



**WORLD HEALTH ORGANISATION
(WHO)**

**ANNUAL REPORT ON WHO COUNTRY OFFICE
OPERATIONAL ACTIVITIES IN THE HEALTH
SECTOR 2001**

**WHO - DAR ES SALAAM
TANZANIA**

JUNE 2002

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WHO TECHNICAL COOPERATION SUPPORT PROGRAMME

1.0 INTRODUCTION

Tanzania is in the process of implementing Health Sector Reforms. The Reforms which are guided by the National Health Policy are aimed at providing direction towards improvement and sustenance of the health status of all people, by reducing disability, morbidity, mortality, improved nutritional status and raising life expectancy. The year 2002 started with a successful Ministry of Health joint review in March, which had three main objectives namely:

1. To review the performance of the Health Sector over the previous period
2. To review medium term objectives, strategies, targets and the associated draft medium term expenditure framework
3. To jointly consider key issues and constraints facing the sector and reach consensus on a limited number of areas which would be the subject of special effort for the year 2002/3.

The health performance profile indicates that there has been an increase in fund disbursement and spending patterns between 1999/2000 and 2000/01. The same trend has been reflected in the Government disbursements throughout the period 1996 – 2002 as indicated in table no.1 below.

TABLE 1:

RECURRENT EXPENDITURE SECTORAL ALLOCATION FOR EDUCATION, HEALTH AND WATER 1996 - 2001											
1996/97 PE Actuals	1996/97 OC Actuals	1996/97 TOTAL Actuals	1997/98 PE Actuals	1997/98 OC Actuals	1997/98 TOTAL Actuals	1998/99 PE Actuals	1998/99 OC Actuals	1998/99 TOTAL Actuals	1999/00 PE Actuals	1999/00 OC Actuals	1999/00 TOTAL Actuals
199.23	132.3	331.53	218.81	240.22	459.03	244.78	274.95	519.73	273.05	315.16	588.21
12.27	3.64	15.91	11.37	10.57	22.03	11.75	17.13	28.88	13.07	18.52	31.59
6.41	0.96	7.37	6.68	0.57	7.25	7.68	0.75	8.43	7.22	0.71	7.93
13.76	0.18	13.94	12.13	0.84	12.97	13.87	0.85	14.72	14.5	2.63	17.13
32.44	4.78	37.22	30.18	12.07	42.25	33.3	18.73	52.03	34.79	21.86	56.65
16.28%	3.61%	11.23%	13.79	5.02%	9.20%	13.6	6.81%	10.01%	12.74%	6.94%	9.63%

Source: Ministry of Finance – Supply votes for 1996/97 – 1999/2000

The current emphasis is on achieving the PRSP Health Sector Targets by 2003 as stipulated below:

- To lower Infant Mortality Rate from 99 per 1,000 to 85 per 1,000
- To reduce under-five Mortality from 158 to 127 per 1,000
- To lower Maternal Mortality from 529 per 100,000 to 450 per 100,000

- To reduce Malaria Related Fatality for under-five children from 12.8% to 10%

In this annual report we review the efforts of the WHO Country Office's efforts in advancing the health agenda.

The Organization specifically extended its Technical Cooperation Support Programme towards nine selected collaborative program areas namely:

- Disease Prevention and Control
- Health Systems Development
- Protection of Human Environment
- Emergency and Humanitarian Action
- Health Promotion
- Disability, Injury prevention and Rehabilitation
- Mental Health
- Health Information Management and Dissemination
- External Cooperation

Participation of WHO staff in these programmes is illustrative in table 2 and 3.

2.0 DISEASE PREVENTION AND CONTROL

This is divided into three areas namely:

2.1 Communicable Disease Surveillance and Response

Support in this area was mainly directed towards strengthening management of disease control through reviewing of the National Integrated Disease Surveillance System and increasing efforts in epidemic preparedness and control. The National IDS guidelines was reviewed and printed. E-mail and Internet connection was made at MOH Epidemiology Unit and 5 fax machines were supplied to 5 regions with difficult in communicating with MOH Headquarters. Outbreak investigations for cholera, rabies and meningitis were undertaken.

2.2 Prevention and Control of Communicable Diseases

This area covered several disease control programmes among which are the major threatening diseases such as HIV/AIDS and Malaria. Specific activities implemented include:

- **HIV/AIDS**

WHO financed the publication of the 15th National HIV/AIDS report, which provides an account of the magnitude and trend of HIV/AIDS/STDs in Mainland Tanzania for the annual year January to December 2000. The report shows that during the year, a total of 6,505 antenatal clinic attendees were recruited from 25 HIV/STD sentinel surveillance clinics. Prevalence of HIV infection among the pregnant women screened ranged from 4.2% (95% CI = 1.0-12.7) to 32.1% (95% CI = 24.9-40.1). A total of 1974 women attending sentinel surveillance antenatal clinics for the first time for any pregnancy were screened for syphilis infection. The prevalence of syphilis ranged from 0.0% to 11.5%, indicating a decreasing trend in syphilis infection over the past 10 years from 1990 to 2000.

TABLE 2a: QUARTERLY RECORD OF FIELD VISITS BY OFFICERS – NUMBER OF DAYS

NAME/ACRONYM	QUARTER 1		QUARTER 2		QUARTER 3		QUARTER 4		TOTAL		G/TOTAL
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
WR	6	9	5	12	2	14	4	4	17	39	69
IMCI/I	13	0	24	0	46	0	17	10	100	10	110
IMCI/P	19	0	16	13	49	0	9	18	93	31	124
IMCI/J	30	0	32	0	43	0	13	10	118	10	128
APO-RH	48	0	0	0	0	0	0		48	0	48
MPN	25	0	0	0	17	0	11	13	53	13	66
ADO	11	0	12	0	2	0	8	0	33	0	33
AFP(L)	13	0	9	0	38	0	0	0	60	19	79
HIP	13	19	8	0	14	0	10	16	45	16	61
DPC	19	5	11	5	22	0	12	9	64	14	78
TEHIP	17	8	0	0	0	0	0	0	17	8	25
EPI/TL	17	18	4	11	25	0	7	7	53	36	89
AFP(K)	19	16	35	0	63	9	37	23	154	48	202
SCP	3	0	0	0	0	0	0	0	3	0	3
NO-MAL	19	19	42	0	18	19	16	0	95	38	133
PHCA	0	0	0	10	15	8	8	0	31	18	49
NOA	0	0	0	0	3	6	6	18	9	24	33

