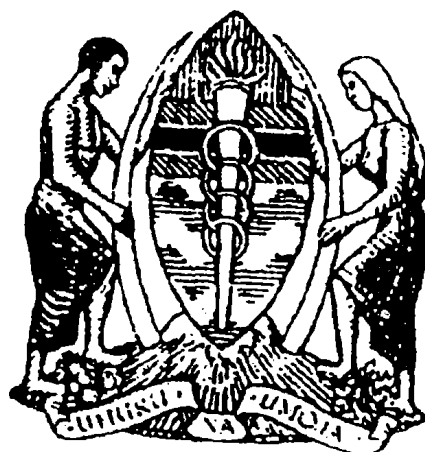


UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH



NATIONAL HEALTH POLICY

Ministry of Health
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ABBREVIATIONS

1. DDH - District Designated Hospital
2. EDP - Essential drugs programme
3. ENT - Ear, Nose and Throat
4. KCMC - Kilimajaro Christian Medical Centre
5. MCHA - Maternal and Child Health Aide
6. MCH - Maternal and Child Health
7. NGO's - Non-Governmental Organisation
8. OPD - Outpatient Department
9. PHC - Primary Health Care
10. TB - Tuberculosis
11. UNICEF - United Nation Children Fund
12. UPE - Universal Primary Education
13. WC - Water Closet (Toilet)
14. WHO - World Health Organisation

FOREWORD

Since Independence, the Ministry of Health has been guided by the overall Policy when undertaking its programmes/projects without a written health policy, which negates the proper and rational preparation and implementation of projects and programmes.

The Ministry in 1988/89 appointed a team of senior technical employees to prepare policy recommendations which were distributed to other Ministries, health related institutions and regional health administration for comments.

The recommendations and suggestions collected by the Ministry of Health, were used in the formulation of the Health Policy Document. This Health Document is the first of its kind for the health sector in Tanzania. As a first attempt there may be some shortcomings and therefore regular revisions will be necessary to accommodate the current challenges of politics and economic realities.

The Ministry welcomes positive and constructive comments from all those involved in implementing the Health Policy. The comments will be used when reviewing the Health policy in the aim of improving it for the benefit of all concerned.

To the Health Workers, this Policy should be used as a tool to guide the process of planning, implementation and evaluation of health services performance.

The Ministry of Health would like to thank those who actively took part in preparing and finally writing the Health Policy for the first time in the history of health services in Tanzania.

MINISTRY OF HEALTH 1990.

1. INTRODUCTION

The Health Policy is aimed at improving the health status of all people wherever they are, in urban and rural areas, by reducing morbidity and mortality and raising life expectancy. Good health, i.e. physical mental and social well being, is a major resource and economic development.

1. This health policy emanates from the history of health services in this country since independence. Before independence, health services were established in urban areas and were mainly curative. The colonial government did not make any efforts to develop health services in the rural areas. After independence, health services plans were considered an integral part of the overall national development plans. The government approved the First Five Year Development Plan (1964-1969) with section of Health. In a speech delivered in parliament on 12th May, 1964, in relation to the plan, the first President, Mwalimu Julius K. Nyerere outlined the following three objectives:

- 1.1. To increase the per capita income of the population
- 1.2. To be self-sufficient in health personnel requirement
- 1.3. To increase all expectancy from 35/40 years to 50 years.

One of the goals of this plan was to establish a regional hospital, to provide specialist and surgical medical care, in all regions.

It was realised that, the goal of establishing a 200 bed hospital in each District was not feasible. Psychiatric patients were treated in regional hospitals to supplement the special psychiatric services offered by Mirembe, Lutindi and Muhimbili hospital. Special for tuberculosis was started in the regions.

In the First Year Plan (FFYP), the Government expected to increase hospital beds as follows:

- from 8,307 to 10,240 for general patients
- from 1,348 to 1,545 for gynaecological and obstetric patients
- from 1,207 to 1,449 for psychiatric patients
- from 1,408 to 1,668 for T.B patients

The Government planned to established 300 rural health centres, each to serve about 50,000 people and supervise 5 satellite dispensaries. Each health centre was to have 8 maternity beds and six general beds for short term hospitalization. The Government aimed at increasing the number of students enrolled in medical training institutions and also introduce new courses to satisfy the demand for health care workers.

Emphasis was put on improving hygiene, environmental sanitation and child nutrition.

2. The Second Five Year Development Plan (1969-1974) was developed after the Arusha Declaration (1967) which emphasized the policy of self-reliance and equitable distribution and access to various social services and resources in the country. A major step in this plan was the direction of health services towards preventive services to curb the spread of communicable diseases.

In general the Second Plan aimed at consolidating the efforts of the First Plan. The Government planned to construct 80 new health centres during the plan period and 100 dispensaries per five plan, the target being one health centre for every 50,000 people and one dispensary for every 10,000 people by the year 1985. Training personnel was to go hand in hand with the expansion of health services. The second five year plan was more successful because the Government had gained some experience from the first five year plan.

