

A JOURNEY TO ADDRESS  
THE SOCIAL DETERMINANTS  
OF HEALTH THROUGH  
**HEALTH**  
IN ALL POLICIES



World Health  
Organization  
Tanzania



'This **HiAP** journey is very important for us and should stay with us. It is not a one-person obligation but it is for all of us.'

**Dr. Mpoki Ulisubisya,**  
Permanent Secretary  
Ministry of Health, Community Development, Gender,  
Elderly and Children (MOHCDGEC)

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## LIST OF ABBREVIATIONS

<b>HiAP</b>	-	Health in All Policies
<b>HSSP IV</b>	-	Health Sector Strategic Plan IV
<b>JAHSR</b>	-	Joint Annual Health Sector Review
<b>MA</b>	-	Ministry of Agriculture
<b>ME</b>	-	Ministry of Energy
<b>MEST</b>	-	Ministry of Education, Science and Technology
<b>MITI</b>	-	Ministry of Industry, Trade and Investment
<b>MLHSD</b>	-	Ministry of Lands, Housing and Human Settlements Development
<b>MOFP</b>	-	Ministry of Finance and Planning
<b>MOHCDGEC</b>	-	Ministry of Health, Community Development, Gender, Elderly and Children
<b>MWI</b>	-	Ministry of Water and Irrigation
<b>MWTC</b>	-	Ministry of Works, Transport and Communication
<b>NCDs</b>	-	Non-Communicable Diseases
<b>NGO</b>	-	Non-Governmental Organization
<b>PMO</b>	-	Prime Minister's Office
<b>POPSM</b>	-	President's Office–Public Service Management and Good Governance
<b>PORALG</b>	-	President's Office–Regional Authority and Local Government
<b>SDGs</b>	-	Sustainable Development Goals
<b>SDH</b>	-	Social Determinants of Health
<b>SWAp</b>	-	Sector Wide Approach
<b>TDHS</b>	-	Tanzania Demographic and Health Survey
<b>THMIS</b>	-	Tanzania Health Management and Information System
<b>VPOE</b>	-	Vice-President's Office -Division of Environment
<b>WCO</b>	-	World Health Organization Country Office

## INTRODUCTION

Tanzania is one among the countries committed to apply Health in All Policies approach to address the Social Determinants of Health (SDH). This is reflected in the Health Sector Strategic Plan IV (HSSP IV), 2015-2020 under Strategic Direction 5.5 which emphasize on intersectoral actions to address the SDH. It is further reiterated by 2018/19 Policy Commitments of the Sector Wide Approach (SWAp) Joint Annual Health Sector Review (JAHSR) under Policy priority number 7 which emphasized on inter-sectoral collaboration in addressing the social determinants of health. The health issues to be addressed among others, include maternal health, adolescent health, environmental management, early healthy nutrition, NCDs, clean and safe water, and other social determinants.

### **What are Social Determinants of Health (SDHs)?**

Social Determinants of Health (SDH) are the conditions under which people live that shape their daily life. WHO Commission on Social Determinants of Health, 2008 defines SDH as “the social and economic conditions in which people are born, grow, live, work and age, and the systems put in place to deal with the illness”. These include factors such as income and wealth and their distribution, early childhood care, education, working conditions, job security, food security, social safety nets and housing including access to safe water and sanitation, weak health systems such as human resources, governance; poor transportation networks, climate change and environmental threats, gender-associated influences. Gender and education inequities greatly influence the health of women and children.

### **What is Health in All Policies (HiAPs)?**

Health in all Policies (HiAP) is an approach to public policies across sectors that takes into account the health implications of decisions, seeks synergies, use resources and avoids harmful health impacts, in order to improve population health and health equity. HiAP provides a mechanism for sectors to jointly reflect on a particular policy issue, and work in a collaborative and deliberative way to determine issues and take timely and proper policy decisions. It introduces better health (improved population health outcomes) and reducing the health gap as shared goals across all parts of government, through an integrated policy response across portfolio boundaries.



Tanzania Interministerial Meetings Phase I and II Meetings,  
May 7th – 12th and 21st – 25th 2018 in Morogoro.

## How do HiAP and SDH relate to each other?

Health in All Policies (HiAP) promotes health and equity. It is based on the recognition that our greatest health challenges for example, non-communicable diseases, health inequities and inequalities, climate change, and spiraling health care costs are highly complex and often linked through the social determinants of health (SDH). In this context, promoting healthy communities, and in particular health equity across different population groups, requires that we address the social determinants of health, such as public transportation, education access, access to healthy food, economic opportunities, and more. While many public policies work to achieve this, conflicts of interest may arise. Alternatively, unintended impacts of policies are not measured and addressed. This requires innovative solutions, and structures that build channels for dialogue and decision-making that work across traditional government policy siloes. Hence, HiAP could be adopted to ensure commitment from the highest decision makers within government to address the social determinants of health.

# HiAP JOURNEY IN TANZANIA

## Directors of Policy and Planning forums

Subsequent to these commitments, Inter-Ministerial phase 1 and 2 working sessions of Directors of Policy and Planning and Policy Analysts convened in Morogoro region in May 2018 to address the social determinants of health (SDH) through Health in All Policies (HiAP) under the coordination of the Prime Minister's Office in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDCGEC). Thirteen (13) sectoral Ministries were involved.

The sectoral Ministries that participated in the working sessions include: (i) Prime Minister's Office (PMO), (ii) Ministry of Health, Community Development, Gender, Elderly and Children, (iii) Ministry of Finance and Planning, (iv) President's Office-Regional Authority and Local Government, (v) President's Office-Public Service Management and Good Governance, (vi) Ministry of Water and Irrigation, (vii) Ministry of Agriculture, (viii) Ministry of Works, Transport and Communication, (ix) Vice-President's Office -Division of Environment (x) Ministry of Industry, Trade and Investment (xi) Ministry of Education, Science and Technology (xii) Ministry of Lands, Housing and Human Settlements Development, (xiii) Ministry of Energy. The objective of phase 1 working session was to review current National Sectoral Policies and Strategies to identify health related areas and crosscutting issues. The sectoral Ministries reviewed their sectoral policies and identified cross cutting areas for collaboration through World Health Organization Tanzania Country office (WCO's) support. Among others, WCO sensitized the participants on the HiAP approach to address SDH, the SDGs and its multisectoralism. The objectives of the phase 2 working session were to: review related key sector strategic plans and identify existing opportunities for intersectoral collaboration; propose joint activities and cross-cutting issues to be addressed through intersectoral collaboration; propose the governance structure to guide HiAP implementation with clear roles and responsibilities; develop a crosscutting Action oriented plan including Actors for the crosscutting issues at all levels; and propose appropriate sectoral M&E and accountability framework for HiAP.