IN = Within the country

OUT = Outside the country

FIGURE 1

Officer's Mission 2001

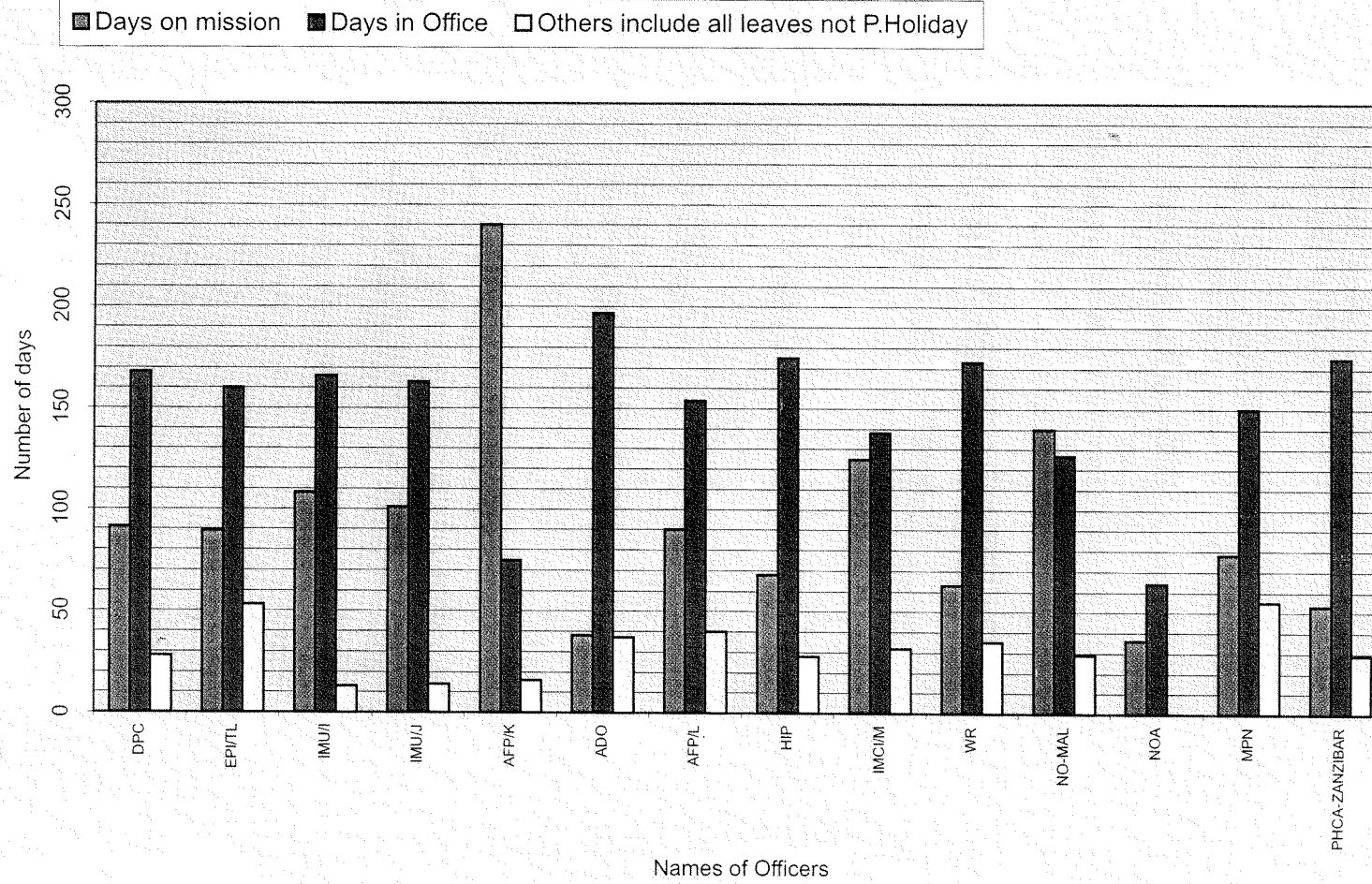
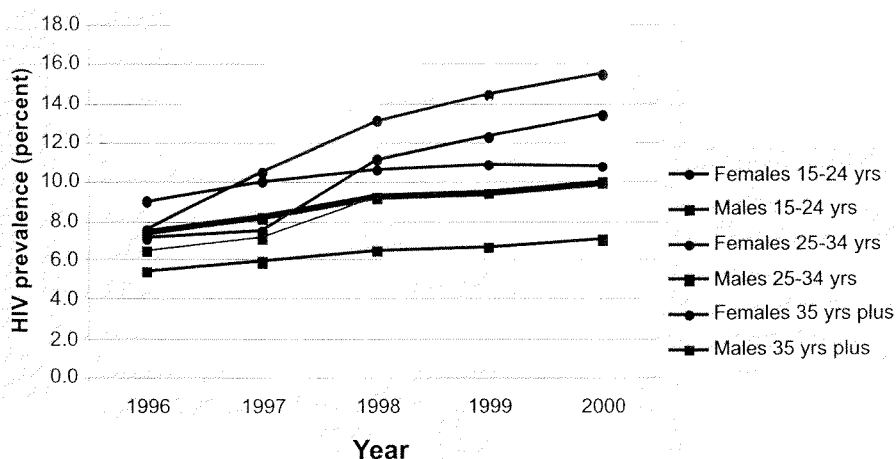


TABLE 2b: MISSIONS CARRIED OUT BY WCO OFFICERS DURING YEAR 2001**MISSIONS PER QUARTER**

ACCR	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	TOTAL
WR	6	3	3	5	17
TEHIP	6	0	0	0	6
MPN	3	7	1	5	16
SCP	2				2
HIP	6	3	3	5	17
AFP/L	6	1	3		10
IMCI/J	4	6	5	5	20
IMCI/I	2	4	4	2	12
IMCI-NO	4	7	7	4	22
NOA			2	4	6
AFP/K	5	3	10	7	25
EPI/TL	4	2	4	4	14
DPC	7	5	6	6	24
NPO-MAL	7	4	4	3	18
ADO	3	3	1	3	10
APO/RH	5	3	5	0	13

A total of 128,595 individuals donated blood during the year 2000. The overall prevalence among blood donors was 9.9% (95% CI = 9.7-10.1). As in the past years, prevalence among males was significantly lower than that among females 9.2% (95% CI = 9.0-9.4) versus 13.3% (95% CI = 12.8-13.7) respectively. Prevalence among those whose sex was not specified was 15.7% (95% CI = 10.5-22.6). Extrapolating these rates to the Tanzania Mainland adult population, 1,810,353 persons aged 15 years and above, (690,779 males and 1,119,574 females) were living with HIV. Of these 1,506,703 (561,258 males and 945,445 females) were in the age group 15 to 49 years.

FIGURE 2: Age and sex specific prevalence of HIV infection among blood donors for the period 1996-2000



Source: NACP Surveillance Report 2000

WHO established a post of National Programme Officer to co-ordinate the WCO activities pertaining to HIV/AIDS response. Through the Italian Initiative for the Fight Against AIDS in Africa, and with the collaboration of MOH Mainland, MOH&SW Zanzibar, CUAMM, CMSR, and PASADA the following have been accomplished:

- A project proposal was developed, submitted and approved for funding;
- Six-project areas for the support were elaborated, with fourteen agreements signed by the five implementing agencies;
- All the implementers attended a meeting and agreed on the operational modalities.
- A three weeks training workshop for 20 VCT providers was conducted in December 2001. Each of the 9 selected Mainland districts have 2 providers trained while Mkoani and Kati districts have one trained provider each. The trained providers are now working under supervision before they return for a residential wrap up training scheduled in April, 2002.
- Drugs and supplies needed for home-based care have been procured and distributed to the project sites.
- VCT supplies and reagents were procured by WHO to be distributed to the project sites.

During the fourth quarter, WHO signed an Agreement with UNAIDS to execute the project funded by the Belgian Government to improve access to basic drugs for home and community care in Tanzania, within the context of the International Partnership Against AIDS in Africa. The project is intended to cover a total of 43 districts over its three-year duration.

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A three weeks training workshop for 20 VCT providers was conducted in December 2001. Each of the 9 selected mainland districts has 2 providers trained while Mkoani and Kati districts have one trained provider each. The trained providers are now working under supervision before they return for a residential wrap up training scheduled in April 2002;

Drugs and supplies needed for home based care have been procured and distributed to the project sites;

VCT supplies and reagents were procured by WHO to be distributed to the project sites.

- **Malaria**

During the reporting period there was increased partnership. The partners in the malaria control include UNICEF, DFID, Italian Cooperation, World Bank, SDC, the Royal Dutch Embassy and JICA. WHO support was mainly on:

Provision of technical support for effective case management of malaria.

Support the development of a new malaria treatment policy using sulfadoxine/pyrimethamine and new Diagnosis and treatment as well as new training modules for prescribers and nurses on case management of malaria.

Coordination of therapeutic efficacy studies in Zanzibar.

Support ITN strategy for scaling up the use of insecticide treated nets countrywide and RBM Monitoring and Evaluation.

Support the finalization of the National Malaria Medium Term Strategic Plan (MMTSP).

Support and coordinate the WHO/MOH and partners workshop on Roll Back Malaria Medium Term Strategic Plan workshop.

Workshop for District leadership from epidemic prone districts on developing an early warning system for malaria epidemics.