3. The objectives of the Third Five year development Plan (1976-1981) were to provide clean water, health services in urban and rural areas and to establish a Universal Primary Education (UPE) programme. The objectives were vital in the implementation of a primary health care approach which was declared internationally in Alma Ata USSR in 1978. The objectives of the First, Second and Third Five Year development Plans have contributed in the implementation of primary health care with the goal of health for all by the year 2000.

In the Third Five Year Plan, the Government gave priority to the following areas:

- 3.1. Environmental Sanitation and good nutrition. The party initiated various health campaigns like “Chakula ni Uhai” (Food is Life) and “Mtu ni Afya” (A Person is Health)
- 3.2. Construction of rural health centres and dispensaries
- 3.3. Expansion and strengthening of preventive services
- 3.4. Provision of adult education and distribution of health education materials
- 3.5. Provision of primary education to all children attaining the age of going to school.

This was the beginning of cooperation with other sectors involved in the implementation of primary health care.

The social sector is of great importance in the economic development of the country and the improvement of health services is a prerequisite. For example achievement of the objective of “economic self-reliance” envisaged in the 3rd Five Year Development Plan depends on success in the social sector.

In the implementation of the Third Five Year Plan, the Government spent 9.4% of the development budget on health services (1970's). By the end of the third five year plan, there were 149 hospitals, 230 health centres and 2,644 dispensaries. On average, 93% of population were within a distance of 10 kms, of a health facility. At present there are 98 district hospitals (including designated ones), 16 regional hospitals, 65 other hospitals and 4 referral hospitals and which have specialists and consultants in various disciplines. TB and psychiatric patients are attended at district and regional hospitals (to supplement services provided at the special hospitals - Kibong'oto, Mirembe and Muhimbili.) Maternal and Child Health (MCH) clinics are conducted in all health facilities giving a total of 3000 MCH clinics in the country. 80% of expecting mothers attend antenatal clinics at least once during their pregnancies and 60% deliver at a health facility. Only 40% deliver at home assisted by traditional midwives.

MCH clinics offer vaccination, health and nutrition education and family planning services. Success has been recorded in the reduction of morbidity and mortality due to the six immunizable child disease and deaths arising from the six (preventable) childhood diseases. Vaccination coverage in 1988 was estimated to be 85%.

Training of health personnel was done hand in hand with the expansion of health services so as to satisfy the requirements at the different health care levels. The followings are statistics of health personnel as of 1988:

| | |
|---------------------------------------|--------|
| - Medical Officers | 1,255 |
| - Assistant Medication Officers | 517 |
| - Medical Assistants | 3,195 |
| - Rural Medical Aides | 5,391 |
| - Nurses Grade "A" | 2,825 |
| - Nurses Grade "B" | 8,066 |
| - MCHA | 4,110 |
| - Health Officers | 590 |
| - Assistant Health Officers | 1,897 |
| - Village Health Workers | 2,400 |
| - Others in various disciplines | 11,644 |

Achievement in the health sector have led to a rise in life expectancy from 35 years (1964) to 52 years (1984) and to a reduction in infant mortality rate from 215 per 1000 (1961) to 105 per 1,000 in 1987.

II. POLICY OBJECTIVES

1. The overall objective 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. The specific objectives of the policy are to:

1. Reduce infant and maternal morbidity and mortality and increase life expectancy through the provision of adequate and equitable maternal and child health services, promotion of adequate nutrition, control of communicable diseases and treatment of common conditions.
2. Ensure that health services are available and accessible to all people wherever they are in the country, whether in urban or rural areas.

3. More towards self sufficiency in manpower by training all the cadres required at all levels from village to national levels.
4. Sensitize the community on common preventable health problems and improve the capabilities at all levels of society to assess and to analyze problems and to design appropriate action through genuine community involvement.
5. Promote awareness in Government and the community at large that health problems can only be adequately solved through multisectoral cooperation, involving such sectors as education, agriculture, water and sanitation, community development, women organizations, the party and non-governmental organizations.
6. Create awareness through family health promotion that the responsibility for one's health rests squarely with the able-bodied individual as an integral part of the family.

III. THE HEALTH POLICY AND POLITICAL SCENARIO

The Government of Tanzania follows a policy of self reliance. The ruling party give guidance for the country's development. Achievement attained in the health sector are a result of the party guidelines in the 1967 Arusha Declaration and other Party and Government directives as outlined in the development plans. The 15 year party programme (1987-2002) and other Party guidelines on economic development have reiterated the need to improve and maintain quality health care services for the whole population.

IV. HEALTH SERVICES IN TANZANIA

1. PRIMARY HEALTH CARE

II. Primary Health Care Services

Primary Health Care is the cornerstone of the health policy. In 1978 the World Health Assembly passed the Alma Ata Declaration on Health for all by the year 2000. This social goal can only be attained through the implementation of Primary Health Care (PHC). Tanzania had already started implementing the goal of health for all after the Arusha declaration of 1967. In 1983, the Ministry of Health issued guidelines on the implementation of primary health care in the country.