As a result of these working sessions, a draft HiAP National Action Plan and a proposed HiAP governance structure were developed. The governance structure provides for the roles and responsibilities of each partner including the government, development partners and implementing partners from National to sub-national level. As a follow up action, it was agreed that briefing of the HiAP initiative will be made to the Permanent Secretaries and Ministers of the sectoral Ministries for their buy-in.

## High Level Meeting of Permanent Secretaries

The high level meeting of the Permanent Secretaries (PSs) was preceded by a preparatory meeting which was held from 28th – 30th September 2018 in Dar es Salaam. Both meetings were coordinated by the Prime Minister's Office (PMO) in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC). The preparatory meeting was conducted by the Directors of Policy and Planning and Policy Analysts from the following thirteen sectoral Ministries: Ministry of Health, Community Development, Gender, Elderly and Children, Ministry of Water and Irrigation, Ministry of Works, Transport and Communication, Vice President's Office – Division of Environment, Ministry of Education, Science and Technology, Ministry of Agriculture, Ministry of Livestock and Fisheries, Ministry of Industry, Trade and Investment, Ministry of Energy, Ministry of Lands, Housing and Human Settlements Development, Ministry of Finance and Planning, President's Office Public Service Management and Good Governance, and President's Office - Regional Authorities and Local Government.



**Tanzania Interministerial Meetings Phase I and II Meetings, May 7th – 12th and 21st - 25th 2018 in Morogoro.**

The Permanent Secretaries (PSs) meeting took place on 1st October 2018 in Dar es Salaam followed by the meeting of the Directors of Policy and Planning and Policy Analysts on the 2nd October 2018, to review recommendations from the PSs meeting. The PSs meeting was attended by the Permanent Secretaries from the above mentioned sectoral Ministries, with their Directors of Policy and Planning and Policy Analysts, and WHO staff. The meeting was chaired by the Permanent Secretary, Prime Minister's Office. The objective of the meeting was to initiate Health in All Policies (HiAP) framework in Tanzania that could address the social determinants of health. The specific objectives were to:

- Orient Permanent Secretaries on HiAP concept.
- Discuss the proposed HiAP implementation framework for Tanzania
- Set a roadmap for HiAP implementation.





**Permanent Secretaries listening to presentations: Left to Right Dr. Leonard Akwilapo (MoEST), Dr Laurean Ndumbaro (POPSMGG) and Engineer Emmanuel Kalobeo (MoWI)**

Permanent Secretary–Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Dr. Mpoki Ulisubisya gave opening remarks where he stressed the need of other sectoral policies to continue focusing on areas that will improve health and well-being of Tanzanians. He also assured other Permanent Secretaries that the orientation of Health in All Policies concept will bring knowledge on what can be done to address social determinants collectively.





WHO Representative a.i., Dr. Adiele Onyeze also gave remarks where he commended the government for its initiative in addressing the social determinants of health through Health in All Policies (HiAP). He assured the Permanent Secretaries of WHO's commitment to support the government in HiAP.

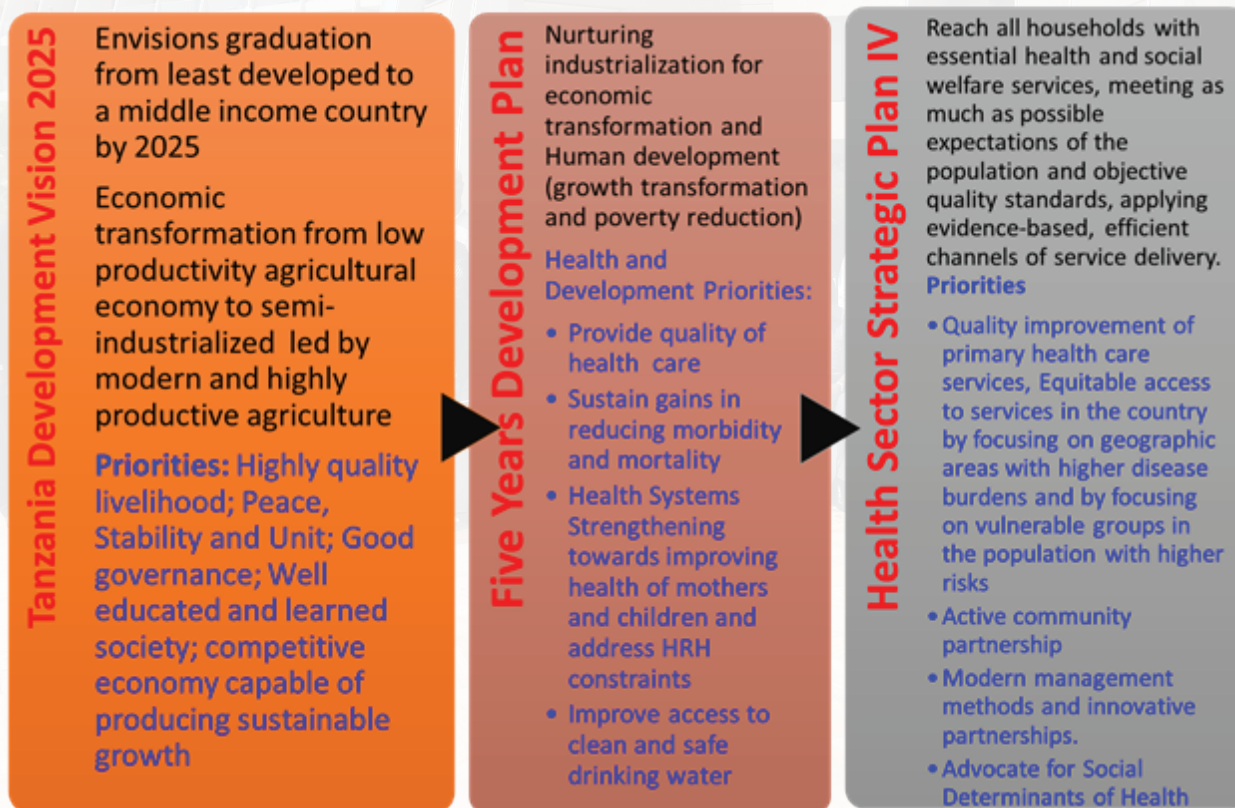


Permanent Secretary-Prime Minister's Office (PMO), Prof Faustine Kamuzora delivered opening speech. The speech acknowledged that the meeting was one of the most important and rare meetings which will support in strengthening the Interministerial collaboration. WHO's technical support on HiAP was appreciated. The meeting was encouraged to agree on the effective mechanism for collaboration. A reminder was given that Prime Minister's Office is vested with coordination role of all the Ministries, and that all the Ministries have significant contribution to health outcomes. WHO was commended for both financial and technical support for Morogoro meetings of Directors of Policy and Planning and Policy Analysts from the sectoral Ministries and the Dar es Salaam meeting of the Permanent Secretaries. Moreover, the Directors of Policy and Planning were also commended for making this work happen. The meeting was advised of the need to streamline all the policies to avoid duplication and sharing human and financial resources. Thereafter he officially opened the meeting to adopt Health in All Policies Agenda.

