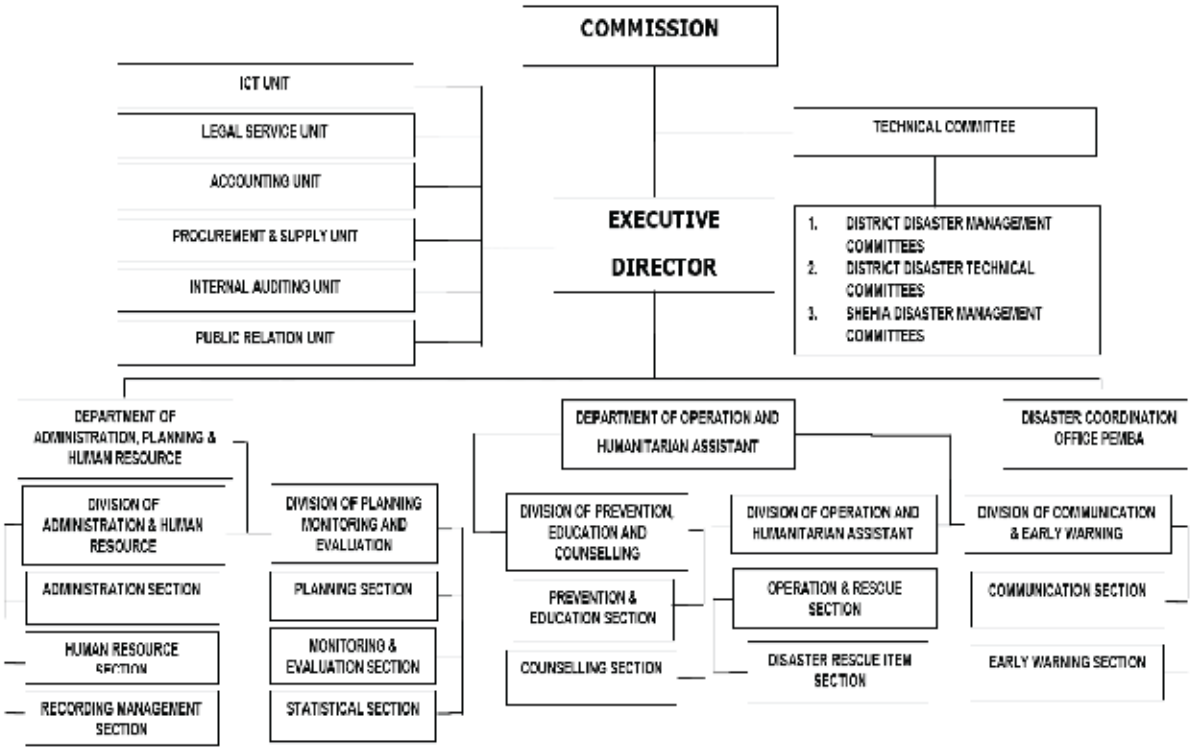
31	Research institutions Representatives: TAWIRI	1	Dr. Eblate Mjingo	Director General
32	Tanzania Food & Nutrition Centre	1	Dr. Germana Henry Leyna	Managing Director
33	Academic Institution UDOM	1	Prof. Lughano Jeremy Kusiluka	Vice Chancellor
34	Academic Institution WATER INSTITUTE	1	Dr. Adam O. Karia	Rector
35	Academic Institution IRDP	1	Prof. Hozen K. Mayaya	Rector
36	Academic Institution SUA (1).	1	Prof. Raphael Tihelwa Chibunda	Vice Chancellor
37	Regional Administrative Secretaries (RAS) - Chair	1	Rehema Madenge	Chairperson
38	Tanzania Veterinary Association - Regional Secretariat Rep	1	Dr. Gasper A. Msimbe	RS Rep
39	Regional Medical Officers (RMO) - Chair	1	Dr. Best Magoma	Chairperson
40	Tanzania Veterinary Association - LGA Rep	1	Dr. Msenya Elfas	LGA Rep
41	District Medical Officers (DMO) - Chair	1	Dr. Samwel Marwa	Chairperson
42	Council Executive Directors (City/Municipal/Town/District) - Chair	1	Adv. Kiomoni Kibamba	Chairperson
43	Chief Medical Officer	1	Prof. Tumaini Nagu	CMO
44	Director of Veterinary Services - Ministry of Livestock and Fisheries	1	Prof. Hezron Nonga	Director
45	Commissioner for Social Welfare Services - MoCDGWSG	1	Dr. Nandera E. Mhando	Commisioner
46	Director for Water Supply and Sanitation - Ministry of Water	1	CPA (T) Joyce Msiru	Director
47	Sector Wide Approach - TWG (DPG-H)	1	Mathew Cogan	Chairperson
48	Sector Wide Approach - TWG (NSA-H)	1	Mbwana Dickens	Chairperson
49	Sector Wide Approach - TWG (APHFTA)	1	Dr. Samwel Oggilo	Chairperson

