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Governing Epidemics as Disasters Through Law: Lessons from COVID-19 in Assessing Tanzania's Public Health and Disaster Management Frameworks

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ABSTRACT

This article analyses how Tanzania's legal and institutional frameworks shaped the management of epidemics as disasters during the COVID-19 pandemic. Focusing on the Public Health Act, 2009, and the Disaster Management Act No. 6 of 2022, the study applies doctrinal legal analysis and risk-governance concepts to examine statutory mandates, policy instruments, and institutional practice. The findings show that the Public Health Act provided a clear legal basis for disease surveillance, quarantine, isolation, and control, while the Disaster Management Act established a multisectoral coordination framework. However, implementation gaps constrained their effectiveness. Despite the presence of supporting policy instruments, including the National Disaster Management Strategy (2022–2027) and the Tanzania Emergency Preparedness and Response Plan, epidemic governance was weakened by the absence of a formal disaster declaration, reliance on non-binding standard operating procedures, uneven inter-institutional coordination, and persistent inequalities in access to public health services. Although the disaster framework mandates institutional coordination, mainstreaming of disaster risk reduction, and community-based disaster management, these mechanisms were only partially realised during the pandemic.

Nevertheless, the legal framework enabled rapid public health interventions and supported elements of a multisectoral response during a complex and evolving emergency. The article argues that Tanzania's epidemic preparedness can be strengthened through closer harmonisation of statutes and policy instruments, codification of operational guidelines, clearer disaster activation thresholds, integration of digital monitoring systems, and the embedding of rights-based safeguards. Therefore, the study underscores the importance of legal preparedness in strengthening disaster risk governance and resilience to future epidemics.

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INTRODUCTION

Epidemics have long posed profound challenges to governance, public health systems, and socio-economic stability. The COVID-19 pandemic placed unprecedented strain on national legal and policy frameworks worldwide, revealing that effective epidemic preparedness depends not only on the existence of legislation but also on the clarity of legal mandates, their operational coherence, and their alignment with institutional and policy practices. In Tanzania, the pandemic highlighted the need for legal preparedness to be supported by functional coordination mechanisms, clear activation thresholds, and operational instruments that can effectively translate statutory authority into timely public health action.

At the centre of Tanzania's regulatory landscape are the Public Health Act, 2009, and the Disaster Management Act No. 6 of 2022. Together, these statutes provide authority for surveillance, notification, quarantine, isolation, inter-sectoral coordination, and the mobilisation of national resources during public health emergencies. Their implementation is complemented by policy instruments such as the National Disaster Management Strategy (2022–2027), which frames disaster risk reduction as an integral component of national development planning, and the Tanzania Emergency Preparedness and Response Plan (TEPRP), which provides an operational blueprint aligned with the Disaster Management Act and developed through multi-stakeholder engagement. These instruments promote institutional coordination through the Disaster Management Council, the mainstreaming of disaster risk reduction across sectors such as health, agriculture, and land, and the empowerment of local authorities and communities through community-based disaster management approaches.

During the COVID-19 pandemic, the Public Health Act functioned as the principal legal foundation for classical public health interventions, including movement restrictions, isolation measures, and disease surveillance. In parallel, the Disaster Management Act established a multi-tiered institutional framework intended to coordinate emergencies of national significance across government sectors and administrative levels. In practice, however, the interaction between these statutes exposed important limitations. Although disaster management committees exist at national, regional, district, ward, and village levels, the Act does not expressly define health-specific triggers for declaring a disaster, generating uncertainty regarding the activation of disaster powers. Similarly, while the Public Health Act confers broad authority on the Minister and the Director of Public Health, ambiguities between statutory mandates and sector-specific standard operating procedures constrained coordinated action, particularly in the early stages of the pandemic (Majamba, 2022; Mwanga, 2025; Mbuguah, 2022).

Beyond the legal text, the pandemic revealed deeper governance and institutional weaknesses. Compliance with public health measures varied where standard operating procedures lacked binding legal force, and unclear lines of responsibility between public health and disaster management institutions weakened accountability. The absence of a formal disaster declaration under Section 32 of the Disaster Management Act further limited the activation of statutory coordination mechanisms designed to support nationwide response efforts (Joseph, 2024). These challenges highlight the importance of examining how legal instruments operate in practice and how policy strategies, such as those articulated in the National Disaster Management Strategy, are translated into enforceable and coordinated action.

Against this backdrop, this article critically examines Tanzania's Public Health Act and Disaster Management Act, assessing their design, operational interaction, and effectiveness in supporting epidemic

preparedness. Drawing on legal positivism, which emphasises the legitimacy of clear statutory authority, and risk-governance frameworks that promote anticipatory and multisectoral preparedness, the study explores how legal norms are converted into implementable public health measures (Kaawa-Mafigiri, Kato, & Megan, 2021; Bardosh et al., 2020). The analysis seeks to clarify the extent to which Tanzania's legal and policy architecture enables timely, coordinated, and accountable epidemic response, while identifying areas for legal reform and policy harmonisation to strengthen preparedness for future health emergencies.

LITERATURE REVIEW

Epidemic preparedness reflects the interaction between statutory authority, institutional capacity, and policy coherence. In addition to the models and frameworks discussed, this study explicitly applies relevant legal principles, such as legal positivism, the precautionary principle, and risk governance, to guide the interpretation and implementation of statutory mandates, ensuring that theoretical perspectives are grounded in concrete legal norms and enforceable standards. Legal positivism underpins this study, emphasising that the legitimacy of epidemic control measures derives from clearly articulated statutory mandates rather than discretionary executive action. The Public Health Act provides the primary legal foundation, empowering the Minister and health authorities to implement epidemic response measures through legally enforceable instruments. These provisions align with comparative administrative law approaches to emergency powers, ensuring legitimacy, accountability, and compliance (Wiley &Gostin, 2025).

The Disaster Management Act complements the Public Health Act by institutionalising multisectoral coordination across national and sub-national levels. It mandates the establishment of disaster management bodies that coordinate preparedness, response, and recovery, addressing the historical fragmentation of emergency management in the region (Karimuribo et al., 2011; Yayi et al., 2015). Policy instruments operationalise these statutory mandates, embedding disaster risk reduction within national development planning. Strategic documents, including the National Disaster Management Strategy and the Tanzania Emergency Preparedness and Response Plan, emphasise prevention, early warning systems, inclusive governance, sustainable financing, and community-based disaster management, linking legal authority to practical implementation.

