



Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security

10-12 October 2018

Bagamoyo, United Republic of Tanzania



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EXECUTIVE SUMMARY

Tanzania, a champion in efforts to strengthen preparedness and response to public health emergencies, is among the first nations to work with the World Health Organization (WHO), on an innovative tool to map how financial and technical resources can strengthen IHR capacities and health security in the country.

The 10-12 October workshop in Bagamoyo, Tanzania, involved WHO, Tanzania's Ministry of Health, Community Development, Gender, Elderly and Children, representatives of the prime minister and president's offices, and partners including PATH, AMREF Health Africa, the Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID).

In February 2016, Tanzania became the first country in the world to undergo the Joint External Evaluation (JEE), a voluntary peer review assessment by national and international experts of the country's capacity across 19 technical areas. Tanzania followed up the results of the assessment in 2017 by becoming the first country to develop a five-year National Action Plan for Health Security (NAPHS).

Workshop participants said a challenge is harmonizing Tanzania's different country plans, including NAPHS, after action reviews for cholera and anthrax outbreaks, simulation exercises, and a 2018 Ebola contingency plan developed after the virus broke out in the neighboring Democratic Republic of the Congo. Participants said the different plans call for different priorities and a single guiding plan with a unified set of priorities is needed for Tanzania to move forward.

WHO representatives at the workshop presented the resource mapping and impact analysis on health security investment (REMAP) tool. Tanzania is the second country, after Sierra Leone, to use the tool for resource mapping. The Excel-based tool shows the linkages between the different country plans and allows the harmonization of health security efforts. Workshop participants used the tool to map which activities can help to fulfill multiple country plans, such as disease surveillance efforts that if completed would advance both NAPHS and the Ebola contingency plan.

The workshop participants also used the tool to map the health security projects that donors are supporting in the country. Knowing what is being done in Tanzania will allow donors, partners and policymakers to see where the gaps exist and where more investment of financial and technical resources is needed. Member States can also use the tool to monitor progress on completing activities needed to implement a plan such as NAPHS. As the implementation progresses, the tool demonstrates the effect of the activities on overall health security through an impact analysis. The impact analysis measures the potential effect on health security of a change in investment, allowing countries to direct resources into the activities with the most benefit for public health.

The Tanzanian government will use the resource mapping tool to monitor the nation's progress in implementing health security activities. This includes use of the tool to facilitate the national IHR Technical Working Group quarterly meetings.

Tanzanian officials recognized that the work emerging from the workshop is vital, particularly at the regional and local level. The government officials, including from Tanzania's high-level One Health Coordination Unit working on the link between human and animal health, spoke of the need for more communication and collaboration, which the resource mapping tool is designed to provide.

Tanzania is taking ownership of its health security through NAPHS and the resource mapping process, working to chart its future through implementing the national priorities and aligning partner efforts with the needs.

WHO is providing guidance and tools to help the country in mapping the support of donors and partners for Tanzania. This provides visibility for the partners' investments and at the same time informs the country about where gaps exist. WHO representatives committed to providing technical assistance and support for the monitoring and implementation of Tanzania's national health security priorities. WHO also committed to facilitate multisectoral coordination, including working to strengthen the collaboration between donors, partners and health officials. WHO's mandate is to have a "critical convening role to facilitate strategic cooperation and partnership between and within States Parties along with regional and international partners, donors and networks."

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ABBREVIATIONS & ACRONYMS

AAR	After Action Reviews
AMR	Antimicrobial Resistance
AMREF	Amref Health Africa
CDC	Centers for Disease Control and Prevention
EVD	Ebola Virus Disease
GPW	Global Programme of Work
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
OIE	World Organisation for Animal Health
NAPHS	National Action Plan for Health Security
NBW	National Bridging Workshop
PHE	Public Health Emergencies
PVS	Performance of Veterinary Services
REMAP	Resource Mapping and Impact Analysis on Health Security Investment tool
SOP	Standard Operating Procedures
SPH	Strategic Partnership for IHR and Health Security
TWG	IHR Technical Working Group
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

Tanzania has been working to evaluate and strengthen core health capacities through the adoption of the International Health Regulations (IHR). IHR (2005) is a legally binding set of regulations for the prevention and control of events that may constitute a public health emergency of international concern.

Through the regulations, countries are required to develop, strengthen and maintain minimum national core public health capacities to detect, assess, notify and respond to public health threats. Capacities are assessed through the IHR Monitoring Evaluation Framework (MEF) involving Annual Reporting, voluntary Joint External Evaluation (JEE) by domestic and international experts, simulation exercises and After Action Reviews (AAR).

In February 2016, Tanzania was the first country to undergo the JEE and assess capacity across 19 Technical Areas. The findings showed that, although there has been significant progress, gaps still exist in key core capacities to prevent, detect and respond to Public Health Emergencies (PHE).

Tanzania followed up the JEE by becoming the first country to develop a National Action Plan for Health Security (NAPHS), finalized in February 2017 through a costing session with World Health Organization (WHO) and country experts.

The plan aims to reduce morbidity, mortality, disability and socio-economic disruptions due to public health threats and to contribute to Sustainable Development Goal number 3 (Ensure healthy lives and promote well-being for all ages). This is to be accomplished through strengthening the capacity of Tanzania to prevent outbreaks and other health emergencies, to quickly detect and confirm outbreaks and to promptly respond to outbreaks and health emergencies.