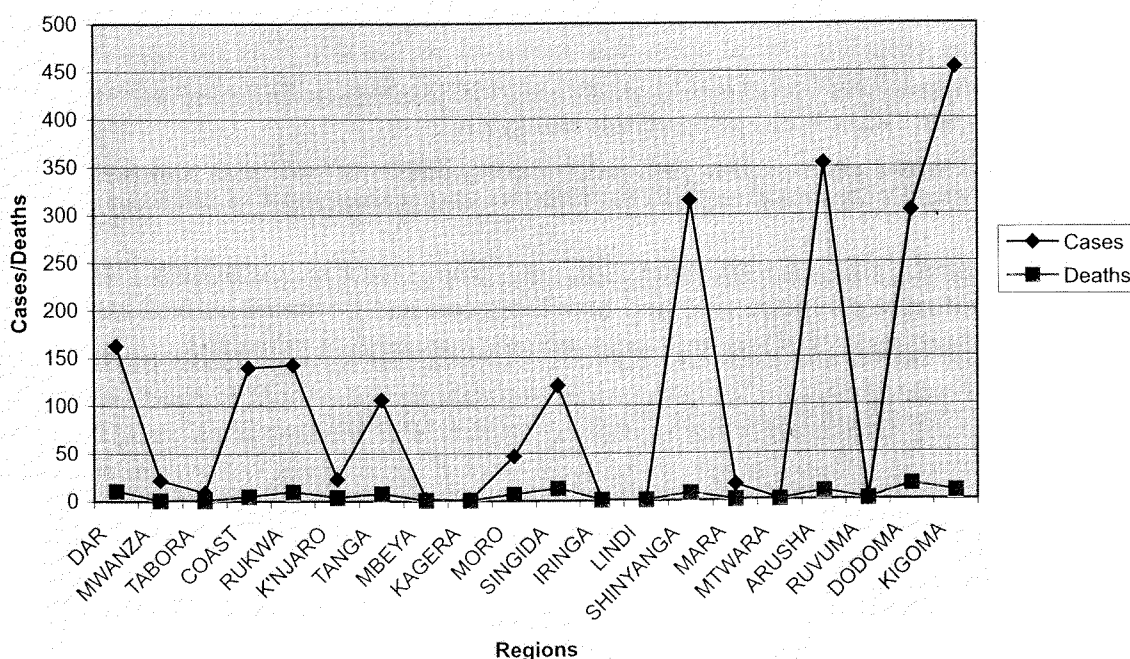
• **Cholera Outbreak**

Cholera has now become endemic to Tanzania with small outbreaks being reported every year and a much larger outbreak occurring every 4 – 5 years. The large epidemics were reported in 1977, 1983, 1988, 1993 and 1997. In the year 2001 fifteen out of twenty regions reported cholera cases. The regions with the greatest numbers were, Kigoma, Arusha, Shinyanga and Dodoma.

The total number of cases reported was 2205 with 89 deaths. The case fatality rate was 4.0%, which is unacceptably high, exceeding the WHO recommended rate of below 1%. The regions with highest CFR were Morogoro 13%, Singida 10% and Tanga, Rukwa, Dar es Salaam Dodoma having between 5.0% - 10%. This indicates poor clinical management of cases. Four regions, Arusha, Dodoma, Dar Es Salaam and Kagera had cholera outbreak going on for more than 4 months, thus suggesting that outbreak control measures were not effective.

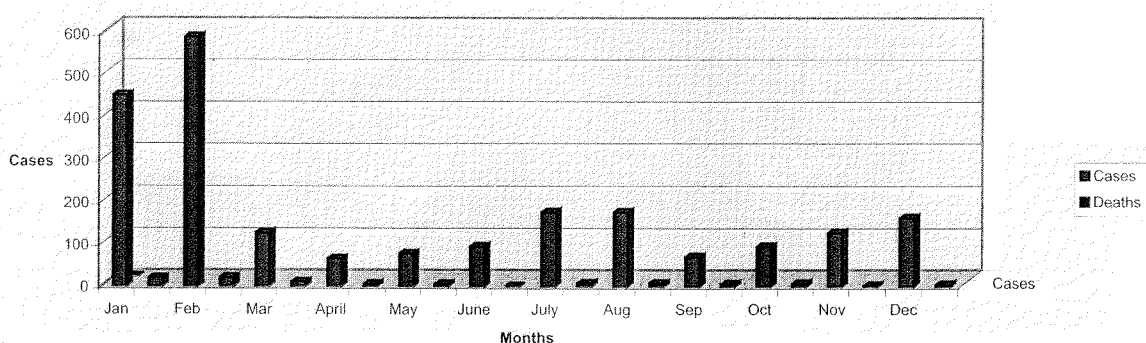
The first case of cholera in Zanzibar in the year 2001 was reported on the 9th November 2001. The outbreak was controlled by the end of the year 475 cases with 15 deaths were reported (CFR = 3.2%). WHO reported 212 of the cases, the rest were reported in 7 other divisions within Zanzibar Urban area. WHO responded by provision of technical support in outbreak investigations both in Zanzibar and mainland and a supply of chlorine, antibiotics and supplies with USD35,000. A specific request was sent to WHO/HQ by the Honourable Minister of Health Zanzibar, requesting technical support in reviewing the cholera outbreak in Zanzibar, was received in November 2001 and a mission is planned in February/March 2002.

FIGURE 3: Cholera by Regions in Tanzania - 2001



SOURCE: Monthly MOH IDWE Reports to WHO

FIGURE 4: Cholera Cases and Deaths - 2001 TANZANIA



Source: Monthly MOH Reports to WHO

IMCI

The implementation of IMCI activities was enhanced through recruitment of two more National Professional Officers. The budget allocation for IMCI by the Ministry of Health has increased gradually from nothing in 1998/99; Tsh.20,000,000 in 1999/2000, Tsh.44,839,840 in 2000/2001 to Tsh.45,022,000 in 2001/2002. Support of the strategy by different district councils has also increased from an average of Tsh.1,000,000 in 1999 to Tsh.4,000,000 in the year 2002. Partnership with multilateral and unilateral organization included: WHO, UNICEF, TEHIP, GTZ, AFRICARE, MSF, GDS/DHIP, NPA, AMREF, and Plan International.

Tanzania mainland has been in the expansion phase since 1998 while Zanzibar started the expansion phase in August 2001. The expansion in the mainland has already covered 92 out of 114 districts, which are in different stages of implementation of the programme. It is also considered as one of the National Essential Health Interventions Package. As a result, IMCI strategy is given priority in the district health plans.

Findings from Multi Country Evaluation (MCE)

Results of the Health facility survey from the 4 districts participating in the Multi Country Evaluation shows that IMCI trained health workers performs better compared to non IMCI trained health workers as shown by the differences in assessing and management of a sick child using the following indicators.

More than 90% of sick children managed by IMCI were checked for the 3 danger signs, cough, diarrhoea, fever and their weight checked against growth chart as compared to children managed by non IMCI trained health workers none were checked for danger signs, only 35% were checked for cough, diarrhoea, fever and less than 10% their weight were checked.

