United Republic of Tanzania

Ministry of Health

MULTISECTORAL ACCOUNTABILITY FRAMEWORK FOR TB RESPONSE IN TANZANIA (MAF-TB)

To Accelerate Progress Towards Ending TB by 2030

2023-2030

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Keynote

The Government of Tanzania is committed to promoting and sustaining the welfare and development of its people. That is the ultimate goal of the National Development Vision 2025 and all other key national development policies and strategies. In this pursuit, the Government has adopted the dynamics of social and economic circumstances through constant learning from our own experiences and other societies, continuously reflecting on our goals, and implementing appropriate response strategies to new challenges and opportunities.

Over the years, the health sector has faced multiple, and unpredictable challenges that threaten the National Development Agenda. Many internal and external factors have had a bearing on the endeavors of keeping the Tanzanian people healthy, such as emerging new epidemics or re-emerging old ones, and inadequate resources for providing quality healthcare services. All these factors call for our readiness to adopt new strategies and rise to these challenges in a timely manner.

Tuberculosis (TB) disease is not a new disease and has been around the world for thousands of years. TB is the global leading infectious disease killer and Tanzania is among the 30 countries with the highest TB burden. WHO 2022 estimates indicate that at least 73 Tanzanians die each day due to TB and too many TB patients (35%) are missed by the healthcare system implying a continued spread of the epidemic in our communities. Globally and at the national level there is a renewed commitment to end the TB epidemic by 2030.

TB is both preventable and curable. Adoption of effective preventive measures, such as living or working in better-ventilated premises and less congested environments, improved nutrition status at the individual, household, and community level, and proper cough hygiene (covering mouth and nose when coughing and sneezing) all can help in TB control. Unfortunately, TB is concentrated in settings beset by poverty and other social and economic challenges and in the most vulnerable populations. Therefore, ending TB epidemic in Tanzania cannot be achieved by the health system alone. It requires firm political commitment at the highest level, strong multisectoral collaboration (beyond health), and an effective accountability system.

The adoption of this Multi-sectoral Accountability Framework for TB (MAF-TB) will be an important tool for ending the TB epidemic in Tanzania. MAF TB will be coordinated by my office at the PMO Coordination Unit to enlist mandates and expected interventions from different stakeholders, both from state and non-state actors. A strong accountability system will also be instituted to ensure that MAF TB commitments are achieved within the specified time frame to attain the national TB elimination targets. Finally, I would like to reiterate the commitment of the Government of Tanzania to the implementation, monitoring, reporting, and periodic review of the prioritized activities under MAF-TB for the ultimate benefit of the people of Tanzania.

Hon. Kassim Majaliwa Majaliwa, (MP)
Prime Minister, United Republic of Tanzania

https://www.who.int/teams/global-tuberculosis-program/data

Foreword

A Multisectoral Accountability Framework to end TB (MAF TB) was first endorsed during the first World Health Organization (WHO) Global Ministerial Conference on ending TB in Moscow in 2017. Thereafter, the MAF – TB political declaration was made at the UN General Assembly High-Level Meeting on TB (UN HLM on TB) in September 2018. The World Health Organization (WHO) has been working with partners and civil society organizations to support countries to establish MAF TB structures, MAF TB is aligned to the UN SGD 2030 goals and WHO end TB strategy.

MAF-TB is a call to galvanize efforts beyond the health sector that are needed to reach out to vulnerable groups facing increased risk of TB due to where they live or work such as prisoners, miners, healthcare workers, school pupils, etc. Other vulnerable groups with limited access to quality TB services include migrant workers, people in police custody, children, refugees, or internally displaced people. The main aim of the MAF-TB is to attain a multisectoral approach to TB beyond the health sector through the identification of strategic interventions and an accountability framework for all identified sectors beyond the health sector. Through this multisectoral approach, structural barriers that enable TB stigma and discrimination will be addressed.

The MAF-TB Tanzania will build on long-established collaboration between the Ministry of Health and other sectoral ministries through the coordination of the Prime Minister's Office, effective engagements of the civil society organizations such as the National Network of Former TB Patients (MKUTA) and the Tanzania TB Community Network (TTCN), the Tanzania Stop TB Partnership which coordinates TB Non-State Actors, the Private Sector and the Parliamentary TB Caucus. The MAF-TB approach will be grounded on; the identification of firm commitments and actions from Multisectoral partners, the establishment of effective governance structures to ensure a strong accountability mechanism among all engaged partners.

It is therefore the responsibility of all the duty bearers and collaborators to ensure full execution of their mandates and roles in a bid to end TB in Tanzania before 2030.

Hon. Ummy Ally Mwalimu, (MP)
Minister for Health

Acknowledgments

This multisectoral accountability framework for TB (MAF-TB) is a product of the collective efforts of many individuals, the Government, and stakeholders. The Minister for State; Prime Minister Office -Policy, Parliamentary Affairs, and Coordination wishes to extend sincere gratitude to all who have devoted their effort, time, energy, and knowledge toward the development of this framework.

I would first like to appreciate the efforts of the line Ministries' officials who participated fully in internalizing the MAF-TB concept and developing this framework. Furthermore, I would like to acknowledge with great appreciation of key stakeholders who participated in the development and review of the framework. I sincerely appreciate their technical support towards the development of the framework.

I will also like sincerely thank the Ministry of Health (MoH) through the National TB and Leprosy Program (NTLP) for initiating the MAF TB development in close collaboration with the WHO Country Office, for its technical guidance in developing the framework and the Stop TB Partnership (STP) Tanzania who, in collaboration with National Tuberculosis and Leprosy Programme (NTLP), coordinated the involvement of various stakeholders, particularly from the civil society organization (CSOs) partners. As it is impossible to mention every individual, I extend my thanks to all those who, in one way or another, gave their input into the production of the strategic guidelines.

Finally, I acknowledge the Global Fund – ATM and the US Agency for International Development, through the AMREF-Afya Shirikishi Project and EANNASO/TTCN for financially supporting the development of this document.

Hon. George Boniface Simbachawene (MP)
Minister for State in the Prime Minister's Office - Policy, Parliamentary Affairs and Coordination

Statement of Commitment

In **recognition** of the threat to our country's development and adverse consequences posed by the TB epidemic in Tanzania such as taking the lives of about 26,000 people every year, being a leading cause of deaths among infectious diseases; exerting excessive burden on our healthcare delivery system, and affecting the most vulnerable groups in societies including elderly and children;

In **understanding** that TB disease is both preventable and treatable and that TB is mainly concentrated in settings beset by poverty and other social and economic challenges. Ending TB is beyond the health system, with cross-cutting issues such as poverty, undernourishment, poor living and working conditions, among others, increasing the risk of TB disease and death. TB is exacerbated by other diseases and conditions and the most attributable risk factors for TB in Tanzania are undernourishment and HIV. Structural barriers also propagate TB related stigma and discrimination and a multisectoral approach is key to tackling these wide-ranging challenges.

In **acknowledging** the fact that implementation of the outlined ministerial actions is cost-effective and beneficial to the country when compared to the higher long-term social and economic costs of TB in terms of reduced adult productivity due to prolonged morbidity, loss of schooling days for children suffering from TB, loss of lives, and high treatment costs, especially for people with multi-drug TB treatment resistance.

In **realizing** that Tanzania was among the 117 countries that adopted the Moscow Declaration to End TB at the first World Health Organization (WHO) Global Ministerial Conference on Ending TB, and committed to “supporting the development of a Multisectoral Accountability Framework” to accelerate progress to end TB. additionally, at the 71st World Health Assembly (resolution WHA71.3) in May 2018, member states welcomed the WHO draft Multisectoral Accountability Framework (MAF-TB), and requested the WHO Director-General to facilitate the process of establishing and implementing the MAF-TB, working with member states;

Therefore, we, the undersigned, commit ourselves and the ministries we lead to support the adoption, implementation, monitoring, reporting, and periodic evaluation of the Multisectoral Accountability Framework for TB (MAF TB) in Tanzania. We undertake to promote the provision of the required resources (human, financial, and technical) necessary to achieve the objectives of MAF – TB. We acknowledge our responsibilities to the people of Tanzania to see that MAF-TB becomes successful and targets to end TB are achieved by 2030.

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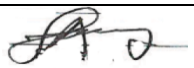	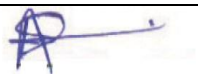
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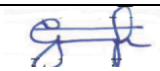	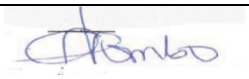
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	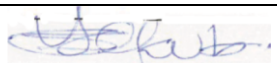
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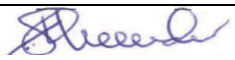	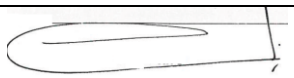
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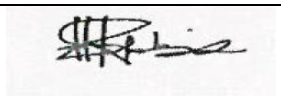	
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List of Acronyms

ACSM	Advocacy, Communication and Social Mobilization
ADDO	Accredited Drug Dispensing Outlets
CCHP	Comprehensive Council Health Plans
CSO	Civil Society Organization
DAHRM	Director of Administration and Huma Resources Management
DCDO	District Community Development Officer
DED	District Executive Director
DMO	District Medical Officer
DPP	Director of Policy and Planning
DTLC	District TB and Leprosy Coordinator
HLM	High Level Meeting
HSSP V	Health Sector Strategic Plan V
KVP	Key and Vulnerable Populations
MAF TB	Multi-sectoral Accountability Framework for TB
MDA	Ministries, Departments and Agencies
MKUTA	Mwitikio wa Kudhibiti Kifua Kikuu na UKIMWI Tanzania
MoH	Ministry of Health
NTLP	National Tuberculosis and Leprosy Program
NSP	National Strategic Plan
OSHA	Occupational Safety and Health Administration
PPD	Public Private Dialogue
PM	Prime Minister
PMO	Prime Minister's Office
PO-RALG	President's Office – Regional Administration and Local Government
PPM	Public-Private Mix
PS	Permanent Secretary
RAS	Regional Administrative Secretary
RCDO	Regional Community Development Officer
RMO	Regional Medical Officer
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
STP	Stop TB Partnership
TB	Tuberculosis
TTCN	Tanzania TB Community Network
TWG	Technical Working Group
UHC	Universal Health Coverage
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization

Definition of Terms

TB Accountability: This Means being responsible and answerable for the commitments made or actions are taken to end TB. It is a collaboration and commitment of sectors/partners to access the implementation of multisectoral cooperation.

Framework: It is a broad overview (or outline) and structure of essential components and sub-components, and the relationships between them. It serves as a guide that can be adapted, for example by modifying, adding or deleting items, and by adding detail to sub-components to customize or give them greater specificity

CHAPTER 1: Background and Context

1.1 Introduction

In November 2017, 117 national delegations adopted the **Moscow Declaration to End TB** at the first World Health Organization (WHO) Global Ministerial Conference on Ending TB. They committed to "supporting the development of a multisectoral accountability framework" to accelerate progress to end TB. At the **71st World Health Assembly (WHA)** (resolution WHA71.3) in May 2018, member states welcomed the WHO draft multisectoral accountability framework (MAF-TB). The WHA also requested the WHO Director-General to continue to develop the MAF-TB, in consultation with member states and working in close collaboration with partners, as well as to provide technical support for national adaptation and use of the MAF-TB.

In the political declaration of the UN General Assembly High-Level Meeting Resolution A/RES/73.3 *(8)*; on September 2018, member states committed to and called for the Director-General of WHO to finalize the MAF-TB and **ensure its timely implementation.** WHO finalized the MAF-TB guideline, building on contributions from member states, and partners, including civil society organizations. The UN Secretary-General's 2020 report on progress towards achieving Global TB targets and implementation of the UN political declaration on TB, once more reinforced the importance of multisectoral engagement for progress toward ending TB.

The Tanzania Stop TB Partnership (STP) was established in September 2021 to coordinate and harness multisectoral partnerships toward Ending TB by 2030. This includes creating and maintaining platforms where the TB control interventions by different sectors and ministries, as well as their magnitude, consistency, and impact on TB control, become and remain actively known. Thus, the Tanzania Stop TB Partnership, in collaboration with the Government of Tanzania and other partners, has developed MAF-TB which coordinates and appreciates every effort and holds accountable each sector to the extent to which it's contributing to the TB control in the country. MAF-TB Tanzania is synchronized with the Government planning cycle and will be implemented from 2023 to 2030 with thorough annual progress reviews being made. Concept and main approaches to multisectoral coordination and accountability, and the role of the MAF-TB in the multisectoral TB response.