The NAPHS covers the areas of *Prevent, Detect, Respond*, as well as *Points of Entry and other IHR-related hazards*. The plan takes a “One Health” approach, focusing on interdisciplinary collaboration and communication that recognizes the link between human and animal health.

The 5-year cost to implement the plan, excluding animal vaccinations, is \$86,686,339. The inclusion of animal vaccinations increases the cost seven-fold to \$603,158,558, involving the purchase of more than 40 million doses of animal vaccines.

The national IHR Technical Working Group (TWG) has created and discussed lists of priority in-country activities to be completed in 2017-2018 and 2019-2020 to strengthen IHR and health security.

INTRODUCTION

The 10-12 October workshop was designed to assist implementation of NAPHS through resource mapping and harmonization of different country plans and recommendations, including NAPHS, the Contingency Plan for Ebola Viral Disease (EVD), the cholera AAR, simulation exercises and the National Bridging Workshop on IHR and the World Organisation for Animal Health (OIE) Performance of Veterinary Services (PVS) Pathway. The workshop was organized by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and WHO.

Under the new General Programme of Work (GPW 13), the WHO Health Emergencies Programme (WHE) will contribute heavily to the triple billion objectives and in particular to the strategic priority of having *1 billion more people better protected from health emergencies*. WHO developed the resource mapping and impact analysis on health security investment (REMAP) tool in order to support Member States in building health security capacities and implementing plans such as NAPHS.

The tool allows Member States to map and mobilize financial and technical resources as well as chart the development and impact of activities designed to increase and sustain country capacities to prevent, detect and respond to public health events. The tool can help the country to make informed decisions for effective resource mobilization to obtain maximum benefit at minimum cost in resources.

The tool shows Member States what available or potential resources exist for activities that contribute to health security. The country can use the tool to monitor progress on completing the activities and implementing a national plan such as NAPHS. As implementation progresses, the tool demonstrates the effect of the activities on overall health security through an impact

analysis. The impact analysis can measure the potential effect on health security of a change in investment, allowing Member States to direct resources into the activities with the most effect on improving public health.

The tool also provides a platform for users to identify common activities within a country's different plans, demonstrating the linkages between plans and allowing harmonization of health security and IHR efforts.

The Strategic Partnership for IHR and Health Security (SPH) at WHO, working together with WHO Regional and Country Offices, provides support such as the resource mapping tool to Member States in their effort to scale up multisectoral preparedness and accelerate the implementation of IHR (2005).

OBJECTIVES OF THE WORKSHOP

- Link activities from the different country plans and recommendations such as NAPHS, EVD, AAR and the national bridging workshop (NBW) into prioritized activities for implementation
- Resource mapping to support NAPHS implementation and promote multisectoral collaboration

The workshop was attended by more than 50 people representing WHO, the government of Tanzania, partners and donors.

REPORT ON THE SESSIONS

WELCOME AND OPENING REMARKS

The opening remarks focused on Tanzania's journey from the JEE to the development of a costed 5-year NAPHS.

Dr. Grace Saguti of the WHO country office in Tanzania gave the first remarks, detailing the country's history of progress to NAPHS completion while also noting that other guiding plans and strategies exist for specific areas such as the One Health strategic plan and the EVD contingency plans.

“We all need to compare these plans and learn how to link the activities in order to map the available resources in the country,” Saguti said. Saguti said WHO is committed, at the country, regional and headquarters levels, to continue providing technical support in NAPHS implementation.

She also proposed that the country consider an impact assessment to document the impact of the activities. WHO is prepared to assist, she said.

Dr. Mohamed Ally Mohamed, director of health quality assurance in the MoHCDGEC, pointed to Tanzania’s history of leadership as the first country to undergo the JEE and to develop a NAPHS. Mohamed said that “I think it’s the right time now that we also lead on the issue of resource mapping.” He said he hoped the experience of Tanzania can be useful for other countries.

A representative from the President’s Office-Local Government said the workshop comes at a good time, as Tanzania has borders with many other countries facing health threats including Ebola. He said his agency will see that the policies that come out of the workshop are implemented at the regional and local government levels. A representative from the Prime Minister’s office emphasized the importance of focusing on the One Health link between human and animal health.

SESSION 1: INTRODUCTORY DISCUSSION

Neema Camara of the MoHCDGEC gave a presentation that covered the health risks faced by Tanzania. The country borders eight other nations, some of which have in recent years experienced major outbreaks including Ebola and yellow fever. Tanzania also has risks within its own borders such as cholera, Rift Valley fever and H1N1 influenza virus. The nation suffered a 2012-2013 outbreak of dengue fever and the cholera outbreak that began in 2015 has resulted in more than 32,000 cases and more than 400 deaths. Movement of people makes containment difficult.

Camara said that, through the system of self-assessments, some countries in the past overestimated their PHE capacities. Such high marks, she said, were put to the test during the 2014 Ebola epidemic in West Africa. The subsequent implementation of the MEF represented a shift to an evaluation approach in which external evaluators assessed capacities along with country experts.

A multisectoral team of national and international experts and advisors used the JEE tool developed by WHO to conduct the JEE for Tanzania mainland in February, 2016. The JEE evaluated Tanzania's capacities in the categories of *prevent, detect, respond and other IHRrelated hazards/points of entry*. The JEE found, for example, that Tanzania had very limited antimicrobial resistance (AMR) capacity and lacked a standard operating procedure (SOP) at the country's emergency operations center.