Primary Health Care is essential healthy care based on practical, scientifically sound and social acceptable methods and technology: made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It involves other sectors such as water, education, community development, political parties and NGO's in order to minimize the utilization of available resources.

1.2 Basic requirements of PHC

1.2.1. Community Involvement

Community involvement in the health is an essential prerequisite for

the implementation of PHC. Involvement and participation should be voluntary and the community should have a full say about their health. They should be involved in identification of problem areas, planning, implementation and evaluation of all health programmes from villages to national levels. Efforts should be made to enlighten the people and the various sectors about their roles and responsibilities to enable them participate full in the attainment of better health. Village Health Workers provide a good link between the people and the health system. The use of Village Health Workers is a strategy to facilitate the implementation of PHC. Every village in the country should have at least two Village Health Workers, one of them to concentrate on MCH activities while the other will deal with environmental sanitation. The public should be responsible for the safety of medicine and medical equipment in their health facilities. The village leadership should make regular checks on the health facility to ensure security of drugs and supplies. The community should be motivated to participate in the construction and maintenance of health facilities.

1.2.2. Cooperation with other sectors

Provision of health services requires close cooperation among various sectors. Multisectoral collaboration should be established in all stages from the preparation of plans, implementation and evaluation. Sectors to be involved are agriculture, water, education, community development, political parties, religious organisations and other charitable organisations, and private organisations/individuals. Laid down procedures should be followed to ensure coordination and cooperation in planning and implementation of health development programmes. Multisectoral primary health care committees

will ensure coordination of health activities at the different levels. At the national level, the Primary Health Care Steering Committee provides guidelines for the implementation of primary health care programmes in the country. The Ministry of Health has already developed and distributed guidelines on the functions of Primary Health Care Committees.

1.2.3. Decentralisation to Regions and Districts

Ministry of Health will continue to give overall health policy guidelines. Implementation of health programmes will be done by the regional and local governments, voluntary agencies, parastatals and the private sector. District health services will be strengthened. District Health Plans should be prepared by the District PHC Committees. The Districts Medical Officer, as the District PHC Manager, has the responsibility of coordinating and supervising all health activities in the district, assisted by the District Health Management Team. He/She is the warrant holder for the health fund.

1.3. Primary Health Care elements

Primary Health Care has the following elements:

1.3.1 Education concerning prevailing health problems and methods of preventing and controlling them.

Health education is an integral part of community involvement in PHC. The health of the individual, the family and the community at large is dependent upon such factors as environment, social cultural traditions and life-style. The individual and the community are in a position to change the environment and his/her behavior to the betterment of the health status of the society provided that the society has the necessary information and

sensitization for action, towards health promotion and disease prevention. Health Education needs to be strengthened and address issues related to agricultural development, child upbringing, environmental sanitation and development in general. School children shall be made a special target group for health education through the School Health Programme. Health Education will be provided by a variety of methods including mass media, continuous development and dissemination of health education materials and through dialogue with communities. The organisational structure of health education will be strengthened through decentralization.

1.3.2 Flood and Nutrition

Adequate intake of nutritious food is essential for the promotion and maintenance of physical and mental health. A good nutritional state will enable individuals and families to lead socially and economically productive lives. In order to achieve this:

- activities which promote household food security must be supported.

- availability of adequate food in quality and quantity among vulnerable groups (children, pregnant women and breast-feeding mothers) must likewise be promoted.

- proper feeding practices (breast feeding and weaning habits) in infants and young children will be encouraged.

- nutritional disease should be prevented or detected and treated early.

- appropriate ways of storing food at all levels must be developed and promoted.
- early detection of malnutrition secondary to communicable diseases must be emphasized.

The Tanzania Food and Nutrition Centre under Ministry of Health in collaboration with the Ministry of Agriculture, is responsible for this area and has developed a comprehensive nutrition policy to guide the implementation of this element.

1.3.3. Adequate supply of water and basic sanitation

Water-borne diseases are among the major health problems in this country. The aim of the Government will be to:

- provide sufficient quantities of water to households.
- promote sound use of water.
- encourage safe basic hygienic practices in families.
- promote construction of latrines and their use in all households, health facilities and educational institutions.
- provide water source within 400 meters to all households so as to ease the work load of women.
- encourage the maintenance of clean environment around houses, and village institutions.
- provide water sources at all health facilities and primary schools so as to coordinate this with health education

Essentially these aims will be reached through health education as well as through the provision of water to the villages and to institutions. The Ministry of Water and the Ministry of Health will work closely together to achieve these aims.

1.3.4 Maternal and Child Health including Family Planning

Women of child bearing age are the prime targets for health care delivery. Maternal health will continue to be a top priority in health care in Tanzania. Through mothers , children are reached and consequently their health situation will also be improved. Maternal and child health care is a key element in health care delivery. It must be provided in all health facilities throughout the country.

It is an integrated curative, promotive and preventive service, which:

- reduces deaths, diseases and disabilities among children and women of child-bearing age.

- provides comprehensive health education to mothers.

