

# IANPHI investment to building the capacity for NCD surveillance, prevention and control in Tanzania

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# Presentation overview

- Brief introduction to NIMR
- Major public health challenges in country
- Summary of project goals/activities
- Partnerships
- Project outcomes to date
- Long-term outcomes
- Challenges and
- way forward

# Brief introduction to NIMR

- *The National Institute for Medical Research (NIMR):*
  - is a parastatal service organization under the MoHSW.
  - It was established in 1979 and has been operational since 1980.
  - HQ is based in Dar es Salaam with 6 centers and 7 field or research stations throughout the country.
  - Main function is to conduct , control and coordinate research

# Public Health Problems in Tanzania

- Hospital Data: Top 3 communicable Ds:
  - among adults (2006) Malaria, HIV/AIDS & TB,
  - Among children-Malaria, Pneumonia, Anaemia
- Adult Morbidity and Mortality project 1994-2002 – NCDs attributed
  - 15%-28% of Adult Deaths; and
  - leading in OLDER age (59% in DSM and 58% in HAI)
- Well established surveillance (IDSR) for CDs but not for NCDs
- Justify IANPHI support to establish surveillance for NCDs

# Project goals/objectives

## Through long and Medium Term Projects

- Develop an evidence-based approach to establishing national surveillance for NCDs.
- Create public awareness of NCDs and a need for seeking health care early
- Incorporate into the existing national integrated disease surveillance and response system, the established list of priority NCDs for regular monitoring
- Create the foundation for a national program through training and exchange.
- Identify additional support for MOHSW priorities related to NCDs.
- Conduct NCDs risk survey in selected areas



# Partnership for NCDs Surveillance Capacity Building in Tanzania

## NATIONAL

- Ministry of Health and Social Welfare
- National Institute for Medical Research (NIMR)
- Muhimbili University of Health and Allied Sciences
- Ifakara Health Research Institute
- Private Sector Institutions

## INTERNATIONAL

- IANPHI
- National Institute for Health and Welfare (THL), Finland
- CDC
- WHO (Potential)

# Outcomes: Progress of activities

- Two district hospitals, five health centers and four dispensaries are involved in the surveillance.
- Two types of surveillance tools for data capturing and reporting developed and pre tested.
  - One set is for dispensaries and the other one for health centres and hospitals.
- Two types of case definitions tools developed
  - one for dispensary level and
  - the other for health centre and hospitals

# Outcomes: Progress of activities

- Training modules developed through consultative meetings with stakeholders
  - (MoHSW, MNH, MUHAS, TFNC, Diabetic association, NIMR etc)
  
- 67 health workers trained at all levels.
  - on NCDs in general, NCDs surveillance,
  - simple NCDs laboratory test,
  - simple data analysis and computer training.