	Total Government Participants	56		
Other stakeholders				
50	US CDC	1	Mahesh Swaminathan	Country Director
51	Benjamin Mkapa Foundation	1	Dr.Ellen Mkondya-Senkoro	CEO
52	Tanzania Red Cross Society	1	Ms. Lucia Pande	Secretary General
53	Amref Tanzania	1	Florence Temu	Country Rep
54	WHO Country Office	1	Dr Charles Sagoe-Moses	WHO Representative
55	UNICEF	1	Elke Wisch	Country Rep
56	USAID	1	Craig Hart	Mission Director
57	UNHCR	1	Mahoua Parums	Country Rep
58	FAO	1	Dr. Nyabenyi Tito	Country Rep
59	East Central and Southern Africa Health Community - ECSA HC	1	Prof Yoswa Dambisya	Director General
60	Chair - Development Partners Group (DPG)	1		Chairperson
61	Chair - Development Partners Group Health - (DPG- H)	1		Chairperson
62	DPG Health Secretariat	1	Leticia K. Rweyemamu	S2ecretariat Rep
63	UN Resident Coordinator	1	Zlatan Milisic	Resident Coordinator
64	MSF	1	Dr Ann Mumina	Country Director
65	Tanzania Private Sector Foundation (TPSF)	1	Ms Angelina Ngalula	Chairperson
Total Partners/Non -State actors		13		
Grand Total		69		

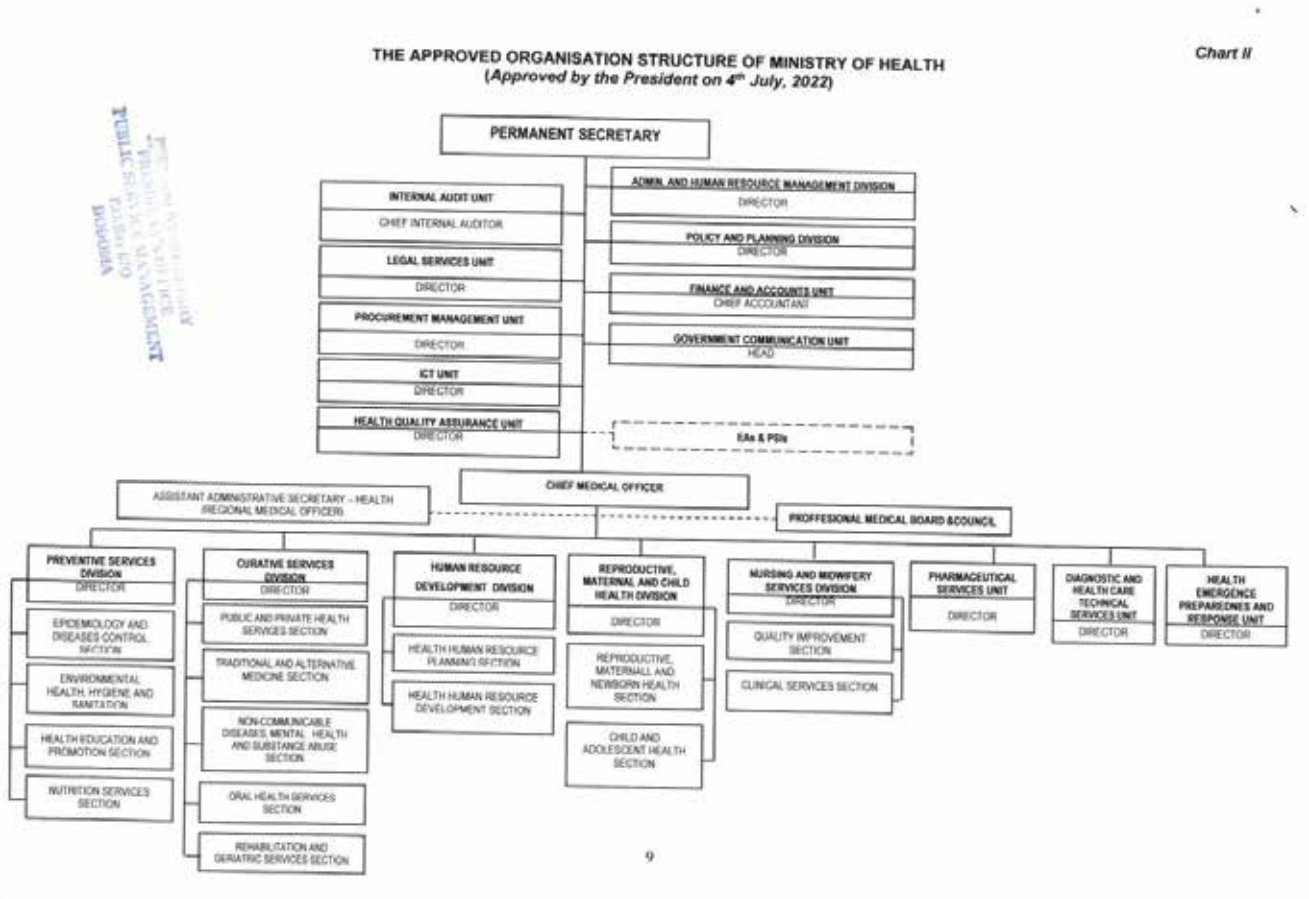
1.14 Annex 4: Organogram of the Country Governing Bodies for Disaster Management



