

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

# NATIONAL HEALTH POLICY

MINISTRY OF HEALTH  
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*Draft*

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## **FOREWORD**

The Health Policy is a vital guide towards health development of any country. It is particularly, important in a country like ours where resources and technology are more limited than in other countries, which are relatively better off in both technology and resources. This Policy is a revision of the 1990 Health Policy, which emphasized on the need for increasing community involvement in health development and improved access and equity in health and health services.

The Policy recognizes the challenges of consolidating the principles of the previous health policy in community involvement, improved health services provision, access and equity while addressing the different dimensions of reforms that are taking place in the Public Sector.

In order to address these challenges in the revision of this Policy, the Ministry of Health underwent an iterative process. In achieving the Goal of Health for All, as outlined in the WHO Alma Ata Conference held in 1978. It also involved linking the Proposals for Health Sector Reforms with the 1990 policy document.

The link between the National Health Policy 1990 and the Proposals for Health Sector Reforms facilitated the development of the first draft of this revised National Health Policy document, which was widely discussed in the Ministry before being disseminated to key stakeholders including the President's Office, Regional Administration and Local Government, other Central and Line Ministries and Development Partners. The consultation led to the enrichment in understanding the context of the revision of the Policy as well as improvements in the content.

Since a Health Policy formulation is an ongoing process, the Ministry of Health would like to welcome positive and constructive comments from all stakeholders. The comments will be used for the next review, which will be undertaken after five years of implementation of this policy.

Honourable Anna Magreth Abdallah, MP  
Minister for Health.

## **ACKNOWLEDGEMENT**

Preparation of this document has been accomplished through involvement of different stakeholders. The involvement included discussions and consultations at different levels over a period of one year.

These discussions and consultations were at times difficult because of the vast knowledge and different opinions on development of the Health Sector among the stakeholders. Divergent opinions and views have helped to refine and strengthen the Policy in the new environment of the changing Public Sector.

It is for this reason that the Ministry of Health would like to recognise and acknowledge and commend all participants for their contributions towards revising the 1990 Health Policy. The Ministry would also like to register its sincere appreciation to the Civil Society, the Private Sector, other Ministries and International Organisations both multi and bilateral which provided valuable comments, views, suggestions and recommendations.

The Ministry of Health would therefore wish to take this opportunity to thank all those who actively took part in the revision of the 1990 Health Policy document for the betterment of health development in Tanzania.

M.J.Mwaffisi  
Permanent Secretary  
Ministry of Health

## **1.0 INTRODUCTION**

The National Health Policy is aimed at providing direction towards improvement and sustainability of the health status of all the people, by reducing disability, morbidity and mortality, improving nutritional status and raising life expectancy.

The policy recognizes that, good health is a major resource essential for poverty eradication and economic development.

### **1.1 Health Sector Administrative Set Up**

1.1.1 Tanzania is the union between Tanganyika (Tanzania Mainland) and Zanzibar. This Health Policy takes care of Tanzania Mainland.

1.1.2 Tanzania Mainland is divided into 21 administrative Regions. It is further divided into 106 Districts with 121 Council Authorities. Each District is subdivided into Divisions, Wards, Villages and “Vitongoji/Mitaa”.

1.1.3 Under the current administrative set-up, provision of health services is divided into 3 levels, namely, National, Regional and District.

Tanzania Health System is organized in a referral pyramid, starting from the village level, where there are village health posts; ward level, where there are community dispensaries; divisional level, where there are rural health centres; district level, where there are district or district designated hospitals; regional level, where there are regional hospitals; zonal level, where there are referral/consultant hospitals and national level, where there are national and specialized hospitals.

1.1.3.1 At the National level, the Ministry of Health administers and supervises the National Hospitals, Consultant Referral Hospitals, Special Hospitals, Training Institutions, Executive Agencies and Regulatory Authorities.

1.1.3.2 At the Regional level, provision of health services is vested to the Regional Administrative Secretary with technical guidance of Regional Health Management Team.

1.1.3.3 At the district level, management and administration of health services has been devolved into district through their respective Council Authorities, Health Service Boards, Facility Committees and Health Management Teams.

### **1.2 Role of the Ministry of Health**

The Ministry of Health as a technical Ministry is responsible for all matters pertaining to health in the country.

The role of the Health Sector are executed at three levels: - Central, Regional and Districts.

- 1.2.1 At the Central level the Ministry of Health is responsible for: -
- Policy formulation, health legislation, regulation and control;
  - Resource mobilization and allocation, coordination and intersectoral linkages;
  - Public health related interventions;
  - Management support of level three hospitals including National, Referral, and Special Hospitals;
  - Supervision and Monitoring of special and Referral Hospitals owned by NGOs;
  - Provision of feedback to other levels;
  - Training of key professional health cadres and monitoring quality of training;
  - Monitoring and evaluation of health services countrywide;
  - Supervision and inspection of provision of health services;
  - Health research;
  - Management of Executive Agencies.
- 1.2.2 At Regional level, the Regional Health Administration under the Regional Secretariat has the following roles:
- Mobilizes resources
  - Interprets policies into actions;
  - Provides technical support to the districts;
  - Supports supervision and inspection of district health services;
  - Links between Districts and Central Ministry of Health in matters pertaining to standards and quality of health care both public and private;
  - Provides feedback to other levels.
- 1.2.3 At District level, the District Health Administration under the respective Council Authorities has the following roles:
- Provides Health Service at level one which include the District Hospital, other Hospitals, Health Centers and Dispensaries;
  - Prepares Comprehensive District Health Plans and regular reporting on implementation;
  - Provides feedback to other levels including to the community;

- Coordinates, supports supervision, monitoring and inspection of all health facilities and activities in the district;
- Mobilises resources and management;
- Ensures communities are responsible in taking care of their own health and also the safety of medicine and equipment in their health facilities.

### **1.3 Demographic Profile**

- 1.3.1 The population of Tanzania Mainland is 33,584,607 as per the 2002 population census. At the annual growth rate of 2.9%. The sex ratio is 96 males per 100 females.
- 1.3.2 About 20% of the population lives in urban areas while the remaining 80% is in rural areas. The population structure shows that 46.8% of the populations are below 15 years of age; 49.1% between 15 - 64 years old, while 4.1% of the population is aged 65 years and above. This showed that total dependency ratio was about 104 by 1999. The infant mortality rate estimated to be 99/1000 by 2000 as compared to 115/1000 in 1988. These indicators reflect improvement in the health services although the fertility rates have remained high. The crude birth rate is around 41 per 1,000 while the total fertility rate is 5.6. Fertility has declined from 6.5 children per woman in 1988 to 5.6 children per woman in 1999. However, it should be noted that there are appreciable differences in these indices between geographical regions as well as between various socio-economic groups. The average life expectancy at birth is estimated to be 49 (female) – 47 (male) years in 1999 and HIV/AIDS prevalence levels ranging between 10 – 14 per cent among adults.