Tanzania used the JEE recommendations to create a costed NAPHS and has now reached the stage of resource mapping, multisectoral coordination and financing for preparedness, all of which are critical for implementation. The resource mapping tool is meant to help Tanzania through the process by facilitating the identification of existing and potential technical and financial resources. The tool is also designed to promote coordination and collaboration by mapping partner and donor activities.

Dr. Grace Saguti of the WHO country office said Tanzania should have pride in being the first country to complete the JEE and NAPHS, but there is much planning and work to be done.

"Yes, we've been the first but we should not lose momentum, we should continue to the top of the hill," Saguti said.

Marcelina Mponela, a representative of the Tanzania office of Centers for Disease Control and Prevention (CDC), said in a presentation that CDC has focused on supporting the emergency operations center, workforce development and surveillance.

She reported that CDC has observed a gap in the coordination among sectors working on global health security efforts. The 2016 JEE also noted that "performance of the national IHR focal point is hindered by poor quality and lack of timeliness of information received and obstacles caused by poor coordination with other levels and sectors."

Outcomes of Session 1:

- Tanzania's health risks and vulnerabilities are identified both within and outside its borders, including Ebola, yellow fever, cholera, Rift Valley fever and H1N1 influenza virus.
- Tanzania is assessed as being in the NAPHS process stage of resource mapping, multisectoral coordination and financing for preparedness.
- Gaps in IHR and health security coordination are identified as an issue.

SESSION 2: NATIONAL PERSPECTIVE ON COUNTRY PRIORITY FOR HEALTH SECURITY INCLUDING STRENGTHENING NATIONAL CAPACITIES ON IHR (2005)

Dr Vida Makundi Mmbaga of the MoHCDGEC detailed progress toward achieving national priorities in areas such as legislation, IHR coordination and communication, anti-microbial resistance, biosecurity, immunization, response, risk communication, surveillance, workforce development and port of entry. Some activities have been slowed as a result of competing priorities, lack of funds and inadequate technical assistance.

Partners such as USAID, AMREF and PATH spoke from the floor about their activities in the country, including a One Health resource mobilization strategy, community-based surveillance in high risk regions and along the Kenyan border, electronic disease surveillance and Integrated Disease Surveillance and Response (IDSR) training. Dr. Grace Saguti of the WHO country office noted following those comments that “you can notice a lot has been done in surveillance...The other areas, I don’t want to say orphans because a lot of work has been done, but we need to strengthen.”

Members of the audience said areas of need include greater community awareness and engagement, more coordination and communication among key stakeholders and minimization of competing priorities.

“The problem is we have different plans, the plans call for different priorities and we need to have a common plan for priorities in the country, that is the only way we will move forward,” said Dr. Janneth Maridadi Mghamba, assistant director of epidemiology at the MoHCDGEC.

The high-level summary and recommendations from the November 2016 Strategic Partnerships for Country Planning Workshop Post-JEE called for WHO and partners to “provide technical guidance to help harmonize the implementation of the various initiatives, plans and tools.” The WHO resource mapping tool is designed to accomplish this objective, allowing for the linkages between the different plans that are relevant to IHR and health security to be identified and synergies achieved.

Outcomes of Session 2:

- Tanzania is acknowledged as having progressed in achieving national priorities but also as

facing implementation challenges of lack of funds and inadequate technical assistance.

- Substantial partner support identified for surveillance activities with more work needed in other areas as well.
- Particular areas of need established including greater community awareness and engagement, more coordination and communication among key stakeholders and minimization of competing priorities.

SESSION 3: PRIORITIZATION OF IN-COUNTRY ACTIVITIES TO STRENGTHEN IHR AND HEALTH SECURITY

Dr. Mary Kitambi of the MoHCDGEC provided an overview of country plans including the June 2018 EVD contingency plan that was prompted by an outbreak of Ebola in the neighboring Democratic Republic of the Congo. Tanzania is at a high risk because there is a frequency of population movement in the border area, using porous borders rather than formal points of entry. The estimated cost of priority EVD mitigation and preparedness activities was estimated at nearly \$4 million.

Other country plans include, not exhaustively: i) the National Action Plan for Health Security (NAPHS) 2017-2021 and its costing, ii) the revised national One Health strategic plan 2015-2020 from the Prime Minister's office, iii) the action plan against rabies; iv) the national action plan against antimicrobial resistance; v) the national guideline for emergency simulation exercises, vi) the After Action Review for cholera epidemic and anthrax outbreaks, vii) the 2018 table top exercise for a cross border outbreak of Rift Valley fever, 2018, viii) the National Bridging Workshop roadmap. Community engagement and community surveillance were recommended through the various plans as areas that needed particular improvement. The resource mapping tool allows the mapping of such areas of commonality between plans, in which completion of an activity in one action plan advances implementation of other plans as well.

Outcomes of Session 3:

- Tanzania's Ebola risk as a result of an outbreak in the neighboring Democratic Republic of Congo assessed with the cost of priority mitigation and preparedness activities estimated at nearly \$4 million.

- Other recommendations from country plans and recommendations discussed including AAR's on cholera and anthrax outbreaks, a One Health Strategy and a simulation exercise on crossborder Rift Valley Fever.
- Community engagement and community surveillance identified as among the issues for improvement common to different country plans.