Conceptually, the study draws on risk governance and the precautionary principle, advocating anticipatory action in the context of uncertainty. During COVID-19, these principles were reflected in sector-specific Standard Operating Procedures, vaccination prioritisation frameworks, community surveillance, and risk communication strategies aligned with WHO and Africa CDC guidance (Muchangi et al., 2024; Impouma et al., 2021; Badu et al., 2020). Tanzania's approach demonstrates the interaction between hard law, which confers enforceability, and soft law, which offers adaptability during evolving public health crises. East African scholarship consistently underscores the need to balance these elements to ensure effective and accountable epidemic governance (Hamisi, Dai, & Ibrahim, 2023; Talisuna et al., 2022; Tubula et al., 2020).

Comparative insights from Kenya and Uganda, alongside regional analyses by the East African Community, contextualise Tanzania's experience. These comparisons highlight common enforcement challenges, the protection of individual rights, and oversight mechanisms for emergency powers, providing a critical lens to assess the effectiveness and limitations of Tanzania's legal and institutional frameworks (Muhindo, 2023; Secretariat, EAC, 2020).

METHODOLOGY

This study uses a doctrinal legal research approach to examine statutes, regulations, and policy instruments governing epidemic preparedness and response in Tanzania. It focuses on the Public Health Act (Sections 9–51), which gives the Minister and health authorities powers to declare epidemics, enforce quarantine and isolation, regulate ports of entry, and carry out disease surveillance and notification, and the Disaster Management Act (Sections 4–26), which establishes multisectoral coordination through the Tanzania Disaster Management Agency, Disaster Management Council, and local committees.

The study also reviews policy instruments, including the National Disaster Management Strategy (2022–2027) and the Tanzania Emergency Preparedness and Response Plan, to understand how legal mandates are implemented in practice. Comparative perspectives from Kenya, Uganda, and the East African Community Secretariat are included to identify common challenges, lessons in emergency coordination, protection of rights, and accountability (Karimuribo et al., 2011; Secretariat, EAC, 2020).

To ensure reliability and validity, data are systematically analysed and cross-checked with regional sources (Karimuribo et al., 2011; Secretariat, EAC, 2020), while ethical considerations are addressed by using publicly available legal and policy documents and following accepted doctrinal research standards (Impouma et al., 2021). This approach integrates statutory interpretation, policy analysis, and comparative law to provide a clear and comprehensive understanding of Tanzania's epidemic governance framework.

RESULTS AND DISCUSSION

Legal and Policy Instruments in Tanzania's Epidemic Preparedness

Tanzania's epidemic preparedness began with the 1990 National Health Policy, which prioritised the prevention and control of communicable and locally endemic diseases through targeted programmes and a unified Primary Health Care strategy to promote early detection, treatment, and community participation (Ministry of Health, 1990). The policy also addressed structural challenges, such as low public awareness and poor sanitation, by recommending national guidelines and mobilising Primary Health Care Committees as emergency response bodies, laying an early foundation for coordinated, multi-level epidemic governance despite uneven implementation.

The Public Health Act, 2009, establishes the epidemiological foundation through Sections 9–51, which govern surveillance, outbreak notification, laboratory reporting, quarantine and isolation, sanitation controls, and the regulation of ports of entry. These provisions closely align with obligations under the WHO International Health Regulations (IHR 2005), which require functional capacities for early detection, assessment, reporting, and coordinated response (World Health Organisation, 2024; Ghedamu & Meier, 2019). Contemporary scholarship in global health law consistently underscores that legal preparedness is a critical determinant of epidemic response effectiveness, while also noting structural weaknesses in domestic systems across many countries (de Guttry, 2020; Meier et al., 2022; Negri et al., 2024).

The Disaster Management Act No. 6 of 2022 complements these health-sector mandates by institutionalising multisectoral coordination from the national to the village level (Sections 4–26). The Disaster Management Regulations, 2022 (GN No. 658A) further operationalise the Act by guiding

emergency communication, evacuation, continuity of essential services, and return protocols (Sections 3–6, 18–21). In parallel, Tanzania's National Disaster Management Strategy (2022–2027) articulates a policy vision that integrates disaster risk reduction into national development planning, budgeting, and sectoral policies, including health, agriculture, and land use. The Strategy emphasises risk understanding, prevention and preparedness, multi-hazard early warning systems, response capacity, and inclusive disaster risk governance, with particular attention to vulnerable groups and regional cooperation.

Operationally, the Tanzania Emergency Preparedness and Response Plan (TEPRP) provides a detailed implementation blueprint aligned with the Disaster Management Act. Developed through stakeholder consultation, the TEPRP clarifies institutional roles, coordination pathways, and response protocols across sectors, reinforcing the legal framework with practical guidance. However, as COVID-19 demonstrated, reliance on non-binding standard operating procedures (SOPs) often substituted for formally codified legal instruments, weakening consistency and accountability in implementation (Nomani & Parveen, 2021; Salukele et al., 2024). Empirical studies in Dar es Salaam and Dodoma confirm that limited awareness of disaster legislation, uneven institutional capacity, and fragmented coordination continue to constrain preparedness and response at local levels (Salukele, Mwageni, & Mushi, 2024; Mushi, Salukele, & Mwageni, 2025; Kwikima & Daud, 2025).

International and regional frameworks continue to shape Tanzania's epidemic preparedness. Global negotiations on a pandemic treaty and evolving interpretations of the International Health Regulations (IHR) emphasise legal alignment and national capacity strengthening (Gostin et al., 2021; Burci et al., 2021; Solomon, 2022; Murase, 2022). The 2025 UHPR report notes progress in surveillance and emergency coordination but identifies gaps in governance, financing, and subnational readiness (United Republic of Tanzania, 2025). Analyses of Tanzania's COVID-19 response show that effective IHR implementation depends on political commitment, institutional coordination, and health system integration rather than formal compliance alone (Hamisi et al., 2023). Global evidence further indicates that preparedness indices do not guarantee outcomes without resilient, decentralised systems (Boyd et al., 2025). WHO initiatives, such as the PEN-Plus framework, strengthen first-referral-level care for severe noncommunicable diseases, enhancing system resilience during emergencies (World Health Organisation, 2025).