### **1.4 Economic Situation**

- 1.4.1 With an estimated GNP per capita of about US\$ 260 in 2000, Tanzania is among the poorest countries in the world with a GDP growth of about 4 per cent per annum. It has a high annual population growth rate at 2.8 per cent. Despite the progress achieved since independence and the recent favourable growth experience, Tanzania's social indicators are still unfavourable.
- 1.4.2 The country's economy is based mainly on agriculture, which accounts for 75-78% of the total export earnings, it meets only one third of *Tanzania's* import requirements. Import constraints have an adverse effect on the delivery of health services since the inputs in health services have got a very high import context.
- 1.4.3 The annual GDP growth is targeted to accelerate from 5.2 per cent to 6 per cent over the three-year period (2000 – 2003). Per capita public health spending is US\$ 6 in the year 2001. It is the intention of the Government to increase this spending on health to 9 US\$ per capita by 2004 and thereafter to 12 US\$.



## **2.0 THE DEVELOPMENT VISION, MISSION AND OBJECTIVES OF THE HEALTH POLICY**

### **2.1 The Government Development Vision and the Health Policy**

The Health Sector is one of the priority sectors of the Tanzania Government as is reflected in the annual incremental increase in budgetary allocation to the sector. Presently the share of the budget for health is at 11% and which is set to rise to the target of 14%.

In addition, the Tanzania Development Vision 2025 *also* identifies Health as one of the priority sectors. Among its main objectives is achievement of high quality livelihood for all Tanzanians. This is expected to be attained through strategies, which will ensure realization of the following health service goals: -

- 2.1.1 Access to quality primary health care for all;
- 2.1.2 Access to quality reproductive health service for all individuals of appropriate ages;
- 2.1.3 Reduction in infant and maternal mortality rates by three quarters of current levels;
- 2.1.4 Universal access to clean and safe water;
- 2.1.5 Life expectancy comparable to the level attained by typical middle-income countries.
- 2.1.6 Food self sufficiency and food security;
- 2.1.7 Gender equality and empowerment of women in all health parameters.

In line with the Government Development Vision 2025 goals, the Ministry of Health shall strive to raise and improve the health status and life expectancy of the people of Tanzania by ensuring delivery of effective, efficient and quality curative, preventive, promotive and rehabilitative health services at all levels.

### **2.2 Policy Vision**

- 2.2.1 The vision of the Health Policy in Tanzania, is to improve the health and well being of all Tanzanians with a focus on those *most* at risk, and to encourage the health system to be more responsive to the needs of the people.

### **2.3 Policy Mission**

- 2.3.1 To facilitate the provision of equitable, quality and affordable basic health services, which are gender sensitive and sustainable, delivered for the achievement of improved health status.

### **2.4 Policy Objectives**

The objectives of the Policy are to:

- 2.4.1 Reduce the burden of disease, maternal and infant mortality and increase life expectancy through the provision of adequate and equitable maternal and child health services, facilitate the promotion of environmental health and sanitation, promotion of adequate nutrition, control of communicable diseases and treatment of common conditions.
- 2.4.2 Ensure the availability of drugs, reagents and medical supplies and infrastructures.
- 2.4.3 Ensure that the health services are available and accessible to all the people in the country (urban and rural areas).
- 2.4.4 Train and make available competent and adequate number of health staff to manage health services with gender perspective at all levels. Capacity building of human resource at all levels in management and health services provision will be addressed.
- 2.4.5 Sensitize the community on common preventable health problems, and improve the capabilities at all levels of society to assess and analyse problems and design appropriate action through genuine community involvement.
- 2.4.6 Promote awareness among Government employees and the community at large that, health problems can only be adequately solved through multisectoral cooperation involving such sectors as Education, Agriculture, Water, Private Sector including Non Governmental Organization, Civil Society and Central Ministries, as Regional Administration and Local Government, and Community Development, Gender and Children.
- 2.4.7 Create awareness through family health promotion that the responsibility for ones health rests in the individuals as an integral part of the family, community and nation.
- 2.4.8 Promote and sustain public-private partnership in the delivery of health services.
- 2.4.9 Promote traditional medicine and alternative healing system and regulate the practice.

## **2.5 Policy Strategies**

### **2.5.1 Poverty Reduction Strategy**

- The Health Sector is one of the priority sectors in resource allocation from the enhanced HIPC initiatives. Government resource allocation has progressively improved from the 1995 figure of US\$ 3.46 per capita on health expenditure to 6 US\$ per capita in 2000. It is expected that the annual budgetary allocation will improve to 9 US\$ per capita expenditure on health 2003/04 and 12 US\$ there after. It is the intention of the Government to reach allocation level of 14% of its annual budget.
- From this Poverty Reduction Strategy, the Ministry of Health will use a greater proportion of the health budget to target cost effective interventions such as immunization of children under 2 years of age, Reproductive and Child Health

including Family Planning and control of Malaria, HIV/AIDS and TB and Leprosy.

- The majority of the poor and specifically the rural poor suffer from the above and other preventable conditions. The Ministry will increase resource allocation to address these cost effective interventions, while at the same time join hands with other stakeholders, the communities and development partners to reorient the services to be more responsive to the needs of the population, and specifically targeting the indigent and the vulnerable groups.

#### 2.5.2 National Health Policy

Together with the Poverty Reduction Strategy, the objectives of the National Health Policy will be achieved through the following strategies:

- Strengthening District Health Services so that essential clinical and public health packages are provided so that the burden of disease, crude death rates, maternal and infant mortality are reduced, and life expectancy is increased;
- Strengthening Referral System that it is efficient and cost effective from the household to the National level;
- Adopt diversified complementary health care financing options, which are sustainable involving Public-Private Partnership and other resources, and ensure availability of required logistics and support services which are affordable and accessible to every citizen;
- Enhance capacity at different levels by implementing comprehensive human resource development plan, which will facilitate deployment and retention of well-trained and motivated staff at the appropriate health service level;
- Create public awareness at all levels through Advocacy and IEC on preventable public health problems and the need for active community involvement in taking care of their own health;
- Improve coalition and multisectoral collaboration;
- Ensure representation of stakeholders and communities in health service delivery;
- Increase public private partnership in health provision;
- Implement effective donor and other stakeholder's co-ordination mechanism.