# Participants from Temeke District in one of NCDs training workshops



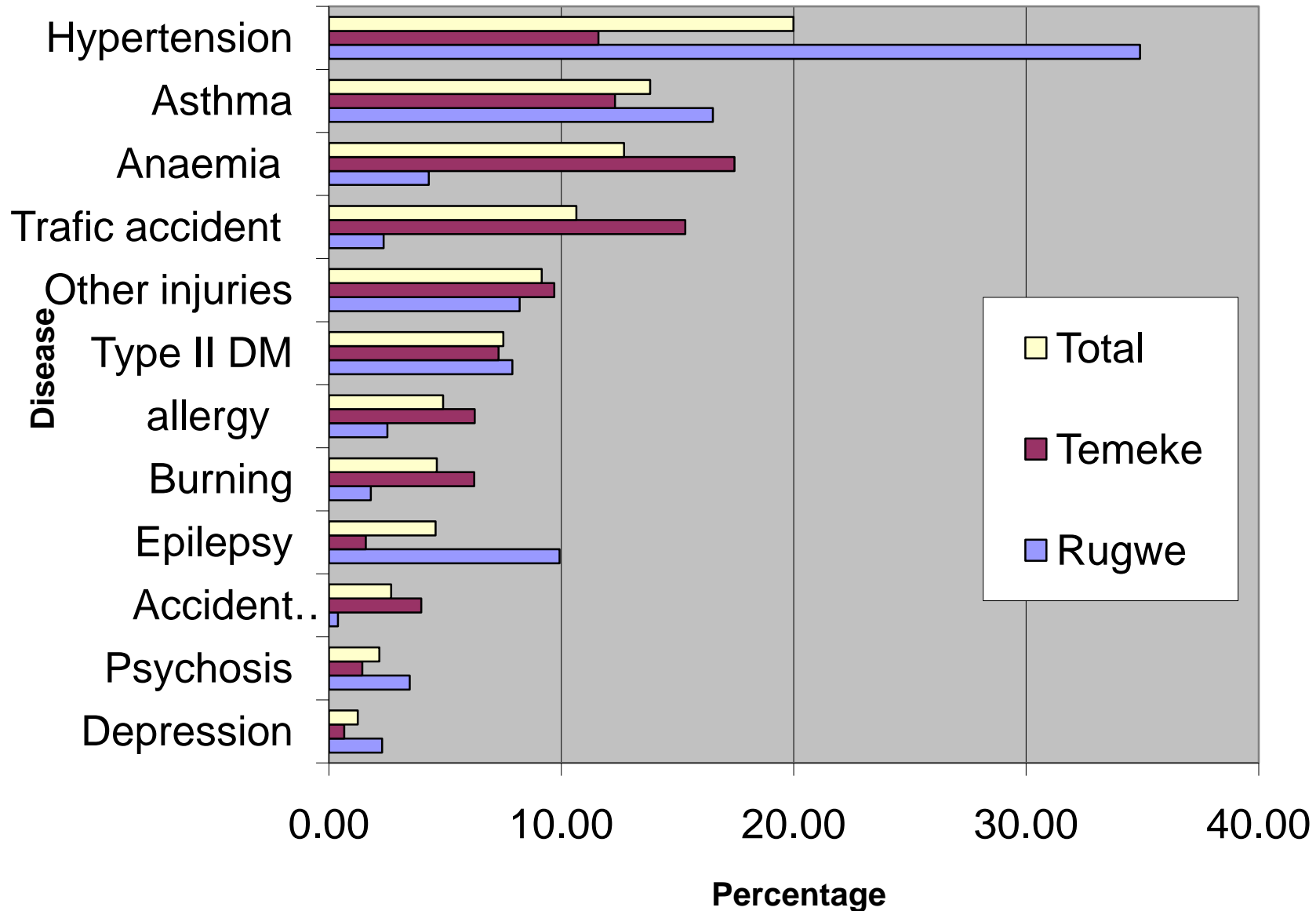
# Outcomes: Progress of activities

- Establishment of NCDs laboratory tests at all dispensaries
- Computers, BP machines, glucometers and weighing scales with height/length rods have been purchased and distributed to the four dispensaries
- Data collection is ongoing.
- 6 different types of IEC materials has been developed and pretest in collaboration with different stakeholders.