At the regional level, AU and Africa CDC initiatives promote harmonised surveillance and integrated One Health approaches (Mubiala, 2022; Medinilla et al., 2020). The EAC COVID-19 Response Plan advanced cross-border data sharing and port-of-entry guidelines, while SADC frameworks aimed to strengthen regional health security, albeit unevenly (Yeates & Surender, 2021). The COVID-19 experience shows that Tanzania's comprehensive regulatory framework is only effective when statutes are integrated with binding operational tools, coordinated institutions, community-based disaster management, and domestication of regional and global standards. Empowering local authorities and communities in risk reduction and response remains central to improving resilience to future epidemics (Mlingwa, 2024; Kiremeji et al., 2025).

Aligning Law, Policy, and Operational Strategies for Epidemic Governance

Effective epidemic governance in Tanzania relies on integrating statutory mandates, policy frameworks, and operational strategies. The Public Health Act empowers the Minister of Health to implement disease prevention and control measures (Section 9), while the Disaster Management Act structures execution

through multisectoral committees, enabling coordination across ministries, agencies, and administrative levels (Majamba, 2022; Salukele & Mwageni, 2024). The 2022 Regulations institutionalise the Emergency Operations and Communications Centre (Sections 3–6), providing a real-time coordination platform essential for compliance with the International Health Regulations (IHR, 2005).

National strategies and planning instruments further reinforce this legal and operational integration. The National Disaster Management Strategy (2022–2027) emphasises embedding disaster risk reduction (DRR) across government policies, sectoral planning, and budgeting, while promoting community-based disaster management (CBDM) to empower local authorities and populations to reduce risk (Mlingwa, 2024; National Disaster Management Strategy, 2022–2027). Complementing this, the Tanzania Emergency Preparedness and Response Plan (TEPRP) provides an operational blueprint for mobilising resources and coordinating multisectoral responses, developed with extensive stakeholder consultation to ensure alignment with the Disaster Management Act (Salukele, Mwageni, & Mushi, 2024; Mushi, Salukele, & Mwageni, 2025). Despite these frameworks, the COVID-19 pandemic revealed operational limitations. The absence of a formal disaster declaration under Section 32 constrained the activation of enforceable emergency powers, increasing reliance on non-binding standard operating procedures (SOPs) (Muchangi et al., 2024). Comparative experiences underscore the importance of codifying operational guidance: Kenya's structured procedures enhanced compliance and coordination, whereas Uganda faced tensions between emergency powers and civil liberties (Muhindo, 2023). Global scholarship similarly recommends transforming SOPs into subsidiary legislation to improve predictability, enforceability, and alignment with regional best practices (Negri, 2022; Von Bogdandy & Villarreal, 2020; Tubula et al., 2020; Secretariat, EAC, 2020).

Integration of law and policy into operational strategies also extends to multiple facets of disaster governance. Institutional coordination mechanisms, as mandated by the Disaster Management Act, enable cross-sectoral planning and ensure DRR principles are mainstreamed into development, health, agriculture, and land-use policies. Community-based approaches, supported by legal and institutional frameworks, facilitate local engagement and risk ownership, thereby strengthening resilience and ensuring context-specific interventions (Mlingwa, 2024; Kwikima & Daud, 2025; Kiremeji et al., 2025). Embedding these elements within Tanzania's epidemic governance system enhances coherence, promotes timely and equitable response, and aligns national practice with East African Community and African Union health-security standards.

Strengthening Monitoring and Surveillance for Epidemic Control

Surveillance and monitoring are essential for detecting, tracking, and responding to emerging public health threats. The Public Health Act (Sections 11–18 and 33–39) mandates case notification, laboratory confirmation, and multi-level reporting. The Disaster Management Regulations (Regulations 5 and 27) provide coordinated mechanisms for reporting and enable real-time monitoring, establishing a legal foundation for integrated epidemic oversight.

During COVID-19, gaps were evident. District-level reporting was inconsistent, laboratory capacity was limited, and border surveillance lacked integration with national data streams (Mremi et al., 2023; EAC Secretariat, 2020). At the regional level, the East African Community's joint surveillance platform was only

partially utilised, highlighting broader challenges in data sharing, interoperability, and the harmonisation of early warning systems (Nikolskaya et al., 2024; Medinilla et al., 2020).

Strengthening monitoring capacity requires harmonised digital infrastructure, strong laboratory networks, and the adoption of integrated approaches which link human, animal, and environmental health surveillance. These measures would improve timely detection, support coordinated interventions, and enhance Tanzania's epidemic resilience (Dzaba et al., 2024).

Enforcement Mechanisms and Compliance in Epidemic Governance

The Public Health Act (Sections 19–26) and the Disaster Management Act (Sections 22–26), together with the 2022 Regulations (Sections 18–21), empower authorities to enforce key public health measures, including quarantine, isolation, evacuation, and continuity of essential services. These legal instruments are designed to ensure that public health interventions can be applied effectively during emergencies.

During COVID-19, enforcement was uneven, largely due to reliance on non-binding SOPs (Joseph, 2024; Muchangi et al., 2024). Comparative evidence shows that codifying operational procedures into binding legal instruments enhances compliance. Kenya's structured legal guidelines facilitated coherent enforcement, whereas Uganda experienced operational inconsistencies that undermined effective implementation (Muhindo, 2023). African Union and East African Community analyses similarly emphasise the necessity of enforceable operational tools to prevent fragmented responses and ensure adherence to public health mandates (Mubiala, 2022; KAMAU et al., 2023).