## 2.6 Clients Charter

The client service charter is a social pact between the Ministry of Health as a facilitator of health services provision and receivers. The role of the Client Service Charter is to provide quality health services that meet clients' satisfaction. The Ministry of Health will help clients to understand the service delivery commitments, means of communication, way of

achieving the service standards, means of correction of mistakes done and on how to claim their rights. The detail on how to improve awareness of the availability and quality of the health services delivered to the clients is stated in the Ministry of Health Client Service Charter guideline. The guideline will be reviewed on annual basis so as to meet the client's satisfaction.

## **3.0 HEALTH SERVICES IN TANZANIA**

### **3.1 National Health Services**

Good health is an important element required for National development, poverty alleviation and other health development gains needed by all Tanzanians. To achieve this, the Government has since independence emphasised on delivery of equitable and quality preventive, promotive, curative and rehabilitative health services at all levels. In view of this the Ministry of Health will, through the Regional Secretariat, continue to support and facilitate implementation at council level of preventive, promotive, curative and rehabilitative health services. The Ministry of Health will also continue to support special health services and events organised internationally and nationally.

The Ministry of Health shall continue with management support of tertiary hospitals (including National Hospital, referral and special hospitals) and training Institutions.

### **3.2 Decentralization to Regions and Districts and Devolution of Health Services to Councils**

#### **3.2.1 Regional Health Services**

At the Regional level, the Region will supervise health services at that level and below, including provision of health care at the Regional Hospital. The Region will also support the District on technical aspects and provide supportive supervision. Being an extended arm of the Central Government, the region shall interpret health policy guidelines; standards and regulations issued by the MoH and ensure their adherence at District level.

#### **3.2.2 District Health Services**

- Currently, there is a rapid increase of diseases in the urban and rural population due to the various factors leading to deterioration of the environmental sanitation and living conditions. Rural/urban population pressure and poverty has led to emerging and re-emerging of new pattern of diseases and epidemics such as Cholera, TB and HIV/AIDS.
- The health service at the District level has been devolved to Local Authorities to increase their mandate in health service provision. Under this arrangement, the health units including the District Hospitals will provide services under the supervision of the Council Health Service Boards and Health Facility Committees.

It is the duty of these democratic organs to own health resources and, to ensure that, health facilities and services provided are of acceptable quality, managed by qualified personnel according to staffing level in line with the Ministry of Health Policy Guidelines and Standards.

- The community will be mobilized on the management and ownership of public health services available in their areas.

- Private Sector including Voluntary Agencies, Faith Based Organisations and Parastatal Organisations will be encouraged to participate actively in the provision of health care services in both rural and urban settings in quantity and quality as set by the Ministry of Health.

### **3.3 Advocacy of Health Sector Reform Programs, Health Education and Promotion**

Advocacy and Information, Education and Communication, are fundamental aspects towards improvement of health status of the people. Its main role is promotion of positive health behaviours and life- styles for social change at all levels, focusing mainly at the individual, the family and the community.

The presence of epidemics, endemic, emerging and re-emerging diseases and pandemics such as HIV/AIDS in the country, call for more interventions in health education/promotion and advocacy. Moreover, the need for advocacy to stakeholders and community on new developments and changes in the Health Sector in order to solicit support, create demand, increase knowledge and understanding about services and rights of individual and communities, is of paramount importance.

- 3.3.1 In view of this advocacy for Health Sector Reform programs, health education and promotion will be provided at all levels using a media mix method.
- 3.3.2 The Ministry of Health shall continue to emphasize on the use of various methods of advocacy and health education to address among other issues: -Environmental Sanitation, Prevention and Control of Communicable and Non Communicable Diseases including all Endemic, Epidemic and Pandemic diseases such as Malaria, Cholera and HIV/AIDS, Nutrition, Reproductive and Child Health, School Health Services and issues related to reforms in health to stakeholders and community at large.
- 3.3.3 To ensure quality and effective health communication, the Ministry shall continue to provide guidelines and procedures for the provision and delivery of health education and IEC interventions at all levels.
- 3.3.4 Quality management assurance of good practice in health care and client orientation will be promoted through public awareness building and reorientation of personnel of health services.
- 3.3.5 The Ministry of Health, through Zonal Training Centres, will assist the regions and districts to provide effective, participatory and culture specific health education, health promotion and advocacy to the community at large regarding health issues.
- 3.3.6 Health education/promotion and Advocacy is a multisectoral issue, which needs cooperation, networking and coalition with all interested stakeholders. The Ministry shall continue to collaborate with government departments, civil society and the private sector in the provision and delivery of Health education/promotion and Advocacy interventions.

### **3.4 Cooperation with other Sectors**

3.4.1 The Ministry of Health will continue to collaborate and cooperate with her development partners and other sectors. The Health Sector has been oriented to target its programmes towards poverty reduction, gender mainstreaming and development of gender sensitive programs. The Ministry in collaboration with the appropriate committees will continue to coordinate and oversee implementation of these programs through Sector Wide Approach.

### **3.5 Basic Health Care**

#### **3.5.1 Primary Health Care**

Since its adoption by the Government, Primary Health Care has been the cornerstone of the Tanzania National Health Policy. In its endeavour to ensure success in delivery of essential health care in the country, the Government through Primary Health Care emphasizes on:

- Community involvement and ownership through active participation in identification of problem areas, planning, implementation, monitoring and evaluation of health care services;
- Multisectoral collaboration by establishment of Committees involving other Sectors such as Water, Agriculture, Education and Ministries such as Community Development, Gender and Children.
- Equity and accessibility to health care by ensuring that every individual has the right to health care, and equitable distribution of health resources in the country;
- Empowerment through decentralization of health services to regions and districts and communities to ensure effective coordination, implementation, supervision and provision of quality health care to the community;
- Providing promotive, preventive, curative and rehabilitative interventions to all individuals and families with their active participation;

In view of the above, Health Sector Reform underscores the initiatives of Primary Health Care through operationalizing the same basic principles and aims in provision of health care services.