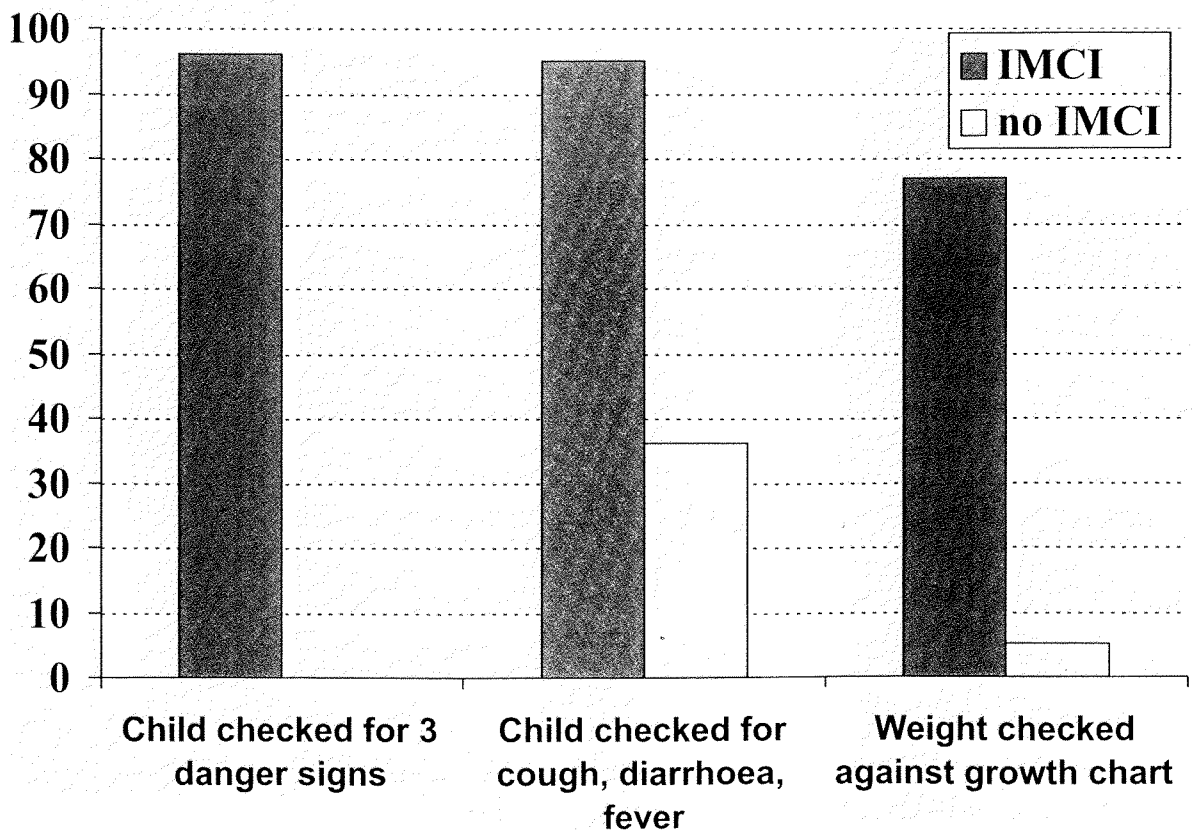
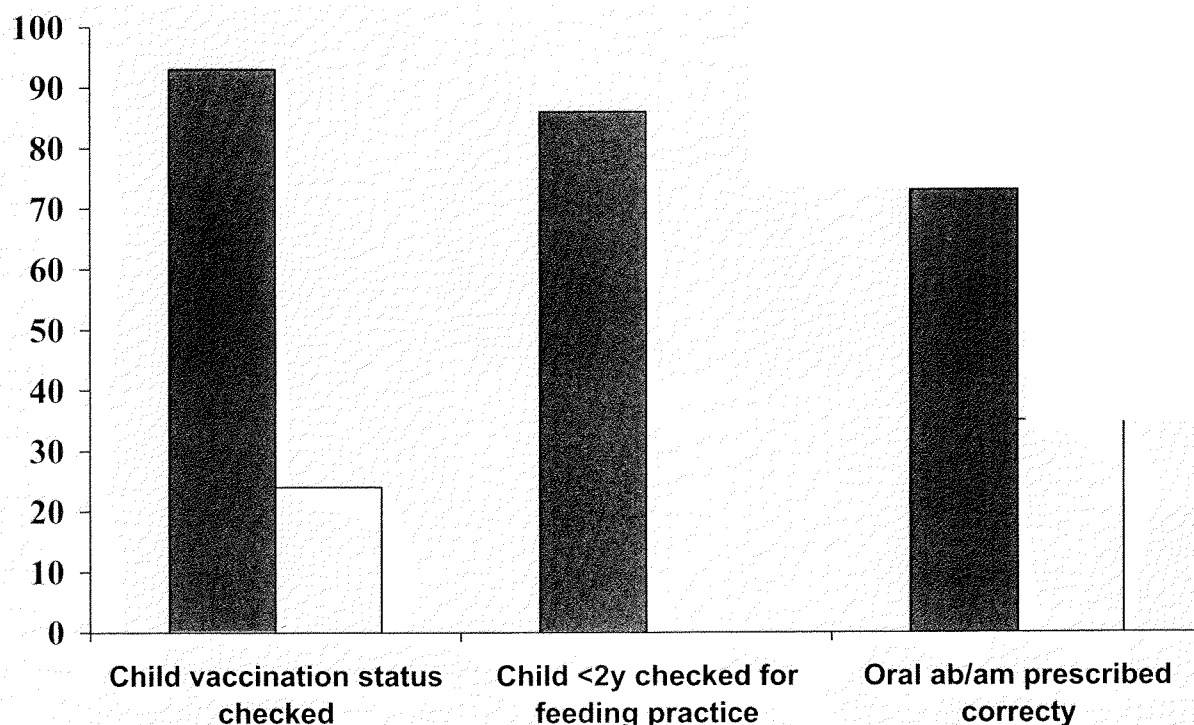


FIGURE 6:

From health facility survey 2000



The activities include training programme in the pre – service health workers training schools and this has covered 17 out of 20 Allied Health Schools, 1 Medical School and 5 out of 36 Nursing Schools.

The Community and Household component of IMCI was implemented in 11 districts in the mainland whilst in Zanzibar a household baseline survey for IMCI Community Component has already been conducted and results disseminated.

Curriculum review was conducted in 1 Medical School, 9 Allied Health and Nursing Schools.

2.3 Eradication and elimination of communicable diseases

This included support to the activities on eradication/ elimination of Expanded Programme on Immunization target diseases, TB and Leprosy, Lymphatic filariasis and Onchocerciasis.

2.3.1 Expanded Programme on Immunisation (EPI)

2.3.1.1 Routine immunization

GAVI applications

This year Tanzania successfully applied for GAVI funding and received \$607,000.00 to improve routine immunization and in addition received DPT-HB vaccines and injection equipments worth \$6 million. \$38,000 of this funding went to Zanzibar and the rest of the money was given to Mainland. Activities performed in both mainland and Zanzibar included preparatory activities towards the introduction of DPT-HB such as training, modification of reporting and supervisory forms. To be able to validate the coverage data from GAVI eligible countries Tanzania was selected to pilot test a GAVI instrument for auditing immunization coverage data.

With the GAVI support DPT3 coverage had increased from 79% in year 2000 to 86% in 2001. Delay of funds was one of the constraining factors which led to delay in implementation of some of the activities.

2.3.1.2 Injection safety and construction of incinerators

Achievement: A 2000 survey of injection safety revealed that more than 50% of all injections were not given safely and not disposed off safely. In 2001 Health Education Materials were introduced targeting the provider, the client and the community to address issues on safe administration and disposal. A low cost incinerator, which can burn 20kg of waste per hour, was also built in 3 regions including Zanzibar to pilot test its suitability for the country. A major policy change was made to replace sterilizeable injection equipment with AD syringes.

2.3.1.3 Supplemental Immunisation

Measles under 15 campaigns was conducted for the first time in Tanzania covering one third of the country. This was very successful with coverage of more than 90% in all the districts. Problems with delayed funding were experienced.

- Sub-national Immunization campaigns for Polio

Sub-national immunization campaigns were carried out along the Western border of the country in districts bordering DRC, which is still endemic for polio. Coverage was also more than 90% in all districts.