SESSION 4: WORKING GROUP SESSION 1 (DAYS 1 AND 2) ON LINKAGES BETWEEN PLANS

WHO representatives provided a presentation on use of the resource mapping tool. Participants were then divided into four working groups (in the categories of *Prevent, Detect, Respond and Point of Entry/Other IHR related hazards*) for a session designed to harmonize different country plans and recommendations. The working groups involved mixed participants including representatives of the MoHCDGEC, the prime minister's office, the president's office, partners and donors.

The working groups used the resource mapping tool to chart which priority activities the plans and recommendations (including NAPHS, JEE, the EVD contingency plan, the cholera AAR and the IHR-PVS national bridging workshop) have in common, to assess levels of implementation and to identify the partners working in support of those activities.

The purpose of the exercise was to “harmonize the implementation of the various initiatives, plans and tools” (as recommended in the 2016 post-JEE workshop). The resource mapping tool provides a single platform to identify the linkages between the different plans and recommendations. The government representatives, partners and donors in the workshop used those linkages to discover synergies.

The working groups used the information gathered on linkages to review and recommend key priority actions in the categories of *Prevent, Detect, Respond and Point of Entry/Other IHR related hazards* within the costed NAPHS and the other Tanzania country plans and recommendations.

The resource mapping tool was designed to facilitate such strategic planning through informing planning and investments, including NAPHS, based on the structured and agreed identification of needs and options for improvement.

There were questions and some initial confusion regarding use of the tool but the groups quickly became engaged with good multisectoral collaboration. The working group session began on the afternoon of the first day of the workshop and continued through the morning of the second day.

The groups presented an overview of results

following the exercise, particularly noting linkages between the JEE, NAPHS and the EVD contingency plan. Groups also offered feedback on some challenges they found in using the tool, including determining what constitutes the implementation year, defining the difference between training and workshop and whether the government of Tanzania should be listed as a partner.

Mr Glenn Lolong of WHO headquarters gave guidance in response to each of the challenges described by participants and said the tool would be modified in response to their suggestions.

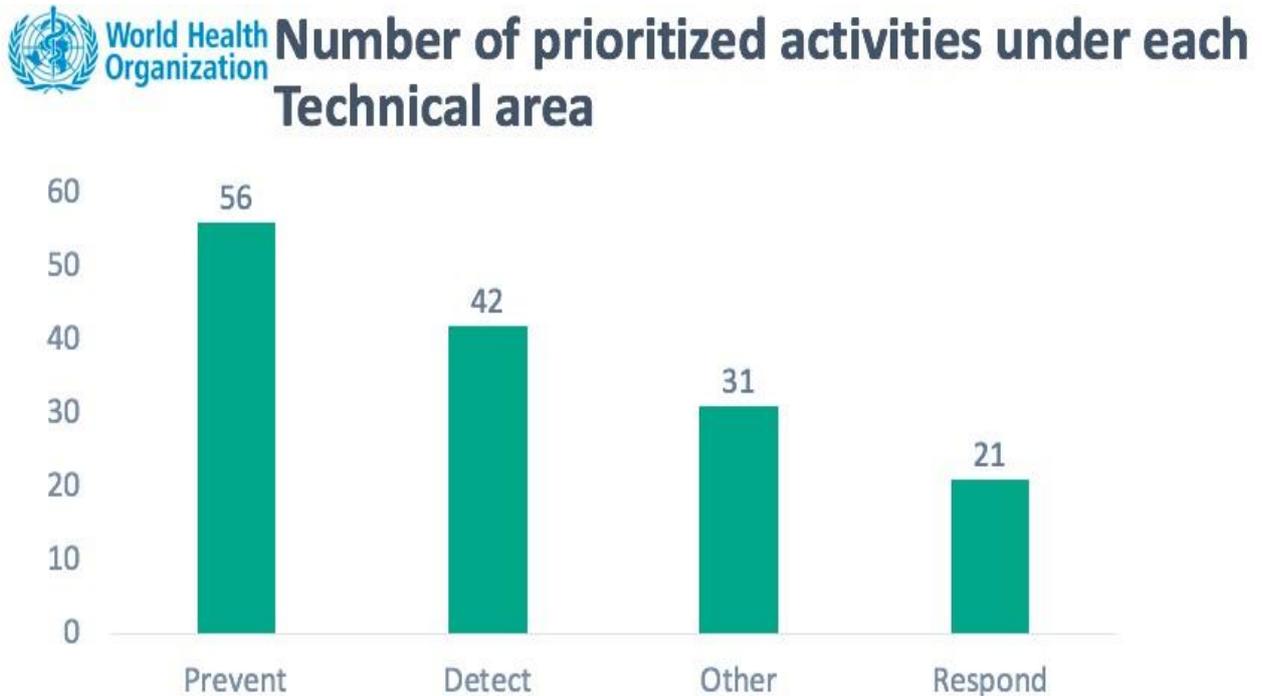
Participants were particularly enthusiastic about the possibility of designing the tool so that it shows how much progress is being made individually in each of the country plans. “We are going to tailor-make the tool specifically for Tanzania,” Lolong said.