# Outcomes: Progress of activities

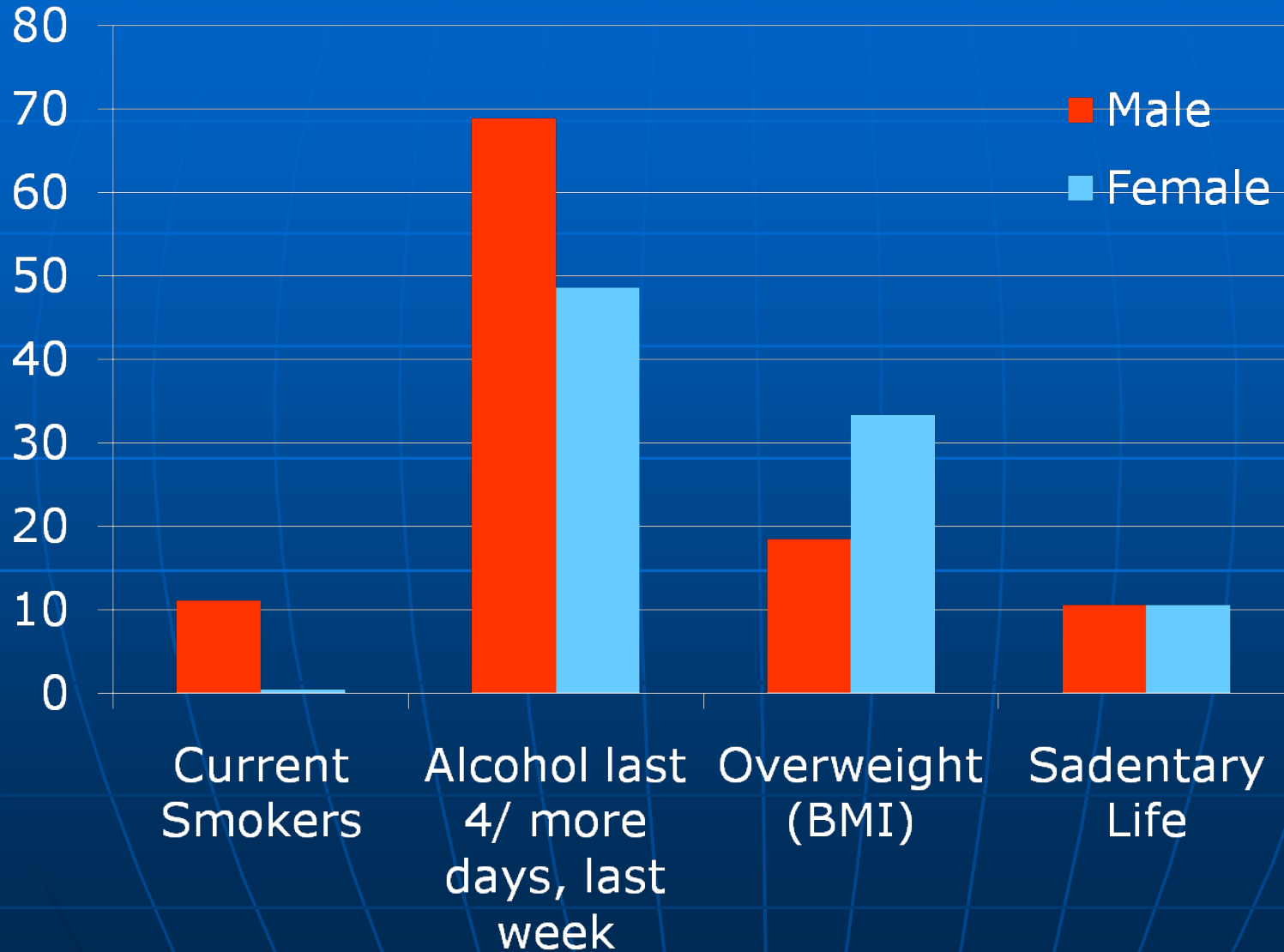
- NCDs track incorporated in the FELTP course.
- Supports two student enrolled in FELTP course
- Knowledge on how well developed NCD program operates acquired:
  - Four Personnel from MoHSW and 4 NIMR scientists visited THL, Finland
- NCDs centre / office at NIMR-Muhimbili renovated.

# Trend of NCDs at Sentinel sites (Temeke - n = 8371; Rungwe-n = 4760)



# Risk factors for NCDs in Rungwe district

(Male: n= 162, female n=264)





# Potential long-term outcomes

- Priority NCDs information are collected monthly through IDSR.
- Public awareness of NCDs created and NCD patients seek care early
- Contributes to critical human resource with knowledge and skills for NCDs Surveillance
- NCDs Centre for Research and surveillance office established
- Adequate Resources mobilized to support for MOHSW priorities related to NCDs

# Challenges

- Shortage of human resource
- Lack of incentives to record and report NCD cases.
- Increased workload (completing the forms)
- 
- Lack of equipments, utilities and infrastructure.
- Most of the health workers do not have the basic knowledge on the computer.
- Reporting cause of death is usually difficult at lower level facilities, and hence knowing if death has been caused by NCD's has been a challenge.

# Way forward

- Work with NCDs stakeholders to rise awareness on control and prevention of NCDs
- Continue with data collection (piloting) activities
- Secure more fundings for NCDs.
- Create champions by training of scientists on NCDs at Post doc, PhD and Masters levels
- Plan the intergretion of NCDs in IDSR

# Acknowledgement

- IANPHI
- THL technical Support
- CDC
- NIMR HQ administration
- MOHSW
- DMO offices at Temeke and Rungwe
- All Medical personnel at Sentinel sites
- NCDs Stakeholders in Tanzania





Thank you for your  
attention