Institutional Coordination and Multi-Level Disaster Management

The Disaster Management Act establishes a comprehensive, multi-level institutional framework that distributes disaster management responsibilities from the national to the community level to ensure coordinated preparedness, response, and recovery. At the national level, sections 7–8 create the National Disaster Management Steering Committee, a high-level policy body chaired by the responsible Minister and composed of key sector ministers, mandated to provide strategic direction, approve national disaster management plans, advise on the declaration of national disasters, and mobilise resources. The National Technical Committee supports this political leadership under sections 9–10, comprising Permanent Secretaries and heads of technical institutions, whose functions include advising the Steering Committee, implementing its decisions, integrating disaster risk reduction into development planning, and preparing national disaster management plans. The Act further strengthens coordination through the National Disaster Management Stakeholders' Forum established under sections 11–12, which brings together government institutions, UN agencies, civil society, research bodies, and faith-based organisations to promote coordination, support policy dialogue, mobilise resources, and contribute technical expertise, thereby formally embedding multi-stakeholder participation in national disaster governance (Disaster Management Act, ss. 7–12).

At the sub-national and local levels, sections 13–16 designate Regional Disaster Management Committees by utilising existing Regional Security Committees as disaster steering bodies responsible for regional planning, coordination, supervision of district activities, and mobilisation of resources. District Disaster Management Committees established under sections 17–18 operationalise disaster management at the

district level by planning and coordinating disaster response, supervising ward and village committees, and approving district disaster management plans. Technical coordination at the local government level is reinforced through City, Municipal, Town, and District Technical Committees under sections 19–20, which ensure that disaster risk reduction is integrated into local development plans. Finally, sections 21–26 institutionalise ward, village, and street committees as grassroots disaster management structures responsible for early warning dissemination, community preparedness, local risk mapping, first response, and mobilisation of local resources. Collectively, these provisions create a vertically and horizontally integrated system that links national policy direction, technical coordination, and community-level action within a single statutory framework, reflecting the Act's commitment to coordinated and inclusive disaster management (Disaster Management Act, ss. 13–26).

During COVID-19, national task forces and inter-ministerial mechanisms demonstrated the Act's practical relevance by coordinating public health and emergency operations (Majamba, 2022; Nomani & Parveen, 2021). Nevertheless, implementation revealed challenges, including overlapping mandates, fragmented information systems, and weak coordination between sectoral institutions and local authorities. Regional assessments indicate that these limitations are not unique to Tanzania and reflect broader governance constraints across East and Southern Africa (Dzaba et al., 2024; EAC Secretariat, 2020; Yeates & Surender, 2021).

Addressing these gaps requires clearer delineation of institutional roles, strengthened inter-agency communication, and more effective cross-border collaboration. Enhancing the operational capacity of the Emergency Operations Centre and clarifying coordination linkages among national, regional, and local committees would improve coherence, accountability, and alignment with AU and EAC health security standards (Tasha & Elessa, 2023).

Rights Protection and Accountability in the Exercise of Public Health Emergency Powers

Tanzania's public health legislation grants authorities broad powers to manage epidemics, including isolation, quarantine, movement restrictions, and port-of-entry controls, typically implemented through emergency notices and directives (Sections 18–21). While these powers are essential for controlling infectious disease outbreaks, the COVID-19 pandemic exposed significant gaps in their application, particularly in procedural safeguards, privacy protections, and equitable access to health services. Evidence indicates that these shortcomings disproportionately affected vulnerable populations, including informal workers, low-income households, persons with disabilities, and residents of overcrowded urban areas, thereby amplifying existing social and health inequalities (Abu & Elliott, 2022; Salukele et al., 2024).

Regional experiences underscore the importance of embedding rights considerations in public health governance. In Kenya, judicial oversight and rights-based public health guidelines enhanced compliance and legitimacy, even under restrictive measures. Conversely, Uganda's securitised approach generated tensions between authorities and communities, raising concerns over excessive force, arbitrary detention, and limited accountability mechanisms (Muhindo, 2023). These contrasts illustrate that coercive powers alone are insufficient and may undermine public trust if not implemented transparently, proportionately, and with meaningful safeguards.

Integrating explicit human rights protections into statutory public health and disaster management frameworks strengthens accountability and improves the effectiveness of epidemic response. Aligning domestic law with the International Health Regulations (IHR) and with African Union and SADC policy commitments that emphasise dignity, equity, and non-discrimination reinforces public confidence, voluntary compliance, and institutional legitimacy during emergencies (Meier et al., 2022). A rights-centred approach thus not only fulfils legal and ethical obligations but also enhances the overall resilience, credibility, and societal trust in Tanzania's epidemic governance system.

Linking Legal Preparedness, Early Action, and Rights-Based Governance to Disaster Outcomes

Legal preparedness shapes how authorities organise and respond to crises. Statutory clarity defines responsibilities, coordination structures, and operational procedures (Majamba, 2022), while pandemic-specific studies show that well-articulated legal instruments improve response effectiveness (Mwanga, 2025). Across Africa, clear laws and policies enable anticipation of hazards and preventive action, reducing the severity of impacts (Kasimbazi, 2024). However, laws alone are insufficient; their accessibility, enforceability, and alignment with operational capacities determine whether they translate into tangible risk reduction.

Early activation of legal mechanisms is equally critical. Prompt emergency declarations and operationalisation of statutory powers facilitate rapid deployment of resources and interventions. Evidence from SADC suggests that incorporating International Disaster Response Law (IDRL) principles domestically improves emergency responsiveness and mitigates crisis escalation (Serradinho, Ngugi, & Da Costa, 2023). Conversely, in Uganda, misaligned public spending on disaster risk reduction and food security undermined early mitigation, demonstrating the consequences of delayed or inconsistent action (Tushabe et al., 2025).

Rights-based governance complements preparedness and early action by fostering legitimacy, public trust, and community cooperation. Restrictive measures, such as movement limits, quarantines, or resource rationing, are more effective when applied transparently, equitably, and with procedural safeguards (Da Costa & Pospieszna, 2015; Schäfer, Künzel, & Jorks, 2020; Bongo et al., 2013; Handmer & Monson, 2004; Kasimbazi, 2024; Serradinho et al., 2023). Neglecting fairness erodes compliance and exacerbates social and health vulnerabilities. Legal preparedness, early activation, and rights-respecting governance thus form a reinforcing cycle: statutory clarity reduces exposure, prompt action mitigates impacts, and equitable governance strengthens societal resilience (Kasimbazi, 2024; Serradinho et al., 2023; Tushabe et al., 2025).