## OVERVIEW OF THE CURRENT HEALTH SECTOR AND INTERSECTORAL COLLABORATION

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) provided an Overview of the Health Sector and needs for intersectoral collaboration citing the guiding instruments such as the National Development Plans and National Health Policies, Strategies and Guidelines. The Ministry also highlighted on the Socio-economic Status, Health Transitions, Key Performance Indicators and Health Systems performance, Health Sector Financing and other Health issues for Intersectoral Collaboration. They also referred to the Health Sector Strategic Plan IV, Health Sector Wide Approach (SWAp) and Health Sector Policy Commitments for 2018/2019 which stressed the need for inter-sectoral collaboration. The current overview of the health sector and potential areas for intersectoral collaboration are highlighted below:

## Figure 1: National Development Goals and National Health Priorities



## Figure 2: Socio-economic Status

	2017	2016	Attributed by
GDP	7.1	7	<ul style="list-style-type: none"> <li>• Infrastructure projects – Water</li> <li>• Increased production of minerals</li> <li>• Increased agriculture products</li> </ul>
Human Health and Social Work	5.9	5.2	<ul style="list-style-type: none"> <li>• Infrastructure improvement and rehabilitation of health facilities</li> <li>• Increased availability of medicine</li> </ul>
Education	8.5	8.1	<ul style="list-style-type: none"> <li>• Increased students enrolment at primary, secondary levels and higher learning institution</li> <li>• Fee free Public Primary Education</li> </ul>
Water supply, sewerage and waste management	16.7	4.3	<ul style="list-style-type: none"> <li>• Taking services closer to people's residency</li> <li>• Drilling of dams and wells</li> <li>• Improved water supply infrastructures in urban and rural areas</li> <li>• Increase in the number of customers connected with clean and safe water services</li> </ul>

## Figure 3: Key Health Status Indicators

Indicator	Baseline	Achievement	Target
Under-five mortality rate	91 (THMIS 2008 for period 2004-08)	67 (TDHS 2015-16, for 2011-15)	54
Infant mortality rate	58 (THMIS2008 for 2004-08)	43 (TDHS 2015-16 for 2011-15)	
Neonatal mortality rate	29 (THMIS 2008 For 2004-08)	25 (TDHS 2015-16 for 2011-15)	19
Life expectancy	Female 52years Male 51 years(Census 2002)	Female 63.8 years Male 59.8 yers(Population and Housing Census 2012) Overall 61.8 years	F: 62; M:59; (2025)

## Health Transitions:

**Demographic:** Increase in youths and elderly populations.

**Epidemiologic:** Increase in non - communicable diseases co-existing with still high communicable disease burden.

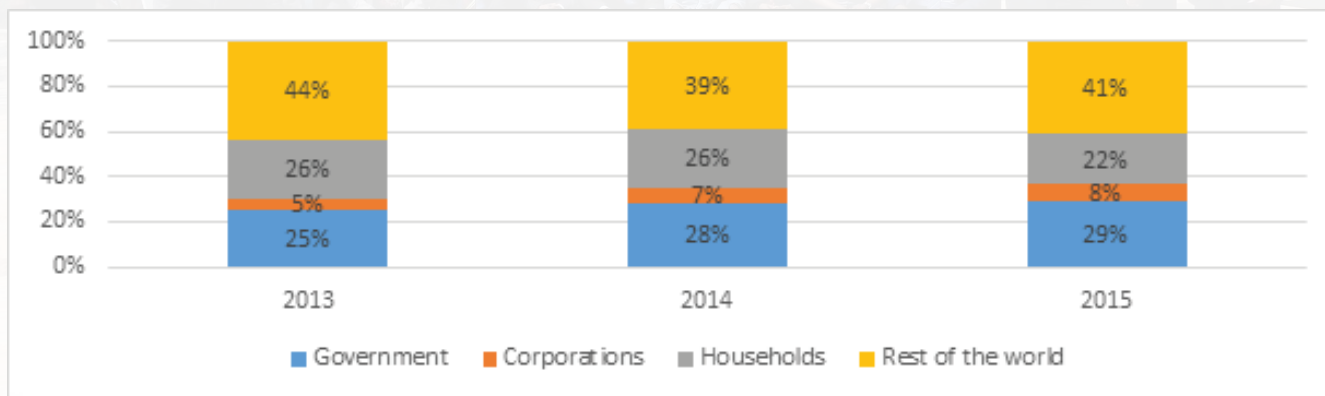
**Socioeconomic:** Weak health systems, low health commodities local production.

**Environmental threats:** Climate change has resulted into disease resurgence in areas where they had previously eliminated.

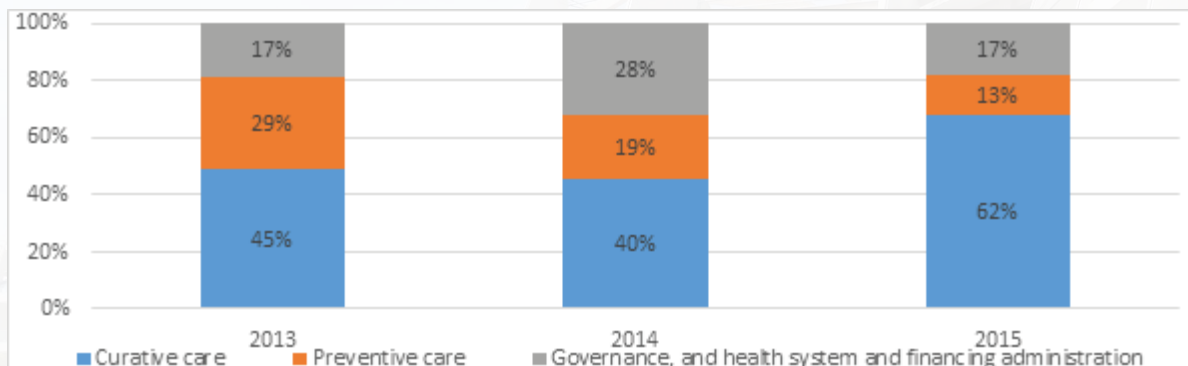
**Health Security threats:** Tanzania is still facing a number of disease outbreak and health related emergencies leading to socioeconomic disruption. Ebola Virus disease outbreak is still a threat. Tanzania has not yet achieved core requirements for International Health Regulation.