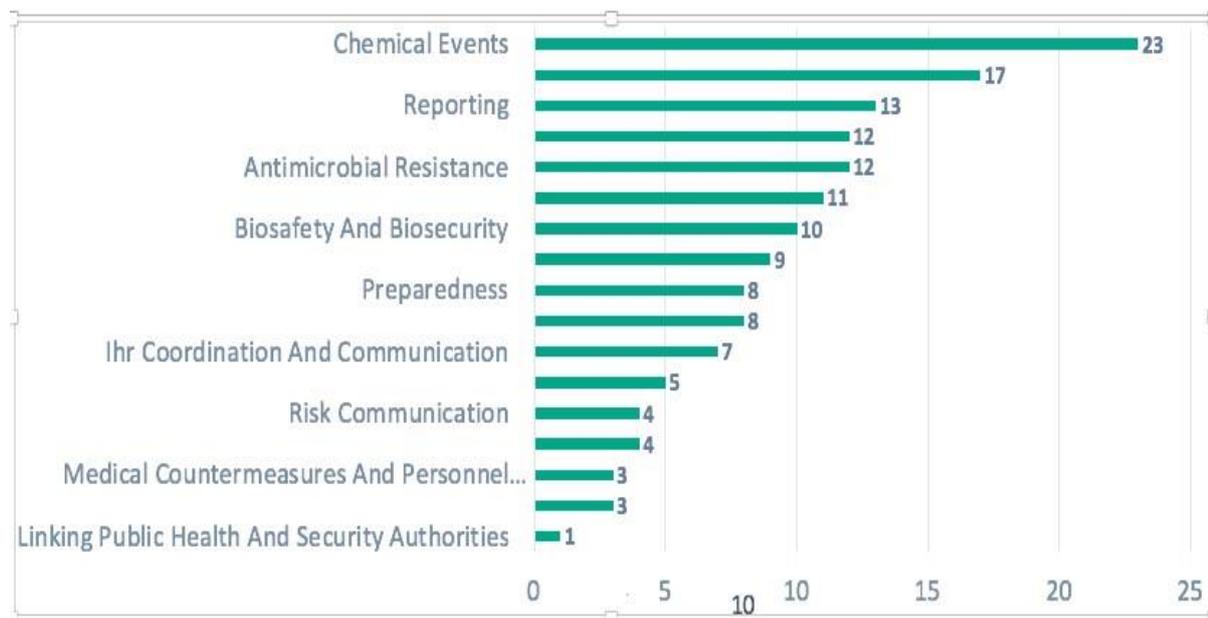
Among the implementation gaps identified by the working groups was in the area of zoonosis, where most of the activities were mentioned in several plans and still are in the early stage with insufficient technical assistance and funds.

Dr. Stephane de la Rocque, head of the One Health Team at WHO headquarters, noted that zoonosis activities are included in several of the different country plans and recommendations. “All these recommendations and plans will facilitate the implementation” he said. “How can we use this exercise to advocate for implementation.” A key NAPHS objective is advancing One Health, improving the dialogue, coordination and collaboration between the animal and human health sectors to strategically plan for joint actions and a synergistic approach. The resource mapping tool is designed to facilitate this by identifying existing and potential resources, linkages between plans, the impact of investment in health security activities, and the progress of implementation of plans such as NAPHS.

Outputs of the working group session included mapping of prioritized activities under each technical area and core capacity.



Number of prioritized activities under each core capacities



Outcomes of Session 4:

- Linkages between different country plans were mapped through the REMAP tool.
- Priority actions were identified, with the highest number of prioritized activities in the chemical events core capacity.
- Zoonosis identified as an area needing improved coordination and implementation.
- The REMAP tool to be adapted through suggestions of working group participants and further designed for the country context.

SESSION 5: WORKING GROUP SESSION (DAY 2) ON PARTNER MAPPING

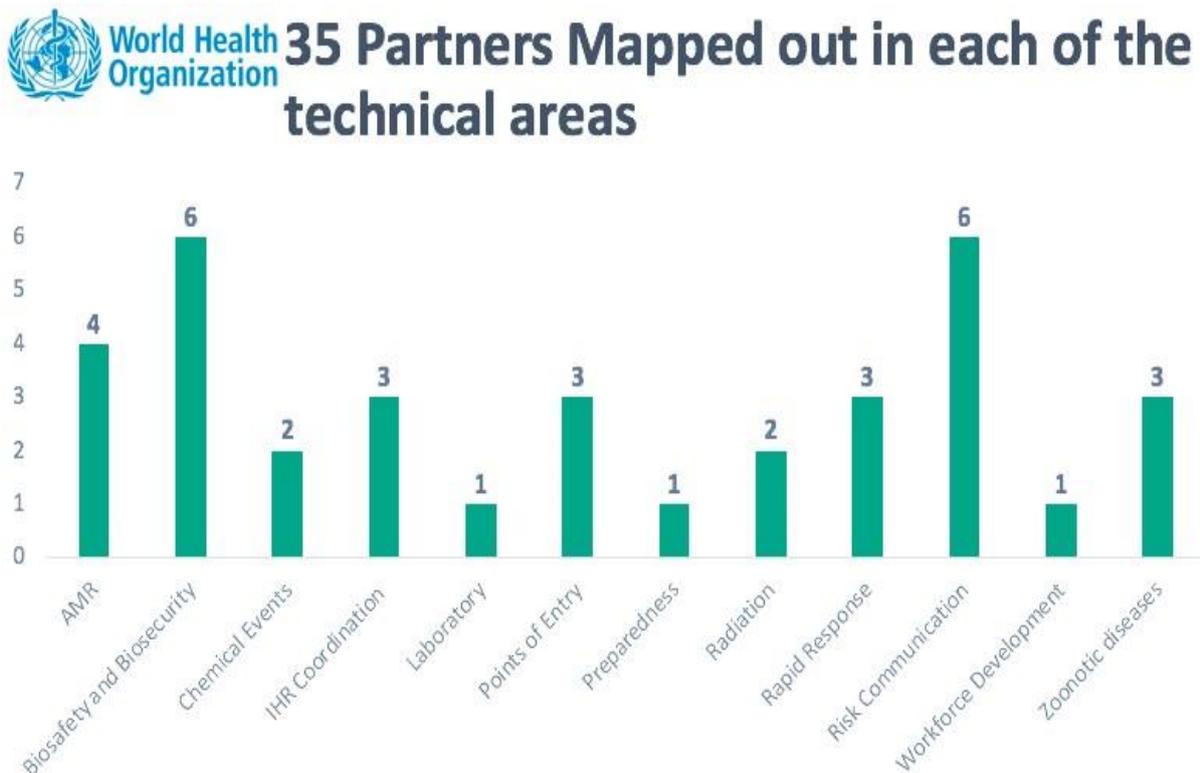
Participants rejoined their groups of *Prevent, Detect, Respond and Point of Entry/Other IHR related hazards* in the next working group session to map the list of partner projects in Tanzania, with funding figures.