1.15. Annex 5: Zanzibar Disaster Management Organogram



Organogram of MOH, Tanzania



1.16. Annex 6: References and main documents provided by the country

Serial No.	Document Title	Document Type	Link
1	Africa Regional Strategy for Health Security and Emergencies 2022–2030	Strategy	
2	All hazard Public Health Emergency Response Plan 2018	Response Plan	
3	All hazard Public Health Emergency Response Plan 2018	Response Plan	
4	Annual Health Sector Performance 2022	Report	
5	Constitution of Tanzania	Publication	https://www.parliament.go.tz/uploads/documents/publications/en/1475140028-The%20Constitution.pdf
6	COVID-19 IAR of 21-31 July 2021	Report	
7	Disaster Management Act, No. 6 of 2022	Act	https://www.pmo.go.tz/
8	Dynamic Preparedness Metric		https://extranet.who.int/sph/dpm
9	EVD Simulation Exercise Report for Dar es Salaam Region, 16 to 18 January 2023	Report	
10	Exercise report for Rapid Response Team Table-Top Exercise, Geita, Tanzania, 2023	Report	
11	Global Health Security Index		https://www.ghsindex.org/country/tanzania/
12	Government of Tanzania website	Website	https://www.ikulu.go.tz/cabinet
13	Government of Zanzibar website	Website	http://zanzibar.go.tz/en/government.html

			https://www.ikuluzanzibar.go.tz/
14	Health Budget Brief 2020	Brief	https://www.unicef.org/esa/media/8416/file/UNICEF-Tanzania-Mainland-2020-Health-Budget-Brief.pdf
15	Health Statistical Bulletin 2017 to 2021	Report	
16	Meeting report of Civil Society Organizations, Non-governmental Organizations and Professional Associations 15th September 2023	Report	
17	Ministry of Community Development, Gender, Women and Special Groups. National Guidelines for the Provision of Psychosocial Care and Support Services (December 2020)	Guidelines	
18	Ministry of Community Development, Gender, Women and Special Groups. Training Guide for Gender Equity and Social Inclusion in Social Welfare Services (November 2022)	Training Guide	
19	MoH 2018, Report for Ebola virus disease simulation exercises in Kagera and Kigoma regions in Tanzania.	Report	
20	National Disaster Preparedness and Response Plan 2022	Response Plan	https://www.pmo.go.tz/
21			
22			
23	National Health Accounts Update 2018/19 and 2019/20;	Update report	
24	National Operation Plan for Health Security January	Operational Plan	