1.2 The Framework

The essential components of an accountability framework comprise commitments, actions, monitoring, reporting, and review. Conceptually, commitments should be followed by the actions needed to keep or achieve them. Monitoring and reporting are then used to track progress related to commitments and actions. Review is used to assess the results from monitoring that are documented in reports and associated

products, and to make recommendations for future actions. The cycle of action, monitoring and reporting, and review will be repeated every year.

The results from monitoring and reporting, and the recommendations from reviews based on these results, should drive new and/or improved actions. Periodically, new commitments or reinforcement of commitments may be required based on reviews of progress. Accountability can be strengthened by reinforcing one or more of the four components of the framework. Examples include adding new actions, improving existing actions or stopping ineffective actions; increasing the quality and coverage of data available to monitor progress towards commitments made and actions taken; improving reports to better inform reviews of progress; improving review processes, such as by making them more high-level, more independent, more transparent and with wider participation; and ensuring that the results of reviews have meaningful consequences for action.

Multisectoral refers to the different sectors of an economy and/or related parts of government, which can be defined in various ways (e.g. agriculture, fisheries, forestry, mining, health, education, justice, housing, social services, manufacturing, retail services, finance, the media, sports, entertainment, the environment, information technology, telecommunications, energy, defense, public sector, private sector). In the context of health, the term multisectoral is usually used to refer to sectors of the economy (and related parts of government) that influence health and need to be engaged by the health sector to address health issues. A Multisectoral Accountability Framework needs to include content related to multiple sectors.

1.3 Multisectoral measures within TB-SDG lens

Tuberculosis (TB) is a major public health problem and a leading cause of death worldwide. It is also closely linked to poverty, social inequalities, and lack of access to basic health services. Therefore, tackling TB requires a multisectoral approach that addresses not only health-related issues but also social, economic, and environmental determinants of the disease. Here are some multisectoral measures that can be taken to address TB within the framework of the Sustainable Development Goals (SDGs):

1. Strengthen health systems: A strong health system is essential to provide comprehensive TB care and to ensure access to TB services for all. This can be

achieved through improving infrastructure, increasing the number of trained health workers, ensuring the availability of essential drugs and diagnostic tools, and promoting community-based care.

2. Promote social protection: Poverty and social inequality are key drivers of TB. Therefore, social protection programs, such as cash transfers, food subsidies, and social insurance, can help reduce the economic burden of TB on affected households and prevent catastrophic health expenditures.

3. Improve living conditions: Overcrowding, poor ventilation, and inadequate housing are risk factors for TB transmission. Therefore, improving living conditions, particularly for vulnerable populations such as refugees and slum dwellers, is critical to preventing the spread of TB.

4. Address environmental factors: Environmental factors such as air pollution and climate change can increase the risk of TB. Therefore, efforts to mitigate the impact of environmental factors, such as reducing air pollution and promoting climate-resilient agriculture, can contribute to TB prevention and control.

5. Strengthen education and awareness: Education and awareness-raising campaigns can help dispel myths and misconceptions about TB, reduce stigma and discrimination, and promote early diagnosis and treatment.

6. Strengthen research and innovation: Investments in research and innovation can lead to new and improved TB diagnostics, drugs, and vaccines, as well as innovative approaches to TB prevention and control.

By addressing TB within the SDG framework, a multisectoral approach can help to ensure that efforts to control TB are integrated with broader efforts to promote health, reduce poverty, and promote sustainable development.

Table 1: Essential Components of MAF-TB Accountability Framework at Country level

COMMITMENTS	ACTIONS	MONITORING AND REPORTING	REVIEW
Global Level • SDGs (2015) • WHO's End TB Strategy (2014) • Moscow Declaration at WHO Global Ministerial Conference on Ending Tuberculosis (2017) • Political Declaration of the United Nations General Assembly HLM on Tuberculosis (2018)	• Develop or strengthen, as appropriate, national TB strategic plans to include all necessary measures to deliver the commitments in the Political Declaration.	• Strengthen national capacity for data collection, analysis and use for monitoring and review purposes. • Country recording and reporting (cases, treatment outcomes)	• Periodic high-level reviews of the tuberculosis response at national and/or sub-national level • Use existing regional intergovernmental institutions to review progress, share lessons and

• 71st World Health Assembly (WHA) **Regional Level** • The African Union 2030 Agenda • The African Common Position on TB Catalytic Framework to End AIDS, TB and Eliminate Malaria by 2030 • 2012 Roadmap on Shared Responsibility and Global Solidarity for ATM Response • Common Africa Position on the Post-2015 Development Agenda • The Africa Health Strategy • The Africa Agenda 2063 • Regional Framework for implementing the End TB Strategy in African Region • African Ministerial Call for Action to Strengthening Laboratories • Moscow Declaration on TB Country Level • HSSP V • TB NSP VI	• Promote TB as part of national strategic planning and budgeting for health. • Establish and promote regional efforts and collaboration both to set ambitious targets and to generate resources. • Develop and implement country tuberculosis research and innovation agenda	• WHO Global tuberculosis report (annual) and associated products • Country national and sub-national annual TB reports and associated products • MAF-TB Country progress reports • CSOs/STP reports	strengthen collective capacity to end TB. • Strengthen linkages between TB elimination and relevant SDG targets, including towards achieving UHC, through established SDG review processes

2. CHAPTER 2. Situation analysis to inform the National MAF-TB

2.1 Epidemiological situation in Tanzania

The TB epidemic poses a major threat to the health, welfare and general social and economic development of the Tanzanian people. According to the WHO TB Report 2022, Tanzania is among the 30 high TB burden countries and the 30 high TB/HIV-burden countries.

Table 2: Estimates of Tanzania TB Burden, 2021 (WHO[i], 2022)

No.	Burden indicator	Average number	Average rate per 100,000 people
1.	Total TB incidence	132 000 (59 000-235 000)	208 (93-370)
2.	HIV-positive TB incidence	24,000 (11000 – 42000)	37 (17 - 66)
3.	MDR/RR-TB incidence	2,000 (650 - 3400)	3.2 (1 – 5.4)
4.	HIV-negative TB mortality	18,000 (8100 - 33000)	29 (13 - 51)
5.	HIV-positive TB mortality	7,800 (3800 - 13000)	12 (6 - 21)

Out of the estimated 132,000 TB patients in 2021, only 87, 415 patients were notified and enrolled into the healthcare system. This means, for every 100 TB patients, only 66 patients were identified and 44 patients remained unnotified. It is estimated that a TB patient who is not on treatment can infect up to 10 to 15 people in one year. Moreover, TB case incidence among children has been on the increase in recent years, retarding Government efforts, and being otherwise successful to reduce child mortality in the country.

The National Tuberculosis and Leprosy Program Strategic Plan (NTLP/NSP: 2020-2025) outlines key TB control interventions, including new infections prevention education and advocacy for enabling policy environment, community patient identification and notification, case diagnostic services and treatment services. However, the delivery of the planned services is slowed down by the persistent insufficiency of financial resources.

2.2 Socio-economic situation in Tanzania

The TB epidemic has had many adverse social and economic impacts on infected and affected individuals, households, and the community at large. They include reduced productivity due to weak health conditions, loss of employment, facilitating the progression of other health conditions, community stigma and discrimination, particularly because of widespread community perception of associating TB with HIV, etc. In general, the disease has resulted in exacerbated poverty and further vulnerability

[i] https://www.who.int/teams/global-tuberculosis-program/data

to many people. In the year 2021, about 45,000 TB cases were attributable to undernourishment and 42,000 were attributable to HIV co-infection.

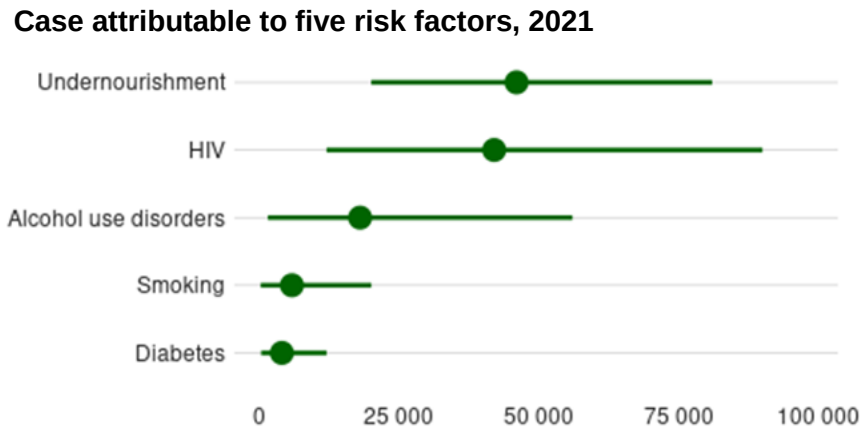


Figure 1: Cases attributed to five risk factors for TB, 2021

Furthermore, some people face increased exposure to TB due to where they live or work (living in urban slums, living in poorly ventilated or dusty conditions; being in contact with TB patients, especially children; working in overcrowded environments; staying in overcrowded schools' dormitories or classes; work in healthcare settings, etc.) such as prisoners, miners, healthcare workers, school pupils, etc. There are also people who have limited access to quality TB services (are from tribal populations or indigenous groups; are homeless; live in hard-to-reach areas; live in homes for the elderly; have mental or physical disabilities; face legal barriers to access care services, etc.) such as migrant workers, people in police custody, women in settings with gender disparity, children, refugees or internally displaced people, and illegal miners).

Another category of TB key and vulnerable populations are people at increased risk of TB because of biological or behavioral factors that compromise immune function (they live with HIV; have diabetes or silicosis; they undergo immunosuppressive therapy; are undernourished; use tobacco; suffer from alcohol-use disorder; inject drugs, etc.).

2.3 TB Financing

In Tanzania donors and funding agencies are actively contributing to financing the implementation of the country's TB control efforts. There is an alignment of national strategic plans at central, regional, and district levels. However, there is inadequate funding to cover 100% of NSP priority interventions.

Domestic funding for TB response has remained significantly low for years, accounting for only 8.6 % of total budget in 2022. In the same year, about 35% of TB control interventions were not funded.

TB financing in Tanzania from 2018-2022 (WHO, 2022)

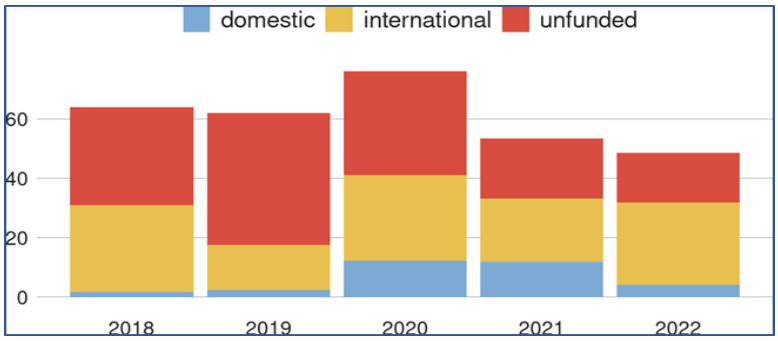


Figure 2: Profile of TB financing in Tanzania, WHO, 2022

2.4 SWOT Analysis

In order for the MAF-TB to function effectively and meet the goals of its establishment in Tanzania, NTLP, STP, and other stakeholders have analysed various possible weaknesses and challenges that they may encounter during in implementation of the MAF-TB activities. They also considered the currently available strengths and opportunities that they can tap into to facilitate the successful implementation of the framework and support the attainment of the 2020 – 2025 TB control goals in the country.

Table 3: Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for TB and Leprosy MAF-TB activities implementation in Tanzania.