Effectiveness and Limitations of Tanzania’s Epidemic Preparedness

Tanzania’s epidemic preparedness combines strong statutory foundations with evolving institutional practices. The Public Health Act provides procedures for surveillance, containment, laboratory regulation, and disease notification, while the Disaster Management Act and its regulations structure multisectoral engagement and coordination (Majamba, 2022). Community-driven mechanisms, such as the iDARE model, demonstrate the capacity of localised participatory strategies to address behavioural, logistical, and health system challenges (Ottosson et al., 2022). Despite these strengths, gaps remain. The absence of a formal disaster declaration under Section 32 during COVID-19 limited the activation of enforceable powers. Reliance on non-binding SOPs led to uneven compliance, inconsistent enforcement, and partial

accountability (Lees & Marchant, 2022; Nomani & Parveen, 2021). These challenges mirror continental critiques of fragmented health-security systems with weak coordination and limited alignment with global norms (Badu et al., 2020; Tubula et al., 2020). Addressing these limitations requires statutory integration of digital surveillance, legal grounding for operational protocols, and harmonisation with AU, EAC, and international frameworks. Embedding equity, transparency, and human rights safeguards within operations reinforces public trust and legitimacy, thereby enhancing Tanzania's epidemic preparedness, resilience, and adaptive capacity.

Lessons Learned

Tanzania's legal and institutional preparedness for epidemic response reflects a mix of strengths, structural gaps, and evolving governance challenges that collectively shape the country's capacity to manage public health emergencies. Lessons from recent outbreaks show that while the foundational legal architecture provides clear mandates for surveillance, coordination, and emergency action, its effectiveness is often constrained by operational ambiguities, overlapping institutional roles, and partial integration with regional and international health security frameworks. These insights underscore the need for a governance model that is coherent, adaptive, and rights-sensitive, one that aligns domestic law with emerging realities of the epidemic, leverages regional collaboration, and embeds accountability and transparency in decision-making. The following analysis synthesises the system's key strengths and weaknesses.

Strengths: Foundations of National, Regional, and Global Alignment

Tanzania's epidemic preparedness rests on a statutory foundation that aligns with both global and regional health governance standards. The Public Health Act (Sections 9–51) grants authorities clear powers for surveillance, detection, notification, quarantine, isolation, and cross-border health control. These provisions support International Health Regulations (IHR 2005) obligations, enabling timely surveillance, reporting, and coordination with global health actors (World Health Organisation, 2024). Codification in primary legislation enables rapid, decisive action during fast-moving outbreaks, reducing delays caused by legal uncertainty.

The Disaster Management Act (Sections 7–26) complements health-sector mandates by establishing a multisectoral coordination system from national to local levels. It integrates central and local government authorities, security organs, transport regulators, and social services into a cohesive emergency framework (Majamba, 2022). This approach aligns with regional standards established by the African Union (AU) and the Africa CDC, which promote multi-level, integrated health security systems (Mubiala, 2022; Olliaro & Torreele, 2022). Such alignment strengthens Tanzania's capacity to participate in continental mechanisms for early warning, rapid response, and cross-border outbreak management.

Operational flexibility further reinforces preparedness. Non-binding SOPs have enabled institutions to tailor measures to local epidemiological realities. The situation mirrors adaptive regional responses in the East African Community (EAC) and SADC, where flexibility in operational guidance was essential to maintain essential services during COVID-19 (Secretariat, EAC, 2020). Scholars note that such adaptive standards allow countries to respond to evolving threats while maintaining institutional continuity (Muchangi et al., 2024; Lees & Marchant, 2022). Together, statutory authority, multisectoral coordination, and operational flexibility create a strong foundation for epidemic readiness.

Weaknesses and Gaps: Structural, Operational, and Regional Constraints

Despite these strengths, notable structural and operational limitations constrain the effectiveness of the epidemic response. The formal disaster declaration powers under Section 32 of the Disaster Management Act remain underutilised. Without epidemiologically grounded triggers, authorities have at times delayed critical actions, producing uneven preparedness across regions (Majamba, 2022; Mbuguah, 2022). This inconsistency departs from AU and Africa CDC guidance, which emphasises timely escalation based on risk rather than discretionary judgment (Tasha & Elessa, 2023).

Operational inconsistencies also arise from the non-binding nature of SOPs, leading to variable compliance and limited uniformity. This fragmentation reflects broader regional challenges; during COVID-19, the EAC faced uncoordinated border controls and surveillance gaps due to differences in national implementation (Medinilla et al., 2020). In Tanzania, limited harmonisation between the Public Health Act and the Disaster Management Act further compounded these challenges, creating overlaps in mandates and uncertainty about institutional leadership during rapid decision-making.

Communication gaps have undermined both public trust and operational efficiency. Rapidly evolving guidance was not always clearly communicated across institutions or to the public, a pattern observed elsewhere in Africa (Tairo & Francis, 2025; Bardosh et al., 2020). Such shortcomings demonstrate partial alignment with IHR expectations for timely, transparent, and coordinated risk communication. Collectively, these structural and operational gaps weaken Tanzania's capacity to mobilise resources effectively and respond at the pace required for contemporary epidemics.

CONCLUSION

This study examined Tanzania's Public Health Act and Disaster Management Act to assess how these legal and policy frameworks support epidemic preparedness. The review shows that, while the country has established public health laws and institutions, key elements are outdated and only partially aligned with international health security standards. Gaps exist in legal coherence, emergency powers, and multisectoral coordination, and COVID-19 revealed that formal mandates alone did not ensure timely, coordinated, or decentralised action. Evidence from global studies further indicates that preparedness depends not only on laws but on their continuous updating, effective implementation, and integration within resilient health systems. Initiatives such as expanding essential services at first-referral levels highlight the importance of linking legislative reform with practical capacity-building.

The analysis also demonstrates that legal design alone is insufficient. Weak activation thresholds, uneven coordination, and operational challenges show that governance, institutional culture, and public trust are critical to effective response. By identifying these gaps, the study highlights areas for legal reform and policy harmonisation. Situating Tanzania within regional and global health security frameworks underscores the need to align with international norms. Thus, the country has a strong foundation on which to build a responsive, transparent, and resilient epidemic management system that can adapt to evolving public health threats while maintaining public confidence.