#### **3.5.2 Essential Health Care Package**

This is an integrated collection of cost effective interventions that address the main diseases, injuries and risk factors and include: Reproductive and Child Health, Control of Communicable and Non Communicable Diseases, Treatment of Common Conditions of local prevalence within the District, Community Health Promotion and Disease Prevention, through environment sanitation and management and Occupational health services. The essential health care package extends to all levels of health care provision as detailed below;

### 3.5.2.1 Reproductive and Child Health

Reproductive and Child Health interventions target on improving maternal conditions, family planning and addressing the needs of the child and other groups with focus on priority areas. Under the current arrangement, Reproductive and Child Health services form part of the basic essential health package.

- The Ministry of Health will collaborate with relevant sector ministries to achieve these aims through formulation of appropriate guidelines.
- The Ministry of Health aims at reaching all children under two years of age and sustains high routine immunization coverage levels of above 80%. Immunization services will continue to be given priority to ensure the majority of children are protected against Measles, Whooping Cough, Polio, Tuberculosis, Diphtheria, Tetanus, and Hepatitis B. This shall be achieved through collaboration with different stakeholders as guided by the National Poverty Reduction Strategy.
- The Ministry shall ensure the provision of continuous, sufficient potent vaccines, supplies, vaccination equipment and maintenance of the cold chain. Special efforts will be geared towards areas with low coverage and support mobile and out reach services for under privileged and hard to reach areas. The Ministry of Health will continue to sensitize mothers, communities and leaders at all levels about the importance of immunization and solicit their active support. In this regard, the National Poverty Reduction Strategy indicators will be used.
- The Ministry will introduce new vaccines against other vaccine preventable diseases of public health importance from time to time as the need may arise, to ensure that the lives of the children and community at large is well protected.
- The Ministry will promote Youth – friendly services to improve access to reproductive health information and services.
- Special emphasis will be targeted on reduction of maternal and under five morbidity and mortality.

### 3.5.2.2 Prevention and Control of Endemic, Epidemic and Pandemic Diseases

- Communicable diseases have remained a serious public health problem in Tanzania despite continued efforts to prevent and control them. The majority of the community has been informed about communicable diseases and epidemics. However, their behaviour and environment in which the communities live have not changed significantly. The diseases in turn cause premature loss of life, disability, consume scarce national resources, affect economic productivity and have the potential for undermining national development to the extent of eroding the gains realized.
- Special control programmes have been formulated against such diseases as Malaria, Acute Respiratory Infections, Diarrhoea diseases, TB and Leprosy, HIV/AIDS/STI and childhood immunizable diseases.



- The Health Policy is to integrate these programmes gradually within general health services so as to minimize the costs for utilizing the available resources and maximizing the benefits derived in order to:
  - (a) Contain the spread of HIV/AIDS;
  - (b) Prevent the spread of other communicable diseases in the communities;
  - (c) Achieve early detection of cases to control their spread within the communities;
  - (d) Provide adequate treatment where applicable to all cases diagnosed;
  - (e) Promote environmental measures and behavioural changes to reduce transmission;
  - (f) Educate the people on prevention, detection and simple treatment of common diseases;
  - (g) Prevent Nosocomial Infections.

The Ministry of Health emphasizes that prevention and control of communicable diseases will be within the scope of the National Package of Essential Health Interventions. Existing guidelines will be reviewed and updated from time to time to accommodate changes and improve environmental sanitation.

- **Malaria**

The people of Tanzania suffer most from acute febrile illness caused by malaria. The groups most vulnerable to malaria are young children and pregnant women.

Malaria is also the leading cause of death of all age groups for hospitalized patients. It is the leading cause of admissions and death in children under five years and above.

The Government is committed to reduce the burden of disease due to Malaria. To address the problem, the Ministry of Health will apply four strategic approaches:

- Improved malaria case management
- Use of Insecticide Treated mosquito Nets (ITNs)
- Control of malaria in pregnancy, and
- Malaria epidemics prevention and control.
- All these strategies will be complemented by IEC on control and prevention of Malaria.

- **HIV/AIDS**

The National response to the HIV/AIDS epidemic consists of developing strategies to prevent, control and mitigate the impact of the epidemic.

In the presence of the epidemic, the Health Sector will continue to lead the national response on technical issues related to the following:

- Prevention and control of HIV transmission strategies, which include:
  - (a) Sexually Transmitted Infections (STIs) services;
  - (b) Blood safety;
  - (c) Prevention of Mother to Child HIV Transmission;
  - (d) Design, development and distribution of IEC print and electronic messages and materials;
  - (e) Health education and promotion;
  - (f) Voluntary Counseling and Testing (VCT);
  - (g) Care of HIV/AIDS patients at both facility level and community home based care;
  - (h) Provision of treatment for Opportunistic Infections and eventually Anti-Retroviral Therapy;
- Impact mitigation and support to affected and infected individuals and addressing the stigma.
- Management and coordination of the health related technical aspects of the national response.
- Supporting and guiding biomedical and health related research on HIV/AIDS.

### 3.5.2.3 Treatment of Common Diseases and Injuries

This is the basic health care service provided by the health service delivery system. It requires a health delivery system with adequate and properly trained staffs who are accessible to patients and supplied with the necessary material resources. The interventions will vary from one district to another in order to accommodate local burden of diseases.

- **Provision of Essential Drugs, Medical Supplies and Equipment and Reagents**
  - The provision of essential drugs, reagents medical supplies and equipment will be based on the National Drug and Supplies Policy Guidelines. The overall objective is to make available to all Tanzanians at all times the essential pharmaceutical products, medical supplies and equipment which are of high quality, proven effectiveness, acceptable standard and safety at a

price that the individual and the community can afford. These are needed for health promotion, prevention and treatment of illnesses

- This Policy is aimed at rationalizing the use of drugs and other commodities through better information, rational prescription and compliance at all levels. It also aims at encouraging the growth of local industries in the manufacture of pharmaceuticals, medical supplies and equipment for the purpose of meeting the local needs and creates the environment of the local industries competing in the regional and international markets.
- **Provision of Oral, Eye Health Care, ENT Services and Prevention of Mental Health and Substance Abuse**
  - These are special programmes which offer specialized health care services, the objectives of which are: - to prevent occurrence of Mental, Oral, ENT and Eye diseases; provide appropriate treatment for these disease conditions; educate health workers on how to manage these disease conditions; to educate the public on ways to protect themselves from these illnesses and how to manage them if they appear.
  - The Ministry of Health will integrate them into general health care services particularly at the district level and below.