Strengths	Weaknesses
• Well-organized intersectoral National Framework for TB response, under the Office of Prime Minister • Strong leadership of the MoH • National Health Policy 2007, The Health Sector Strategic Plan V (HSSP V) (2020- 2025 and the Ministry's Strategic Plan (2020/21-2025/26) entailing directives, and strategies for TB control. • A well-defined and coordinated network of TB and leprosy stakeholders from the national to the community levels • A five-year TB and Leprosy National Strategic Plan	• Inadequate advocacy, communication, and knowledge sharing skills at the sub-national level to support TB and leprosy service uptake • Inadequate integration between TB activities among stakeholders • Dependence on external funding

(2020-2025) • A well-established nationwide TB and leprosy case-based surveillance (DHIS2-ETL) • Qualified and committed staff at all levels of the health system • Well integrated TB and leprosy control efforts into regional and council health plans and essential health service delivery package • Integration of TB and leprosy into primary health care (PHC) service delivery system	• Scarce resources to implement budgeted interventions
Opportunities	**Threats**
• The political will of the Government which has been cemented as part of the TB caucus initiative to advocate for better domestic resource allocations for TB and leprosy • Government commitments to provide resources. • Supportive national policies, strategies, and guidelines like HSSP V, the inclusion of TB-specific indicators into result-based financing, and the star rating initiative (STAR). • A number of ministries have established TB-specific initiatives to incorporate TB activities. • PORALG leadership that oversees the integration and implementation of TB and leprosy activities at the sub-national level • Presence of development partners interested in providing financial resources to fund TB activities • Integration of TB agenda into the Parliamentary standing committee for health and HIV/AIDS issues on HIV/TB and narcotics • TB is a priority issue in the Health Sector Strategic Plan 2020-2025 • A specific TB and leprosy permanent parliamentary committee • Presence of the Tanzania Stop TB Partnership • Functioning TB Technical Working Groups • Government Communication Unit in the MoH/sectorial Ministries • CSOs and FBOs engagement in TB and leprosy services	• Incidences of disease outbreaks such as Ebola and pandemic diseases such as Covid-19. • Stigma and discrimination concerning TB.

• Availability of public-private-partnership (PPP) strategy as part of increasing TB case notification and strengthening DOT at the service delivery level • Presence of various TB implementing and potential new partners such as the private sector, Media support i.e., TB and leprosy media programs	

2.5 Results of the MAF-TB baseline assessment

In the first quarter of 2022, Tanzania TB stakeholders conducted a MAF-TB baseline assessment to track progress in implementing global and regional commitments, and measure to what extent the country was on track in engaging and holding accountable all key players in TB control. The assessment used WHO tools and documented results in implementing the four essential components of MAT-TB; Commitments, Action, Monitoring and Reporting, and Review.

Commitments

Tanzania has adopted the Sustainable Develop Goal (SDG) for 2030 and the country aims to end TB by 2030, as stipulated in target 3.3. The country's strategies and milestones are also aligned to the WHO End TB Strategy (2016-2030) and associated WHA resolution 67.1 to reduce TB incidence and mortality by 90% (2015 baseline), and attain zero catastrophic costs by 2030. Tanzania has also adopted the xx End TB pillars and xx principles for Ending TB.

The country has also advanced the TB response within the SDG agenda in accordance to the Moscow Declaration of Ending TB (2017) and associated resolution WHA 71.3. However, progress towards ensuring sufficient and sustainable financing and pursuing science, research and innovations need to be strengthened. The establishment of the MAF-TB was also delayed, and it is taking place in 2023, 4 years after the 2018 UN HLM.

As for the Political Declaration of the UN HLM the country's national TB and Leprosy Programme has adopted the set targets and met the 2018-2022 treatment targets for TB disease among adults and children. However the targets for treating people with DT-TB, and initiative TB preventive therapy (TPT) for eligible groups were not met. TB financing remains a challenge limiting universal access to recommended diagnosis, treatment and care services. Similarly investments in TB research in inadequate.

Tanzania conforms to SADC and EAC regional commitments and declarations on TB control. The country implements a Global Fund regional project (TIMS) targeting the provision of TB services to miners and cross-border initiatives.

Actions

The country has an updated NSP VI (2020-2025) which was developed after the UN HLM, and adopted its targets.The NSP VI calls for multisectoral engagement in its implementation. It is a costed plan containing details on situation analysis, priority strategies and targets. The NTLP also developed an operational plan and Monitoring and Evaluation Framework to guide the implementation of the NSP. There is however, a need to strengthen the Technical Assistance Plan.

Tanzania has worked to establish the MAF-TB since 2020 following the External Programme review which was facilitated by WHO. The process of establishing the MAF-TB, started with soliciting support from sectors and partners. The country had a functional Parliamentary TB Caucus which spearheaded the establishment of Tanzania Stop TB Partnership Chapter. Thereafter, the STP working with NTLP invited sectors to deliberate on the need and requirement for a multisectoral engagement benchmarking from the HIV and malaria disease programmes. The dialogues revealed that there was interest and goodwill for MAF-TB in Tanzania to guide and strengthen the accountability of partners and stakeholders, to accelerate progress to end the TB epidemic by 2030. Consequently, the country developed a concept note that was approved by stakeholders in 2021. Subsequently, this MAF-TB framework was developed in 2022.

Tanzania has vibrant TB CSOs and Ex-TB clubs leading the community TB response. Private facilities including hospitals, dispensaries, pharmacies, and ADDOs are also engaged through capacity building and supply of equipment, commodities, and tools to facilitate the delivery of TB services. In implementing Strategic Plan VI, the NTLP committed to continue to work closely with communities local and international civil society organizations, private health providers, for-profit and not-for-profit organizations, regional bodies, and implementing and development partners. The Program will work closely with the non-state actors such as Stop TB Partnership, Leprosy Coordinating Committees and the Tanzania Network of people affected by TB to ensure that informed interventions are implemented.

TB notification is mandatory in Tanzania for both public and private facilities. TB medicines are only available through GoT procurement and supply. All treating facilities have tools to record and report TB presumptive and TB patients. However, there is no specific policy to protect the loss of employment of those who fall sick of TB. Since TB services are provided for free, then these services are yet to be included in the national insurance policy. With support and facilitation from STP, CSOs in Tanzania conducted a Legal Environment Assessment and Gender Assessment on TB response in 2017. In 2021, the country conducted the first TB Stigma and GBV study, to estimate their magnitude and manifestations.

TB recognized explicitly national strategies addressing risk determinants such as poverty, malnutrion, HIV disease, diabetes disease, housing condition, mining, prison services, People who inject drugs(PWID), refugees and migrants. However, there is a

gap in recognizing the risk posed by alcohol abuse and smoking, and the association between TB and mental health.

TB is integrated into Primary Health Care (PHC) services and key services such as TB diagnosis and treatment, TB screening/contract tracing, childhood TB, collaborative TB/HIV services, TB preventive treatment, and TB literacy and education is available within the PHC settings. The country strives to timely adopt the latest TB prevention, diagnosis, treatment, and care policies and approaches as recommended by WHO and other local, regional, and international evidence. The NTLP develops and reviews TB research priorities alongside the national Strategic plan. However, not all key actors are actively engaged in setting and implementing the research agenda. Furthermore, the information systems and vital registration system need to be strengthened to enable accurate and real-time data recording, reporting, and interpretation.

Working with Partners and stakeholders, the NTLP conducts regular communication and social mobilization activities at the national and sub-national level, using mass media, community mobilization and social media platforms including the TAMBUA-TB mobile application for TB screening. The country also organize annual conference for TB and Leprosy where Experts within and outside the country are invited to present scientific evidence, best practices and lessons with policy implication for TB control.

Monitoring and Reporting

Tanzania has an electronic routine recording and reporting system for TB cases, treatment outcomes, and other EndTB Strategy indicators which are linked to the national DHIS2 system. The NTLP produced annual reports each year to document progress based on the NSP milestones and M&E framework. The reports are published online. Tanzania also reports the perfomance of key indicators to the WHO yearly and the country's data is available in the global database. The country has the latest Epi review and WHO TB surveillance checklist (2023), Drug resistance survey (2018), Patient cost survey (2019), and stigma index study (2021). However, the prevalence survey is outdated (2012) and there is a need to repeat an inventory study since the last one was conducted when the country was transiting from a paper-based to an electronic recording and reporting system. There is also a need to work with relevant authorities to strengthen routine death registration, with the coding of causes of death according to international standards, in a national vital registration system that meets WHO quality and coverage standards. Similarly, the national programme will benefit from improved Civil society and non-governmental organization reporting including the Community Led Monitoring (CLM) initiative.

Review

Tanzania has engaged key stakeholders including civil society and TB-affected communities, parliamentarians, local governments, the private sector, universities, research institutes, professional associations, and other constituencies in TB response. The NTLP organises quarterly and yearly reviews of performance at the national and sub-national levels. The country also invites External reviewers led by WHO to provide

reflections on the implementation of its strategic plan, at mid and end-term. Furthermore, plans are underway to formalise high-level review mechanisms for the tuberculosis response under this MAF-TB framework. The plans are to engage technical officers to review implementation quarterly, and high level ministry officials to review progress at least annually.

2.6 Mapping of the government sectors and other stakeholders involved in TB response in Tanzania

2.6.1 Government sector

The in-country efforts to engage other sectors in TB control are well documented. However, these efforts are not sufficiently coordinated at the national or sub-national level, resulting in duplication and limited effectiveness and some inefficiencies. Through the implementation of the NSP V 2020-2025, several efforts to engage other sectors have been documented as follows:

1) In collaboration with the **Ministry of Home Affairs**, through its Prisons Services' Health Authority, the previous NSP had intentionally focused on ensuring quality-improved services, including the initiation of TB screening for the newly enrolled prisoners.

2) Engagement of informal and formal **mining sectors** by establishing the TB in Mining TWG, which serves as a platform for stakeholders to guide appropriate implementation and advice the program on emerging issues. The **Ministry of Minerals** plays a key role in scaling up TB in mining interventions.

- 3) Tanzania has a functional **Parliamentary TB Caucus**. In 2018, TB matters were encompassed in the Parliamentary Standing Committee for HIV/AIDS Affairs. Prior to that step, TB issues were being handled by the Parliamentary Standing Committee for Social Services, which also oversees many other services like the education sector, health sector at large, sports, information and culture. The changes in the organization of the Parliamentary Committees enhanced the visibility of TB and TB/HIV matters.
- 4) In 2021, Tanzania launched the country chapter of the **Stop TB Partnership**

The Tanzania Stop TB Partnership (STP Tanzania) was established in 2021 after five years of extensive consultations among key stakeholders in Tanzania. STP Tanzania is an autonomous coalition of partners consisting of public organizations, development partners, CBOs, NGOs, FBOs, private entities, and affected communities. The main objective of establishing STP Tanzania is to support the National TB and Leprosy Program (NTLP), which is entrusted with the noble responsibility of eradicating TB in Tanzania. The establishment of Tanzania STP adds value to the TB response efforts through better coordination and building momentum that NTLP to lead national

response efforts more effectively, including by inviting new input from non-traditional partners.

The establishment of Tanzania STP was founded on the NTLP National Strategic Plan (2020 - 2025), which underscores the need for multi-sectoral collaborative efforts to end TB in Tanzania. NTLP outlines that STP Tanzania will facilitate:

- Better coordination and creation of momentum for TB control efforts
- Bring about innovative ways of mobilizing untapped potentials and resources
- Sharing of lessons and practices
- Harnessing support from corporate social responsibility

Moreover, the country's strategies and targets are aligned with the Global End TB targets and the in-country efforts to engage other sectors in TB control are well documented.

2.6.2 CSO and affected communities

In Tanzania, there are many civil society organizations that support NTLP and the Government in general by undertaking various TB response interventions, particularly at the community level. Working areas include providing public awareness and preventive education, TB case identification at the community level and linkage to health facilities, TB care, and treatment as well as policy and advocacy services. The CSOs include local and national voluntary organizations, international and some faith-based organizations.

- Tanzania established the National Former TB Patient Network (MKUTA) since 2009. The network has cluster members in most of the country's districts. They function as a group of volunteers who support Community TB interventions
- The Tanzania TB Community Network (TTCN) established in 2017 comprises 32 CSOs members and meets biannually to create a platform for discussions and sharing of lessons learned and best practices and sensitization of unengaged NGOs on the rationale for the integration of TB into community-based health, HIV and other development programs.

The well-managed MAF-TB operations will leverage the important role played by civil society organizations through improved coordination in all program activities, promoting equity in terms of program geographical coverage, building CSOs capacities, exchanging skills and experiences, mobilizing resources for the national TB response as well making a firm bridge linking national vision and policies to the plans and activities of the civil society organizations.