RECOMMENDATIONS

Addressing these limitations requires reforms that strengthen links between statutory authority, operational practice, and regional and international obligations.

The study found that standard operating procedures (SOPs) for epidemic response are widely used but not legally binding, leading to inconsistent implementation during crises. To address this, SOPs should be formalised as subsidiary regulations under the Public Health Act and Disaster Management Act. It would give them legal force, ensure accountability, and reduce uncertainty during emergencies. Findings also highlighted that emergency powers are sometimes activated too late or inconsistently because the criteria are unclear. Establishing clear activation thresholds based on disease severity, transmissibility, and risk exposure would allow emergency powers and committees to be deployed quickly and predictably at both national and local levels.

The review found that inter-agency coordination and communication are often weak, leading to overlapping responsibilities and public confusion. Clearly defining the roles of institutions, their reporting duties, and communication channels would improve coordination, reduce duplication, and build public trust during emergencies. Another important finding was that Tanzania's domestic epidemic systems are not fully aligned with regional and international obligations. Integrating cross-border surveillance, shared resources, joint exercises, and collaborative laboratory networks into national law would strengthen preparedness and ensure the country contributes to broader regional health security.

Technological limitations also emerged as a challenge. Embedding digital health tools, real-time reporting systems, and interoperable databases into legal frameworks would improve disease surveillance, laboratory coordination, and supply management. Any technological solutions should also include safeguards for data privacy, responsible use, and proportionality. Finally, the study highlighted that emergencies can disproportionately affect vulnerable populations and, at times, infringe on individual rights. Preparedness reforms must ensure equity, fairness, and protection of human rights, so that measures are socially just, legitimate, and widely accepted by the public.

Therefore, these recommendations aim to create a legally clear, operationally coordinated, technologically modern, and rights-focused epidemic preparedness system. Implementing them would help Tanzania manage epidemics effectively while maintaining public trust, fairness, and accountability.

POLICY IMPLICATIONS, CONTRIBUTION OF THE STUDY, AND LIMITATIONS

Policy Implications

The study highlights that Tanzania's epidemic preparedness requires legal clarity and operational alignment. Policies should link statutory authority, such as the Public Health Act and Disaster Management Act, to enforceable instruments, formalising SOPs and guidelines into subsidiary regulations. Clear activation criteria based on disease severity and spread are essential to guide the timely mobilisation of disaster committees. Coordination and transparency must be strengthened through defined institutional roles, reporting duties, and communication channels, while risk communication should align with regional frameworks. Policies should also integrate regional and international obligations, including cross-border

surveillance and joint exercises, and embed equity and human rights to ensure fairness, legitimacy, and public compliance.

Contribution of the Study

This study provides a detailed legal analysis of the Public Health Act and Disaster Management Act, identifying gaps in clarity, coordination, and enforceability. It shows the importance of linking legal frameworks with operational and community-based strategies, demonstrating that laws alone are insufficient. Comparative insights with regional frameworks highlight lessons for harmonisation, cross-border coordination, and operational consistency. By emphasising equity, transparency, and human rights, the study underscores how ethical and social approaches enhance compliance and system resilience. It also offers practical guidance for strengthening Tanzania's legal and policy framework for epidemic preparedness.

Limitations and Areas for Further Study

The study primarily relied on legal texts, policy documents, and comparative literature, without extensive primary data from frontline health workers or communities. Its focus on COVID-19 limits assessment of other epidemic types, and technological aspects such as digital surveillance and data privacy were not explored in depth. Regional coordination challenges were noted but not empirically evaluated. Future research should include field studies, digital health assessments, and community perspectives to provide a fuller understanding of epidemic preparedness and response.

REFERENCES

Abu, T. Z., & Elliott, S. J. (2022). The critical need for WASH in emergency preparedness in health settings: the case of the COVID-19 pandemic in Kisumu, Kenya. *Health & Place,* 76, 1–8.

Badu, K., Thorn, J. P., Goonoo, N., Dukhi, N., Fagbamigbe, A. F., Kulohoma, B. W., … & Gitaka, J. (2020). *Africa's response to the COVID-19 pandemic: A review of the nature of the virus, impacts, and implications for preparedness.* AAS Open Research, 3, 19.

Bardosh, K. L., de Vries, D. H., Abramowitz, S., Thorlie, A., Cremers, L., Kinsman, J., & Stellmach, D. (2020). Integrating the social sciences in epidemic preparedness and response: a strategic framework to strengthen capacities and improve global health security. *Globalisation and health*, 16:120, 1-18.

Bongo, P. P., Chipangura, P., Sithole, M., & Moyo, F. (2013). A rights-based analysis of the disaster risk reduction framework in Zimbabwe and its implications for policy and practice. *Jàmbá: Journal of Disaster Risk Studies, 5*(2), 1–11. https://doi.org/10.4102/jamba.v5i2.96

Boyd, M., Baker, M. G., & Wilson, N. (2025). Global Health Security Index and COVID-19 pandemic mortality 2020–2021: A comparative study of islands and non-islands across 194 jurisdictions. *BMJ Open, 15*(12), 1-13, e107918. https://doi.org/10.1136/bmjopen-2022-107918

Burci, G. L., Moon, S., Crosato Neumann, A., & Bezruki, A. (2021). *Envisioning an international normative framework for pandemic preparedness and response: Issues, instruments and options*. Graduate Institute of International and Development Studies, Global Health Centre. https://doi.org/10.71609/iheid-mxh5-x124

Da Costa, K., & Pospieszna, P. (2015). The relationship between human rights and disaster risk reduction revisited: Bringing the legal perspective into the discussion. *Journal of International Humanitarian Legal Studies, 6*(1), 64–86. https://doi.org/10.1163/18781527-00601004

de Guttry, A. (2020). Is the international community ready for the next pandemic wave? A legal analysis of the preparedness rules codified in universal instruments and of their impact in the light of the COVID-19 experience. *Global Jurist,* 20(3), 1-41 Article 20200038.