- Maternal and Neonatal tetanus

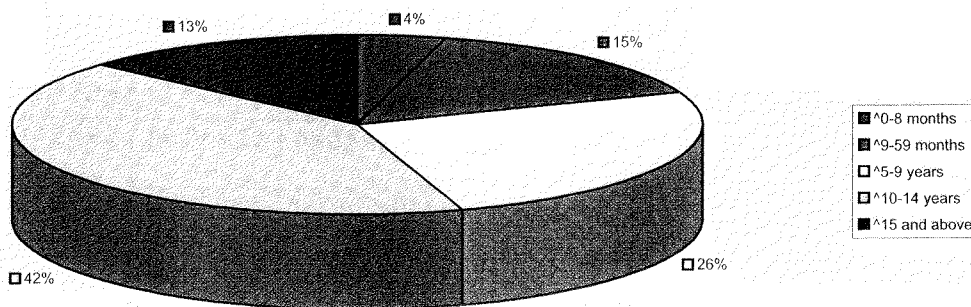
Data had shown that Tanzania is at the elimination stage of neonatal tetanus and plans have been made to document this. Funds are expected from UNICEF in year 2002. Zanzibar undertook campaigns in 2 of the districts, which are considered to be at high risk

- EPI Target Disease Surveillance

Tanzania has reached certification level surveillance. AFP rate was 1.25 per 100,000 under 15-year population and no wild poliovirus had been isolated in the country since 1996.

Since 1999 Tanzania has been implementing measles control activities. As a result of these activities, measles cases have been reduced by more than 60% in the country. From these efforts, measles outbreak pattern has shifted from young to the older age group above 5 years. This is due to accumulation of susceptible to ages above this age. (See Figure below). The problem encountered is the weak disease reporting system in the country which is being addressed by training of district health workers in Measles case based surveillance along side and similar to polio surveillance.

FIGURE 7: Measles cases by Age group in Tanzania Measles Outbreak Dec 1999-Aug 2000



2.3.2 TB and Leprosy

Tuberculosis is becoming increasingly. The number of TB cases has increased explosively mainly due to the HIV/AIDS epidemic, from 11,753 new cases in the year 1983 when the first AIDS case was diagnosed in Tanzania to 54,573 in the year 2002. The increase has been almost five fold with annual increase ranging between 5% to 10%. The majority of the cases appear in the young age group of 15 – 45 years. Almost 25% of all new cases are diagnosed in Dar es Salaam Region alone (pop 3.5 million) and the other leading regions are Mbeya, Tanga and Mwanza. About 60% of new TB patients have no HIV.

WHO will provide technical support to improve case detection and case detention. The objective is to improve TB treatment success rate and cure rate from 80% to 90% in the Medium Term Plan for 2001 to 2004.

However, the technical support was provided for both regular and routine activities aimed at elimination of TB and Leprosy through Direct Observation Treatment Strategy (DOTS) and DMT Strategy.

2.3.3 Lymphatic Filariasis

The National Lymphatic Filariasis programme for Tanzania Mainland was launched by the Deputy Minister for Health in Bagamoyo and the 1st round of ivermectin, albendazole distribution in Zanzibar was done, exceeding even the expected targets.

2.3.4 ONCHOCERCIASIS

In 1997 when Tanzania submitted her National Onchocerciasis Control Plan to APOC, the estimated number of Districts with significant prevalence of Onchocerciasis was 12 out of the 114 Districts with a population of 2.4 million living in endemic areas but when rapid geographical assessment was completed in 2000 the results indicated that 1 million additional people were living in additional Districts, of Muheza, Tanga, Lushoto, Kilosa, Morogoro, and Mufindi. As a result new projects have been added to the original five gradually as the resources permit.

The main interventions in this project, is using Community Directed Ivermectin Distribution and Vector Elimination strategy, is being implemented in one area.

PROJECT	STRATEGY	BUDGET IN US \$ 12 MONTHS				Year Started
		WHO/APOC	MOH	NGDO'S	TOTAL	
NOTIF-HQ	To provide Technical Support and monitor and Supervise others	56,555.00	43,427.00	34,459.00	134,441.00	1998
Mahenge	Community Directed Ivermectin Distribution	25,386.00	18,721.00	11,450.00	55,557.00	1998
Ruvuma	Community Directed Ivermectin Distribution	53,166.00	26,583.00	20,983.00	100,732.00	1999
Tanga	Community Directed Ivermectin Distribution	72,368.00	17,993.00	45,448.00	135,809.00	2001
Tukuyu (1)	Community Directed Ivermectin Distribution	45,029.00	8,930.00	2,299.00	56,258.00	1998
Tukuyu (2)	Vector Elimination	62,743.00	22,882.00	-	85,625.00	2000
Kilosa	Community Directed Ivermectin Distribution	111,005.00	37,575.00	60,040.00	208,620.00	2001
GRAND TOTAL US \$					777,042.00	

The support in 2001, amounted to US\$ 777,042.00 (see above table the break down of sources) and the demand for additional resources are ever increasing. Partnership and collaboration has played major role in the success of the program. Among the key partners are;

- Helen Keller International
- Christian Social Service Commission
- Inter Church Medical Commission
- Sight Savers International and
- Merk & Co. for donating the key drugs in the program.

In the year 2001 a lot of resources and activities have been shared with the national Lymphatic Filariasis Project, which do the Melinda and Bill Gates Foundation fund. Both projects have greatly benefited from this collaboration.

Key Achievements in 2001

- National Onchocerciasis Task Force, of which WHO is a member, met frequently which is commendable.

- Project Activities proceeded as planned
- Government Commitment Increased especially at District Level.
- 1,325 Community and Government had been trained in the Mahenge project
- In the Ruvuma project the geographical coverage was 100% and treatment coverage was 52%, although still low, it increased from 44% in the year 2000.
- In the Tukuyu Vector Elimination Project, vector identification studies were completed, biting rates determined, larviciding points identified and larval susceptibility to temephos and B.t.H-14 carried out.
- Large scale ground larviciding planned for dry season. Equipment and larvicides have been already been delivered by APOC.

Constraints / Challenges

- The project needs to expand to more Districts with significant prevalence need, e.g Lushoto, Muheza and Mufindi but at the moment resources are restricted.
- Data collection and interpretation is not consistent between different projects, e.g coverage, distribution rates, what are denominators. What are the numerators.
- There was late arrival of funds from APOC and communication difficult with APOC lengthened time for sorting out financial queries.
- Financial Reports from projects were often inaccurate.

3.0 HEALTH SYSTEMS

3.1 Strengthening of Health Systems

Human Resources for Health Development and District Capacity building in line with ongoing reforms, remained a major focus for support in 2001. 10 more DHMTS were trained, District Health Management, using earlier on developed modules, making a total of 64 (768 DHMT members). Evaluation of this programme (also funded by WHO), revealed that, trained districts are better off in producing comprehensive district health plans, as compared to untrained ones. The evaluation results were used to further review the training modules to incorporate related aspects of Local Government Reforms. This MOH/WHO initiative continues to receive substantial support from other development partners.

HRH support was also provided in form of review of curricula for health professionals training programmes including Midwifery, Laboratory Technicians, Dental Surgery, Clinical Officers and Assistant medical Officers

Support to Fellowships geared at meeting national training priorities. Total of 31 fellowships were awarded in the 2000/2001 biennium for long and short-term courses (13 were effected this year (7 mainland and 6 Zanzibar). In addition, 224 health workers attended international conferences on important health subjects as well as study tours.