2.6.3 Participation of the Private Sector in the TB Response

NTLP has a well-established **PPM** unit at the central level, and the program has developed PPM guidelines and recruited a National PPM coordinator. The composition

of PPM at NTLP includes both formal and informal health providers including Faith-based hospitals, private for-profit health facilities and laboratories, quasi-governmental health facilities, traditional healers and Accredited Drug Dispensing Outlets (ADDO) and workplaces. Further, in 2016 the Hon. Minister of Health formulated a joint PPM task force team to oversee TB service in the private sector

The Tanzania National Development Vision 2025 and the 3rd Tanzania Five-Year Development Plan (FYDP III: 2021/22 – 2025/26) as well as several other key national development policy documents recognize the private sector as an engine for national development. Indeed, the contribution of the private sector in the gross domestic product (GDP) has been steadily growing over the years. Public engagement of the private sector in Tanzania is usually accomplished through two of the private sector umbrellas, the Tanzania National Business Council (TNBC) and the Tanzania Private Sector Foundation (TPSF).

The **Tanzania National Business Council** was established under Presidential Circular No. 1 of 2001 as an institution providing forum for Public and Private Dialogue (PPDs) with a view to reaching a consensus and mutual understanding of strategic issues related to the efficient management of development resources in the promotion of socio-economic development of Tanzania. The ultimate goal is to create a conducive business environment and investment climate for private sector development for wealth and job creation, revenue generation, and reduction of poverty in the country. TNBC platforms offer neutral and transparent space for dialogues and has contributed to the improvement of the business environment through the identification of business challenges and recommending strategic interventions for accelerating the country's competitiveness and economic growth.

The TNBC is chaired by the President of the United Republic of Tanzania and among the public sector council members include the Vice President of the United Republic of Tanzania, the Prime Minister, the Government Chief Secretary as well as other cabinet ministers, especially those overseeing finance, investment and production portfolios. Among the current private sector council members include the Chairperson and Vice-Chairpersons of the Tanzania Private Sector Foundation, President of the Tanzania Chamber of Commerce Industry and Agriculture; the Chairperson of the Large Companies Cluster, the Chairperson of the Service Companies Cluster; the Chairperson of the Banking and Finance Cluster; the President of the Tanzania Trade Union Congress of Tanzania (TUCTA), the only registered Trade Union Federation in Tanzania, and several others members.

The **Tanzania Private Sector Foundation**, on other hand, presents itself as the 'Voice of the Private Sector' with a mission of functioning as an apex and focal private sector organization in Tanzania for promoting private sector development as well as effective engagement with the Government of Tanzania and other stakeholders in matters of

development policy and in the provision of services to its members. Eligibility to TPSF membership is open to legally established business associations, private corporate bodies, or other organizations that support private sector development. TPSF membership is categorized into three groups, which are corporate members, ordinary members and associate members.

Being the voice of the private sector, the Foundation promises several benefits to its members such as (i) Becoming part of a larger body professionally working together to influence policy-making processes that stimulate and spur growth of private businesses in Tanzania (ii) Providing the opportunity to network with private sector leaders, stakeholders, and senior government officials through various business forums organized or coordinated by TPSF (iii) Accessing information as regards to important business and investment opportunities in Tanzania, EAC, SADC region protocols etc. (iv) providing opportunity to participate in local and international forums organized by the Tanzania National Business Council (TNBC). It is TPSF that nominates all the private sector members in the TNBC.

3. CHAPTER 3. National Multi-Sectoral Accountability Framework to end TB epidemic (MAF-TB)

3.1 The process of development MAF-TB in Tanzania

The process of developing the MAF-TB started after the inauguration of the Tanzania Stop TB Partnership, which then coordinated and worked with partners and the Government. The December 2021 National TB and Leprosy Program Annual Conference identified important milestones to be followed. NTLP identified Ministries, Departments, and Agencies (MDA) whose mandates, either put their staff or clients at an increased risk for TB infection and/or disease progression or have particular ministerial roles through which they can immensely help to strengthen the TB response in the country. Technical officers from these MDAs were called into a meeting to begin MAF – TB development. These MDAs and partners participated in the assessment of the MAF-TB checklist and associated annexes to identify what was in place and what actions were required to comply with the WHO recommendations. The MDAs and CSOs, based on their comparative advantages, identified minimum interventions that would be implemented to ensure they cause no harm, decreased risk, and improve contribution to the identification of active TB cases.

To ensure country ownership, this multisectoral engagement and proposed actions, would represent ministerial directors responsible for Human Resource Welfare and later to the permanent secretaries to verify the alignment of proposed actions to their existing mandates and tools. Finally, the MAF-TB would be signed by the Prime Minister and ministers of the selected ministries.

3.2 The Purpose of MAF-TB

MAF-TB aims to guide and strengthen accountability for TB control interventions of Tanzania as a nation and that of multi-sectoral partners and stakeholders, at community, national, regional and global levels, in order to accelerate progress to end the TB epidemic by 2030, including meeting the commitments and targets set between 2022 and 2030 in the UN Sustainable Development Goals, the WHO End TB Strategy and in the Political Declaration of the 2018 UN General Assembly High-Level Meeting on the fight against TB. Thus MAF-TB does so by defining who is accountable, what they are accountable for, and how they will be held accountable, at country and local levels, as well as at regional and global levels. It will strengthen accountability for the TB response at national and subnational levels thus contribute to faster progress towards SDG and End TB Strategy targets and milestones.

The multi-sectoral response to TB control is particularly important because the ministerial mandatory responsibilities for the factors that influence vulnerability for TB

infection and disease manifestation; TB prevention, as well as care and treatment interventions are distributed across a wide range of ministerial, departmental, and agency mandates within the Government structure, essentially demanding a multisectoral approach, which cannot be solely delivered from one sectoral Ministry or department.

3.3 Target audience

Multisectoral accountability for TB involves a broad range of stakeholders across multiple sectors. The following are the targeted audience for multisectoral accountability for TB:

a. Governments: Governments play a critical role in setting policies and strategies for TB prevention and control, ensuring sustainable financing, and establishing legal and regulatory frameworks for TB control efforts. Governments should be held accountable for ensuring that TB control efforts are grounded in a human rights-based approach and that they promote equity, multisectoral collaboration, transparency, and accountability.

b. Civil society organizations: Civil society organizations, including non-governmental organizations, community-based organizations, and patient organizations, play a critical role in advocating for the rights of TB patients, raising awareness about TB, and holding governments accountable for their TB control efforts. Civil society organizations should be held accountable for ensuring that TB control efforts are inclusive and responsive to the needs of affected communities.

c. Private sector: The private sector, including pharmaceutical companies, diagnostic companies, and healthcare providers, play a critical role in developing and delivering TB drugs, diagnostics, and services. The private sector should be held accountable for ensuring that TB control efforts are aligned with public health priorities, promote equity, and are affordable and accessible to all.

d. International organizations: International organizations, including the World Health Organization (WHO) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR, play a critical role in providing technical assistance, mobilizing resources, and coordinating global TB control efforts. International organizations should be held accountable for ensuring that TB control efforts are evidence-based, aligned with national health priorities, and promote multisectoral collaboration, transparency, and accountability.

e. Academia and research institutions: Academia and research institutions play a critical role in conducting research and developing new and improved TB drugs, diagnostics, and vaccines. Academia and research institutions should be held

accountable for ensuring that their research is responsive to the needs of affected communities and contributes to the development of evidence-based TB control strategies.

By engaging these targeted audiences and promoting multisectoral accountability for TB, it is possible to achieve the goal of ending TB as a public health threat.

3.4 Guiding principles

In promoting the multisectoral accountability for TB the country will adhere to the following Guiding principles:

- Human rights-based approach: TB control efforts must be grounded in a human rights-based approach that promotes the right to health and addresses the social, economic, and environmental determinants of TB.

- Equity: TB control efforts must be equitable, ensuring that vulnerable and marginalized populations have access to quality TB services.

- Multisectoral collaboration: TB control efforts must involve collaboration among multiple sectors, including health, education, housing, and environment, to address the multiple determinants of TB.

- Shared responsibility: TB control efforts must be viewed as a shared responsibility among all stakeholders, including governments, civil society organizations, the private sector, and affected communities.

- Transparency and accountability: TB control efforts must be transparent and accountable, with clear roles and responsibilities for all stakeholders, and with mechanisms in place for monitoring and evaluation.

- Inclusiveness: TB control efforts must be inclusive, ensuring the participation and engagement of affected communities and other stakeholders in the planning, implementation, and evaluation of TB control programs.

- Evidence-based decision-making: TB control efforts must be based on evidence and data, with regular monitoring and evaluation to inform decision-making and ensure that resources are used effectively.

- Sustainable financing: TB control efforts must be financed sustainably, with investments in TB prevention and control that are aligned with national health priorities and that leverage domestic and international resources.

By adhering to these guiding principles, it is possible to promote multisectoral accountability for TB and achieve the goal of ending TB as a public health threat.

3.5 Priority Actions for Multisectoral TB response

The risk factors and social determinants for TB infection are complex. However, it is possible to address the complex and interrelated factors that contribute to the burden of TB and achieve the goal of ending TB as a public health threat. Key priority actions that can be taken across multiple sectors to address TB include;

1. Strengthen TB prevention efforts: Promote early diagnosis and treatment, increase access to quality TB diagnostic tools, and scale up infection control measures to prevent transmission.
2. Address social determinants of TB: Address poverty, inequality, and other social determinants of TB through social protection programs, community-based interventions, and targeted investments in vulnerable populations.
3. Promote multi-sectoral collaboration: Foster collaboration among different sectors, such as health, education, housing, and environment, to address the multiple determinants of TB.
4. Increase investment in TB research and development: Increase investment in research and development for new and improved TB diagnostics, drugs, and vaccines, as well as innovative approaches to TB prevention and control.
5. Ensure sustainable financing for TB: Ensure sustainable financing for TB prevention and control efforts, including through domestic resource mobilization, innovative financing mechanisms, and increased donor support.
6. Strengthen health systems: Strengthen health systems to improve access to quality TB care, including through improving health infrastructure, increasing the number of trained health workers, and ensuring the availability of essential drugs and diagnostic tools.
7. Address co-morbidities and other health risks: Address co-morbidities and other health risks that can increase the risk of TB, such as HIV/AIDS, diabetes, and malnutrition.
8. Address TB stigma and discrimination: Address TB stigma and discrimination through awareness-raising campaigns, community mobilization, and policies that promote the rights of TB patients.

3.6 Roles and Responsibilities of Government Sectors and other Stakeholders

Table 4 present key roles, mandates and proposed actions for the sectors and partners who will implement MAF-TB in Tanzania. The proposed actions are responding to identified gaps.