## Figure 4: Health sector financing:

### Sources of funds



## Expenditure by service



As far as the sources of funds and expenditure by service are concerned, there are challenges on health sector financing including High donor dependency, High Out of Pocket Payments impeding Universal Health Coverage, **Tanzania Government Expenditure (TGE)** on Health not reaching Abuja declaration, and Inadequate expenditure on Preventive Services.

To address these challenges, the Ministry identified potential areas for intersectoral collaboration such as Reduce Donor dependency – All sectors to focus on economic growth; Reduce Out of Pocket Payment – All Sectors to advocate for population enrollment in Health Insurance Scheme (**Household Expenditure**); Increase Insurance Coverage – Ministry of Finance and Planning, President's Office-Regional Authorities and Local Government, and Community Development, Gender, Eldery and Children under the Ministry of Health; Increase Domestic Financing - All sectors to participate in economic growth; Increase expenditure in Preventive Services – **All Ministries and Community at large.**

## Other Health issues for intersectoral collaboration

Background Information	Areas of Intersectoral Collaboration	Background Information	Areas of Intersectoral Collaboration
Tanzania Steps survey 2012 revealed that prevalence of Diabetes mellitus was 9.1%, Hypertension 25.9%, Obesity 34.7% among all age groups. A more recent survey conducted in 2015 revealed that NCDs account for <b>27% of deaths</b>	Inclusion of Policies across all sector on <b>Lifestyle improvement</b> among the population e.g. Exercise, Regular check up, Healthy eating habits, halt tobacco use, reduce alcohol excessive intake	HSSP III Midterm review in 2013 and MMAM review 2017/18 revealed that among the challenges faced by the MOHCDGEC includes key players of both financial and human resource placement and timeliness are MOFP and POPSM;	Strengthen intersectoral collaboration to address the human capital placement bottlenecks
Adolescents in Tanzania represent 10-12 % of the entire population. The current health services provision concentrate on under-fives and Childbearing age.	<b>Policy on adolescents is needed</b> Introduce formal Services package in schools for above five and the teenage group.	The 2018 Annual priority thematic area; Addressing the maternal health issues	The facilities providing CEMONC require safe water, access and skilled Human Resource for Health. Therefore, participation of Ministry of Infrastructure, MOW and entire Community is needed.
In 2015/16 a number of Primary and Secondary Schools reported incidences of pregnancies among the adolescent female students	This calls for attention of school teachers and parents.	Health Budget has not reached the recommended 15% by Abuja declaration	An in depth analysis of health budgets across the sector may therefore be necessary to convince the government consider increasing health budgets.
The Agricultural Chain has a number of determinants in health. About 70% of Tanzanians are dependent in Agriculture;	Investing in all the Agricultural development steps and chain guarantees a reasonable success in health.	The Sustainable Development Goals (SDGs), 2016-2030 emphasize on the multi-sectoral actions whereby health features in almost all the 17 goals.	Health of population is not influenced solely by the efforts of the health Ministry rather, by wider variety of stakeholders and policies.

The Health Sector Strategic Plan IV (HSSP IV), 2015-2020 advocates for inter-sectoral collaboration to address the social determinants of health (SDH) as per Strategic Direction no. 5 as indicated in figure 5 below.

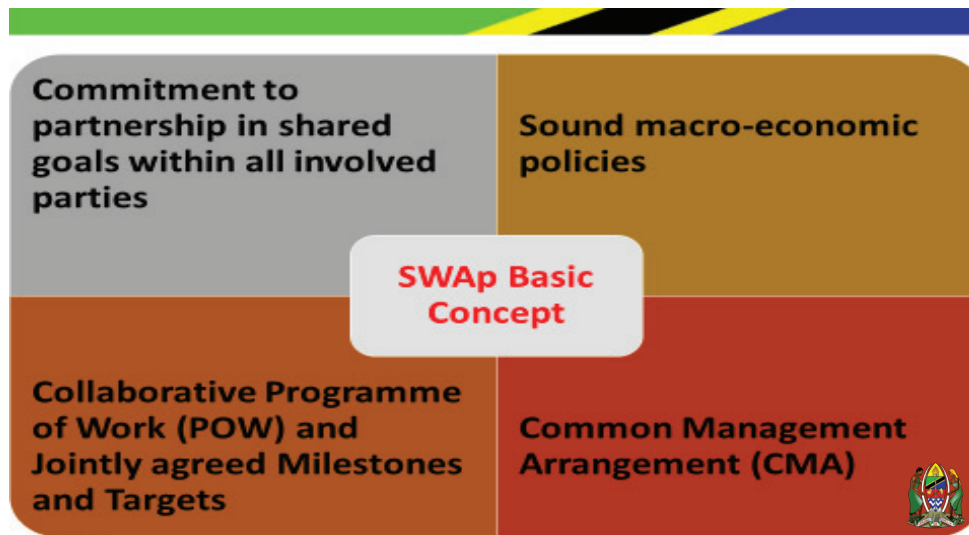
**Figure 5: Health Sector Strategic Plan IV**

### HSSP IV STRATEGIC OBJECTIVES



The health sector in Tanzania currently works with the health partners including Development Partners, Non-Governmental Organizations, Civil Society Organizations and the Private Sector through Sector Wide Approach (SWAp). Figure 6 below shows how the SWAp operates in Tanzania.