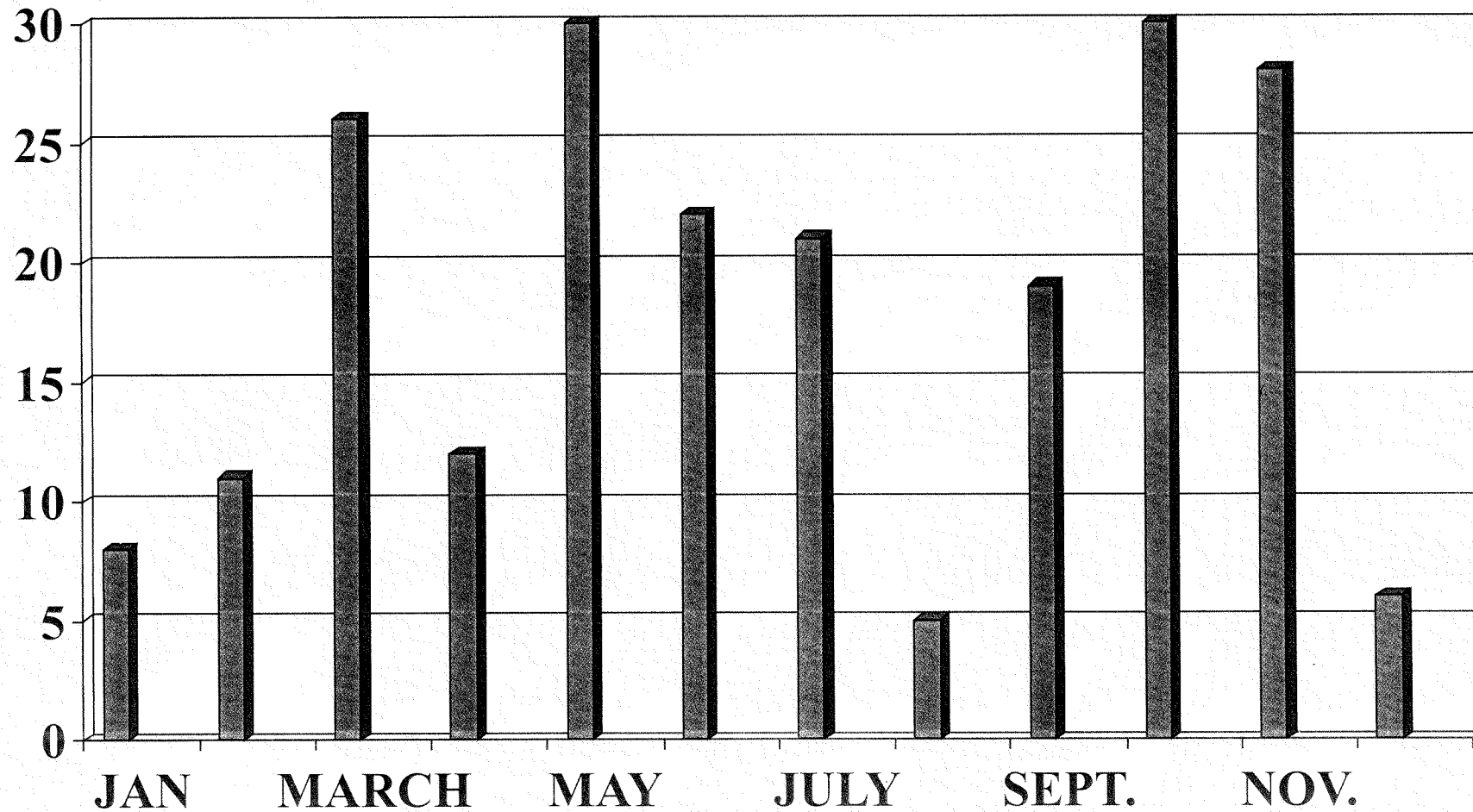
In Zanzibar, health systems support concentrated on the review of existing reform policy and development of a long and short term strategic plan with a focus on integrated HMIS, HRH development, Health financing and district capacity building. This support will be extended to 2002 and beyond.

PARTICIPANTS SPONSORED ON STUDY TOUR

JANUARY - DECEMBER 2001

TOTAL: 224

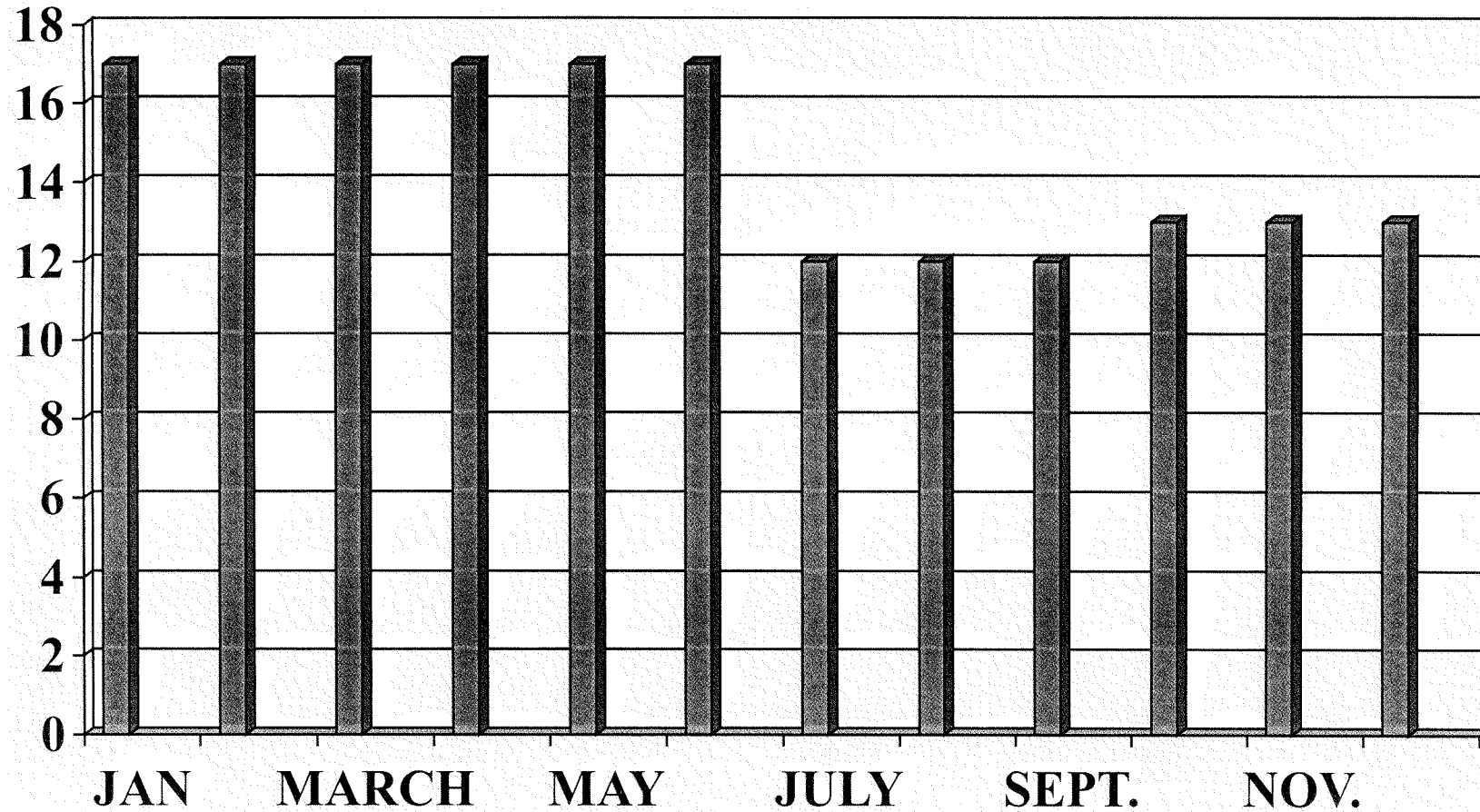
FIGURE 8



FELLOWSHIP STATUS BY MONTH
JANUARY - DECEMBER 2001

FIGURE 9

TOTAL: 17



Details of the long-term fellowships are shown in table 1 below and Figure 8 and 9 below

Table no. 4: New Long and Short Term Fellowships

AREA/DISCIPLINE	MAINLAND	ZANZIBAR
Oncology (Clinical)	1	0
Health Education	4	0
Anesthesiology	1	1
Tropical Medicine	0	1
Occupational Therapy	0	2
Forensic Medicine	1	0
Oncology	0	0
Public Health	0	1
Health Economics	0	1
TOTAL	7	6

RESEARCH GRANTS/PROJECTS

Under WHO/WB/UNDP programme for Training and Research for Tropical Diseases a number of projects were for MSc and/or PhD. Others were studies on priority diseases such as malaria, schistosomiasis, filariasis etc. The rest were research on priority health issues, including reproductive health, health financing and equity, drug policies and other important topics. Total amount for TDR Research awards for 2000/2001 was about USD 3 million. Some of these studies are continuation from biennium 1998/1999.