- promotes proper health care to families through home visits and health education.

- provides comprehensive health education to mothers.

- promotes proper health care to families through home visits and health education.
- provides opportunities for family planning to men and women.
- provides care for women before, during and after delivery.

MCH services have many elements of Primary Health Care Services. The health centres should be well equipped and the health personnel should be continuously trained and developed.

1.3.5 Vaccination Against Major Infectious Diseases.

The immunisation services is well established and its implementation has been enhanced in recent years. Through this service the majority of children are now protected against measles, whooping cough, polio, TB, diphtheria and tetanus.

The aim is to reach all children and to be able to sustain high coverage levels. This may be achieved by:

- provision of continuous sufficient supplies of potent vaccines and vaccination equipment throughout the country.
- directing special efforts towards areas with low coverage.

- continue to sensitize mothers, communities and leaders at all levels about the importance of childhood immunizations and solicit their active support.
- providing special out-reach service for under privileged areas.

The immunization programme shall gradually become part and parcel of a fully integrated MCH service.

Integration shall be in the areas of continuing education, supervision and other activities at every health facility.

1.3.6 Prevention and control of Epidemic and locally endemic Disease.

Communicable diseases are the most common diseases in Tanzania. Major efforts must therefore be directed towards prevention and adequate treatment of these diseases. In order to control infectious diseases special control programmes have been formulated against such diseases as malaria, diarrhoea diseases, acute respiratory infectious and TB/Leprosy, and is being developed for sexually transmitted diseases.

The aim will be gradually to merge these programmes within one PHC strategy so as to minimize utilisation of resources and benefits derived in order to:

- prevent the spread of the diseases in the communities
- achieve early detection of cases to reduce spread.
- provide adequate treatment to all cases discovered.

- promote environmental measures to reduce transmission.
- reduce mortality and disability caused by these diseases.
- educate the people on prevention, detection and simple treatment of common disorders.

The strategy will incorporate all the elements of PHC. It should be self-sustaining and affordable and put emphasis on the family and community.

The majority of the community have not been adequately educated about communicable diseases and epidemics, and their environment is still not (un) sanitary. Apparently it is imminent that these disease will continue to be threat to people's lives. The nation is losing a lot of resources, people and money due to the problem. Guidelines on how to control epidemic diseases are necessary. The following shall be included in the guidelines:

- A list of epidemic diseases, which can occur in the country.

To show the responsibilities of the community at the individual, family, village, district, regional and national levels before, during and after the epidemics.

- The Primary Health Care Committees at various administrative levels shall become emergency committees to undertake the control of epidemics.

1.3.7. Appropriate Treatment of Common Disorders and Injuries.

This service is the basic curative treatment provided by the health system. This requires a health delivery system with adequate and properly trained staff who are accessible to patients and who are supplied with the necessary material resources. This involves:

- training institutions which produce health workers geared towards the basic health needs in the population and who are conversant with appropriate treatment with diseases including injuries.
- updating of diagnostic and curative skills through continuing education.
- working environments which are conducive to satisfactory work performance.
- adequate supplies of essential drugs and equipment.

1.3.8 Provision of Essential Drugs and Equipment.

The availability of essential drugs and equipment facilities, the provision of safe, effective and efficient treatment. The National Essential Drugs Programme provides safe drugs for the treatment of common disorders among the community. This programme has reduced the problems of shortage of essential drugs in the country, especially in rural areas (dispensaries and health centres).

The EDP Programme has the following objectives:

- providing safe, efficient and effective drugs to treat common disorders.
- providing drugs that are affordable in sufficient quantities.
- providing essential equipment and supplies to all health facilities.

Supply of essential drugs shall be expanded to meet the demands of the health facilities including those in urban areas and in hospitals' outpatient departments. Increased availability and accessibility to simple treatment will be achieved through provision of drugs and dressings to village health workers. Essential Drugs will remain a cornerstone in Primary Health Care.

The Drug Policy emphasises the availability of safe essential drugs to all the people at the time they need them. The main objective of this Health Policy is to encourage the growth of local public and private pharmaceutical industries in order to enhance self reliance in the production of essential drugs. The long term policy shall be the production of raw materials to be used in the production of essential drugs.

Procurement of drugs shall be based on:

- the national list of essential drugs.
- the common disease affecting the majority of people in the country.

The Ministry of Health shall ensure that all institutions engaged in production, procurement, distribution, safety and storage of drugs abide with this policy.

1.3.9. Provision of Mental, Oral and Eye Health Care.

There are special programmes which offer these services. Each programme provides continuing education to the personnel concerned and also provides curative and preventive services against these diseases. At present each programme is run on a vertical basis. In future these programmes shall be integrated into the PHC activities. The aims of these programmes are:

- to prevent occurrence of these diseases.
- to provide appropriate treatment for mental, oral and eye conditions.
- to educate health workers in how to diagnose and treat these disorders.
- to encourage community involvement in development of mental, oral and eye health services and to generate a spirit of self help.
- to inform the public on ways to prevent these illness and how to manage them if they appear.