#### **3.5.2.4 Prevention, Control and Management on Non Communicable Diseases**

- Health Management Information, health statistics and continued research show that there is exponential increase of non-communicable diseases in the population. Sentinel monitoring districts continue to inform policy makers on the increase of diseases of old age, hypertension, maturity onset diabetes mellitus and different types of cancers.
- The Government will continue to do research in this area, enhance control of the non-communicable diseases and improve the management of the increasing workload of patients with these conditions. This will include increasingly important areas of injuries and trauma, mental health and substance abuse. The National Essential Health Package includes a strategy to manage non-communicable diseases. As the population pyramid changes with more citizens living longer than before special measures will be elaborated to care for the health of the elderly.

#### **3.5.2.5 Environmental Health and Sanitation**

- Environmental health and sanitation, is an important area for promotive and preventive health. It is one of the best indicators for measuring social and economic developments which can be achieved by, among other things) enhanced environmental cleanliness, monitoring of water quality and safety, monitoring of food quality and safety of locally produced foods and imported foods at ports of entry, manufacturing, packaging and sales outlets.

- The Ministry of Health will achieve these aims through provision of health education and promotion at all levels to individuals, families and communities.
- Formulation of guidelines on different aspects of environmental health and sanitation will be given priority.
- The Ministry of Health will continue to collaborate with other stakeholders with the aim of achieving better environmental health and sanitation.
- The Ministry of Health will enforce solid and liquid waste management at each facility.

### **3.5.2.6 Occupational Health Services**

- The Ministry of Health will ensure workers' protection against all occupational hazards, which may occur in their work places such as industries, estates, plantations and other high-risk institutions. It is the responsibility of the management at work places to offer health information and services to their employees according to guidelines given by the Ministry of Health. The Councils will be responsible for the coordination and guidance in the provision of health services to employees of these institutions, with technical support from the Regional Secretariat and Ministry of Health.

### **3.5.2.7 Sustainability and Community Involvement**

- 3.5.2.7.1** The community must be involved in taking care of its own health. Participation of the community in decision-making must therefore go beyond the Council Health Service Boards. The community should be more involved in planning, implementation and evaluation of all health programs from village to national levels. The community will be responsible for the safety of medicine, medical supplies and equipment in providing security to their health facilities.

## **3.6 Food and Nutrition**

Balanced food of quality, safety and adequate nutritious food value and supply, is important and essential for the maintenance of physical and mental health.

It is fundamental for a good nutritional state, which enables individuals, and families to lead socially and economically productive lives that will make individuals, households and community to contribute towards national economic development.

Tanzania's socio-economic development is seriously affected by four major nutritional problems;

- Vitamin A deficiency;
- Protein, Energy Malnutrition. These reduce survival and productivity. They also affect intelligence and school performance.

- Iron Deficiency Anaemia which affects both physical capacity and intelligence;
- Iodine Deficiency in pregnant women, which results in impairments of mental development to the unborn babies with implications leading to failure to thrive, poor school performance and thus future productivity. In order to alleviate these deficiencies, the Ministry of Health in collaboration with other sectors shall: -
  - Support actions aimed at promoting food security;
  - Strengthen better nutrition practices and general care for vulnerable groups including children, pregnant and breastfeeding women, adolescents, the elderly, the sick, those in disaster situations and institutions;
  - Promote appropriate child feeding practices including optimal breastfeeding and adequate complementation;
  - Develop micronutrient deficiency control strategies including consumption of iodated salt, supplementation and food based approaches;
  - Ensure detection and early treatment of nutrition disorders;
  - Promote operational and basic research in nutrition;
  - Promote activities which ensure the quality and safety of food at all stages of production, handling, processing, distribution, storage and preparation;
  - Promote healthy life styles;
  - Strengthen Nutrition Information Systems at the community, district, regional and national levels.

### **3.7 Chemicals Management and Control**

3.7.1 The Ministry of Health through the Government Chemist Laboratory Agency is responsible for management and control of chemical hazards and/contamination of their products.

3.7.2 The priority areas shall include: -

- Raising public awareness on safe chemicals use and handling;
- Establishing legislation and regulatory instruments to manage chemicals;
- Establishing enforcement structure for the existing legislation and regulations;
- Provision of adequate national capacity to ensure safety through management and control of chemicals and their products;

- Providing guidelines on proper disposal practices of waste/expired chemicals;
- Establishing a national information system for chemicals management and establishing a National register for chemicals.

### **3.8 Forensic Science**

The Ministry of Health through the Government Chemist Laboratory Agency will provide timely forensic science information and scientific expertise to legal instruments and other customers to support investigation, detection, prevention and reduction of crimes in the community. The forensic science services will contribute to existence of safer, fair and justice society by providing laboratory analytical/test results and reports backed up with evidence data.

### **3.9 Research**

3.9.1 The Government has established special institutions to carry out research on health problems. The National Institute for Medical Research is charged with the responsibility of coordinating and disseminating medical research information. The Tanzania Food and Nutrition Centre, is responsible for identifying health issues in relation to food and nutrition in the country. Institutions of higher learning such as Muhimbili University College of Health Sciences, Kilimanjaro Christian Medical Centre and others, have among other objectives, responsibilities of training various health cadres to conduct research. In addition, the Ministry of Health has established a Health Systems Research Unit to coordinate all health research in the country in accordance with national research priorities which are:

- District Health Services – Management, Monitoring and Evaluation,
  - Functioning of the referral system,
  - Integration of Health services.
- Quality of Services.
- Morbidity and Mortality Patterns.
- Health Policies studies.
- Resource mobilization, Allocation, and Utilisation.
- Organisational/Functional structures.
- Specific and refined areas such as HIV/AIDS, Emerging and Re – Emerging diseases.

3.9.2 The Ministry of Health will continue to encourage health research covering both Public and Private Sector services which assist the Government and the Community at large to make informed choices regarding health services.

3.9.3 Research in traditional medicines will focus on the identification of traditional remedies, screening of traditional herbal and medicinal materials and assessing the efficacy and safety of the products.

3.9.4 Districts/Councils with the assistance of Regions will be encouraged to identify priority areas and conduct operational research with the aim of improving service provision. Training in research skills will target all health workers to build capacity in research.

## **4.0 STRUCTURE OF HEALTH SERVICES IN TANZANIA**

### **4.1 The Structure of Health Services**

The structure of health services at various levels in the country is as follows:

#### **4.1.1 Community Health Services**

- It is the responsibility of each individual and/or household to take care of its own health. The communities have an obligation to their own health and should be involved and participate in addressing and solving health issues using the available local resources. The Village Government should recognize and enhance the pivotal role of communities in directing local health services.
- The communities will have the mandate to choose their own community health worker who will be the main linkage between the community and the nearest health facility. The community health worker responsibilities will include, health education, and assisting in relevant public health interventions.