	2023- June 2024		
25	NBS- Economic Report of 2020	Report	
26	National One Health Strategic Plan 2022-2027	Strategic Plan	https://www.pmo.go.tz/
27	Public Health Emergency Operations Center (PHEOC) Manual	Manual	
28	Regional Strategy for Health Security and Emergencies, 2022–2030 (Document AFR/RC72/8)	Resolution	
29	Report of the International Health Regulations Joint External Evaluation (JEE), Tanzania Mainland, 14-18 August 2023	Report	
30	Report of the International Health Regulations Joint External Evaluation (JEE), Zanzibar, 21 to 25 August 2023	Report	
31	Report on AAR for Leptospirosis outbreak in Tanzania 14-16th December 2022	Report	
32	Report on AAR for Marburg Virus Disease outbreak in Tanzania 5th-7th July, 2023	Report	
33	Summary Report for the AVoHC SURGE Training in Tanzania	Report	
34	Tanzania CADRI assessment report 2023 INFORM Risk	Report	https://drmkc.jrc.ec.europa.eu/inform-index
35	Tanzania Census Data 2022	Report	https://sensa.nbs.go.tz/
36	Tanzania Demographic and Health Survey 2022	Report	https://www.nbs.go.tz/nbs/takwimu/dhs/2022-TDHS-MIS-Key-Indicators-Report.pdf

37	Tanzania Health Sector Strategic Plan V (2021-2026)	Strategic Plan	https://mitu.or.tz/wp-content/uploads/2021/07/Tanzania-Health-Sector-Strategic-Plan-V-17-06-2021-Final-signed.pdf
38	Tanzania HSSP V 2021-2026	Report	
39	Tanzania STAR Assessment report 2022	Report	
40	Tanzania's 2023 Voluntary National Review (VNR) Report on the Implementation of the 2030 Agenda for Sustainable Development	Report	
41	The East African Community Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and other Events of Public Health Concern 2018–2023	Contingency Plan	
42	The United Republic of Tanzania, the Economic Survey 2021	Report	
43	The World Bank: Strengthening Pandemic Preparedness in the Eastern, Central and Southern Africa Health Community Project	Project Document	
44	UHPR Country Profile 2023	WHO PowerPoint Presentation Slides	
45	WHO. Pandemic influenza preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits	Publication	https://www.who.int/publications-detail-redirect/9789240024854
46	Zanzibar Annual Health Bulletin 2021-2022	Report	
47	Zanzibar Annual Health Sector Performance 2021-2022	Report	

48	Zanzibar COVID-19 IAR 2021 and 2022	Report	
49	Zanzibar Health Policy 2010	Policy document	
50	Zanzibar HSSP IV 2021-2025	Report	
51	Zanzibar Multihazard Risk Assessment and Mapping Report 2022 (VRAM)	Report	
52	Zanzibar Public and Environmental Health Act, No 11 of 2012	Act	
53	Zanzibar Risk Assessment report 2021(STAR)	Report	
54	Zanzibar Strategic Plan IV (2020/21-2024/25)	Strategic Plan	
55	Zanzibar Consultative Session on UHPR for Civil Society, NGOs and Professional Associations	Report	

1.17 Annex 7: Abbreviations and acronyms

AAR	After Action Review
COVID-19	Coronavirus Disease 2019
DPG	Development Partners Group
ECSA-HC	East, Central and Southern Africa HC
GDP	Gross Domestic Product
HCW	Health Care Worker
HIS	Health Information System
IAR	Intra-action Review
IHR	International Health Regulations
IHR TWG	IHR Technical Working Group
IHR-NFP	IHR National Focal Point
JEE	Joint External Evaluation
MOH	Ministry of Health
MDGs	Millenium Development Goals
NAPHS	National Action Plan for Health Security
NCDs	Noncommunicable Diseases
NOPHS	National Operation Plan for Health Security
PCR	Polymerase Chain Reaction
PHC	Primary health care
PMO	Prime Minister's Office
PORALG	President's Office, Regional Administration and Local Government
RCCE	Risk Communication & Community Engagement
SDGs	Sustainable Development Goals
SimEx	Simulation Exercise
SOPs	Standard Operating Procedures
SPAR	State Party Self-Assessment Annual Report
SPP	Strengthening Pandemic Preparedness

STAR	Strategic Tool for Assessing Risks
TTX	Tabletop Exercise
UHC	Universal Health Coverage
UHPR	Universal Health and Preparedness Review
UNRC	United Nations Resident Coordinator
URT	United Republic of Tanzania
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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