The objective of these programmes shall be achieved if they are properly implemented. Emphasis shall be for the integration of these programmes with other PHC activities.

2.0 URBAN HEALTH SERVICES.

Before Independence, many health services were established in the urban areas. All big hospitals were built in towns, except for a few religious organisations' hospitals which were scattered in the rural areas. Hence, urban dwellers had better access to health services than their rural counterparts.

The Arusha declaration reversed this trend so that all the people had equal opportunities and accessibility to health services. The declaration's social equity policy directed social services to where the majority of people lived. More services were therefore directed to the rural areas where 90% of the populations lived. Preventive health services were given more priority than curative services. In order to provide health services to as many people as possible, the Government aimed at providing one dispensary to serve between 6,000 and 10,000 people and one health centre to serve about 50,000 people.

At the same time the government started training programmes for various medical personnel to meet the increased demand for them. These efforts are still being implemented. Despite achievements realised in the rural areas, the provision of health services in the urban areas had remained static. As a result, the urban health services deteriorated and do not meet the needs of the urban population. Currently, 80% of the people live in the rural areas and 20% in the urban areas. Therefore there is a need to put more emphasis on the improvement and development of urban health services in the country.

3.0 INDUSTRIAL AND STATE FARMS HEALTH SERVICES.

Many corporations and industries have been providing health and medical services to their employees without effective coordination by the Ministry of Health. Big farms such as tea, coffee, cotton plantations and sisal estates have been providing health services to their employees. The Health policy puts more emphasis on workers protection against all health hazards which occur in industries, estates and plantations. It is the responsibility of the managements to offer medical and preventive health services to their employees according to guidelines given by the Ministry of Health. The local governments shall be responsible to offer preventive occupational health services to the villagers.

4.0 RESEARCH

The Government has several special research institutions for health related problems, including human disease. The National Institute for Medical Research is charged with the responsibility of controlling health and medical research in the health sector. Further research shall be directed towards operational research to address problems which hinder smooth implementation of primary health care services including management of communicable diseases, people's habits and customs. The results out these researches shall be used for better decision making and proper planning for health services development in the country.

V. STRUCTURE OF HEALTH SERVICES IN THE COUNTRY

1. GOVERNMENT HEALTH SERVICES.

Before Independence, health facilities were constructed and run by the Central Government, Local Government, religious established its health facility for its own purpose and without coordination with other authorities. This trend which lacked co-ordination among different authorities, made it possible for some lucky areas to get more health facilities than other areas. After independence, the Government took deliberate steps to rectify this situation by starting equitable distribution of health facilities in the country.

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

1.1 Village Health Services.

This is lowest level of Health Care delivery in the country. Village Health Post services are vital for all villages without a health facility. The Government intends to establish a village Health Post to all villages which do not have health facilities by the year 2000 and beyond.

Village Health Post do not require a permanent building. They provide essentially preventive services which can be offered in homes. They only require an office for storage of medicines and equipment. Two Village Health Workers shall be required for each village health post, one of them shall deal with maternal child problems and the other shall deal with environmental sanitation. The Village Health Workers shall be chosen by the village government amongst the villagers and be given a short training before they start providing services.

Any remuneration due to them shall be provided for by the village government. Where possible, the responsible local government shall assist in giving incentives to the Village Health workers.

The services to be given include:

- health education about diseases in the village
- health education about clean and safe water, hygiene and environmental sanitation.
- advice on maternal and child health
- advice on food and nutrition
- treatments of minor ailments
- collection of statistics on diseases and immunisations
- identifying referral cases.

The Village Health Post personnel shall require transport, preferably a bicycle, to be able to visit the villagers in their homes.

1.2 Dispensary Services

This is the second stage of health services. The long term objective is to have one dispensary for each village to expand the scope of Primary Health Care services. A dispensary shall cater for between 6,000 to 10,000 people and to supervise all the village health posts in its ward. A dispensary shall have facilities for out-patient department (OPD), MCH., a maternity room with at least two beds, WC for ladies and gents, and rooms for the dispensary

staff. The dispensaries shall be built according to standard plans prepared and approved by the Ministry of Health and they should be allocated big plots to leave room for future expansion. A dispensary shall have the following qualified staff:

- Medical Assistant or Rural Medical Aide
- MCHA or Public Health Nurse or Nurse Midwife
- Rural Health Assistant

Services to be provided by the dispensaries are the following:

- health education to people being served by the dispensary
- treatment of diseases
- MCH and delivery services
- treatments and immunisation services to children
- health care services and health education to schools
- continuation of treatment for TB, Leprosy, Mental and other chronic diseases in collaboration with other higher level facilities, rural health centre in particular.
- conduct visits to villages for the purpose of identifying health problems and trying to solve them or refer them to a higher health facility.

- collection of statistics and other storage. The dispensary shall keep records or vital events among the community served.

- provide expertise and supervision to village health workers in the villages served by the dispensary.

- prepare progress reports about the dispensary

- refer patients with complicated conditions to higher levels especially to health centres.