**Figure 6: Health Sector Wide Approach (SWAp)**



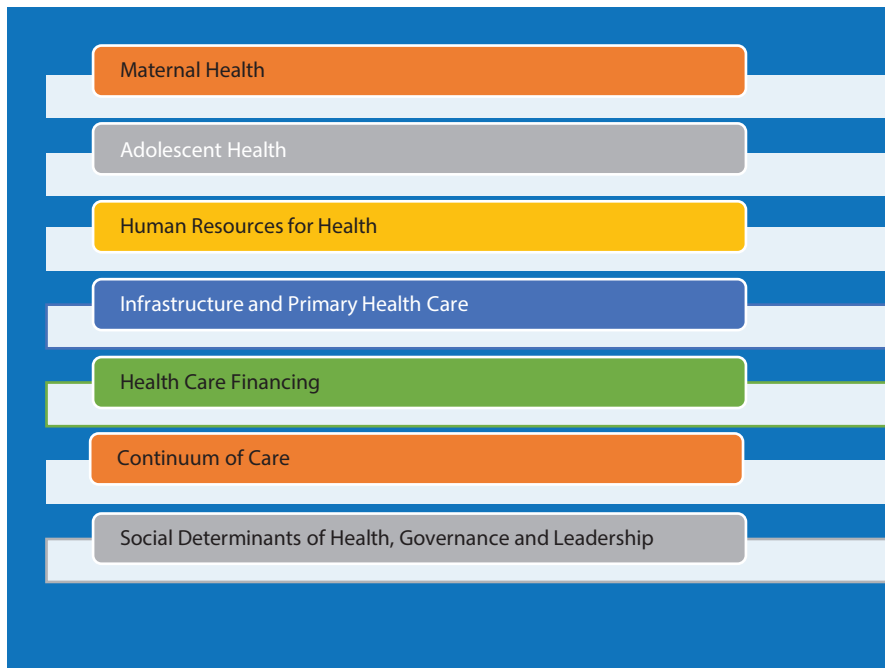
## Health SWAp Challenges

- Inadequate inclusion of Social Determinants of Health Framework in Programme of Work
- Insufficient resource allocation on preventative measures for non-communicable and communicable diseases as well as malnutrition.
- Inadequate participation of various ministries and sectors on working together to strengthen response and preparedness towards health security issues
- Duplication and fragmentation on data systems.
- Lack of SWAp institutionalization at subnational level.



To address the social determinants of health and accelerate achievement of HSSP IV, health SWAp stakeholders agreed on the SDH Policy Commitment which was amongst the seven signed commitments for 2018/19 as shown in figure 7 below:

**Figure 7: Health Sector Policy Commitments for 2018/19**



**Dr. Catherine Joachim, Head-Health Sector Resource Secretariat, Ministry of Health, Community Development, Gender, Elderly and Children delivering a presentation**

The Ministry noted that health is beyond health services delivery and therefore pointed for the significance of the inter-sectoral collaboration by concluding that inter-sectoral collaboration is vital in coping with health transitions and addressing inefficiencies. Moreover, inter-sectoral collaboration on Health is critical successful factor in improving health outcomes to the population.

## OVERVIEW OF HEALTH IN ALL POLICIES APPROACH

WHO through the WR a.i. delivered a presentation on Health in All Policies (HiAP) to sensitize the Permanent Secretaries on the HiAP approach and to enable them to make an informed decision. The presentation highlighted Old and Emerging Challenges in Africa including the health status, increasing complexity of the context, inequities, quality and quantity investments as explained in figure 8 below:

**Figure 8: Old and Emerging Challenges in Africa**

● Still the region with lowest health status	Increasing complexity of context	Inequities persisting	Quality and quantity of investments
<ul style="list-style-type: none"> <li>• High levels of avoidable mortality</li> <li>• Triple burden of disease: Communicable; noncommunicable ; violence/injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Demographics: youth bulge; higher elderly populations</li> <li>• Economy: Growing, but still fragile and informal</li> <li>• Social: Increasing information, and rights</li> <li>• Environment: climate change and associated shocks</li> <li>• Political: Competing priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Across, and within member states</li> <li>• Hard to reach populations: urban poor; geographically isolated; cultural barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Disjointed / overlaps due to program focused investing</li> <li>• Service delivery models not fit for purpose – too costly or not localized</li> <li>• Sustainability of investments</li> <li>• Capacity for domestic financing</li> </ul>

WHO commended the government on the progress that has been made so far in the country including the GDP growth from 7.0 in 2016 to 7.1% in 2017 (NBS), reduction in infant mortality from 81/1000 (2010) to 67/1000 (2015) [TDHS], Improved access to drinking water from 52% (2010) to 60% (2015) [TDHS] and Free education from primary to secondary school level. The presentation stressed on the importance of Health in All Policies (HiAP) as all Sectors share common Visions and Goals hence, it will help the country to accelerate rate of progress towards the National Five Year Development Plan 2016-2021, National Vision 2025 and the 2030 Agenda on Sustainable Development Goals. Three reasons why the government should support HiAP were noted: HiAP is an accelerator of progress; HiAP journey has started; and HiAP support available on the journey. HiAP is an accelerator of progress in Health and Human Development, this means health collaborating with all sectors to address health determinants. HiAP promotes health and equity, and reduced health and population risks - a platform to identify and avoid those unintended health impacts of other sectors and public policies. Health is a key indicator of sustainable development. HiAP is therefore a framework to achieve health goal and also to support other sectors to achieve their sectors' health-related targets and goals. Health sector can enable other sectors to achieve shared goals through HiAP as indicated in figure 9 below:

### **Figure 9: Health sector can enable other sectors to achieve shared goals through HiAP**

**Facilitate capacity building in other sectors.**

#### **Enhance Partnerships**

- Share resources (human, financial).
- Bringing together development partners, civil society, the private sector, and other actors to mobilize all available resources to achieve shared goals.

#### **Advocate for more financial resources**

- Both domestic and international toward achieving the strategic goals of other sectors.

#### **Provide data and evidence**

- Show the links between health and other government policy priorities and help other sectors make better decisions.

HiAP can also accelerate progress towards goals and targets in all sectors as shown in figure 10 below:

**Figure 10: HiAP accelerate progress towards goals and targets in all sectors**



Evidence of countries that have incorporated health issues in their national policies was provided for the meeting to appreciate the HiAP journey which has started in Africa.

**See figure 11 below:**

**Figure 11: Health Issues in National Policies in the African Region (WHO Survey, 2013)**

Health issues included in the national policies							
	Education	Local government	Transport	Gender and women affairs	Agriculture	Environment/natural resources	Youth and sports
Burundi							
Botswana							
Gambia						●	
Ghana		●		●			
Guinea-Bissau	●	●		●	●	●	
Kenya	●						
Lesotho						●	●
Madagascar	●	●		●	●	●	●
Malawi							
Mali		●	●	●			●
Mozambique							
Niger				●			
Rwanda	●	●		●		●	●
South Africa	●	●	●	●	●	●	●
Swaziland	●	●				●	
Tanzania		●					
Zambia		●					
Seychelles	●			●			
Ethiopia	●	●	●	●	●	●	●
Uganda		●		●			
<b>Percentage</b>	<b>40%</b>	<b>55%</b>	<b>15%</b>	<b>50%</b>	<b>20%</b>	<b>40%</b>	<b>30%</b>

WHO acknowledged the on-going multi-sectoral collaboration initiatives in the country as shown in the figure 12 below. The Organization also commended the government for initiating HiAP in Tanzania and encouraged the Permanent Secretaries that HiAP support will be available on the journey.