#### **4.1.2 Dispensary Services**

- This is the first formal health unit of level one health services. It is a primary health facility which offers outpatient services including reproductive and child health services, and diagnostic services. A dispensary caters for 5,000 people and oversees all the village health services.
- The Ministry of Health shall standardize these units in all parameters including the staffing level, equipment, drugs, and medical supplies and approved building plans.
- The Dispensary Committee and Dispensary Management Teams will be established. Dispensaries shall provide comprehensive Primary Health Care services which will include the following:
  - Health Education and IEC to people being served by the dispensary;
  - Treatment of diseases;
  - Reproductive and Child Health Services, and Family Planning;
  - Integrated Management of Childhood Illnesses (IMCI);
  - School Health Services including HIV/AIDS, Immunization Services to children and mothers;
  - Continuation of treatment for TB, Leprosy, Mental and other diseases in collaboration with higher level facilities (Rural Health Centre in particular),



Outreach Services and mobile clinics with special focus to nomadic communities;

- Prepare Dispensary Health Plans and monitor their implementation;
- Where appropriate provide expertise and supervision of health care activities in the villages served by the dispensary;
- Prepare progress reports for submission to the relevant committees established by the Council;
- Refer patients with complicated conditions to higher levels as necessary following the established referral system; and
- Collecting and utilization of data to provide feedback to various levels including the community.

#### 4.1.3 Health Centre Services

- This is the second formal health unit of level one-health services. It is a primary health facility, which offers Outpatient and In-patient services, maternity care, laboratory, and dispensing and mortuary services. A Health Centre shall cater for 50,000 people and supervise all the dispensaries in the Division. Where the population is higher than 50,000, the level of services will be increased to accommodate a higher throughput.
- The Ministry of Health shall standardize the staffing level, equipment, drugs, medical supplies, reagents, dental oral health and building plans. These standards will be revised as need arises.
- A Health Centre under the Local Government Authority through the Health Centre Committee and Management Team, shall;
  - Provide promotive, preventive, curative and rehabilitative services,
  - Act as the first referral center from dispensaries in its catchment's area; keep health service data and records according to given guidelines.
  - Provide feedback to other levels including dispensaries.
- Each Health Centre shall have a communication facility including appropriate transport for referral of patients to hospitals and supervision. Lack of transport/communication undermines the services to the mothers and children, and is a key factor contributing to high maternal and infant mortality rates.

#### 4.1.4 District Hospital Services

- Hospital services in the district are offered by the District Hospital and other level one hospital. Level one hospital services provide;

- Out-patient and In-patient care;
  - Act as the second referral level;
  - For the primary health care facilities in the district or catchment's area; and
  - Perform general surgical and obstetric operations.
- The District Hospital under the Council through the Hospital Governing Committee and Hospital Management Team shall: -
    - Provide health care to the catchment's population;
    - Act as referral centre for patients from lower level health facilities of the district;
    - Conduct teaching and training of middle and operational level health cadre, conduct action oriented research programs in the district;
    - Give supportive supervision and inspection and provide technical skills to lower health facilities in the district and refers patients to the regional hospital.
  - The Ministry of Health shall maintain the criteria for the establishment and standardization of all parameters of these hospitals including the staffing level, equipment, drugs, reagents, medical supplies and approved building plans. For those Districts, which do not have Public Hospitals, the Government will continue to collaborate with the designated Voluntary Hospitals.
  - The District Hospital shall have a communication and transport system appropriate for the functions and services to be rendered.

#### 4.1.5 **Regional Hospital Services**

- This is a hospital establishment providing level two (Secondary) referral services from level one hospital.
- The Regional Hospital under the management of the Regional Secretariat through the Regional Hospital Board and Hospital Management Team, shall have the following functions:
  - To provide all services offered at district level but at a higher level of expertise;
  - Offer second level referral services from level one hospitals;
  - Conduct teaching and training of middle and operational level health cadre;
  - Conduct health research programs including operational research of health systems research in the Region;

- Provide technical skills to lower health facilities in the Region and offer specialized treatment in Medicine, Surgery, Obstetrics and Gynaecology and Paediatric, and shall include Eye, Dental, Mental illnesses, Orthopaedics and Trauma.
- The Regional Hospital shall have a communication and transport system appropriate for functions and services rendered.
- The Ministry of Health shall maintain the criteria for the establishment and standardization of all parameters of these health service facilities including the staffing level, equipment, drugs, reagents, medical supplies and approved building plans.
- Collection, collation, utilization and feedback to other levels.

#### 4.1.6 **National, Referral and Specialized Hospital Services**

This is level three and the highest level of hospital services in the country, which acts as referral centre for level two hospitals.

- **National Hospital**

- The National hospital (Muhimbili) is supervised by the Ministry of Health through Board of Muhimbili National Hospital. It also acts as zonal referral hospital for the Eastern Zone.
- The Ministry will ensure that the hospital is equipped with qualified human resources, sophisticated equipment and reliable and adequate transport/communication facilities so as to provide services as required.

- **Zones for referral hospital**

- At present there are four zonal referral/consultant hospitals. These are Muhimbili National Hospital, two voluntary agency hospitals – Bugando Medical Centre and KCMC and Mbeya Hospital owned by the government. The locations of these referral hospitals are in Eastern, Western, Northern and Southern Highlands zones respectively.
- Referral Hospitals will be equipped with the best mix of qualified specialists and consultants as well as sophisticated modern medical equipment so that they are able to handle cases, which are currently being referred abroad.
- The Hospitals shall offer all medical services offered by level two hospitals but at a higher specialist level. They will also conduct the training of high and middle level health personnel, health research, provide consultancy on various health and medical issues, and conduct outreach visits to other hospitals in the zone to offer specialists support services to the medical staff services. The Muhimbili College of Health Sciences (MUCHS) in

collaboration with the Hospital will do training of high-level health personnel at Muhimbili.

- Referral Hospitals shall have adequate and reliable transport/communication facilities to meet the demand to enable the specialists perform their duties better.
- The Ministry of Health shall determine service outputs and targets to be achieved by each institution.