Table 4: Role, Mandate and Proposed Action for sectors, CSOs and private sector

1. President's Office – States House			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
	1. Poor social economic status among household	1. To address poverty, and undernourishment, ensure access to affordable and nutritional food, to secure workplaces, ensure sustainable financing of TB programme.	Executive Director - TASAF

2. President's Office – Regional Administration and Local Government			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Tanzania's PO-RALG works in partnership with the Ministry of Health to deliver public health services. The PO-RALG manages district and regional health services, including the regional and district councils.	1. Resources to fight TB are not included in the CCHP	1. Ensure inclusion of resources to fight TB within regional and council plans	Director of Health, Social Welfare and Nutrition Services
	2. Regional Secretariats and Councils are not sufficiently guided to coordinate and collaborate with CSOs and other MDAs to undertake outreach TB testing and awareness	2. Facilitate coordination and collaboration with appropriate MDAs and CSOs to undertake outreach TB testing and awareness to all people and groups.	
	3. Bad urban planning in some towns and cities is causing congestion and poor ventilation, the conditions facilitating TB transmissions	3. Undertake urban planning to reduce congestion and poor ventilation	

	4. Some health facility infrastructures do not have laboratory rooms; hence clients have to travel long distances to access laboratory services	4. Ensure all new health facilities have rooms for laboratory services	
	5. Limited numbers and capacities of community volunteers to carry out outreach services	5. Ensure the availability of enough qualified community volunteers / health workers for outreach services	
	6. Impact mitigation services for TB patients are not outlined specifically in terms of policies	6. Collaborate with MoH to implement policy/management guidelines for proper impact mitigation for former TB patients	
3. Prime Minister's Office – Policy, Parliamentary and Coordination of Government Affairs			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
This is a ministerial portfolio in the PMO responsible for the management of the development and implementation of various policies as well as the coordination of the Government system	1. Inadequate sectorial coordination mechanism committees' coordination	1. Facilitate Coordination levels of Technical, Steering and Sectorial Ministers meetings	Director of Policy and Coordination of Government Affairs
	2. The PMO is not implementing TB awareness activities for its staff	2. In collaboration with MOH, Conduct TB awareness sessions to its staff	
4. Prime Minister's Office – Labor, Youth, Employment and Persons with Disabilities			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
This is a ministerial department in the	1. Lack of compensation/benefits schemes for TB disease	1. Work with sectoral ministries, and associations of current and	

PMO responsible for formulating and overseeing the implementation of policies governing labor, employment, and the development of youth and people with disabilities		former TB patients to establish compensation schemes for people who acquire TB as an occupational disease	
	2. Inadequate enforcement of occupational health and safety policies and laws in relation to TB	2. Work with workers' trade unions, sectoral ministries, and associations of current and former TB patients to establish occupational hazards that are related to TB transmissions and devise mechanisms for enforcing laws in protection and support	Director of Policy and Planning
	3. Some industrial installations do not allow enough air circulation in the infrastructure, and there are no binding policies to guide industrial investors.	3. Adopt Industrial construction policies to incorporate enough space to allow air circulation in industrial buildings 4. Conduct TB risk assessment at workplaces	Executive Director – OSHA
5. Ministry of Lands, Housing and Human Settlements Development			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Facilitate an effective management of land and human settlements development services for the betterment of social and economic well – being of the Tanzanian society	1. Human Settlement Development Policy is currently being reviewed for improvement	1. Complete the review and evaluate implementation of Human Settlement Development Policy	Director of Human Settlement Development
	2. The National Housing Policy is being developed and it will probably be integrated into the Human Settlement Development Policy	2. Finalize the processes of establishing the National Housing Policy	
	3. Most housing quality does not allow sufficient cross ventilation, especially in urban poor areas such as the urban slums, which	3. In line with the lack of a National Housing Policy, provide guidelines related to housing standards, especially in urban areas, and	

	could facilitate TB transmission	collaborate with PO-RALG to implement the guidelines	
	4. Surveying of too small plots in urban areas is causing settlement congestion	4. The planned National House Policy should also consider setting the minimum size of a human settlement house plot in urban areas	
	5. Currently, town planners are only available up to the district level, which makes it difficult to sufficiently cover the entire district areas for controlling housing quality	5. In collaboration with PO-RALG, consider instituting town planners down to the ward level	
6. Ministry of Works and Transport			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
The Ministry Oversees the Implementation of the policies, laws, and regulations on proper usage of transportation of passengers and freight taking into account guidelines for social distance, proper ventilation. Crowd control and hygiene. Show how this is related to TB briefly.	1. The Ministry has no plan and is not implementing any TB awareness activities for its mandatory affiliates	1. In collaboration with MOH, Conduct TB awareness sessions to service providers such as TANROADS, TBA and TEMESA.	Director of Policy and Planning – Works Director of Policy and Planning – Transport
	2. The existence of Several infrastructure projects in the country which needs numbers of labors include, Technicians, masons and cheap labor who resides in the Camps and sometimes are congested which can facilitate TTB Transmission.	2. Facilitate deployment of more service and awareness to the construction camps which include awareness of the TB transmission and prevention education of TB in the project sites.	
	3. The policies guideline and sop in MDAs under the Ministry that could help TB prevention are not reviewed or updated.	3. Review, and update policies, guidelines and SOP to incorporate TB prevention strategies in respective MDAs.	
	4.The Ministry has no TB	4. Collaborate with MOH to	

	prevention education program targeting its employees and those in affiliated organizations identification caps to be addressed.	develop integrated TB key message/documentaries for prevention and treatment on quarterly basis Proposed Action.	
	5.The Ministry has not sufficiently explored the use modern technologies to reduce rate of TB transmission in the project sited.	5. In collaboration with MOH, and Ministry of Information Technology will explore options for the use of modern technology E-TB health Tips.	
7. Ministry of Minerals			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
To formulate and monitor implementation of Mining Policies; Mines, Geophysical and Geological Surveys; Mining Commission Affairs; Marketing and Value Addition of Minerals and Mineral Products Local Content in Mining Industries; Small Scale Mining Development; To supervise implementation of mining policies that would help reduce TB at mining sites.	1. Development of the Ministry's HIV/TB Control Strategy is not completed yet; hence TB response interventions lack guidance	1. Finalize and ensure implementation of ministerial HIV/TB Control Strategy	Commissioner for Minerals
	2. Sensitization and awareness on TB prevention and treatment adherence only conducted in Seven Districts of the Country through TIMs (TB in the Mining Sector Project funded by the Global Fund) targeting mining workers, ex-miners and mining communities.	2. Conduct mining workplace TB awareness sessions and prevention measures including appropriate use of protective gears to the to all Districts with Mining Activities in the Country	
	3. The extent of the TB burden in the mining sector is not well known, making it difficult to develop appropriate response measures	3. In collaboration with MoH, undertake mapping of the mining centers, undertake TB active case findings among the miners, ex-miners and mining communities at such centers TB point prevalence to establish	

Briefly, show how the Ministry mandates are related to TB		the magnitude of TB in the mining sector	
	4. TB screening among mining sector workers has been sporadic, which hinders the provision of appropriate care and treatment services at mining sites. Also, it is not mandatory for owners of the mines to screen their employees	4. In collaboration with MoH and PORALG ensure regular TB screening to all TB presumptive cases identified during case finding exercises and provision of appropriate care for TB clients in mining sites. Also, consider making employee screening mandatory to the holders of mineral rights.	
	5. Most small-scale miners are not formalized, some have no health insurance or occupational health compensation schemes, which limits their access to treatment services or reparation in cases of hazardous events	5. Formalize small-scale miners employment schemes to enable them to access services like health insurance, workers' compensation guarantees, etc	
	6. Most Small-Scale Miners sites and their surrounding communities have no reliable health services, which jeopardizes the health of mining workers, including for TB.	6. Collaborate with PO-RALG and other stakeholders to ensure the availability and accessibility to health services at mining sites and surrounding communities through Corporate Social Responsibilities from the mining projects.	
	7. Small-scale miners' settlements are of poor quality with poor ventilation, which could facilitate TB transmissions	7. Collaborate with PO-RALG, the Ministry of Lands, Housing and Settlement Development, and other stakeholders to develop guidelines for improved settlements for small-scale miners to facilitate development of improved	

		settlements for small scale miners to guide in the construction of temporary housing in the mining sites	
	8. Some mine owners still illegally terminated employees who develop TB disease, which leads to hiding from reporting TB cases in fear of losing their jobs.	8. Collaborate with the PMO (Labor Section) to develop guidelines for job security and ensure job protection of mining employees who develop TB illness	
	9. Use of concrete circular pit or iron sheets circular pit to get rid of injuries and circulation of air for all miners into the circular pit.	9. Concrete, iron sheets and circular air rotating inside the pit, assist to get rid of injuries and diseases (TB) into the small-scale miners.	
8. Ministry of Investment, Industry and Trade			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
To formulate and monitor the implementation of Policies on Industrial, Internal Trade, External trade, Marketing and Research. Show how the ministerial mandates are related to the TB epidemic	1. The nature of some licensed businesses like in the urban markets and alcohol public pubs are facilitating congestion and overcrowding, and there are no specific requirements for use of protective gear, which could cause TB transmission	1. Review business licensing policy and law which will alleviate congestion/overcrowding in business/market areas and appropriate use of protective gear for workers.	Director of Policy and Planning
	2. The Ministry is not conducting TB awareness programs targeting its employees	2. Conduct Workplace TB awareness sessions in collaboration with MoH/and the Ministry of Labor/ PO-RALG	
	3. The Ministry has no strategic plan for TB/HIV control	3. Develop the Strategic Plan for TB/HIV at work place	
	4. Some basic essential TB	4. Facilitate manufacturing of	

	services commodities and equipment are manufactured out of Tanzania, which at times causes shortages	essential commodities and equipment related to TB control in the country such as sputum containers	
9. Ministry of Home Affairs			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Protecting people's lives and properties through the Police Force, facilitate and control the movement of aliens and non-aliens, assist refugees, and rehabilitate convicts through the implementation of relevant laws and regulations	1. Some prison cells are congested and poorly ventilated, which could facilitate TB transmissions to inmates	1. Improve Prisons infrastructures by renovating/constructing prisons with more ventilated cells and more resting spaces	Director of Administration, Human Resources Management Commissioner General-Prison Services Commissioner General-Immigration Inspector General of Police Commissioner for Refugees
	2. There is an insufficiency of health workers in terms of numbers and capacity in the Ministry, including those in healthcare provision, TB prevention, and care services	2. Employ additional health workers and build the capacity of Ministry employees, including healthcare workers on TB prevention and care	
	3. TB diagnostic services at main prisons are not sufficiently equipped, which limits the effectiveness of TB services, including early treatment	3. Improve diagnostic facilities by providing digital X-ray machines to all central prisons' facilities, Gene X pert Machines, and LED Microscopes	
	4. There are no routine TB screening services for prisoners and people in police custody, which can delay case identification and early treatment, causing further transmissions.	4. In collaboration with MoH and partners, undertake routine TB screening for those in custody and prisoners	
	5.There is an inadequate linkage between bordering countries to control TB patients across the borders	5. Collaborate with the MoH to undertake TB cross-border initiatives throughout the country	
	6. Some prisons' cell congestions	6. Collaborate with other law	

	are possibly caused by other law enforcement departments outside the Ministry, such as the Director of Public Prosecution (DPP) under the Ministry of Justice and Constitutional Affairs	enforcing organs in order to improve police or court case flow Management hence reducing congestion in prisons	
	7. There is high TB burden in refugee camps	7. Devise strategies and implement them to decongest the overcrowded refugee camps	
	8. Partners are experiencing stiff difficulties in entering prisons for health service provision.	8. Considering measures to ease up procedures for stakeholders' entry to the prisons	
	9. When prisoners or people in remand suffering from TB are released, it becomes difficult to track them in the community for treatment completion	9. Collaborate with the MoH and PO-RALG to set out the standard procedure for tracking prisoners and people in remand suffering from TB who get unconstrained	
10. Ministry of Health			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Formulation of health-related policies, provision of hospital services, disease preventive services, chemical management services, forensic science services, food and drug quality services, reproductive health	1. The ministry largely relies on clinical diagnosis for tuberculosis because there is an inadequacy of GeneXpert machines in the country	1.Allocate resources and acquire more GeneXpert machines for TB diagnostic services	Director of Policy and Planning Chief Medical Officer (CMO) Head of Programs and Resilient Sustainable System for Health (HoP&RSSH)
	2. Inadequacy of capacity for GeneXpert utilization (There are several other reasons for the underutilization of machines)	2. Train or hire more qualified staff capable of running the GeneXpert machines	
	3. Smear microscopes are not sufficient, especially in rural areas,	3. PO-RALG / MoH allocate resources and procure more smear	

services, promotion of traditional medicine, and inspection of health services. Participating in international health and medical organizations. Developing human resource under the Ministry, overseeing extra ministerial development parastatal and projects under the Ministry, supervising government agencies under the Ministry.	hence diagnosis largely relies on clinical observations	microscopes for diagnostic services	
	4. Inadequacy of x-ray machines for diagnostic services (NTLP to provide updated data on available Vs the needed machines)	4. PO-RALG/ MoH allocate resources and procure more x-ray machines for diagnostic services	
	5. There is an insufficiency of TB diagnostic sites throughout the country	5. PO-RALG/ MoH allocate resources for the construction and running of additional TB diagnostic sites	
	6. The ministry is facing a financial resources shortage for the maintenance of diagnostic equipment (many are dysfunctional) and related costs like purchasing GeneXpert cartridges, sputum transportation, power stabilizers, etc.	6. Set out a plan, finance, and execute it for the proper servicing and maintenance of TB diagnostic equipment	
	7. The Improved Health Insurance Fund provided by the NHIF is not covering TB diagnosis services, which puts the cost burden on the clients	7. Incorporate the Improved Health Insurance Fund (iCHF) to cover TB diagnostic x-ray costs	
	8. Limited numbers and capacities of community volunteers to carry out TB outreach services	8. Po-RALG / MoH recruit more and build the capacity of community health workers/volunteers for outreach services in line with the national curriculum	
	9. Private health facilities are not sufficiently handling TB clients	9. Enforce implementation of health policies and guidelines that require private health facilities to provide	

