

# **EQUITY IN HEALTH PROVISION IN TANZANIA**

**BY.**

**Hon. Prof. Mtulia**

**Parliament of Tanzania**

# Tanzania at a glance

- Population - 40 million
- Female - 51%
- Male - 49%.
- Life expectancy - 45 years.

# Issues

- Heavy disease burden
- Inadequate coverage of health services
- Unsatisfactory quality of health services
- Limited resources (now at 11% of government's budget).

# Situation on the ground

- The human resource for health has a deficit of 68% of its workforce of various cadres.
- There are only 126 training centers (62 owned by the Government and 64 are owned by private sector and faith based organizations (FBOs)).
- Out of the 6 medical Universities only 1 belongs to the government.

# Causes of high maternal mortality (578/100,000)

- Obstetrics
- Haemorrhages
- Obstructed labour
- Pregnancy induced hypertension
- Sepsis
- Abortion complications
- HIV/AIDS Complications

- Most of these causes which kill our mothers (women) are largely preventable if pregnant women can have early access to skilled attendance at births and provision of emergency caesarian (operations) sections.
- Tanzania is on record that antenatal clinics attendance is up to 94% but only 47% deliver in health facilities with skilled birth attendants.

## **Barriers for poor performance:-**

- Long distances to health facilities
- Lack of transport
- Unsatisfactory services
- Lack of functioning referral systems
- Inadequate capacities of health facilities (i.e. space, skilled attendants, equipment and effect of traditional beliefs)
- Gender inequalities and access to family resources at household level

# HIV/AIDS

- HIV/AIDS pandemic in Tanzania is showing early signs of subsiding:
  - In 1999 the prevalence was at 12%
  - In 2004 the prevalence was at 7%
  - In 2008 the prevalence was 5.8%



- Over 2 million people live with HIV/AIDS (PLHA). Counselling and testing are the entry point for HIV/AIDS care, treatment and support for PLHA. There are 1027 VCT sites in Tanzania. Each district has at least 3 VCT sites. There are 1400 community home based providers, STI services and PMTCT now has recovered 255,913 mothers.
- Malaria accounts for 17- 20m cases per year and causes 100,000 deaths, the majority of deaths are under 5 children and pregnant women.
- Tuberculosis prevalence is 7% up from only 5% in 1999.

# Development Programme (2007-2017)

- The programme will consist of the following components:
  - Human resource for health.
  - District health services
  - Maternal, newborn and child health
  - HIV/AIDS, Tuberculosis and leprosy
  - Non-communicable diseases
  - Health promotion and education
  - Nutrition
  - Traditional medicines
  - Neglected tropical diseases
  - Public-private partnership

## Other measures to be under taken are:

- Increase in training institutions
- Provision of adequate medicine and medical supplies
- Strengthening outreach services by providing 2574 ambulances, 140 supervision vehicle and 140 mobile clinics
- Maternal Mortality, under 5 child mortality reduction is expected to range from the present 578/100,000 live births to 175/100,000 live births and from 112 per 1000 live births to 45 per 1000 live births. Increasing coverage of birth attendance up to 88% from the present 46%.

## Other measures to be under taken are...

- Family planning will be scaled up.
- Essential nutrition action.
- IMCI immunization and data management to be improved.
- Training of 15000 youth peer educators.
- Pregnant women will be given Kanga Vouchers to the tune of 14 million of women at delivery.
- Provide communications to all 114 districts to improve and strengthen the referral system