### **Specialised Hospital**

- The two specialised hospitals, Mirembe Hospital (Dodoma) and Kibongoto (Moshi), which are directly supervised by the Ministry of Health, will continue to provide services to the mentally sick and TB patients respectively.
- These hospitals will be equipped with qualified specialists and consultants as well as sophisticated modern medical equipment so that they can deliver as required.
- The hospitals shall have adequate and reliable transport/communication facilities to meet the demand to enable the specialists perform their duties better.

#### **4.1.7 Treatment Abroad**

Diseases and cases, which need special treatment, will continue to be referred abroad for treatment.

## **4.2 Traditional Medicine and Alternative Healing Systems**

The role of traditional and alternative health care to Tanzanian people is significant. It is estimated that about 60 per cent of the population use traditional and alternative care system for their day-to-day health care. Traditional and alternative healing services and conventional health services are complementary to each other.

4.2.1 The Ministry of Health recognizes the role and contribution of traditional and alternative health care in the health status of people. The Ministry of Health will ensure that:

- The Traditional and alternative health practitioners will be accountable to their own prescriptions, remedies and therapies;
- The Village Community Government will appraise, assess and recommend in a particular locality traditional practitioners for registration by an approved authority;

- Legislation to provide for regulation of practitioners, therapies and remedies and other related treatments.

### **4.3 Public/Private Partnership**

4.3.1 Public/Private Partnership is a transparent cooperation and collaboration mechanism between Public and Private Sectors with mutual understanding as equal partners for a common goal with clearly defined roles. Potential partners include non-governmental, non-profit making institutions, faith based organization, community associations and common-interest groups, private for-profit health facilities and providers, patient-support groups, as well as projects and institutions from outside the Health Sector including the media, employers, environmental protection groups, refugee relief groups, and other civil society groups.

4.3.2 The Ministry of Health anticipates that a mutually beneficial cooperation of Public/Private Partnerships shall exist among public, faith based organization, NGO, private and informal and civil society sectors in the identification and prioritization of health needs of the population through joint fora. The partnership will jointly and transparently mobilize and share resources for development and efficient delivery of well-regulated health services while ensuring accountability to the public they serve.

4.3.3 The Ministry of Health will continue to communicate, co-operate, coordinate and collaborate with the Private Sector providers in the Health Sector, and will regulate and co-ordinate the establishment of health facilities by the private sector.

4.3.4 The Ministry of Health will promote the delivery of health services by the Private Sector Organizations and private for profit. Faith Based Organizations, Community-Based Organizations in collaboration with Public Sector health facilities.

4.3.5 Outsourcing of non-core functions

The Ministry of Health will facilitate the identification of services that are non-core functions and can be outsourced.

## **5.0 HUMAN RESOURCES DEVELOPMENT AND MANAGEMENT**

Human resource is the most critical element in the Health Sector. The goal of human resources development is to prepare and empower health workers to provide and manage quality health services at all levels. It is envisaged that a well-planned, trained and deployed workforce will adequately cope with current and emerging and re-emerging health problems. Human resources will be adequately remunerated and supported to enable them fulfill their future tasks.

The human resource development and management will ensure that health workers are equipped with norms for moral and ethical obligations.

To achieve this goal, the following process will be undertaken: -

### **5.1 Human Resource Planning**

5.1.1 Planning will have to be flexible and responsive to changing needs in the Public, NGOs and Private Sectors. Planning of the numbers and types of health workers will take into consideration health needs, disease burden, workloads, and available financial resource base. However, Human Resource Planning will also focus on curricula studies and other changes and adopt and adapt models and theories related to education and learning.

### **5.2 Training**

5.2.1 Human Resources Development and Management will be responsible for facilitating pre-service training, in-service training, and continuing education. It will also be responsible for facilitating graduate, post-graduate training, internship and fellowships in collaboration with appropriate authorities.

5.2.2 Human Resource Development and Management will oversee the quality of training, registration and re-certification through collaboration with health professional authorities, owners of private health training institutions, the National Council of Technical Education and other stakeholders.

### **5.3 Funding and Financing Training of Health Workers**

5.3.1 The Government will continue setting mechanisms for funding and financing the training for health workers.

5.3.2 The Ministry of Health will continue to review and provide guidelines on cost-sharing mechanisms in health training institutions.

5.3.3 It will be the responsibility of employing sectors, agencies and other authorities to budget and finance training for their employees.

## **5.4 Management of Health Training Institutions**

- 5.4.1 There are several health-training institutions for various health cadres in the country. In order to ensure that they fulfill their mission and goals, sound management and leadership will be ensured.
- 5.4.2 The Ministry of Health will develop and review guidelines for admission, academic progression, completion and certification of health training institutions *to* ensure compliance to training standards and quality.
- 5.4.3 The Ministry of Health will facilitate the establishment of Governing Boards for each training institution whose composition and terms of reference will be determined.
- 5.4.4 The Ministry of Health will establish, strengthen and support Zonal Training Centres to offer continuing education, in-service training and distant learning. It will also oversee the training of Health Sector Reform related issues.
- 5.4.5 The Ministry of Health has set up clearly defined priority areas for fellowships and scholarships. It has also established a fellowship committee to select and approve candidates for scholarships and sponsorship.
- 5.4.6 The Ministry of Health will provide and review guidelines for supervision and quality training indicators. It will also conduct internal audit and supportive supervision in the health training institutions in collaboration with the Health Service Inspectorate Unit.
- 5.4.7 The Ministry of Health will ensure that all health-training institutions establish the Medical Training Board.

## **5.5 Deployments and Retention of Personnel**

- 5.5.1 The Ministry of Health in collaboration with Presidents Office, Public Service Management (PO-PSM) and Presidents Office, Regional Administration and Local Government, will set up a clear programme for recruitment, deployment and retention of trained health personnel in appropriate numbers and skills mix. It is important to ensure that deployed staffs are retained in those service areas to ensure sustainable provision of quality health services.

## **6.0 HEALTH SERVICES FINANCING**

### **6.1 Rationale of Health Financing Options.**

Following the Arusha Declaration, the Government was the major provider and financier of health services. Emphasis was on the provision of Primary Health Care Services. This led to a massive expansion of health services particularly in the rural areas with a corresponding expansion of training facilities for health workers. Provision of health care in these facilities, was adversely affected after the economic recession of 1970s and 80s. As a result, the Health Sector experienced inadequate allocation of resources leading to deterioration of health care services. In addressing this shortfall, the Government in its reform process, introduced Cost-Sharing in 1993 and thereafter, other financing options such as Community Health Fund and National Health Insurance.