Dzaba, J. S., Njenge, H. K., Wakhungu, J., Reintjes, R., & Watt, N. (2024). Evaluation of a cross-border field simulation exercise on the response to outbreaks of infectious diseases in Namanga, Kenya, and Tanzania. *PLOS Global Public Health*, 4(10), 1–14, e0003832.

Ghedamu TB, Meier BM. Assessing National Public Health Law to Prevent Infectious Disease Outbreaks: Immunisation Law as a Basis for Global Health Security. *J Law Med Ethics.* 2019 Sep;47(3):412-426. doi: 10.1177/1073110519876174. PMID: 31560619.

Gostin, L. O., Halabi, S. F., & Klock, K. A. (2021). An international agreement on pandemic prevention and preparedness. *JAMA*, 326(13), 1257–1258. https://doi.org/10.1001/jama.2021.16104.

Hamisi, N. M., Dai, B., & Ibrahim, M. (2023). Global health security amid COVID-19: Tanzanian government's response to the COVID-19 pandemic. *BMC Public Health,* 23:205, 1-10 https://doi.org/10.1186/s12889-023-15123-1

Handmer, J., & Monson, R. (2004). Does a rights-based approach make a difference? The role of public law in vulnerability reduction. *International Journal of Mass Emergencies and Disasters, 22*(3), 43–59.

Impouma, B., Wolfe, C. M., Mboussou, F., et al. (2021). Monitoring and evaluation of COVID-19 response in the WHO African region: Challenges and lessons learned. *Epidemiology and Infection, 149,* e98. https://doi.org/10.1017/S0950268821000807.

Isangula, K. G., Lyimo, M., Ndungile, Y., & Robert, E. (2023). Nurses' preparedness for disaster response in rural and urban primary healthcare settings in Tanzania. *Rural and Remote Health, 23,* 1–11, 7547. https://doi.org/10.22605/RRH7547.

Joseph, M. T. (2024). *Tanzania's Compliance to International Standards of COVID-19 Measures and Its Implications for the Country's International Relations* (Master's thesis, University of Dodoma (Tanzania)).

Kaawa-Mafigiri, D., Kato, F., & Megan, S. S. (2021). Tackling deadly diseases in Africa: key considerations for Epidemic response and preparedness in Uganda. *Social Sci Action*, 1–48.

Kamau, L., Maluki, P., & Sciborski, R. J. (2025). Regional integration and integrated health policy in East Africa. *Africa Journal of International Studies, 2*(May), 70–84.

Karimuribo, E. D., Mboera, L. E., Mbugi, E., Simba, A., Kivaria, F. M., Mmbuji, P., & Rweyemamu, M. M. (2011). Are we prepared for emerging and re-emerging diseases? Experience and lessons from epidemics that occurred in Tanzania during the last five decades. *Tanzanian Journal of Health Research,* 13(5 Suppl 1), 387–398. https://doi.org/10.4314/thrb.v13i5.8.

Kasimbazi, E. B. (2024). Analysis of legal and regulatory frameworks for disaster risk management in Africa. In *Research Handbook on Disasters and International Law* (pp. 320–342). Edward Elgar Publishing.

Kiremeji, M., Eliakimu, E., Sawe, H., et al. (2025). Public health emergency response and recovery in limited resource setting: Lessons learned from Hanang District floods and landslide in Tanzania. *Disaster Medicine and Public Health Preparedness, 19,* e49. https://doi.org/10.1017/dmp.2025.39.

Kwikima, M. M., & Daud, E. K. (2025). Integrated assessment of hospital and community disaster preparedness in Dodoma municipality, Tanzania: Bridging gaps in awareness and resilience. *Discover Environment, 3*(1), 17.

Lees, S., & Marchant, M. (2022). *Key considerations: Cross-border dynamics between Uganda and Tanzania in the context of the outbreak of Ebola, 2022* (Project report). Social Science in Humanitarian Action (SSHAP), Institute of Development Studies. https://doi.org/10.19088/sshap.2022.046.

Majamba, H. I. (2022). An Examination of the Humanitarianism-Disaster Management Nexus in Tanzania's Policy and Legal Framework. *Huria: Journal of the Open University of Tanzania*, *29*(1), 30–53.

Mbuguah, M. W. (2022). *National Response Mechanisms in the Mitigation of the Corona Virus Pandemic in the East African Region: A Comparative Analysis of Kenya and Tanzania* (Master's dissertation, University of Nairobi).

Medinilla, A., Byiers, B., & Apiko, P. (2020). *African regional responses to COVID-19*. ECDPM Discussion Paper 272.

Meier, B. M., Habibi, R., & Gostin, L. O. (2022). A global health law trilogy: Transformational reforms to strengthen pandemic prevention, preparedness, and response. *Journal of Law, Medicine & Ethics, 50*(3), 625–627. https://doi.org/10.1017/jme.2022.103.

Mlingwa, E. (2024). The legal and institutional challenges facing community-based disaster management in Tanzania. *Tanzanian Journal of Population Studies and Development, 31*(1), 83–103.

Mremi, I. R., Rumisha, S. F., Sindato, C., Kimera, S. I., & Mboera, L. E. G. (2023). Comparative assessment of the human and animal health surveillance systems in Tanzania: Opportunities for an integrated One Health surveillance platform. *Global Public Health*, 18(1), 1–17. https://doi.org/10.1080/17441692.2022.2110921.

Mubiala, M. (2022). Africa and pandemics: Towards a regional health security regime. *Yearbook of International Disaster Law Online, 3*(1), 71–91. https://doi.org/10.1163/26662531_00301_004.

Muchangi, J. M., Mturi, J., Mukasa, H., Kithuki, K., Kosgei, S. J., Kanyangi, L. M., Moraro, R., Kamau, S., & Nankanja, M. (2024). Influence of government policies on handwashing and vaccine uptake in Kenya, Uganda, and Tanzania to prevent and control COVID-19: A systematic review. *Frontiers in Public Health, 12,* 1417866. https://doi.org/10.3389/fpubh.2024.1417866

Muhindo, P. A. (2023). *Human rights and public health protection: an examination of Uganda's response to the COVID-19 pandemic* (Master's dissertation, Kampala International University, School of Law).