A dispensary requires means of transport to facilitate communication. A bicycle could be very useful to enable the dispensary staff to supervise and support community services provided by the village health workers in catchment area.

1.3 Health Centre Services.

A health centre is expected to cater for 50,000 people, which is approximately the population of one administrative division. Health Centres shall be built according to standard plans and should have enough facilities commensurate to the services number of medical staff required.

The present standard plans for health centres offer enough space for future expansion and extension of the rural health centres to district hospitals. A health centre shall have the following qualified staff:

- Medical Assistant/Assistant Medical Officer

-Rural Medical Aide

-Senior Nurse

-Midwife/Nurse

-MCHA or Public Health Nurse

- Health Officer
- Assistant Health Officer
- Assistant Laboratory Technician
- Pharmaceutical Assistant.

The services offered by the health centres are similar to those offered by the dispensary but the health centres offer more specialised services which shall include:

- In-patient department for patients who require short hospitalization.
- Supervision of dispensaries as well as provision of primary health care services in the division.

Each health centre shall have a 4WD vehicle. In addition a motorcycle or a bicycle will be needed to facilitate transport for better performance. It is the responsibility of the District Councils or any other authority concerned to make sure that the health centres have reliable means of transportation.

1.4. District Hospitals

The District is a very important level in the provision of health services in the country. Each district should have a district hospital. For those districts which do not have government hospitals, the government will negotiate with religious organisations to designate voluntary hospitals as district hospitals (DDH). The designated hospitals shall get subventions from the government according to contract terms.

The district hospitals shall be built according to standard plans approved by the Ministry of Health. On average, district hospitals should have between 60 and 150 beds. Vital facilities in district hospitals shall be the following:

outpatient department and MCH
store for drugs and equipment
laboratory and blood bank
X-ray section
Theatre
enough wards for In-patients
kitchen
laundry
technical, carpentry and tailoring workshop
mortuary
dispensing room

The district hospital should have a good mix of qualified staff of different specialities and experiences as follows:

Graduate Medical Officers and Assistant Medical Officers
Nurses of different qualifications
Pharmacist
Laboratory Technician
Radiologists
Health Officer
Health Secretary etc.

Services offered at District hospitals shall include the following:-

- all medical services except for conditions which require specialist care.
- planning, organising and supervision of all health activities in the district.

- conducting on the-job training for all medical staff in the district.
- identifying major health problems in the district and working out strategies to overcome them.
- preparing accurate district health services progress reports for circulation to the Ministry and other places concerned.
- conducting operational research aimed at providing efficient health services in the district.
- to participate in the training of health staff of the District hospital.
- referring patients who required special treatment to regional hospitals.

District hospitals shall have transport facilities like a Landrover/ ambulance, lorries, motorcycles and bicycles to enable the District hospital perform its duties efficiently and effectively. It is the responsibility of regional or district government authorities to provide transport facilities to the district hospitals.

1.5. Regional Hospitals

Every Region shall have a regional hospital. Regional Hospitals offer similar services like those offered at district hospitals, however regional hospitals have specialists in various fields and offer additional services which are not provided at district hospitals.

Regional hospital buildings shall be based on plans and designs approved by the Ministry of health. Because of the specialised services offered in

these hospitals, they required special rooms and more wards than those at the district hospitals. Regional hospitals on average shall have between 200 and 400 beds.

Most regional hospitals in the country are old and cannot offer adequate services to meet current needs of the population. They need have to be improved/rehabilitated according to the Ministry's guidelines.

Regional hospitals have a variety of trained manpower and specialists with experiences in the following fields:

- surgery, medicine, gynaecology/obstetrics, paediatrics and community health.
- pharmacy
- laboratory services
- health administration
- nursing
- environmental and occupational health services; health education.

Services offered at the regional hospitals shall include:

- all services offered at the district level but at a higher level of expertise.
- specialised treatment of eye, dental and mental diseases.
- supervision and coordination of all health services in the region acting as a major link between the Regional administration and the Ministry of Health in matters of Health Care.

- attending referral cases from the districts and referring serious cases to the referral hospital.

- conducting operational research to improve health services in the region.

The regional hospitals shall require more transport facilities than the district given that the specialists have to make supportive supervisory visits to the district hospitals and other health facilities in the region.

1.6 Referral/consultant Hospitals.

This is the highest level of hospital services in the country. Presently there are four referral hospitals namely, the Muhimbili Medical Centre which cater for the eastern zone; Kilimanjaro Christian Medical Centre (KCMC) which cater for the northern zone; Bugando Hospital which cater for the western zone; and Mbeya Hospital which serves the Southern Highlands. The national goal is to have a total of six referral hospitals. Efforts are being made to construct the additional two to cater for the central and Southern Zones.

These referral hospitals shall have to be equipped with sophisticated modern medical equipment so that they are able to handle cases which are currently being referred abroad. Each of these hospitals should be encouraged to develop and master one speciality and acquire appropriate equipment so that patients who are currently being referred abroad can be managed in the country. Referral hospitals shall need adequate wards to cater for all specialisations. They also require emergency medicine and intensive care units to cater for patients who require special and close attention. A referral hospital shall

have between 400 and 600 beds.