The goal was to map all areas that partners are working on in Tanzania, through providing financial or technical assistance. The resulting data on donor activities can be used to determine where gaps exist. For example, partners or policymakers might see there are high priority

technical areas in Tanzania that are underserved and would therefore choose to direct resources in those areas to fill the gaps.

This use of the resource mapping tool can assist in achieving the strategic objective of building sustainable networks. Partner mapping contributes to the strengthening of intersectoral collaboration through improved understanding of respective roles and mandates. The 2016 JEE recommended greater collaboration with partner and donor initiatives, stating that “linking these initiatives in a coordinated manner will increase their effectiveness and impact, and maximize the use of resources.”

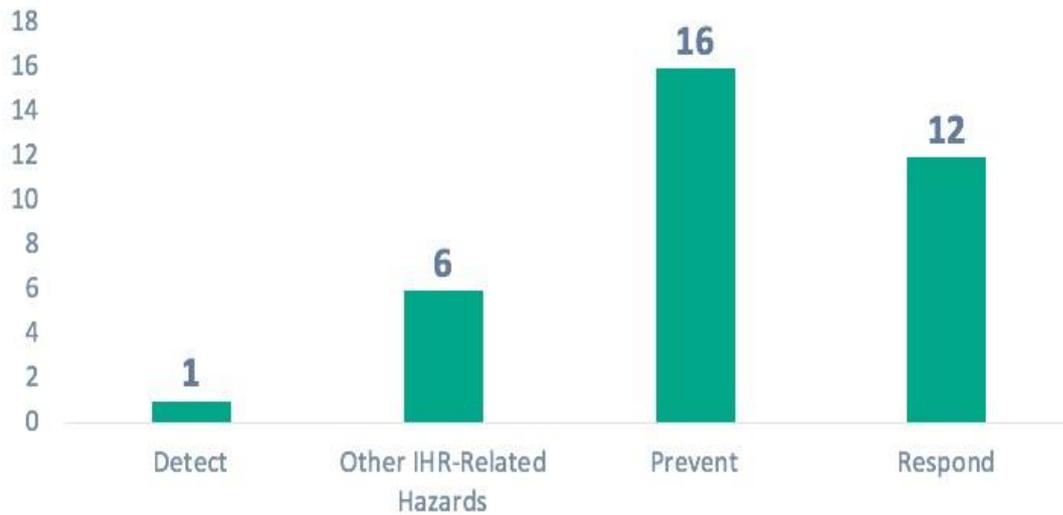
The working group session also included mapping of costs of priority activities and identification of potential partners and resources. Outputs of the session included the mapping of 35 partners working in Tanzania and the technical areas they are supporting. Further partner mapping will be conducted.