Murase, S. (2022). International Law-making on the Prevention and Control of Epidemics. *International Community Law Review*, *24*(3), 187–208. https://doi.org/10.1163/18719732-bja10079.

Mushi, N. L., Salukele, F., & Mwageni, N. (2025). Disaster management and emergency response capability assessment in Tanzania: Empirical evidence from Dar es Salaam city. *Journal of Management & Sustainability, 15,* 154.

Mwanga, E. (2025). Tanzania's and South African Laws for Preventing and Controlling Pandemics: Comparative Analysis and Lessons from COVID-19. *Mizan Law Review*, *19*(1), 117-144.

Negri, S. (2022). Epidemics and the future developments of international law. *International Community Law Review, 24*(3), 183–185.

Negri, S., Bonfigli, S., Cesta, E., & Di Federico, G. (2024). Commentary: Strengthening legal preparedness and response within the global health emergency framework: The role of the GHSA Legal Preparedness Action Package. *Journal of Global Health Law, 1*(1), 88–105.

Nikolskaya, M. V., Nikulin, M. A., & Ralafiarindaza, M. N. (2024). An integrated East Africa: A resilience perspective. *Polis. Political Studies, (4)*, 71–88.

Nomani, M. Z. M., & Parveen, R. (2021). COVID-19 pandemic and disaster preparedness in the context of public health laws and policies. *Bangladesh Journal of Medical Science*, 41–48.

Olliaro, P., & Torreele, E. (2022). Global challenges in preparedness and response to epidemic infectious diseases. *Molecular Therapy, 30*(5), 1801–1810.

Ottosson, A., Draru, J., Mwanzi, L., Mwita, S. K., Pappa, S., Odom, K., & Faramand, T. H. (2022). Applying the iDARE methodology in Uganda, Kenya, and Tanzania to improve health outcomes during the COVID-19 pandemic. *Global Health: Science and Practice, 10*(3), e2100623. https://doi.org/10.9745/GHSP-D-21-00623

Salukele, F., Mwageni, N., & Mushi, N. L. (2024). Awareness of disaster risk management and emergency response legislations and strategies in Tanzania: A case of Dar es Salaam city. *International Journal of Business Management and Economic Review*, *7*(06), 221–244.

Schäfer, L., Künzel, V., & Jorks, P. (2020). *A human rights-based approach to climate and disaster risk financing*. Germanwatch.

Secretariat, E. A. C. (2020). East African community Covid-19 response plan. *Arusha: East African community*.

Serradinho, J. A. D. S., Ngugi, S. N., & Da Costa, R. (2023). Legal preparedness for international disaster assistance in the SADC region: An analysis of the incorporation of international disaster response laws, rules, and principles (IDRL) in domestic disaster risk management legal and policy frameworks. *Yearbook of International Disaster Law Online, 4*(1), 93–122.

Solomon, S. (2022). Challenges and prospects for the intergovernmental negotiations to develop a new instrument on pandemic prevention, preparedness, and response. *Journal of Law, Medicine & Ethics, 50*(4), 860–863.

Tairo, M., & Francis, B. (2025). Tanzania's Compliance to International COVID-19 Standards: Determinants and Extent. *Tanzania Journal of Sociology*, *11*(1), 62–82.

Talisuna, A., Iwu, C., Okeibunor, J., Stephen, M., Musa, E. O., Herring, B. L., ... & Gueye, A. S. (2022). Assessment of COVID-19 pandemic responses in African countries: thematic synthesis of WHO intra-action review reports. *BMJ open*, *12*(5), 1–7, e056896.doi:10.1136/bmjopen-2021-056896.

Tasha, A. B. M., & Elessa, G. (2023). The role of regional agencies in African health diplomacy. In *Health diplomacy in Africa: Trends, challenges, and perspectives* (pp. 57–84). Springer International Publishing.

The United Republic of Tanzania, Ministry of Health. (1990). *National health policy*. United Republic of Tanzania, Ministry of Health.

The United Republic of Tanzania, Prime Minister's Office, Disaster Management Division. (2022). *National disaster management strategy 2022–2027*. United Republic of Tanzania.

The United Republic of Tanzania. (2025). *Universal Health and Preparedness Review (UHPR) National Report, January 2025.* https://cdn.who.int/media/docs/default-source/health-security-preparedness/uhpr/uhpr-national--report_tanzania-2025.pdf?sfvrsn=d9163ac1_1.

The World Health Organisation. (2024). *Joint external evaluation of the International Health Regulations (2005) core capacities of the United Republic of Tanzania: Mission report, 14–18 August 2023*. Geneva: WHO.

The World Health Organisation. (2025). *First international conference on PEN-Plus in Africa, 2024, Dar es Salaam, United Republic of Tanzania, 23–25 April 2024* (No. WHO: AFRO/UCN: 2025-45). World Health Organisation Regional Office for Africa.

Tubula, Ma, Mamuji, A., Mwarumba, N., Rozdilsky, J., Lee, C., Chu, T. (2022). Kenya during the start of COVID-19: Response & Recovery Actions to Manage the Pandemic. figshare.Preprint. https://doi.org/10.6084/m9.figshare.21770672.v1

Tushabe, G., Rukundo, P. M., Kaaya, A. N., Nahalomo, A., Nateme, N. C., Iversen, P. O., … Rukooko, A. B. (2025). Retrogressive or misplaced priorities? An assessment of public expenditure for food security and disaster risk reduction in Uganda. *International Journal of Disaster Risk Management, 7*(1), 15–38.

Von Bogdandy, A., & Villarreal, P. (2020). International law on pandemic response: A first stocktaking in light of the coronavirus crisis. *Max Planck Institute for Comparative Public Law & International Law Research Paper (2020-07).*

Wiley, L. F., & Gostin, L. O. (2025). *Public Health Law and Ethics: Power, Duty, Restraint*. Univ of California Press.

Yayi, A., Laing, V., Govule, P., & Onzima Raddm, A. R. (2015). Performance of epidemic prevention, preparedness, and response in the West Nile Region, Uganda. *International Journal of Public Health Research*, 3(5), 228–233.

Yeates, N., & Surender, R. (2021). Southern social world-regionalisms: The place of health in nine African regional economic communities. *Global Social Policy, 21*(2), 191–214.