

Tanzania

UNDERSTANDING PROGRESS AND SETTING PRIORITIES ON RMNCH

Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on equity of coverage, health financing, policy and health systems, and other determinants of coverage. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to improve health and reduce mortality. Countdown's data and analysis cover 75 countries that account for over 95% of all maternal and child deaths. The annual Countdown to 2015 country profile enables countries to track their progress and identify key areas where more progress is needed.

Countdown supports in-depth **Country Case Studies** that seek to understand and explain **how** progress on women's and children's health was achieved. By strengthening country-level capacity to conduct this research, Countdown

aims to build a portfolio of studies that assess multiple outcomes across the continuum of care, and that include attention to success stories as well as areas where progress was not made, and analyse the reasons why. Countdown case studies are led by in-country institutions that are independent of RMNCH program implementation.

A team of Tanzanian and international researchers, working in close cooperation with Tanzania's Ministry of Health and Social Welfare and other partners, conducted an in-depth Countdown Country Case Study, seeking to inform post-2015 priorities by better understanding the reasons for Tanzania's **mixed progress on reproductive, maternal, newborn and child health**. The study's findings, publicly championed by President Kikwete in May 2014 and published in *The Lancet Global Health* in June 2015, are summarised in this brief.

Read the full Countdown Country Case Study on Tanzania, including all data sources, at [http://dx.doi.org/10.1016/S2214-109X\(15\)00059-5](http://dx.doi.org/10.1016/S2214-109X(15)00059-5) and see the case study policy brief at bit.ly/TanzaniaWomenChildren1st.

Learn more about Countdown Country Case Studies at www.countdown2015mnch.org/countdown-at-the-country-level.

CHILD MORTALITY DECLINED DRAMATICALLY, BUT PROGRESS WAS MUCH SLOWER FOR NEWBORN AND MATERNAL DEATHS

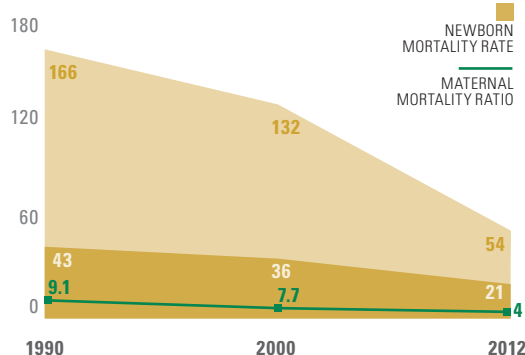
Amidst rapid population growth, Tanzania achieved its MDG 4 child survival target mainly through sharp reductions after 2000 in deaths of children over 1 month old, while newborn and maternal mortality declined at only half that rate. Tanzania is not on track to achieve its MDG 5 maternal survival target.

SOURCES

Child/newborn mortality: UN Inter-agency Group for Child Mortality Estimation, 2014
Maternal mortality: UN Maternal Mortality Estimation Inter-Agency Group, 2014

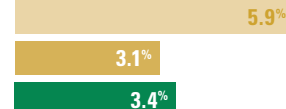
HISTORICAL TREND OF UNDER-5, NEWBORN, AND MATERNAL MORTALITY

DEATHS PER 1,000 LIVE BIRTHS

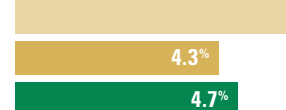


ANNUAL RATES OF REDUCTION (ARR)

1990-2012



2000-2012/13



NOTE: Child and newborn mortality data through 2012; maternal mortality data through 2013.

HEALTH SPENDING GREW, BUT WITH LITTLE ATTENTION TO NEWBORNS AND INSUFFICIENT HEALTH WORKERS

Total health expenditure more than doubled from 2003 to 2010, but policy implementation has been inconsistent, there are too few skilled health workers, and the Government has not met its commitment to allocate 15% of the total budget to health. International assistance emphasized HIV/AIDS over maternal and especially newborn health.

SOURCES

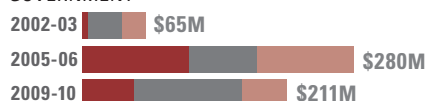
National Health Accounts; Countdown ODA database; Human Resources for Health Country Profile

TRENDS IN HEALTH FINANCING (US\$ millions)

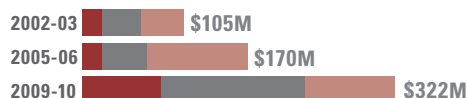
DONOR



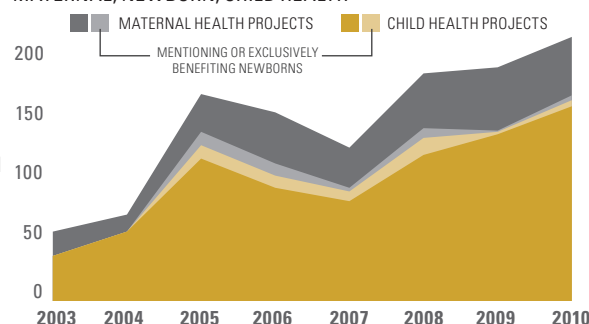
GOVERNMENT



HOUSEHOLDS



TRENDS IN OFFICIAL DEVELOPMENT ASSISTANCE: MATERNAL, NEWBORN, CHILD HEALTH (US\$ millions)



