

When Everything is a Priority: A Health Systems Approach to Prioritizing Prison Health Strengthening in Tanzania

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Background: Prison health systems must respond to multiple competing communicable and non-communicable health priorities despite constrained resources and limited evidence to guide investment decisions. Although Tanzania has developed policies, programmes and institutional structures addressing prison health, it remains unclear where health system strengthening efforts should be prioritised to maximise impact.

Methods: We conducted a structured evidence synthesis of peer-reviewed and grey literature relating to prison health in Tanzania, guided by the WHO Health Systems Building Blocks as the analytical framework. Evidence was extracted using a standardised data extraction matrix and synthesised according to whether findings represented policy commitments, implementation activities or programme performance.

Results: The available evidence demonstrated an established policy and institutional foundation for prison health, supported by legislation, national programmes, prison health facilities and intersectoral collaboration. HIV and tuberculosis accounted for the largest proportion of prison-specific implementation evidence, whereas evidence relating to viral hepatitis, sexually transmitted infections, mental health, substance use disorders and non-communicable diseases was sparse. Across the WHO Health Systems Building Blocks, policy documentation substantially outweighed evidence describing implementation and programme performance, limiting assessment of service coverage, quality, continuity of care and health outcomes. This pattern suggests that while prison health is increasingly recognised within national policy, considerably less evidence exists to understand how policies are implemented or whether they achieve intended health outcomes.

Conclusion: When everything is a priority, the distribution of available evidence can itself inform health system prioritisation. While Tanzania has established important policy and institutional foundations for prison health, the greatest evidence gaps lie in implementation and programme performance. Strengthening the health system functions that enable implementation, monitoring and evaluation may therefore provide the greatest opportunity to improve multiple prison health priorities, rather than expanding additional disease-specific initiatives in isolation.

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