		TB services free of charge and document in their registers	
	10. Inadequacy of resources allocated for TB response activities like prevention, advocacy, care, and treatment services through relevant sectoral ministries	10. Allocate, ringfence and disburse resources to TB response interventions as requested by the MoH Plan and other ministries	
11. Ministry of Education, Science and Technology			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Formulation of policies on education, research, library services, science, technology, innovations, skills, training and their implementation; basic education development through Teachers Training Accreditation and Professional Development; Talents Identification and Development; Management of Folk Development Training; Management of National Qualification Framework; Skills Mapping and	1. School curricula, both at primary and secondary levels, are not paying attention to the TB epidemic	1. Collaborate with MoH to update school curricula to include TB issues	Commissioner for Education Director General – Tanzania Institute of Education
	2. Some school dormitories and classrooms are not meeting standards for sufficient cross ventilation	2. Conduct regular inspection to ensure all school dormitories and classrooms observed required standards for ventilation and air circulation	
	3. TB is not integrated into the school health program	3. Work with the MoH to integrate TB issues in the school health program	
	4. New school entrants are sometimes not screened for TB, despite the requirement of health screening for fresh students	4. Improve supervision to ensure all new school and college entrants are really screened for TB	

Development; Teachers' Professional Standards Development; Schools Accreditation and Quality Assurance; Performance improvement and development of human resources under the Ministry; Extra-ministerial departments, parastatal organizations, agencies, programs, and projects under the Ministry.			
12. Ministry of Finance and Planning			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Formulates and manages the implementation of policies and guidelines related to finance and overall economic development planning, including the collection of	1. Non-adherence to the Abuja Declaration for health financing	1. Ensure allocation of at least 15 % of the total national budget to health Sector as per the Abuja Declaration of 2001	Commissioner Policy Analysis Commissioner for Public Procurement Policy Commissioner General - Tanzania Revenue Authority
	2. Delay of permits and tax clearances for TB diagnosis and treatment equipment and supplies	2. Improve tax clearance procedures for health supplies and equipment, including for TB	

Government revenue and expenditures in all sectors.			
13. Ministry of Community Development, Gender, Women and Special Groups			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
The ministry formulates policies that govern national plans and activities related to all community development initiatives, gender, women and welfare of special groups like the elderly and other sub-populations	1. High TB burden among the elderly people	1. Collaborate with the MoH and other stakeholders to develop and implement strategies to address TB among the elderly people	Commissioner for Social Welfare
	2. There is a high TB burden among males as compared to females in the country	2. Collaborate with MoH and appropriate research institutions to review gaps and recommend specific actions to make TB programs available to both men and women	
	3. High TB burden among People who Use Drugs (PUD) and Street Children	3. Collaborate with MoH, Drug Control and Enforcement Authority (DCEA), CSOs, and other stakeholders to reach and support PUD and street children in relation to the TB burden	
	4. Weak Community Engagement Systems, including Community Health Workers	4. Collaborate with MoH, PO-RALG and CSOs to strengthen community systems for TB response through community volunteers (CHWs and CCWs)	
	5. Weak engagement OF TB patient into existing 10% of Council budget	5. Collaboration with PO – RALG to mainstream poor TB patients into existing 10% of council budget for special groups (Women, Youth, and Person with Disability).	

	6. Weak engagement of TB patient into existing 10% of the Council budget	6. Collaboration with PO - RALG Capacitate TB patients network/ Association and groups on existing financial/ cash opportunities in their localities	
	7. Luck of provision of Mental Health, Psychosocial Care and Support Services for TB patients	7. Collaboration with MoH, PO – LARG to provide Mental Health, Psychosocial, Care and Support Services to TB patients at the individual, family, community and work place.	
	8. Capacity building	8.Collaboration with MoH to orient CHW, social Worker/Social Welfare, Psychologist on social protection and Service for patients	
	9. Stigma and discrimination	9. To prepare and disseminate messages that address stigma and discrimination against TB patients	
	10. Inadequate identification of the vulnerable TB patients	10. Identification and enroll of the TB vulnerable children and their families into the National Integrated Case Management System (NICMS)	
14. Ministry of Information, Communication and Information Technology			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Formulating and monitoring implementation of policies on information and communication technologies and,	1. The private and public media is not sufficiently engaged to broadcast messages on the TB challenges	1. Collaborate with MoH to engage private and public media outlets for providing priority on the broadcasting of public awareness for preventive and care on the TB epidemic	Director of Policy and Planning
	2. There are no targeted	2. collaborate with MoH to develop	

postal services; ICT broadband back-borne; performance improvement and development of human resources; overseeing extra-ministerial departments, parastatals; agencies and projects under the Ministry.	communication messages using culturally sensitive languages for particular sub-populations	and disseminate communication messages on TB that observe cultural sensitivities for particular sub-populations in the country	
15. Ministry of Agriculture			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
To coordinate implementation of agricultural policy in irrigation, food security and cooperative development	Current and former TB patients do not have sufficient education/awareness on good nutrition as therapy and rehabilitation interventions	1. Collaborate with PORALG, MoH and CSOs to develop nutrition education program for current and former TB patients 2. Conduct short courses and awareness campaigns to block farming camps and in agricultural training institutions 3. Collaborate with MoH to accelerate uptake of innovations of scientific breakthrough (Apopo technology) 4. Address food security and promote nutritional food 5. ….	Director of Policy and Planning
16. Ministry of Culture, Arts and Sports			
Ministerial	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**

Mandates			
Formulates and coordinates implementation of sports and culture policies and activities	There are no visible TB communication messages in sports and cultural activities and events	1. Collaborate with MoH, private sector and CSOs to develop and integrate TB response messages in popular sports like football, music, etc 2. Engage national celebrities as good ambassadors to raise awareness and promote TB related activities	Director of Policy and Planning
17.Ministry of Defense and National Services			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed action**	**Responsible**
	1. Congestion in Training institutions	Improve training infrastructures by renovating/constructing training facilities with adequate ventilation	Chief of Medical Services
	2. Inadequate number of health care staff with proper and up to date knowledge on TB management.	Secure resources for TB training, monitoring and supervision.	
	3. Inadequate monitoring and supervision of TB services.	Strengthen linkage with Ministry of Health TB and Leprosy Program	
	4. Inadequate screening for TB at OPD in military health facilities	1. Training of Health Care Providers on TB screening at OPD 2. Provide on Job Mentorship on TB to Health care Providers 3. Provide job aids/SOPs for TB screening	
	5. Inadequate knowledge on TB among members of the military community.	Conduct awareness and sensitization meetings on TB with members of the Military Community	
	6. Inadequate TB diagnostic services at military treatment	Improve diagnostic facilities by providing digital X-ray machines to	

	facilities and training facilities.	all central facilities, Gene X pert Machines, and LED Microscopes.	

18. Ministry of Livestock and Fisheries

Ministerial Mandates	Identified Gaps to be Addressed	Proposed Actions	Responsible
Overall management and development of livestock, and fisheries resources for the sustainable achievement of the development goals as enshrined in various national development policies. This is with particular references to livestock and fisheries, food safety and security without compromising animal welfare and environment conservation; Building and supporting the technical and professional capacity of local Government authorities and Private sector in	1. High burden of TB in fisheries camps and surrounding communities	1. Collaborate with MoH and other TB partners to organize appropriate interventions targeting fisheries camps and surrounding communities	Director of Policy and Planning Director of Administration, Human Resources Management – Livestock Director of Administration, Human Resources Management – Fisheries
	2. High risk of zoonotic TB in some rural areas	2. Collaborate with MoH, livestock keepers' community, and research institutions to develop and implement plans to address zoonotic TB	
	3. High risk of TB spread on fish market and landing site.	3. Create awareness to fishers and communities.	
	4. TB infection in island areas due to the large number of fisheries stakeholders engaged in fishing activities	4. Create awareness to fisheries stakeholders along those Island areas.	
	5. TB infection in Fisheries Training Institutions (FETA) due to the huge number of students, Tutors and other workers in those Campuses.	5. Create awareness to all training centers and communities surrounding in those areas.	
	6. There is no TB prevention programme targeting client of the Ministry including	6. Develop awareness among the client and employees visit Ministry.	

order to develop, manage, conserved and utilized Fisheries resources sustainably for economic growth and improved human livelihood.	employees		
	7. High risk of TB spreading in Livestock Multiplication Units (LMUs) during breed production and milking	7. Awareness programs should be conducted on TB. During milk preparation take precaution (pasteurize) before human consumption.	
	8. High risk of TB in Livestock Markets due to high influx of people from various places coming together at the markets.	8. Awareness programs should be conducted on TB	
	9. High risk of TB spreading in abattoirs areas	9. There should be routine health check-up for the abattoirs' employees after three or four months Awareness programs should be conducted on TB To conduct thoroughly meat inspection	
19. Ministry of Energy			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
The Ministry is mandated to formulate and monitor implementation of Energy, Oil and Gas Policies; Energy and Petroleum Resource Management; Value addition in Petroleum; Oil and	1. Ministry's TB strategy is not in place due to the fact that the Ministry was established on 7th October, 2017 through the Government Notices No. 143 and 144 of 22nd April.	1. In Collaboration with MoH, The Ministry to develop and ensuring the implementation of Ministry's TB strategy	Director of Policy and Planning Director of Administration and Human Resources Management
	2. The TB prevalence to workers on ongoing projects sites is unknown that make it awkward to develop strategic response	2. In collaboration with the MoH, to undertake survey to ongoing projects sites to expose the extent of T.B prevalence	
	3.Projects contractor have no	3. In collaboration with MoH,	

Gas Infrastructure Development; Bulk Procurement of Oil; Urban and Rural Electricity Programmes; Local Content in Energy and Petroleum; Renewable and Non Renewable Sources of Energy; Performance Improvement and Development of Human Resources; Extra-Ministerial Departments, Parastatal Organisations, Agencies, Programmes and Projects under this Ministry.	health Insurance for their employees which limit employee access to health services.	National Health Insurance Fund (NHIF) and the Ministry to sensitize worker on the importance to register for Health Insurance services.	
	4. Employees from ongoing project sites settlement is poor which attract TB prevalence	4. Projects contractor be required to provide for settlement with environmental health through Corporate Social Responsibility.	
	5. Many project sites and their surrounding have no reliable Health facilities which hider workers access to health services	5. In Collaboration with MoH and other stakeholders to make sure availability and accessibility of health facilities to ongoing Projects sites. 6. Facilitate CRS to mainstream TB control activities within the companies and surrounding communities	
20. President's Office - Public Service Management and Good Governance			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
	1. Lack of compensation/benefits schemes for TB survivor/patients	1. Work with sectoral ministries, and associations of current and former TB patients to establish compensation schemes for people who acquire TB as an occupational disease	Director of Policy Development Director of Human Capital Management

	2. Inadequate enforcement of occupational health and safety policies and laws in relation to TB	2. Work with workers' trade unions, sectoral ministries, and associations of current and former TB patients to establish occupational hazards that are related to TB transmissions and devise mechanisms for enforcing laws in protection and support	
	4 Lack of compensation/benefits schemes for TB disease	4.Work with sectoral ministries, and associations of current and former TB patients to establish compensation schemes for people who acquire TB as an occupational disease	
21. Vice-President's Office Union Affairs and Environment			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
Formulates and manages the implementation of policies and guidelines related to Union Affairs and Environment, including the environmental protection.	1. Absence of TB prevention programme to its clients and its employees	1.Develop awareness among the client and employees visit Ministry	Director of Administration and Human Resources
	2. Absence of TB awareness messages in environment conservation sites	2 Collaborate with MoH, private sector and CSOs to develop and integrate TB response messages in environmental conservation sites etc	Director of Environment
	3. Absence of TB awareness messages during Union events such as Tanganyika and Zanzibar Union Commemoration Day	3.Collaborate with MoH, private sector and CSOs to develop and integrate TB response during Union Commemoration Day.	
22. Ministry of Tourism and Natural Resources			