The existing referral hospitals, have between 420 beds (KCMC) and 1423 (MMC).

In addition to medical services, the referral hospitals shall offer preventive care, teaching and research services. Hence they are supposed to have the best mix of qualified specialists and consultants, to be able to perform their duties well in their various specialties.

These referral hospitals shall offer the following services:

- all medical services offer by other lower health facilities but at a specialist level.
- specialist medical services like cancer treatment, ENT, etc.
- teaching undergraduate and postgraduate medical students plus other allied courses.
- conduct research in the medical field
- provide consultancy on various health and medical issues
- conduct outreach visits to other hospitals in the zone to offer specialists support services to the medical staff.
- referral hospitals shall require adequate and reliable transport facilities than other hospitals to enable the specialist perform their duties better.

1.7. Treatment Abroad

Other diseases and cases require special treatment whose facilities and equipment are not available in the country. Depending on the foreign exchange position, some patients have to be sent for treatment abroad. There shall be clearly defined procedures to follow before one is sent abroad for treatment.

2.0. Approved Organizations Health services

2.0. Voluntary Agency and Religious organizations health Services.

Voluntary Agency and religious organizations are contributing a lot in providing health services in this country. So far, 17 designated hospitals and two referral hospitals (KCMC and Bugando) belong to religious organizations. These hospitals are being run under special agreements between the government and respective Missionary Organizations. There are several voluntary agency and religious organizations' hospitals all over the country which get government funding under the grants-in-aid programme. This mainly covers hospital beds and medical personnel. Recently non-traditional organizations have started providing health services to the public.

The Ministry of Health shall continue to co-operate with these organizations and honour its contracts and obligations to these hospitals. The Ministry shall control and co-ordinate the establishment of hospitals and health centres by these organisations so that services are established as stipulated by the health policy.

2.2. Parastatal organisations Health Services.

Most parastatals in the country have established small dispensaries in work premises to cater for their employees and dependents. Nevertheless some corporations like the Sugar Industries have established hospitals which cater for their employees and non-employees who are in their catchment area. This is a commendable arrangement and it shall be encouraged to continue provided that:

- It is the organisations which shall be responsible for the establishment and management of the hospitals. The Ministry of Health shall only offer advisory services.

- The organisations should offer free services although they may charge user fee in accordance with the cost sharing policy to recover some of the running costs.

- They shall employ medical personnel according to the establishment approved by the Ministry of Health for dispensaries and hospitals. It is prohibited to employ a medical doctor to work in a dispensary without the permission of Ministry of Health.

3.0. Private Health Care Services

Private health care services shall be run according to the guidelines prepared by the Ministry of Health. Private Health Services are vital in complementing the government and public services, though they are not evenly distributed in the whole country. The Party and the Government should encourage these services and control them so that they can serve the community effectively.

4.0. Traditional Medicinemen services

Traditional healers and birth attendants are still very much respected among the people. Most people first consult the traditional healers and only visits hospitals in case of complications. 40% of pregnant are being served by the traditional birth attendants. The Ministry of Health shall prepare a policy on the operation of traditional healers and birth attendants, in the country. The policy should encourage the improvement of traditional medicines use and control.

The Ministry will continue to strengthen the co-operation already established between the Government and the traditional healers.

Vi. Training and development of medical personnel

1. Pre-service training

There are several medical training schools for various medical cadres. The goal aim of the Government is to train adequate, qualified and motivated medical personnel at all levels of the health care system. Most of their training will be done in the country. To ensure the availability of adequate, competent and motivated health personnel, the following had to be adhered to:

1.1. The training curricula have to be continuously revised to incorporate medical science developments. Training for management and primary health care shall be given prominence.

1.2. Books and teaching aids are vital. Schools should have enough books and teaching aids. Tanzanians are encouraged to write books for use in the schools. CEDHA Institute in Arusha and other Institutions should be strengthened to print the books.

1.3. Practical training is a necessity in medical training. There should be more practical training which will also enhance medical services in places where practicals are done.

1.4. Selection of students to join the medical schools should be based on their academic performance and capability, the number of staff required in each cadre and the intake capacity of the schools.

1.5. All types of training have to be evaluated from time to time. Timely evaluation will enable the Ministry to know the relevance of the training and need for courses to be adjusted. There should be strict examination procedures which are geared towards testing the students capability to offer better medical services before commencing work. The Ministry should supervise the examinations and inspect the medical schools regularly.

1.6. All medical school have qualified teachers. The Ministry will make efforts to get adequate teachers by strengthening teachers training schools. Short term crash programmes for teachers will be done in order to get as many teachers as possible in the schools. The teachers should have good knowledge and expertise to teach primary health concepts and management. The teachers will also have to offer medical services to the public wherever they are.

1.7. The medical schools require strong leadership. The schools principals should be selected on the basis of their experience and proven management capabilities.