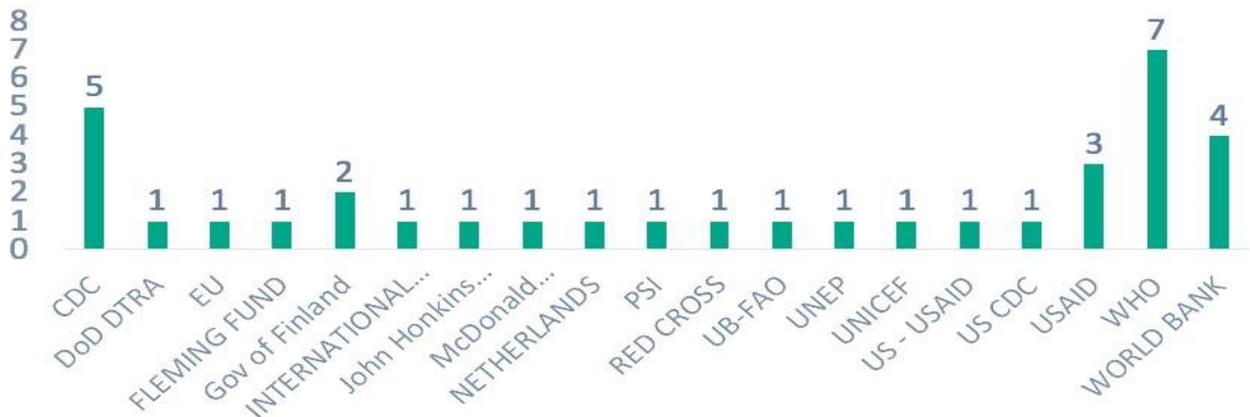
World Health Organization

35 Partners Mapped out in under the main technical areas



World Health Organization

35 Partners Mapped out and the number of technical areas they are supporting



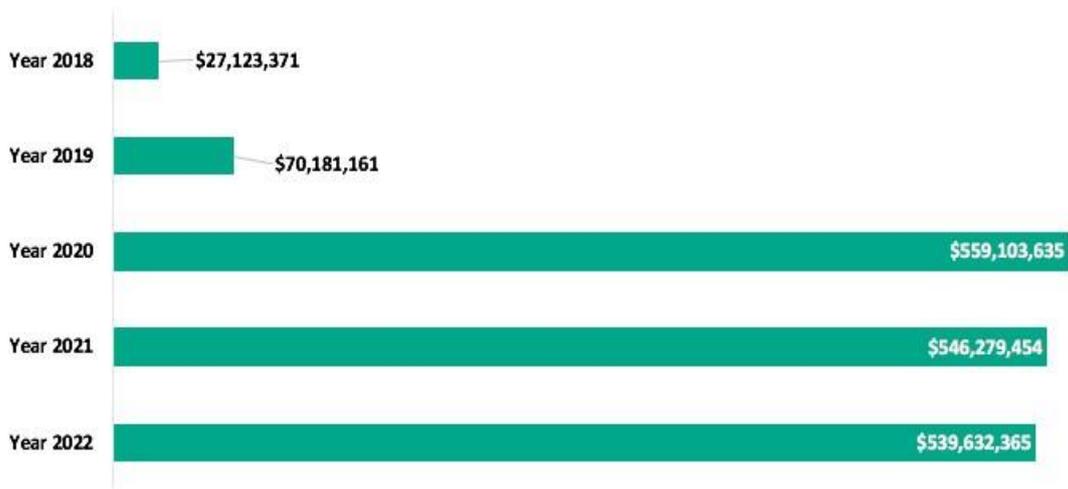
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The Amount of the prioritized activities (2018-2022)

Years	Shillings	Dollars
Year 2018	61,944,897,272.00	\$27,123,371
Year 2019	160,281,139,795.00	\$70,181,161
Year 2020	1,276,892,062,723.00	\$559,103,635
Year 2021	1,247,603,943,723.00	\$546,279,454
Year 2022	1,232,423,188,723.00	\$539,632,365
Total	3,979,145,232,236.00	1742319987

The Amount of the prioritized activities (2018-2022)

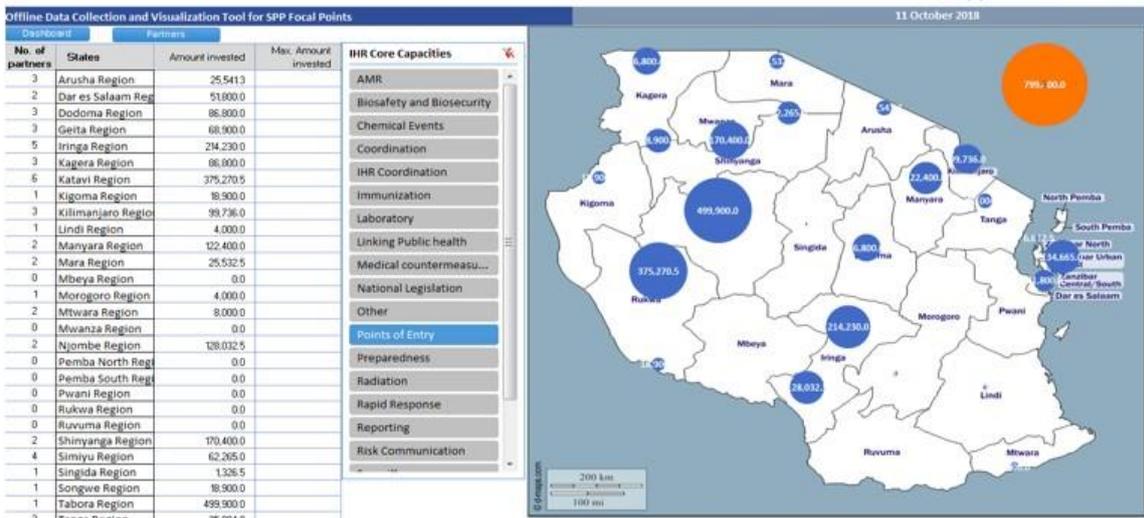
The Amount of the prioritized activities (2018-2022)