## Figure 12: Some on-going Multi-sectoral collaboration Initiatives in Tanzania

### Multi-sectoral Collaboration on Nutrition

- **Multisectoral Nutrition Action Plan and coordination structure available. It involves the government, development partners, NGOs**

### Multi-sectoral Collaboration on Violence Against Women and Children:

- **National Action Plan and coordination mechanism in place. It involves the government, development partners, NGOs**

### “One Health Approach” on Zoonotic Diseases and Anti-Microbial Resistance

- **Multisectoral National Action Plan and Coordination structures for AMR and Zoonotic diseases available.**

### Health Security – Emergency preparedness and response

- **National Health Security Plan and Coordination mechanism available**

WHO assured the government of its commitment as a strong partner in HiAP and its mandate in providing: Technical assistance for HiAP, Training for all sectors, Guidance in monitoring and evaluation of progress, Expertise for policy analyses and the health implications of laws, and regulatory regimes, including trade and investment agreements. It also noted that Health in All Policies journey can be challenging and many barriers need to be broken. Superficial commitment is not enough hence, a need for responsive, bold leadership and actions. It was concluded that 'Health in All Policies is Win – Win situation for all Sectors: Let's Move Forward to Tanzania We Want.'



## DISCUSSIONS ON THE HIAP APPROACH IN ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

The Permanent Secretaries (PSs) commended the HiAP initiative and welcomed the concept in Tanzania for strengthening inter-sectoral collaboration for planning and implementation of health related goals. During the discussions, the following were raised:

### Water quality and safety

The Permanent Secretary (PS) - Water stated that 'Water Policy is Health Policy'. He also mentioned that 70% of the infectious diseases are contributed by water hence, the Ministry of Health must collaborate with the Ministry of Water to ensure quality and safe water for Tanzanians. The Ministry of Water will soon undertake review of its Water Policy and asked the Ministry of Health to participate. The current water coverage in rural area is 60% while in urban is 78%. The target is to reach 70% coverage in rural area. He promised to continue engage and re-engage with the Ministry of Health to ensure quality and safe water because they also use chemicals in water. Effective waste management is crucial hence the intersectoral collaboration will assist in clearly defining roles and responsibilities of each sector and their demarcation.

Due to lack of rain water harvest facilities, the rain water harvest guideline is being prepared by the Ministry of Water and will soon be published. To stress on the intersectoral collaboration, WHO cited an example of Ethiopia where traditional health donor's supported the Ministry of Water to improve infrastructure and address cholera outbreak. It was advised that there should be rules and regulations in every Ministry on how to address health issues apart from integrating health in their policies. A need for Development Partners portal to coordinate DPs support was highlighted in order to keep other sectors informed of which partners support what and where.

### One Health

PMO is planning to organize a session with PSs to orient them on One Health approach. With HIAP, a need to link the two: HIAP and One Health was noted.



### Human Resource

It was recommended that manpower plan and training for Health should be integrated in the national manpower and training plan. For example, Clinical psychologists and psychiatrists are important and need to be integrated in the POPSM manpower planning and training package. Some of the challenges were also noted and requested to be resolved for effective collaboration. This included Human Resource for Health Planning conducted by the Ministry of Health should be shared with POPSM so that they are integrated POPSM manpower planning and training package.



## Anti-Microbial Resistance

It was noted that Anti-Microbial Resistance (AMR) can have effect on human health, as well as animal health, environment and agriculture. This is an area where all sectors should work together under the One Health Approach. The Former PS-Health stated 'This HiAP journey is very important for us and should stay with us. It is not a one-person obligation but it is for all of us.'

## Data and evidence

Inadequate data – up to date data was noted as one of the challenges as most of the data presented by the MOHCDGEC was for the year 2015. There is a need for current data for information sharing and decision making.

## Psychosocial support

It was recommended that psychosocial support especially for the marginalized areas should also be considered in HiAP. A recent MV. Nyerere ferry accident which claimed more than 200 lives is a clear evidence.

## Inter-sectoral collaboration matrix

Transport, Works and Communication sectors which are under one Ministry should be separated and their activities/interventions should be well elaborated in the matrix as each sector has



its own interventions and own Permanent Secretary. Livestock issues have not been captured in HiAP matrix. About 60% - 70% of diseases are contributed through interaction with domestic and wild animals. Livestock component should be considered in HiAP Matrix and Action Plan. This was noted as the Ministry of Livestock was not invited in phase 1 and 2 meetings. Vice-President's Office-Division of Environment informed the meeting that they are preparing a solid waste management guideline, they will update participants on the status.



**Permanent Secretary-Prime Minister's Office, Prof. Faustin Kamuzora (left), WHO Representative a.i. Dr. Adiele Onyeze with the Directors of Policy and Planning, Policy Analysts and other WHO staff**

## Potential areas for collaboration

All the Permanent Secretaries agreed to collaborate to address the health determinants and achieve health related shared goals. They also agreed on engaging each sector during policy review of their Ministries to ensure health related issues are integrated. Some of the key areas of collaboration that they highlighted included:

power supply at health facilities, communicable and non-communicable diseases burden, equitable distribution of resources, common standardized messages on family planning, identify prone areas

## **OUTCOMES OF THE HiAP FORUMS AND WAY FORWARD**

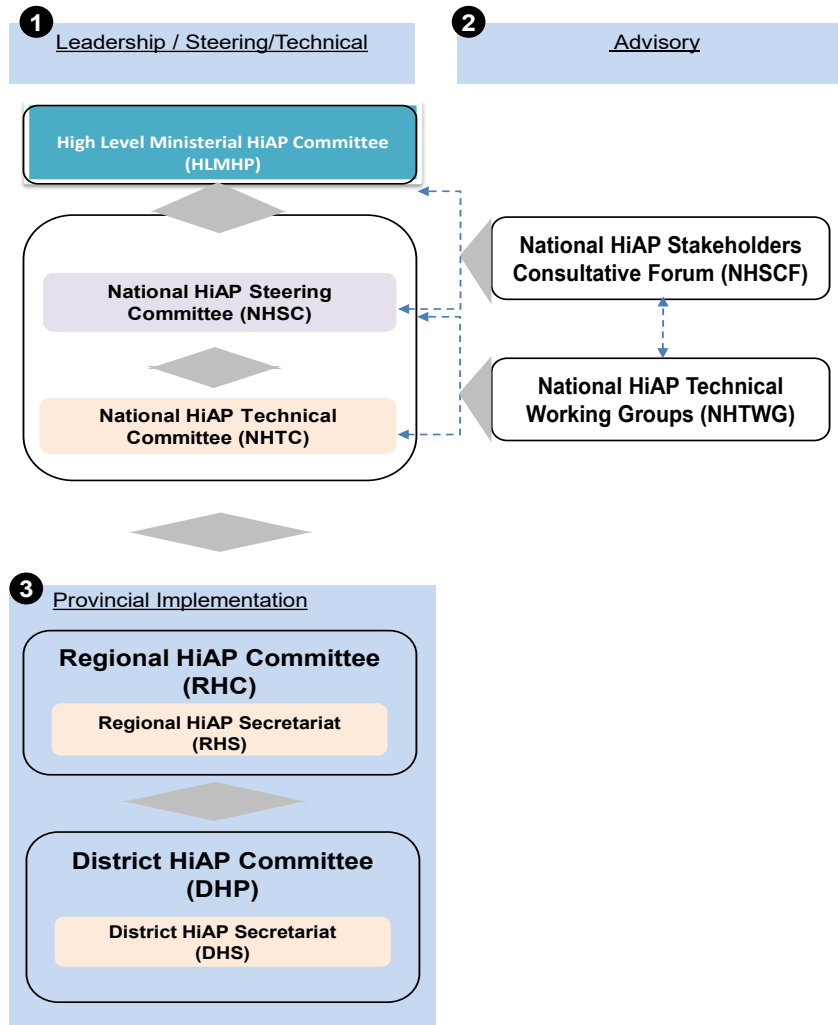
As a result of the Directors of Policy and Planning forums on HiAP and high level meeting of the Permanent Secretaries, the draft National Action Plan on Health in All Policies and Governance and Coordination Mechanism Structure were developed. The following were agreed as next steps in addressing the social determinants of health through HiAP framework:

- HiAP Ownership
  - Appointment of Ministries Liaison person.
  - Capacity building of HiAP technical team (DPPs, Liaison person on minimum).
  - Finalization and Operationalization of Joint Plan of Action (POA).
  - Linkages with existing health Sector Wide Approach (SWAp) reviews.
- Submission of HiAP framework at high level Ministerial Policy Forums.

The HiAP governance structure and Matrix on the preliminary analysis of intersectoral areas for collaboration are attached as Annexes 1 and 2 respectively.

## Annex 1 (a): National HiAP Governance and Coordination Mechanism

### Proposed Tanzania Health In All Policies (HiAP): Governance and Coordination Mechanisms



## Annex 1 (b):

## Tanzania Health In All Policies (HiAP) Architecture

Entity	Membership	Objectives / Terms of Reference
<b>High Level Ministerial HiAP Committee (HLMHP)</b>  Meeting frequency: Once per year Chair: Prime Minister Host: Prime Minister's Office	Ministers of the sectoral Ministries	<ul style="list-style-type: none"> <li>Receive recommendations from the Advisory Committee on Health in All Policies, discuss and make decision.</li> <li>Give directives to Advisory Committees on HiAP matters.</li> <li>Promote HiAP issues to be mainstreamed in sectoral policies.</li> </ul>
<b>National HiAP Steering Committee (NHSC)</b>  Meeting frequency: Twice a year Chair: PS-PMO Secretary: PS-Health Host: Office of the present Chair	Permanent Secretaries of the sectoral Ministries	<ul style="list-style-type: none"> <li>Ensure that adequate resources are allocated to implement health interventions.</li> <li>Ensure Health issues are mainstreamed in sectoral policies</li> <li>Liaise with Development Partners to solicit resources for implementation of Health Sector Integrated Plan.</li> <li>Review and approve HiAP Sectoral Integrated Plan</li> </ul>
<b>National HiAP Stakeholders' Consultative Forum</b>  Meeting frequency: Twice a year Co-Chair: PS-Health, rotating DP-Head of Agency Host: Office of the Minister of	Sectoral Ministries; UN, DPs, CSOs and the Private sector working with the sectoral Ministries	<ul style="list-style-type: none"> <li>Provide opinion / advise, inputs to Health Sector Integrated Plan.</li> <li>Provide Resources to support HiAP Sectoral Integrated Plan.</li> </ul>
<b>National HiAP Technical Committee (NHTC)</b>  Meeting frequency: Quarterly Chair: Director CGB-PMO Secretary: Health Host: PMO	Directors of Policy and Planning of the sectoral Ministries  Focal persons from the sectoral Ministries, WHO, Chairs of the DPG groups, and Head of umbrella of CSOs and the private sector	<ul style="list-style-type: none"> <li>Setting Agenda for higher level meetings</li> <li>Coordinate stakeholders meetings</li> <li>Ensure stakeholders voice, engagement and alignment in priority setting</li> <li>Coordinate and prepared HiAP Sectoral Integrated Plan</li> <li>Propose Resources to be allocated for health intervention to be implemented</li> <li>Propose Health issues to be mainstreamed in sectoral policies</li> </ul>
<b>Regional HiAP Committee (RHC)</b>  Meeting frequency: Quarterly Chair: RC Host: Office of the RC	<ul style="list-style-type: none"> <li>Regional Health stakeholders</li> <li>Implementing Partners</li> </ul>	<ul style="list-style-type: none"> <li>Reviewing and approving Regional Sectoral Integrated Plans.</li> <li>Reviewing Regional Development Proposals</li> <li>Review progress in the implementation of Regional Sectoral Integrated Plans</li> </ul>
<b>Regional HiAP Secretariat</b>  Meeting frequency: Quarterly Chair: RAS Host: Office of the RAS	<ul style="list-style-type: none"> <li>Regional Management Team</li> </ul>	<ul style="list-style-type: none"> <li>Setting Agenda for higher level meetings</li> <li>Ensure stakeholders voice, engagement and alignment in priority setting</li> <li>Coordinate Regional Sectoral Integrated Plan</li> </ul>
<b>District HiAP Committee</b>  Meeting frequency: Quarterly Chair: DC Host: Office of the DC	<ul style="list-style-type: none"> <li>District Health stakeholders</li> <li>Implementing Partners</li> </ul>	<ul style="list-style-type: none"> <li>Reviewing and approving District Sectoral Integrated Plans.</li> <li>Reviewing District Development Proposals</li> <li>Review progress in the implementation of District Sectoral Integrated Plans</li> </ul>
<b>District HiAP Secretariat</b>  Meeting frequency: Quarterly Chair: DED Host: Office of the DED	<ul style="list-style-type: none"> <li>District Management Team</li> </ul>	<ul style="list-style-type: none"> <li>Setting Agenda for higher level meetings</li> <li>Ensure stakeholders voice, engagement and alignment in priority setting</li> <li>Coordinate Regional Sectoral Integrated Plan</li> </ul>

## Annex 2 : Intersectoral Collaboration Matrix: Analysis of Health Related Areas from Policy Documents in Different Ministries