4. PROTECTION OF HUMAN ENVIRONMENT

Activities implemented in this area included support to amendment and review of public health legislation aimed at safeguarding and promotion of the community health, conducting a study on Hospital Waste Disposal Systems in the country, consolidation of the Dar es Salaam Healthy City Project, which enabled the project to participate at the EXPO 2000 Exhibitions at Hanover in Germany, PHAST training for the control of cholera in Babati District, formulation of guidelines on Chemical safety and Dangerous goods management.

5. EMERGENCY AND HUMANITARIAN ACTION

WHO supported strengthening of the Emergency Preparedness Unit of the Ministry of Health through provision of equipment including communication tools such as television set, video deck, video camera, a computer and a printer. Additional support was given to training of regional teams in Emergency Preparedness and Response and conducting of vulnerability Assessment in four regions namely Iringa, Tanga, Kilimanjaro and Arusha.

6. HEALTH PROMOTION

Collaborative activities in this area were support to the review of the National Health Education and Promotion Policy Guidelines as well as successful and effective commemoration of the World Health Day 2001. Other activities included support to the initiation of School Health Clubs in some Secondary and Primary Schools in Dar es Salaam. This was aimed at promoting both physical as well as mental health of school children.

7. **DISABILITY, INJURY PREVENTION AND REHABILITATION**

Focus on this programme was mainly on strengthening of the Regional training programme for Orthopedic and Orthotic courses. This is within the implementation of the WHO/USAID/TATCOT 3-year project 2001-2003, whereby support is given to Tanzania Training Centre for Orthopedic Technologies (TATCOT) to enable it to produce the desired products.

During the reporting period the institution successfully hosted a Management Course of the International Society of Prosthetics and Orthotics on Poliomyelitis with the objectives:

- To update and upgrade the knowledge of skills of professionals working in the field of rehabilitation medicine.
- To advise and educate professionals on alternative approach of orthotics fitting for poliomyelitis patients. Participants were drawn from Kenya, Uganda, Malawi, Zambia, Zimbabwe, Ethiopia, Liberia, Swaziland, Lesotho, Algeria, Somalia, Rwanda and Cambodia. Other achievements include increased number of students at TATCOT as well as support to administrative work. USD 120,000 were disbursed during 2001.

8. **MENTAL HEALTH AND SUBSTANCE ABUSE.**

Implementation of this programme activities included support to training workshops of selected NGOs in the country which are implementing the WHO/UNDCP Global Initiative on Substance Abuse. Tanzania is among the three countries in Africa which are involved in this project together with Zambia and South Africa. Seven NGOs are being supported by WHO to undertake the activities of Primary Prevention of Substance Abuse in the country. WHO's technical co operation has also extended to Mental Health Coordinators activities in Zanzibar. Mental Health was the theme for the World Health Day 2001. It was also the topic for the World Health Report 2001. This document stated some new understanding, new hopes, which provided ten recommendation that countries, could follow to improve mental health. These are:

- Provision of Treatment in Primary Health Care
- Making of Psychotropic medicines available
- Giving of care in the Community
- Educating the public
- Involvement of community families and other consumers
- Establishment of national policies programmes and legislations
- Human Resources Development
- Linking with other sectors
- Monitoring of community Mental Health
- Supporting of more research

The launching of the World Health Report 2001 in the country was witnessed by the Deputy Minister for Health, Hon. Dr. Hussein Mwinyi and members of the media on 4th October 2001.

9. HEALTH INFORMATION MANAGEMENT AND DISSEMINATION

Health information dissemination is a crucial strategy for attaining the overall social global goal of Health for All. As such WHO attaches great importance to the dissemination and delivery of relevant Health Information to the community through appropriate channels such as Health institutions, Professional Associations, NGOs including the Media. WHO maintains a documentation center which has been responsible for procurement, compilation and distribution of important health information documents.

10. EXTERNAL COOPERATION

This area is intended for promoting and sustaining of WHO participation in the local UN initiatives and other collaborative activities. Furthermore, it was through this programme where support to NGOs, Professional Associations and Health Institutions was extended in order to enable them to play their roles in the national health development.

TABLE 5

Expenditure for the Above Programmes during 2001

Protection of Human Environment	US\$.64,586
Emergency and Humanitarian Action	US\$.7,565
Health Promotion	US\$.32,000
Disability, Injury Prevention and Rehabilitation	US\$.120,000
Mental Health and Substance Abuse	US\$.15,000
Information Management and Dissemination	US\$.25,545
External Cooperation	US\$.15,654
TOTAL	US\$.280,000

11. SUMMARY DISBURSEMENT OF FUNDS FOR ALL PROGRAMMES

Disbursement of funds was done throughout the year in order to enable smooth implementation of planned and additional activities. Please refer to table 4(a), 4(b) and 4(c).

TABLE 6

TOTAL AMOUNT DISBURSED UNDER REGULAR BUDGET 2001 AS COMPARED TO 2000

6 (a)

	2000		2001	
	TSHS	USD EQUIV.	TSH	USD
TSHS A/C	570,693,994	718,758.18	539,350,372.30	624,248.12
USD A/C	229,464,785.18	288,998.47	152,793,872.64	176,844.76
TOTAL	800,158,779.18	1,007,756.65	692,144,244.94	801,092.88

TOTAL DISBURSED UNDER EXTRA BUDGETARY 2001 AS COMPARED 2000

6(b)

	2000		2001	
	TSH	USD EQUIV.	TSHS	USD EQUIV
TSHS A/C	2,255,346,128	2,840,486.31	1,780,656,305.80	2,060,944.80
USD A/C	450,894,695.30	567,877.45	499,027,901.76	577,578.59
TOTAL	2,706,240,823.30	3,408,363.76	2,279,684,207.56	2,638,523.39

TOTAL AMOUNT DISBURSED UNDER REGULAR AND EXTRA BUDGETARY FOR YEAR 2001 AS COMPARED TO2000

6(c)

	2000		2001	
	TSHS	USD EQUIV	TSHS	USD EQUIV
TSHS A/C	800,158,779.18	1,007,756.65	2,320,006,678.10	2,685,192.91
USD A/C	2,706,240,823.30	3,408,363.76	651,821,774.40	754,423.35
TOTAL	3,506,399,602.48	4,416,120.41	2,971,828,452.50	3,439,616.26

TABLE 7

PROCUREMENT OF EQUIPMENT (LOGISTIC SUPPORT – 2001)

Type of Item	Quantity	Total Value	Programme	Remarks
Desk Top computers	6	8,782.00	COO HIV/AIDS Malaria EPI	3 IBM 3 Compaq
UPS	3	695.00	IMCI HIV/AIDS COO	2 APC and 1 Philips
Furniture		1,478.00	Malaria COO HIV/AIDS	4 chairs Desks 2 cabinets
Copies	3	9,600.00	IMCI HIV/AIDS COO	Canon
Audio Visual Aids		13,484.00	IMCI DPC	1 Video player 1 overhead projector 2 sonly PLC
Laptop computers	7	29,840.00	Malaria Oncho HIP EPI IMCI HIV/AIDS	Toshiba
Printers	9	3,030	Malaria Oncho Zanzibar Office IMCI HIV/AIDS	
High Power Radio Base	1	3,665	Malaria	Cordan HF 2010 RF and 2 hand sets