HEALTH WORKFORCE: DOCTORS/NURSES/MIDWIVES PER 10,000 POPULATION (2012-13)

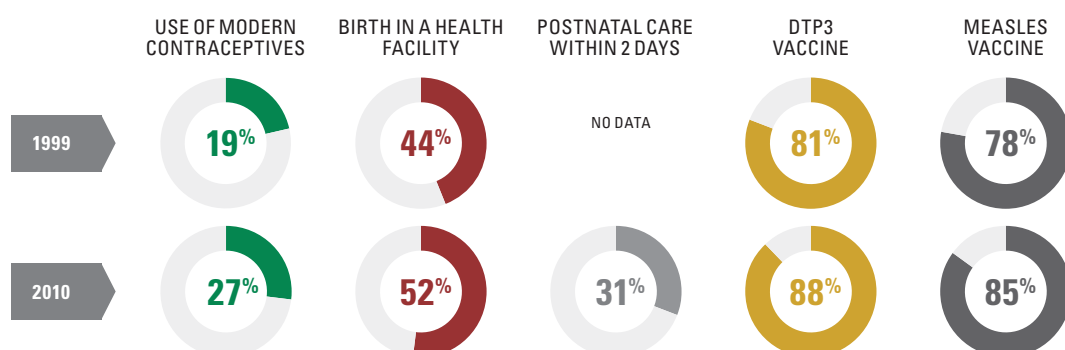


COVERAGE FOR FAMILY PLANNING AND CARE AT BIRTH HAS LAGGED

Nearly 9 in 10 Tanzanian children receive key vaccinations, but continued low coverage for family planning and essential services around the time of birth contributes to slow progress on maternal and newborn survival.

SOURCE

Tanzania DHS



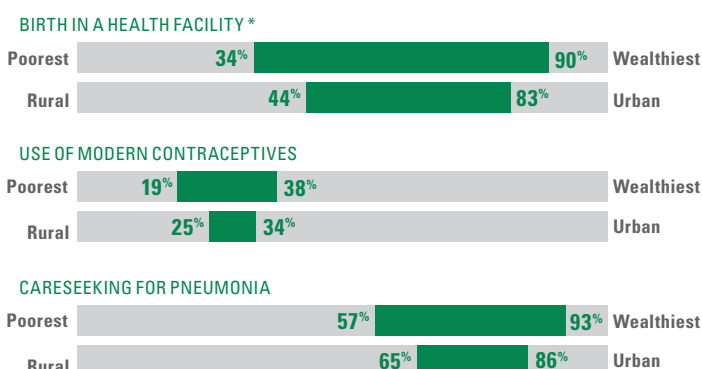
ESSENTIAL SERVICES DO NOT REACH THE RURAL POOR, AND COVERAGE VARIES WIDELY BY ZONE

National coverage averages conceal dramatic geographic and socioeconomic inequities: the rural poor, and especially residents of the Western and Lake zones, are being left behind.

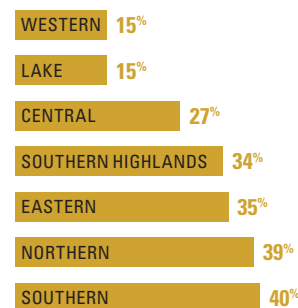
SOURCE
Tanzania DHS 2010

*Mainland Tanzania only

EQUITY GAPS IN COVERAGE OF ESSENTIAL SERVICES (2010)



USE OF MODERN CONTRACEPTIVES, BY GEOGRAPHIC ZONE (2010)



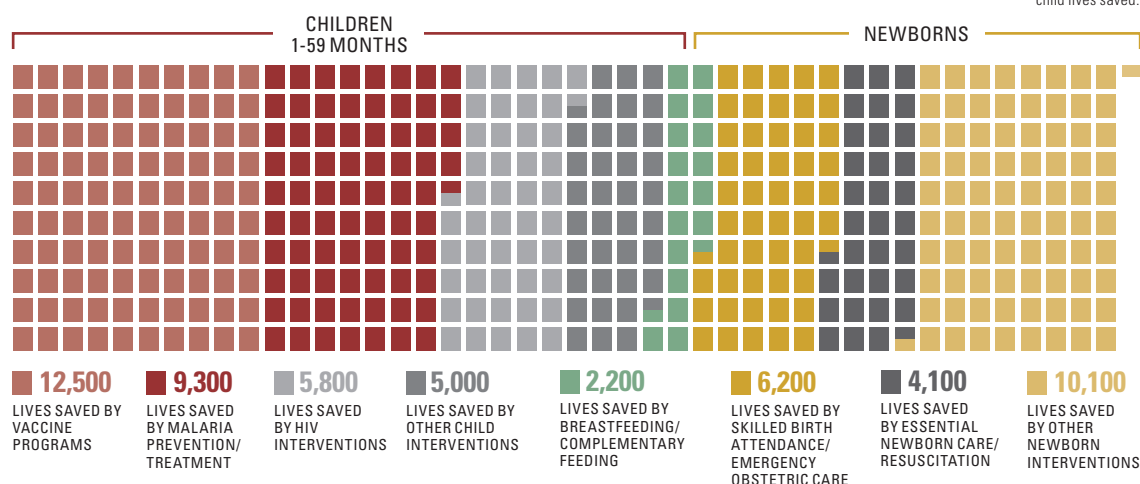
HOW TANZANIA PREVENTED THOUSANDS OF DEATHS