S/N	MINISTRY	AREA	HEALTH ISSUE	AREA FOR FURTHER COLLABORATION
1	Prime Minister's Office	Policy and Government business coordination	<ul style="list-style-type: none"> <li>- Policy harmonization (Health in all Policies)</li> </ul>	<ul style="list-style-type: none"> <li>- Further strengthening of Inter-ministerial collaboration (Administrative coordination in HiAP)</li> </ul>
2	MOHCDGEC - H	Sector Wide Approach in implementation on HiAP	<p>Some ministries with health related issues not reflected in sect.4.3.2. e.g</p> <ul style="list-style-type: none"> <li>• Sustainable water, hygiene, sanitation and food safety</li> <li>• Sustainable occupation health and safety</li> <li>• Sustainable environmental pollution control</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure all Ministries incorporate health related intervention in Policy implementation framework.</li> <li>- Provide Technical backstopping in Health related issues</li> </ul>
3	WATER	Water Safety and Sanitation	<ul style="list-style-type: none"> <li>- Increase safe water access</li> <li>- Effective waste management and water sanitation</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure access to safe water by Extending services in community include health facilities, schools and public spaces.</li> <li>- Searching , protecting , constructing sustainable water sources</li> </ul>
4	PORALG	<ul style="list-style-type: none"> <li>- Further D by D implementation</li> <li>- Roles of Directorate of Sector Coordination ,</li> </ul>	<ul style="list-style-type: none"> <li>- Proper implementation of Joint Health Facilities</li> <li>- Rehabilitation, Primary Health Services Development Program</li> </ul>	<ul style="list-style-type: none"> <li>- Strengthen Health System Governance (Decentralized SWAp) /DHFF</li> <li>- Improve and expand Health Infrastructure for provision of Quality Services</li> <li>- Formulate and enforce by laws related to HiAP</li> </ul>

<b>S/ N</b>	<b>MINISTRY</b>	<b>AREA</b>	<b>HEALTH ISSUE</b>	<b>AREA FOR FURTHER COLLABORATION</b>
		Sector Coordinati on , Program Coordinati on , Region and District levels	Development Program	– Formulate and enforce by laws related to HiAP
<b>5</b>	Education, Science and Technology	Education and Training	– School health program – Conducive learning environment	– Establish comprehensive package for youth adolescent health – Nutrition – On-going Review of the education and training policy should reflect the health related issues – Increase access to Education both Formal and informal for youth population.
		Science, Technology and Innovation	The policies are on review	– The on-going Review Policy should incorporate health related issues
<b>6</b>	Works, Transport and Communica tion	Infrastructure Construction and Maintenance	– Compliance to health safety and environmental conservation in construction works – Disaster and emergency preparedness management	– The on-going Review Policy should incorporate health related issues
<b>7</b>	Ministry of Finance and Planning	Resource mobilizatio	– Financing Health Plans and Strategies	– Tracking allocations and expenditures as per PFM for health in all sectors at all levels

<b>S/ N</b>	<b>MINISTRY</b>	<b>AREA</b>	<b>HEALTH ISSUE</b>	<b>AREA FOR FURTHER COLLABORATION</b>
<b>8</b>	MOHCDGEC - CD	Social Determinants of Health	<ul style="list-style-type: none"> <li>- Community empowerment (e.g. Gender, Poverty alleviation)</li> <li>- Sensitise Community to increase involvement on health development agenda</li> <li>- Community participation on Environment conservation</li> <li>- NGOs participation in HiAP</li> </ul>	The on-going Review Policy should incorporate health related issues
<b>9</b>	PO PSMG	<ul style="list-style-type: none"> <li>- Human resource development.</li> </ul>	<ul style="list-style-type: none"> <li>- Strategic HRH Planning</li> <li>- Performance management system</li> </ul>	<ul style="list-style-type: none"> <li>- Enforcement of performance Management System</li> <li>- Establishment of all sectors HRH plan (forecasting, training, posting, performances monitoring, retention and retirements)</li> </ul>
<b>10</b>	Vice President Office	Environmental Management	<ul style="list-style-type: none"> <li>- Waste Management</li> <li>- Pollution Control (Air, Sound, Water, Soil)</li> </ul>	Innovate scientific measure to control hazards and non-hazards wastes
<b>11</b>	Ministry of Energy	<ul style="list-style-type: none"> <li>- Sustainable Energy</li> <li>- Generation, supply and use of reliable, safe and affordable modern energy services</li> </ul>	<ul style="list-style-type: none"> <li>- Safe and reliable source of energies</li> <li>- Access and connection to modern energy services in urban and rural areas</li> </ul>	<ul style="list-style-type: none"> <li>- Development of Joint Strategy for supporting reliable and stable energy services in all health and social welfare institutions</li> <li>- Promote use of electricity and LPG at household level</li> <li>- Enhance access and connection level to modern energy services at urban and rural areas</li> </ul>



<b>S/ N</b>	<b>MINISTRY</b>	<b>AREA</b>	<b>HEALTH ISSUE</b>	<b>AREA FOR FURTHER COLLABORATION</b>
<b>12</b>	Ministry of Agriculture	<ul style="list-style-type: none"> <li>– Sustainable Food Security and Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>– Production of nutritious food</li> <li>– Food Safety</li> </ul>	<ul style="list-style-type: none"> <li>– Research and Development in crops for health improvement.</li> <li>– Added value to crops to reduce malnutrition.</li> <li>– Strengthen food chain system</li> </ul>
<b>13</b>	Industry, Trade and Investment	<ul style="list-style-type: none"> <li>– Promotion of pharmaceutical and Medical Equipment production</li> <li>– Industrial Environmental sustainability</li> </ul>	<ul style="list-style-type: none"> <li>– Increase domestic pharmaceutical and Medical products</li> <li>– Quality assurance certification</li> <li>– Health Safety and Environmental</li> </ul>	<ul style="list-style-type: none"> <li>– The on-going Review of Sustainable Industrial Development Policy should incorporate health related issues</li> <li>– Pharmaceutical Sector Development strategy should incorporate Health related issues</li> <li>– Development of National Quality policy should incorporate Health related issues</li> <li>– Promotion of Workers Safety at work place</li> <li>– Promote environment friendly/cleaner technology in all industrial investment</li> <li>– Establishment of Integrated Pharmaceutical Market e.g Biolavicide Products</li> <li>– Massive education campaign in bio-lavicide products usage</li> </ul>
<b>14</b>	Land, Housing and Settlements Development	<ul style="list-style-type: none"> <li>– Land mapping</li> <li>– Healthy environment for the community</li> </ul>	<ul style="list-style-type: none"> <li>– Positioning of health facilities and other economic investment sites</li> <li>– Hazardous waste management</li> <li>– Master Plan</li> </ul>	<ul style="list-style-type: none"> <li>– Ensure on-going Land Policy reviews incorporates health issues</li> <li>– Development of Master Plan</li> </ul>