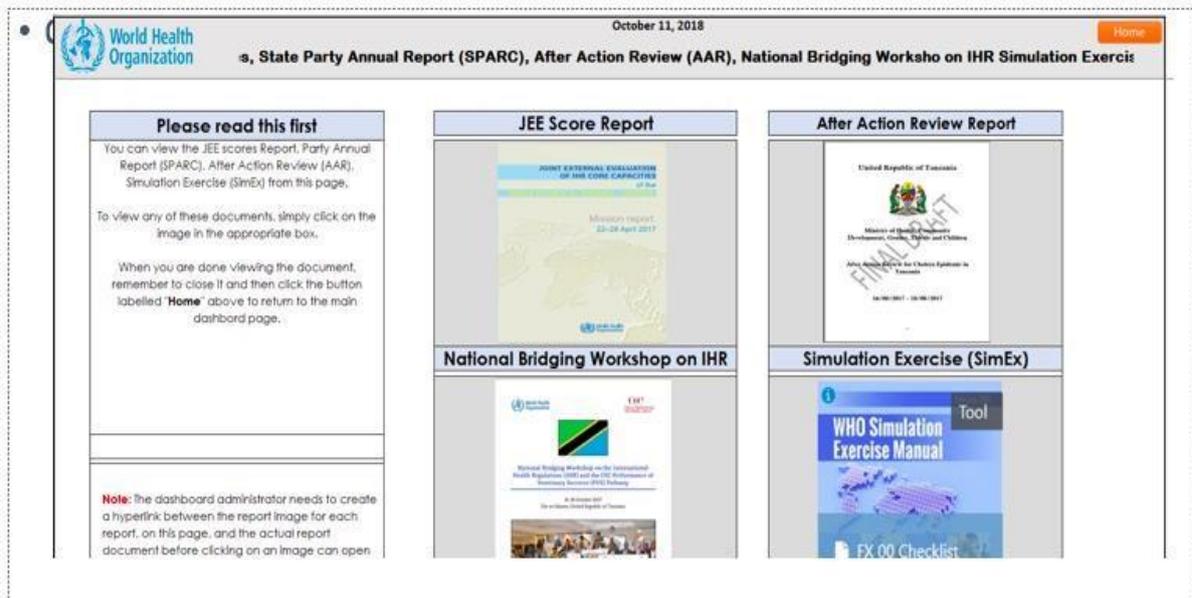


WHO representatives additionally introduced participants to the country dashboard of the resource mapping tool. The dashboard includes country data on funding for IHR and health security activities, progress in the 19 technical areas, the JEE score, partner contributions by geographic location and technical area, centralized documents and reports and the monitoring of activity progress.

Mapped partner contribution by geographic location and technical areas

STRATEGIC PARTNERSHIP COORDINATION
Partners Contribution in, Tanzania





Outcomes of Session 5:

- Thirty-five partners were mapped in each of the technical areas.
- The largest number of partners (16) were identified as working in the prevent area with just one partner working in detect.
- Further mapping of partners will be conducted.
- The cost of the prioritized activities for 2018 was assessed at \$27,123,371.

SESSION 6: HIGH LEVEL MEETING GOVERNMENT OF TANZANIA WITH PARTNERS AND DONORS (DAY 3)

The final day commenced with a meeting between government officials, partners and donors. Among those in attendance were representatives from CDC, CDC Tanzania, the Ikafara Institute, the National Health Laboratory, MoHCDGEC, the National Institute for Medical Research, Julius Nyerere International Airport, the prime minister's office, USAID, Ministry of Health Zanzibar, the Ministry of Finance, the Association of Private Health Facilities in Tanzania, the Ministry of Livestock and Fisheries and the Government Chemist Laboratory Authority.

Dr. Mohamed of MoHCDGEC addressed the group, making the announcement that he will request WHO to continue supporting Tanzania to use the resource mapping tool to monitor

progress in implementing health security activities, including the potential use of the tool to facilitate the IHR Technical Working Group quarterly meetings.

Tanzania takes ownership of its health security through the NAPHS and the resource mapping process. The country is charting its future through the national priorities and aligning support from partners and donors with its needs.

WHO is providing guidance and tools to help the country in mapping the support of donors and partners for Tanzania. This provides visibility for the partners' investments and at the same time informs the country about where gaps exist. WHO representatives committed in the meeting to providing technical assistance and support for the monitoring and implementation of Tanzania's national health security priorities. WHO also committed to facilitate multisectoral coordination, including working to strengthen the collaboration between donors, partners and health officials.

WHO's mandate is to have a "critical convening role to facilitate strategic cooperation and partnership between and within States Parties along with regional and international partners, donors and networks."

Donors and partners at the meeting said the resource mapping tool will help them understand what is being done in the country and improve multisectoral collaboration. They also described their existing and planned projects, including in the areas of AMR, workforce development, surveillance, strengthening the pharmaceutical sector, emergency operations, laboratory strengthening and biosecurity.

Outcomes of Session 6:

- The government requested WHO to continue supporting Tanzania to use the resource mapping tool to monitor progress in implementing health security activities.
- Donors and partners pledged to continue support in Tanzania, including projects in the areas of AMR, workforce development, surveillance, strengthening the pharmaceutical sector, emergency operations, laboratory strengthening and biosecurity.
- Donors and partners expressed support of the resource mapping tool.

CLOSING CEREMONY

The workshop concluded with a closing ceremony that included speakers from the government of Tanzania, WHO and CDC. All thanked the participants and expressed optimism the spirit of multisectoral collaboration could continue.

KEY MESSAGES AND PROPOSED NEXT STEPS

- MoHCDGEC, WHO and partners to collaborate on implementation and monitoring of priority activities identified through harmonization of different country plans.
- Continued coordination mechanism between MoHCDGEC, donors, WHO and partners, such as a conference call and a regular meeting to discuss financing and implementation progress.
- WHO to continue support the Tanzanian government on the resource mapping tool, which allows the country to chart progress on IHR activities, map existing and potential resources to build capacities and align donors and projects.
- To use the resource mapping tool to monitor implementation progress and to discuss the results at the next national IHR Technical working group (TWG) quarterly meeting.
- To share information and use the Strategic Partnership Portal for IHR and Health Security as a platform for collaboration and to track progress on NAPHS of Tanzania.
<https://extranet.who.int/sph/>