Ministerial Mandates	Identified Gaps to be Addressed	Proposed Actions	Responsible
To formulate and monitor implementation of Natural Resources and Tourism Policies; in all forms of tourism (wildlife resources, landscapes and scenery, waterbodies and beaches, diversity of culture and archeological sites); To supervise implementation of such policies that would help reduce TB at tourism sites. Briefly, show how the Ministry mandates are related to the roles to TB	1. The Ministry's TB Control Strategy is not implemented; hence TB response interventions is inadequate conducted	1. Ensure implementation of natural resources & Tourism TB Control Strategy	Director of Administration and Human Resources Management
	2. Sensitization and awareness raising on TB prevention and treatment adherence at workplace is partially conducted	2. conduct workplace TB awareness sessions and prevention measures including appropriate use of protective gears to all workers and tour guides at their workplaces to prevention spread of TB	
	3. The extent of the TB burden in the tourism sites is not well known, making it difficult to develop appropriate response measures	3. In collaboration with MoH, undertake mapping of the tourism centers, undertake TB active case findings among the tourists, tour guides, and other workers at such sites to establish the magnitude of TB in such sites.	
	4. TB screening among tourism and natural resources sector workers has been sporadic, which hinders the provision of appropriate care and treatment services at tourism and natural sites. Also, it is not mandatory for the tourism companies to screen their employees and tourists	4. In collaboration with MoH and PORALG ensure regular TB screening to all tourist, tour guide and other visitors and provision of appropriate care for TB clients in tourism sites. Also, consider making tour guides and visitors/tourists screening mandatory.	
	5. Most of tourism and natural resources utilization sites and their	5. Collaborate with PO-RALG and other stakeholders to ensure the	

	surrounding communities have no reliable health services, which jeopardizes the health of workers, including for TB.	availability and accessibility to health services at tourism and natural resources utilization sites and surrounding communities through Corporate Social Responsibilities from those projects.	
	6. Some tourism natural resources companies still illegally terminated employees who develop TB disease, which leads to hiding from reporting TB cases in fear of losing their jobs.	6. Collaborate with the PMO (Labor Section) to develop guidelines for job security and ensure job protection of mining employees who develop TB illness	
23. Ministry of Constitutional and Legal Affairs			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
The Ministry is responsible for overseeing the development and implementation of laws and regulations related to the country's constitution and legal system. It plays a critical role in ensuring that a country's legal system is fair, just, and in line with its constitution.	1.The ministry in not implementing TB/HIV control strategy, hence there is no TB awareness raising and treatment interventions	1. In Collaboration with MoH, The Ministry to develop and ensuring the implementation of Ministry's TB strategy	Director of Administration and Human Resources Management
	2. Lack of law enforcement for people missing their adherence to treatment, hence increasing of TB relapse cases	2. Collaborate with the MoH and other stakeholders to develop and implement law/strategies to address TB guide TB patient missing adherence to treatment	Director of Human Rights Executive Secretary – Law Reform Commission
	3. inadequate knowledge of TB transmission, screening, and treatment among law making experts	3. in collaboration with MoH conduct TB related awareness raising among law making experts at their work place	
	4. Stigma and discrimination	4. To prepare and disseminate messages that address stigma and	

	among TB infected personnel under law and constitution sectors	discrimination against TB infected law and constitution officials	
	5.No TB prevention precaution measures at law and constitution at services delivery sites	5.work with MoH to develop TB prevention precaution at legal services sites	
	Existence of laws and regulations that may limit access to TB service or increase risk for TB infection	6.Collaborate with MoH to implement recommendations of the Legal Environment Assessment Report	
24. Ministry of Water			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
To formulate and monitor implementation of water Policies; water Commission Affairs; that would help reduce TB. Briefly, show how the Ministry mandates are related to TB	1.Sensitization and awareness on TB prevention and treatment adherence Partially conducted in water harvesting sites and no efforts done for TB response to the surrounding communities	1.Conduct workplace TB awareness sessions and prevention measures including appropriate use of protective gears, and work with MoH and PORALG raise awareness to the surrounding communities.	Director of Policy and Planning
	3.TB burden in water transportation in and outlets (ports & ferries), making it difficult to develop appropriate response measures	3. In collaboration with MoH, undertake mapping of the mining centers, undertake TB active case findings among the miners, ex-miners and mining communities at such centers TB point prevalence to establish the magnitude of TB in the mining sector	
	4. TB screening among mining sector workers has been sporadic, which hinders the provision of appropriate care and treatment services at mining sites. Also, it is	4. In collaboration with MoH and PORALG ensure regular TB screening to all TB presumptive cases identified during case finding exercises and provision of	

	not mandatory for owners of the mines to screen their employees	appropriate care for TB clients in mining sites. Also, consider making employee screening mandatory to the holders of mineral rights.	
25. President's Office – Labour, Economy and Investment			
Ministerial Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
To formulate and monitor the implementation of Policies on Investment, Labor and economic production roles, and undertake the ministerial mandates on TB response	1. the ministerial sector has no TB/HIV strategic plan	1. Develop the Strategic Plan for TB/HIV at work place	Director of Policy and Planning Director of Economic Empowerment and Private Sector Development
	2. The Ministry is not conducting TB awareness programs targeting its employees	2. Conduct Workplace TB awareness sessions in collaboration with MoH/and the Ministry of Labor/ PO-RALG	
	3.Some basic essential TB services commodities and equipment are manufactured out of Tanzania, which at times causes shortages	3. Facilitate manufacturing of essential commodities and equipment related to TB control in the country such as sputum containers	
	4.Many investment sites and their surrounding have no reliable Health facilities which hider workers access to health services	4.In Collaboration with MoH and other stakeholders to make sure availability and accessibility of health facilities to ongoing Projects sites.	
26. Civil Society Organizations			
CSOs Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
CSOs are active players, especially in uniting communities	1. Currently, the number of resources available for TB care and supporting community-based networks is low, which slows down levels of needed interventions	1. Mobilize resources to support TB care and sustainability of community-based TB coalitions/Networks	Tanzania Stop TB Partnership Secretariat

to carry out social and economic activities for the poor, mainly in the areas of empowerment, healthcare services provision, education, water supply, legal services, and micro-finance. They constitute critical machinery for the implementation of Government policies, particularly at the community level.	2. The number and quality of Community Health Volunteers (CHV/W) have been reported to be low as compared to the needs, especially in conducting targeted screening skills	2. Build capacity to HCWs on the management of KVPs, and development of targeted screening models and tools for the elderly and health care workers.	
	3. Related to the insufficiency of numbers and quality of CHW as well as the resources needed, the level of community interventions has also been low	3. Support the implementation of TB interventions in communities and in all sectors	
	5. Developing new innovations in combating TB hasn't been a priority for many partners. Many programs have largely repeated the same approaches everywhere and for a long time	5. Mobilize resources to develop and test new innovations, as well as support, GoT to end TB in Tanzania	
	6. Related to the insufficiency of innovations in responding to the TB challenge is the inadequacy of the research agenda, which would bring up new ideas among CSO	6. Establish CSOs TB Research forums or network	
	7. Many good interventions in the area of policy and advocacy are sometimes not well documented to help bolster the knowledge and wider application and stakeholders	7. Develop Policy briefs to inform better strategies or policy direction toward TB control	
	8. Overall coordination of TB interventions among the CSOs is not at expected levels where partners would share innovations, and leverage resources, skills, and experiences for more effective TB interventions.	8. Undertake innovations and proof-of-concept ideas to inform better planning, coordination, and implementation of TB interventions	

27. Private Business Sector			
Collective Mandates	**Identified Gaps to be Addressed**	**Proposed Actions**	**Responsible**
The private business sector has a collective responsibility to support and contribute to the national development goals in line with Government policies and guidelines; Supporting the welfare and safety of the individuals working in the businesses and communities surrounding places where the business operations are located.	1. The role of the private in addressing TB and related illnesses is not sufficiently appreciated and guided.	1. Work out a policy brief outlining the role of the private sector partnership in addressing national calamities, including public health conditions like TB, and how the sustainable partnership between the Private Business Organizations, the Government, and the CSOs could be organized	Tanzania Private Sector Foundation Tanzania National Business Council Association of Tanzania Employee Tanzania Chamber of Commerce, Industry and Agriculture
	2. Private sector's role and operation and potential in addressing TB is not clearly linked to current national policies	2. Draft a multisectoral framework linking the private sector's role and operation in people's health to relevant Government policies. Share with implementing partners.	
	3. Roadmap through which the private business sector partners can participate in addressing TB and related illnesses as part of corporate social responsibility is not in place and articulated to a win-win framework	3. Draft a roadmap with specific milestones for engaging the private business sector response in TB and related conditions interventions as part of their corporate social responsibilities. Share the draft roadmap with implementing partners and get the roadmap approved by the Government and umbrella associations of the private business sector like the TNBC and TPSF	
	4. The direct and effective engagement of the private business sector for their contribution to addressing TB and	4. Engage the private business sector companies through their umbrella associations and as guided by the approved private	

	related pandemics or social needs is not really visible with tangible results	sector engagement roadmap.	

4. CHAPTER 4: MAF-TB Coordination and Implementation

4.1 MAF-TB Coordination

National multisectoral coordination and implementation for TB are essential to ensure that efforts to prevent, diagnose, and treat TB are integrated and effective. Coordination between different sectors such as health, social welfare, and economic development is necessary to develop a comprehensive response to TB. An effective coordination mechanism can ensure that resources are allocated efficiently, and efforts are integrated. Effective national multisectoral coordination and implementation are essential to ensure a comprehensive and integrated response to TB. Such mechanisms should involve intersectoral coordination, a well-resourced National TB Program, regular review mechanisms, partnership and engagement with stakeholders, and support for research and innovation.

In order to ensure effective implementation of the sectoral mandates and actions, the outlined framework of activities will be monitored, documented, reported, and shared in a timely fashion with pertinent monitoring committees from all identified sectoral actors. The monitoring will track progress related to commitments and actions as outlined above. In monitoring disease control indicators, Tanzania will use routine reporting, surveys, and studies to analyze the progress of the country, region, or district based on its targets. At the national level, the annual national TB report or substantive analysis during the Annual Health Sector Review will be done.

4.1.1 Working Group

The Working Group will comprise a certain number of representatives from within the technical working group which is cross-sectoral and purposely formed to respond to the need raised during the course of the implementation of activities as identified in section 3 above.

The working group will respond to the advocacy and communication needs, monitoring and evaluation, resource mobilization, response, and support service needs.

The Working Group will meet quarterly and will report to the technical working group, the responsible person from the Prime Minister's Office through the Directorate of Policy and Coordination of Government Business will coordinate the working group meetings and other assigned duties while the Ministry of Health will be responsible for sectorial roles.

4.1.2 MAF-TB Technical Working Group (TWG)

There will be a Technical Working Group which comprises MDAs, Civil Society Organizations, and Private Sector which will be meeting quarterly. The Prime Minister's Office through the Directorate responsible for coordination of Government business will coordinate levels of (Technical, Steering, and Ministers forum) meetings while the Ministry responsible for health will take Secretarial roles and Implementation.

The Secretariat will receive quarterly plans and implementation reports from all MAF-TB stakeholders. The plans and reports will refer to the agreed sectoral commitments as outlined in section 3 above. The Focal Person for each Ministry/sector will be responsible for developing implementation plans, and measurable indicators with clear baselines as well as producing relevant reports for the respective sectors.