### **6.2 Financing sources**

#### **6.2.1 Central Government**

The Government will continue to be the major financier of health services.

#### **6.2.2 Local Government and Service Provision**

The councils will also finance health services through Council tax collection and other earnings. This will enhance sustainability and ownership of the health services delivery.

#### **6.2.3 Voluntary Agencies and Faith Based Organizations**

Voluntary Agencies and Faith Based Organisations run health services and several health facilities such as hospitals, health centres, dispensaries and health training institutions. The organizations will continue to finance these services through their own funds and service charges. The Government will continue to provide subsidies to these organizations including the use of performance related contractual arrangements.

#### **6.2.4 Executive Agencies**

The Executive Agencies Act allows the establishment of Executive Agencies to render health services on behalf of the Government. These Agencies will sustain their services through revenue collected by way of charging the services provided.

#### **6.2.5 Community Contributions**

Communities will contribute to services provided through cost sharing for health care services. Their contributions will be in the form of cash or in kind.

- **User Fees**

Communities will be encouraged to contribute through user-fees in health facilities to complement the Government financing. However, exemptions will



be provided to the poor and vulnerable groups for the following reasons: - increase access of health services to those who cannot afford to pay public health services such as maternal and child health, and epidemics. The details and procedures for exemption are outlined in the Cost-Sharing Guidelines.

- **Community Health Fund**

Community Health Fund is recognized as an effective tool for mobilising voluntary community involvement and participation in supporting their own health care. It provides an opportunity for seasonal income earners in the informal sector to pay for their health services before they fall sick. Advocacy and promotion of the Scheme will be stepped up to mobilize communities to join the Programme.

- The Ministry together with other relevant government departments will put in place mechanisms for risk sharing and cross – subsidization so as to ensure solidarity and equity.

- **Health Insurance Scheme**

There is a mechanism to ensure medical protection of employees in the formal sector. Both private and public Health Insurance Schemes will continue to be encouraged. However, the Government will continue to develop policy guidelines for developing different types of Health Insurance Schemes.

- **Private Organizations**

Private organizations are permitted to provide health services to the public for profit by using the regulations issued by the Ministry of Health.

The quality of health care services provided, are monitored and regulated to ensure standardized quality of health care.

### **6.3 Development Partners**

Development Partners are encouraged to finance health services through a Common Sector Investment Plan under Sector Wide Approach (SWAp) while efforts are being made to move towards self-sufficiency and sustainability.

### **6.4 Resource Allocation**

Resource allocation within the Health Sector will be based on equity principles, mainly on population, burden of diseases in the population (under five mortality), mileage or distance covered during supervision and poverty index. The details of resource allocations will be reflected in the respective guidelines.

### **6.5 Financial Management**

Funds for Central and Council level activities will continue disbursed based on approved health plans and cash flows. Implementation will be monitored on quarterly basis using the

quarterly progress implementation and financial reports. The details are stipulated in respective guidelines.

## **7.0 DEVELOPMENT PARTNERS**

### **7.1 MODALITIES OF COLLABORATION**

The Ministry of Health will continue to collaborate with organizations which assist in the provision, and promotion of health services.

7.1.1 The Ministry will involve local authorities in all areas, which in one way or another deal with the health services provision and promotion falling under their jurisdiction. The Ministry will also involve local and external development partners and Non-Governmental Organizations, Civil Society and individuals in health activities in the country.

7.1.2 The Ministry of Health will enhance collaboration with other sectors whose responsibilities have a bearing on health provision and promotion in the country, in order to achieve the objectives of this Policy.

7.1.3 In the process of collaboration with partner organizations, the Ministry of Health will apply the Sector-Wide Approach to planning which emphasizes the following important principles: -

- Planning for the entire sector including harmonization of vertical programmes to a Single Sector Investment Plan;
- Involvement of all stakeholders and partners in the planning process from the problem identification through to implementation phase;
- Increased transparency and trust on the Government, the partners; and the Community.

## **8.0 MONITORING AND EVALUATION**

**8.1** The Ministry will ensure that there is a comprehensive and clearly defined operational system of monitoring and evaluation on performance of the Sector. The system must be able to provide decision makers at health facility levels with the following for evidence-based planning and management: -

8.1.1 Information through the Health Management Information System;

8.1.2 Burden of Disease Data;

8.1.3 Outbreak and epidemic information for emergency preparedness and disease control;

8.1.4 Community-based data to measure the impact and cost-effectiveness of health interventions;

8.1.5 Country status of internationally notifiable diseases;

8.1.6 Inventory of health care facilities, health personnel and essential drugs, supplies and equipment;

8.1.7 Human Resource Management Data;

8.1.8 Financial Resources Data.

**8.2** The Ministry of Health has adopted and will continue to strengthen the following systems for data generation and management within the Sector: -

8.2.1 The Health Management Information System for routine health facilities data collection, analysis, reporting and utilization;

8.2.2 Integrated disease surveillance system for the collection and reporting on communicable disease at all levels including international reporting, shall be put in place, strengthened and maintained.

8.2.3 National Sentinel Site Surveillance for the collection and reporting of community-based information in selected districts. The goal is to have an adequate number of districts incorporated in the system in order to arrive at reliable National Information on this area.

8.2.4 Enhancement of feedback mechanisms to all health care levels.

**8.3** The long-term strategic objective of the Ministry of Health is to integrate the above-mentioned systems into the Integrated Disease Surveillance.

**8.4** The Ministry of Health shall provide national standards and guidelines relating to inter alia;

- appropriate health care facilities,
- buildings and equipment,

- staff levels,
- quality health care,
- user satisfaction,
- good management practices,
- proper treatment,
- proper nursing procedures for each type of health facility and
- compliance by conducting time to time inspections.

Inspections will also be done to Public, Private, and Voluntary Agency health facilities, Institutions and Practitioners.

- 8.5** All health facilities in the country shall conform to the requirements of data collection and reporting as provided by the Ministry of Health guidelines on Health Management Information System and Integrated Disease Surveillance.
- 8.6** Patient and client records are CONFIDENTIAL information, and shall not be passed to unauthorized persons without prior written approval of the patient or client. These records shall be maintained to enhance confidentiality.
- 8.7** The Ministry of Health from time to time shall initiate and review the necessary legislation on effective delivery of Health Services.
- 8.8** Clients Charter.

The Ministry of Health will strive to meet client's satisfaction as regards to the quality of health services provision. This will be achieved by continuous improve the standards of service provision to the clients.