2.0. In-service training

The objective of In-service training is to make sure that the medical personnel are upgraded to give the best services at all levels.

The In-service training and continuing education will give priority to those health workers whose performance are not to standard due to lack of adequate training. As the total number of health workers is big. Continuing education is one of the incentives to employees. To make this plan a success the followings have to be adhered to:

2.1. It will be the responsibility of the Health District Leadership to offer inservice training to all employees in the district as well as to the village health workers. The District has to budget for inservice training yearly. However, workshops, seminars and conferences can be used as one of the training forums at Hospitals, Rural health centres and dispensaries. Supervision of employees should be accompanied with workers education, with emphasis in primary Health Care and Management.

2.2. The regional administration will be responsible to offer inservice training of all health workers at the regional hospital ensure that training at district level is carried out accordingly. In matters of training, the region will be the link between the Ministry of Health and District. Hence communication on matters of training from the Ministry to the District will pass through the region.

2.3. For smooth supervision and control, the training will be organised according to zones at the consultant hospitals or selected medical schools.

2.4. The Ministry of Health will issue inservice health programme guidelines and will also make sure that books and equipment are provided and distributed all over the country. It will also ensure that other training activities offered by vertical programmes are coordinated and integrated to make the best use of available resources.

3.0. Development programmes for Health personnel

Training and development of health personnel should be according to the demand in the health services system. There is need to make a follow up of their training, allocation and performance. The approved establishment has to be adhered by the employers. However it has to be evaluated and reviewed according to changing needs and capabilities.

VII. HEALTH SERVICES FINANCING

1. CENTRAL GOVERNMENT FUNDS

The Central Government finances the health services in two ways:

- i) The Ministry of health provides funds to the referral hospitals and the various medical schools. It also provides funds to its parastatals such as the Muhimbili Medical Centre (MMC), the Tanzania Food and Nutrition Centre (TFNC) and National Institute for Medical Research (NIMR). The Ministry gives subventions to KCMC hospital, Bugando hospital and other designed hospitals belonging to the religious organisations.

- ii) The Prime Ministers office provides funds for the running of regional and district hospitals including salaries for their employees. At the sametime the office of the Prime Minister gives subventions to the local councils for the salaries of running health centres and dispensaries.

2.0. LOCAL GOVERNMENT FUNDS

The local governments are responsible for the running of dispensaries and health centres in the rural areas. They have to provide funds for; purchase of medicines and equipment; salaries and training and development of employees; construction and maintenance of the dispensaries and health centres. Local governments get their funds from Government subventions and local taxes.

3.0. FUNDS FROM VOLUNTARY AGENCIES AND RELIGIOUS ORGANISATIONS

Voluntary agencies and religious organisations contribute a lot to health services in the country. Most of the health services in the rural areas are provided by these organisations. They receive subsidies from the government and purchase their medicine and equipment from the government stores. Some organisations run several health and medical schools for health workers. These organisations also contribute their own funds in running their hospitals, health centres and medical schools. It would be necessary to establish an effective system obtaining health information from all these agencies and organisation as a way of monitoring their services.

4.0. FUNDS FROM DONORS

Many countries and organisations assist Tanzania in the provision of health services. Such assistant is provided in different forms. Major donors provide funds to the Ministry of Health for the running of national, regional or district health projects. Other donors assist by bringing their experts and offering medical equipment and medicines. Such assistance is usually directly extended to the Government or routed through International organisations like WHO, UNICEF etc.

5.0. PEOPLE'S CONTRIBUTION TO THE HEALTH SERVICES

Communities have contributed towards the construction of health centres either by participating physically in the building work or providing materials and money.

It has been the policy of the government to offer free medical services in all hospitals and health centres and this has been a big burden on the government. At the time being, the government's financial capability to finance all health services is decreasing and it is not possible to meet the ever increasing costs. The government is looking into ways of how the people can contribute in paying for some of the health services so as to minimise its burden.

Recommendations on how they will contribute will be communicated to them when the exercise on cost sharing is finalised.

VIII. CO-OPERATION WITH LOCAL AND FOREIGN ORGANISATION

The Ministry of Health co-operates with a number of organisations which support health care services. It will continue to cooperate with all organisation and Institutions which show interest in Health Care promotion.

XI. IMPLEMENTATION OF HEALTH POLICY

Implementation of the health policy will be supervised by the Ministry of Health at national level. Because of decentralisation, the policy at regional and district levels will be supervised by the regional and district authorities according to guidelines from the Ministry of Health.

The implementation of the policy, the Ministry will coordinate with:

The Ministries responsible for Water, Agriculture and Education; NGO's; International Organisations; the Political Parties and the Private Sector. Guidelines for the implementation of various sections of the policy have been prepared and are in use.

Other guidelines will be issued from time to time as need arises.

In order to achieve the objectives of the policy, the Government will give special directives on some issues of the policy so as to give a legal position. The Ministry in collaboration with the Planning Commission will develop implementation guidelines. The Ministry will evaluate the efficiency of leadership at various stages and shortcomings in implementation will be rectified.