The TWG will hold monitoring meetings every 3 months, chaired by the Director of Policy and Coordination of Government Affairs from the Prime Minister's Office. The meetings will review and assess implementation progress and the results from the implanted activities (outcome), and make recommendations for future actions. The results from monitoring and reporting, and the recommendations from reviews based on the results, will drive new and/or improved actions. Periodically, new commitments or reinforcement of commitments may be required based on reviews of progress. In addition to the quarterly TWG meetings, the following will be one of their roles:

i. To prepare national steering committee bi-annual review meetings; the TWG will assess progress and recommend further actions to the National Steering Committee.
ii. To prepare the bi-annual Minister's Forum; the recommendation from the national steering committee will be reviewed and endorsed in the Ministers' forum

4.1.3 National Steering Committee

The National Steering Committee comprises all Permanent Secretaries from all Ministries, Departments Agencies, civil society organizations, and private sectors which will be meeting bi-annually. The Prime Minister's Office through the Directorate responsible for coordination of Government business will coordinate this level of steering committee meetings, while the Ministry of Health will take secretarial roles and implementation.

The steering committee receives the report of the MAF-TB implementation activities of the first two quarters and reviewed new commitments brought forward by the TWG. The agreements of these meetings will be sent to the Ministers' forum.

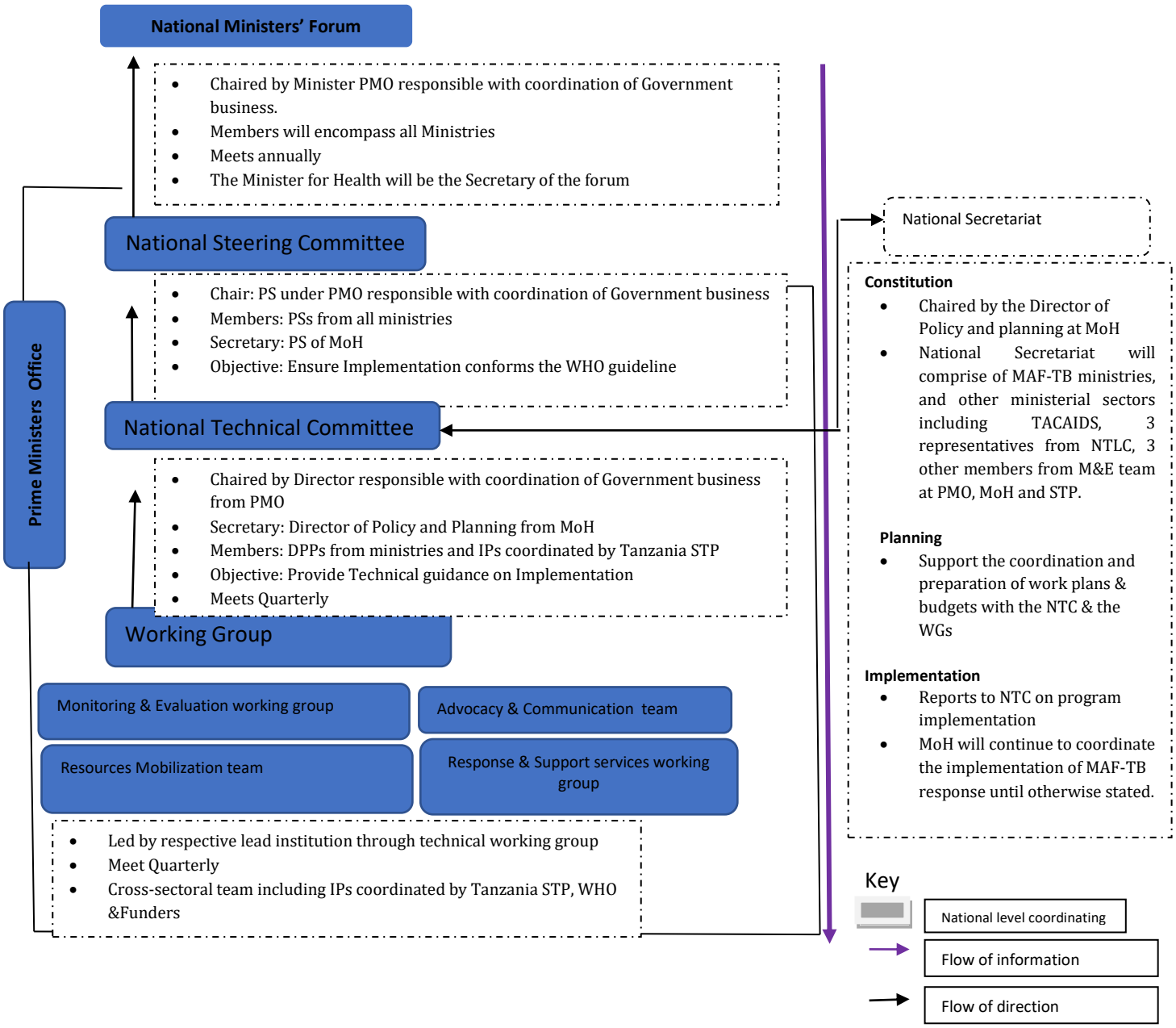
4.1.4 Ministers' Forum

The Ministers' Forum comprises all Ministers. Other members of the forum including; Civil Society Organizations and private sectors will be meeting annually. The Minister for State in the Prime Minister's Office - Policy, Parliamentary and Government Coordination Affairs will coordinate this level of Ministers' forum, while the Ministry of Health will take Secretarial roles and Implementation.

The National Ministers' Forum receives the annual implementation of the MAF-TB activities and revised commitments brought forward by the National Steering Committee.

Figure 3 below shows the coordination structure of MAF-TB.

Figure 3: Coordination Structure



4.2 MAF-TB implementation plan

The implementation plan will be at three levels: national, regional and council followed by a proposed set of activities below:

4.2.1 Implementation structure at the national level

- Headed by the Prime Minister's Office through the Directorate of Policy and Coordination of Government Affairs
- Secretarial roles coordinated by MoH through NTLP
- Prepare and endorse national commitments
- Prepare and oversee the implementation of the guidelines and policies
- Convene TWG, Steering Committee and Ministers' forum meetings
- Coordinate the implementation of MAF-TB activities at the national level

4.3 .2 Implementation structure at the regional level

- Headed by Regional Administrative Secretary (RAS);
- With the Regional Medical Officer (RMO) acting as the Secretary;
- Members of this forum will include Heads from all relevant Departments/Units, Private Sectors and CSOs;
- This forum will meet quarterly;
- The Regional level forum shall focus on coordinating –regional-level multi-sectoral responses and guiding district-level MAF-TB forums on areas of focus and preparations/compiling regional-level reports on multi-sectoral responses towards elimination of TB based on various TB indicators in a specific region.

4.3.3 Implementation structure at the council level

- Headed by the District Executive Director (DED);
- District Medical Officer (DMO) acting as the Secretary;
- Members of this forum will include Heads from all relevant Departments, private sectors, and CSOs;
- This forum will meet quarterly;
- The district-level forum shall focus on budgeting, implementing, and reporting district-level multi-sectoral interventions toward the elimination of TB, based on various TB activities in a specific district.

4.4 MAF-TB Monitoring and Reporting

In order to ensure effective implementation of the sectoral mandates and actions, the outlined framework activities will be monitored, documented and reports shared in a timely fashion to pertinent monitoring committees from all identified sectoral actors. The monitoring will track progress related to commitments and actions as outlined in section 3 above. Monitoring indicators will be developed to track progress over time.

All the Implementing institutions will develop sector-specific monitoring and evaluation plans, which will cover interventions to be implemented, monitored, and evaluated based on the indicators as appropriate.

At the national level, the Monitoring and Evaluation working group, chaired by the PMO, will oversee all Metrics functions related to the Multisectoral Accountability framework for TB (MAF-TB) activities.

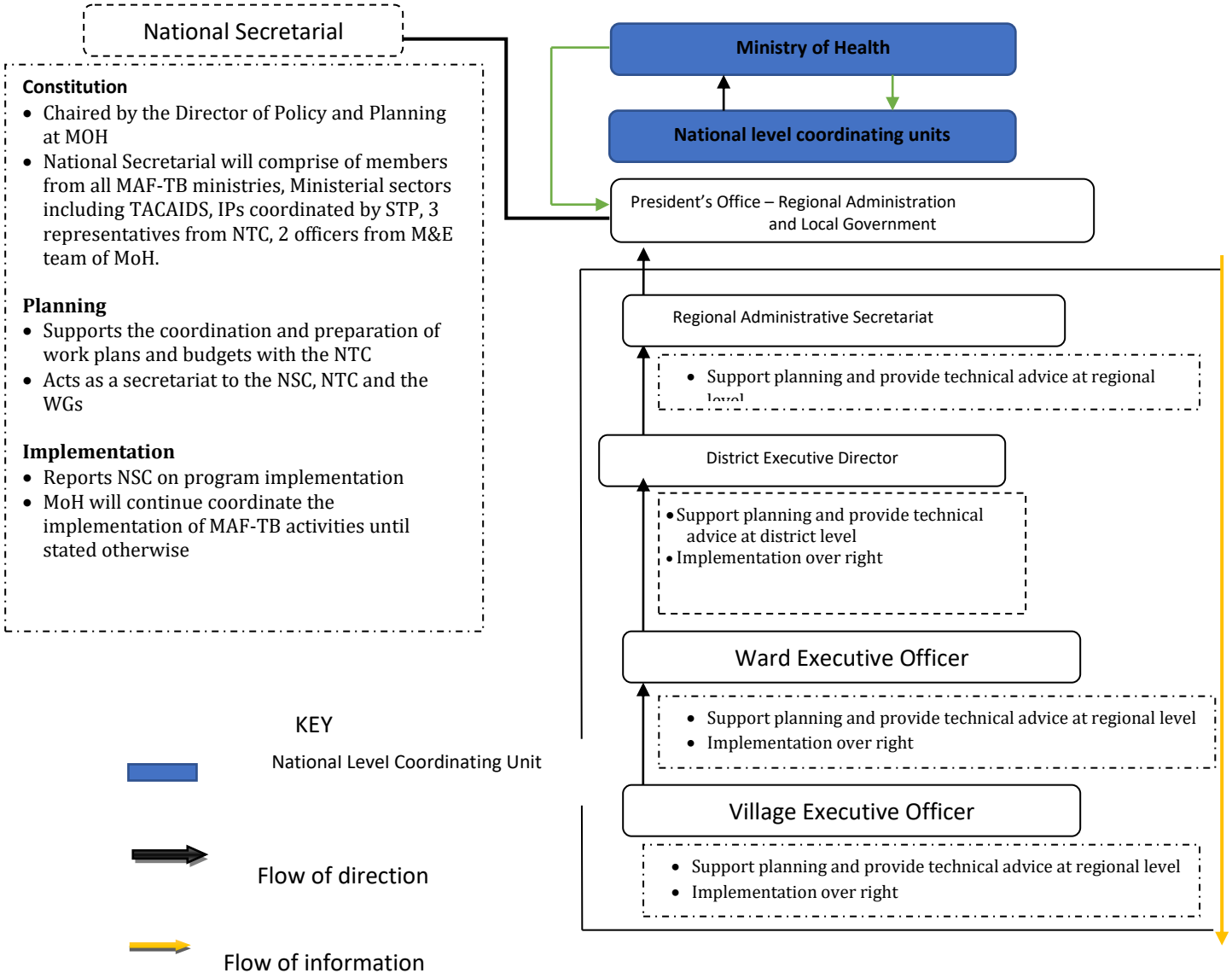
4.5 MAF-TB Sustainability

Tanzania Multisectoral Accountability Framework for TB is structured to ensure that stakeholders involved in tuberculosis (TB) control are held accountable for their roles and responsibilities in sustaining TB control efforts. MAF-TB has established clear objectives, defined roles and responsibilities, established indicators and metrics, ensured effective monitoring and evaluation, allocated sufficient resources, and fostered communication and engagement with stakeholders. This will help ensure sustained efforts towards TB control and ultimately, a reduction in the burden of TB globally.

The accountability framework defined the roles and responsibilities of different stakeholders involved in TB control efforts, including government agencies, civil society, international organizations, and the private sector, and set forth indicators and metrics to measure progress toward TB control objectives. The country will strive to mobilize adequate resources, including financial, human, and technical resources, and ensure equitable allocation, effectiveness, and efficiency to sustain TB control efforts. Finally, the country MAF-TB implementers will ensure effective communication and engagement with stakeholders through open dialogue and feedback from stakeholders, including patients, healthcare providers, and community-based organizations.

Figure 4 shows the implementation structure of MAF-TB.

Figure 4: Implementation Structure



[i] https://www.who.int/teams/global-tuberculosis-programme/data