In the year 2012 alone, an estimated 140,300 under-5 deaths were averted in Tanzania, nearly 40% of them due to scale-up since 2000 of essential health interventions; the rest were likely associated with contextual factors including economic growth and improved female education. An estimated 3,300 maternal deaths were also prevented, more than 70% accountable to increased skilled birth attendance and emergency obstetric care coverage.

SOURCE
Lives Saved Tool (LiST) estimates (see published paper for strengths/limitations of LiST analyses)

ESTIMATED UNDER-5 DEATHS AVERTED THROUGH HEALTH INTERVENTIONS, YEAR 2012: (TOTAL 55,200)

Each square represents 125 child lives saved.



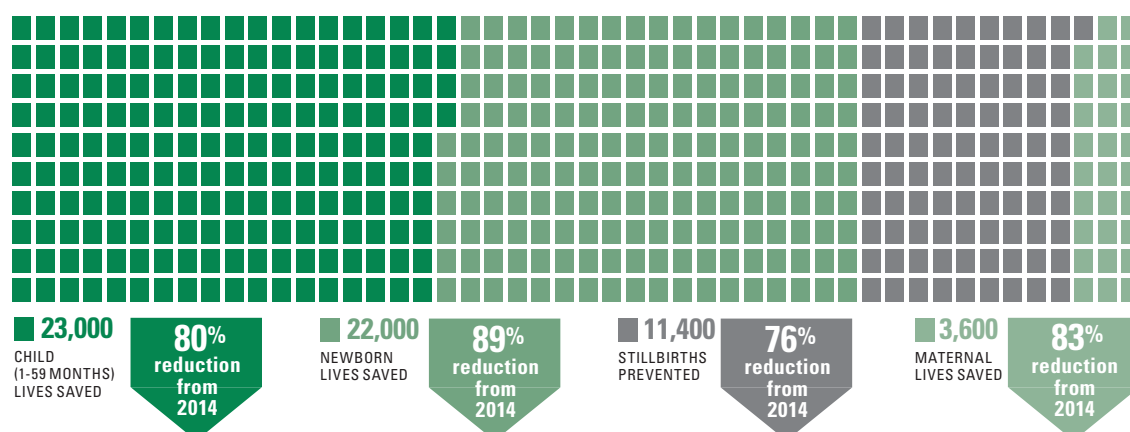
ACHIEVING UNIVERSAL COVERAGE BY 2030 CAN REDUCE MATERNAL, NEWBORN, CHILD DEATHS BY OVER 80%

Successfully implementing the Sharpened One Plan and the One Plan II through 2020, and following up to achieve over 95% coverage of essential interventions, including satisfying demand for family planning, will eliminate preventable maternal, newborn and child deaths and stillbirths by 2030, saving 60,000 lives in that year alone.

SOURCE
Lives Saved Tool (LiST) estimates (see published paper for strengths/limitations of LiST analyses)

ESTIMATED LIVES THAT WOULD BE SAVED THROUGH UNIVERSAL COVERAGE, YEAR 2030 (TOTAL 60,000)

Each square represents 125 child lives saved.



INTENSIFIED EFFORT IS NEEDED TO ADDRESS UNMET NEEDS AND BRIDGE EQUITY GAPS

Tanzania must build on its remarkable achievement in reducing child deaths, and on the momentum generated by the Sharpened One Plan in 2014, to **accelerate progress on newborn and maternal survival, expand access to modern family planning, improve coverage and quality of care around birth, and address wide geographic and socioeconomic equity gaps.**

Key actions needed to build on Tanzania's success:

- Address unmet need for family planning, especially in Western and Lake zones and especially among adolescents
- Provide all women and newborns, especially in rural areas, with effective, respectful care around and after birth
- Institutionalize the national focus on improving newborn survival through rapid scale-up of high-impact packages of care
- Build on progress in child health and survival to achieve universal coverage for prevention and management of pneumonia, diarrhoea, malaria, HIV and under-nutrition

These actions will require that Tanzania:

- Ensure sustained, consistent policy implementation and coordination of strategies between Government and development partners
- Strengthen the health system and address the critical shortage of health workers, especially in rural areas