LIST OF VISITING MISSIONS – 2001

ANNEX 1

DATE	PROG	EVENT	NAME
13– 16.2.01	MH	National Training Workshop for Project Implementers: Global Initiative on Primary Prevention of Substance Abuse Project – Morogoro	Dr. Tecla Butau/AFRO
20– 23.2.01	EH	Operation and Maintenance Workshop for Zanzibar	Dr. M. Farley from HQ
12– 29.3.01	HSR	Annual Review of the Health Sector Reform – Dar es Salaam	Dr. K. Manlan ¹ Dr. P. Tumusiime ² - AFRO
30.4– 4.5.01	EDP	Essential Drug Programme – Dar es Salaam	Dr. H. Tata – HQ Dr. Massing Bias Cameroon
30.5– 8.6.01	OSD	Study on Minimum Resource requirements for providing A Core Set of Health Interventions – Tanzania Case Study (Dar es Salaam)	Dr. J. Heldrup – HQ Dr. Sissel
28.5– 15.6.01	EPI	Promoting Injection Safety (Dar es Salaam)	Mrs. S. Mackey – HQ
4 – 7.6.2001	CPE	Mission to review Zanzibar's Plan and Budget – Filariasis Programme in Zanzibar	Dr. L. Savioli - HQ Dr. F. A. Rio Dr. Claudio Beltramello
6 – 7.6.2001	IMCI	Workshop on HIV/AIDs – infant feeding and lactation – (Dar es Salaam)	Dr. Liz Mason – AFRO Vallenas Cota – HQ Rufaro Madzima – MOH-ZIM
6 – 9.6.2001	ONC HO	Onchocerciasis Task Force Meeting (Morogoro)	Dr. Uche Amazigo – Oncho Pamela Drameh – Oncho Mrs. J. Msuya – WB
4 -	EPI	Pilot Testing of incinerators in Mainland and Zanzibar	Dr. G. Larsen Dr. Y. Putin
	MAL	Assisting Dr. Mtasiwa to prepare a paper which will be presented in Geneva at the Meeting of Interested Parties – DSM	Dr. T. Teuscher/HQ
25.6-6.7.01	MAL	Support for Malaria Database Development in Tanzania – Morogoro	Dr. E. A. Afari } Dr. Tshimanga } AFRO
16– 20.7.01	MAL	Technical Support to Countries for Community Action Malaria Control	Dr. K. Munguti – AFRO
21– 22.6.01	HIP	Minimum Data Set Project meeting Dar es Salaam – Dar es Salaam	Dr. P. Kowal – HQ
11 – 13.7.01	IMCI	Follow up Inter-country meeting on IMCI Abridged Course – Dar es Salaam	Dr. A. Mbewe - AFRO Dr. S. Muziki – AFRO Prof. F. Onyango – AFRO
1 – 10.8.01	EPI	Country Visit on Routine Immunisation Projects	Dr. R. Eggers – EPI/ICP Eastern Block – NBO
1 – 13.8.01	IMCI	Review of 1 st Year IMCI Implementation and Dissemination of Household Survey – Zanzibar	Dr. Sileshi – AFRO
13 – 17.8.01	IMCI	Site Visit for the Multi-Country Evaluation of IMCI (MCE)	Ms. Eleanor Gouws WHO HQ
8 – 31.8.01	DPC	TB Mission	Dr. A. Awe – AFRO
26.8– 1.9.01	IMCI	2nd IMCI Abridged Course – (Arusha)	Dr. T. Desta WHO/Ethiopia Dr. N. Daniellson - HQ
2 – 6.9.01	IMCI	Orientation of tutors on the management of a child with serious infection on severe malnutrition (Arusha)	Dr. N. Daniellson - HQ
23 – 29.8.01	PHA/ DPC	Training of Trainers Workshop for Drug Distributors for the Elimination of Lymphatic Filariasis as well as a workshop for Medical Doctors to brief them on the programme and on the latest developments in lymphatic filariasis (Zanzibar)	Dr. F. Rio – HQ
6 – 14.9.01	IMCI	Review of IMCI Pre-service training (Arusha)	Dr. A. Mbewe – AFRO

¹ Participated in the Review from 19 – 23 March 2001

² Participated in the Review from 22 – 27 March 2001

DATE	PROG	EVENT	NAME
	IMCI	Site visit to Tanzania for the Multi-Country Evaluation of IMCI – Ifakara	Dr. J. Schellenberg – HQ Dr. J. Bryce – HQ Prof. F. Onyango – AFRO
17.9-13.10.01	NOA	Interagency Appraisal Mission to WFP assisted HIV/AIDS activity in Tanzania	Dr. Dominique Lefevre –HQ
24 – 29.9.01	EPI	Visit to conduct Rapid assessment of Haemophilus influenzae type b(Hib) disease burget (HIB RAT Tanzania) - DSM	Dr. P. Naygyal – HQ Dr. J. Wenger – HQ Dr. J. Ndhikubwayo – BUR
24.9– 5.10.01	NOA	Consultant Mission to Zanzibar on HIV/AIDS	Dr. Godwill A-Okiror – AFRO
3 – 4.10.2001	MAL	2 nd Stakeholders Meeting to appraise the National Malaria Medium Term Strategic Plan (2002 – 2006) Dar es Salaam	Dr. D. Alnwick/HQ
8 – 9.10.01	HIP	Meeting for the Global Initiative on Substance Abuse – Zanzibar	Dr. T. Butau – AFRO Ms. M. Nkowane – HQ Ms. G. Campello - UNDCP
24.10-3.11.01	RHR	Review of Reproductive and Child Health Strategy situational analysis – DSM	Dr. Kassalum Kiros
3 – 9.11.01	EPI	Problem Solving Workshop for National Immunisation Programme – Dar es Salaam	Mr. T. P’Connel – HQ Mr. P. Carasco – HQ Dr. R. Eggers – ICP-NBO Dr. K. Msambichaka - AFRO
4 – 16.11.01	MAL	Workshop on Malaria Epidemic Prevention and control. Visit epidemic prone districts (Dodoma Rural and Mpwapwa)	Dr. H. Teklehaimanot – HQ Dr. C. Delacollette – HQ
12– 17.11.01	IMCI	Visit to finalise Cost Data for Multi-Country Evaluation of IMCI - Ifakara	Dr. T. Adams – HQ Ms. C. Kakundwa - HQ
12– 17.11.01	HIP	SIAMED training at Pharmacy Board	Dr. R. M. Bias – Mr. I. Lassoued - HQ
25.11 -	DPC	Visit from APOC/OCP to provide technical support to Tukuyu vector elimination project (Tukuyu)	Mr. B. Tete Dr. B. Yiriba Mr. S. Coulibaly OCP Mr. S. Bakayoko
23 – 27.11.01	MAL	MIM/TDR Malaria Research Capacity Building Projects – site visits	Dr. O. Ogundahunsi – HQ Dr. W. Mbacham Dr. A. Sowunmi Dr. C. Happi
25.11-2.12.01	ADO	Official Visit to Tanzania	Mr. B. Chandra - AFRO
26 – 30.11.01	DPC	IDS Workshop Morogoro	Prof. I. Wamola Dr. N. Ndayamirije - AFRO
26.11-3.12.01	MAL	Artesunate suppository trials - site visits (Morogoro)	Dr. I. Ribeiro – HQ
12 – 14.12.01	DPC	Visit to discuss with the NTP team, to review the progress made so far in TB control and in meeting the challenges of the increasing TB and HIV burdens	Dr. P. Nunn – HQ Dr. Fabio Scano - HQ

ABBREVIATIONS

WR	-	WHO Representative
ADO	-	Administrative Officer
DPC	-	Disease Prevention and Control Officer
MPN	-	Health Systems Development and Management Officer
IMCI	-	Integrated Management of Childhood Illness Officer
HIP	-	Health Information and Promotion Officer
EPI	-	Expanded Programme on Immunization Officer
AFP/K	-	Surveillance Officer
AFP/G	-	Surveillance Officer
AFP/L	-	Surveillance Officer
MAL	-	Malaria Programme Officer
TEHIP	-	Tanzania Essential Health Intervention Project Officer
PHCA		Primary Health Care Adviser
OCT		Occupation Therapy
NOA		National Officer for HIV/AIDS
SWR		Secretary of the WR
SCP		Secretary Country Programme