

Regional Meeting of the Southern and Eastern African Parliamentary Alliance of Committees of Health

“Repositioning FP and RH in Africa: Lessons Learnt, Challenges and Opportunities”

Presentation by Delegates from Tanzania

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Introduction

Tanzania is one of the 5 countries in East Africa. It has an area of about 945,097sq.km. And a population of about 42m, as estimates derived from the 34.4m (2002 census). The population growth rate is at 3, and it is estimated that if the rate is unabated the population would reach about 70m in 2026.

Tanzania has a fertility rate of 6 (measured by monitored data in a period of past 16 years). The rate is alarming as the population growth rate is not at par with the economic growth rate, and thus poses threats for our national wellbeing and stability.

About half (47%) of the whole population is youth and children below the age of 15 years. This is already alarming and is a clear sign that we are facing a generational transition. Although we love our culture, the issue of having many children needs a new outlook.

The unmet need of family planning is about 25%.

Planning and implementation of short term programmes are being informed by our long term goals as written in National development vision 2025, National strategy for growth and reduction of poverty 2011 – 2015, Millenium Development Goals, National Health Sector Policy and the recently launched Five Year Development Plan 2011 – 2015.

Challenges

1. Fund allocation for family planning is low compared to the demand. The government is not investing much in family planning services. Cf. in 2010/11, the family planning section of the MoHSW requested 25bn for purchase of family planning commodities, actual funds disbursed

was TZS 14.6bn, only about 58.4%, all this money comes as donor funding through the Basket Fund. The Tanzanian government only allocated TZS 500.

In 2011/12 fund allocated for FP is TZS 37.9bn, with only TZS 1.1bn from internal sources.

2. The percentage of unmet needs for family planning has increased from 22% in 2004/05 to 25% in 2010 (Tanzania DHS, 2010)
3. The demand for family planning services has increased, from 38.3% in 1991 – 1992 to 49.5% in 2004 – 2005

Progress Made So Far

- The MoHSW developed the one plan and currently is in the process of developing, based on the goals of the one plan, a National FP Costed implementation program with the goal to reposition and reinvigorate access to and use of family planning services in Tanzania. The one plan has a goal to increase contraceptive prevalence rate to 60% by 2015. (The NFPCIP has five strategic action areas: contraceptive security, capacity building, service delivery, health systems management, and advocacy.)
- The Tanzanian parliamentary standing committee on social services and other stakeholders established a club of FP/RH champions among parliamentarians which has a goal to push forward the FP/RH agenda
- We have forged strong partnerships with the civil society organizations.

Action points/way forward

Generate and reinforce political will within and outside parliament

- Increase linkages between the parliament health committee and ministries
- Strengthen partnerships with the civil society
- Ensure all health policies and programs have clearly defined pro-poor strategies
- Increase access of youth to FP/RH
- Address the age of marriage
- Advocate to keep girls in school

- Champion family planning in public statements in constituencies and parliamentary debates

Demonstrate financial commitment

- Establish budget line for family commodities and programming
- Identify contraceptives as essential drugs
- Increase the general health budget (towards the Abuja target) by 1% in the next health budget
- Make concrete plans for donor coordination and domestic resource mobilization
- Explore different financing options (eg performance based financing increase, increased private participation)

Strengthen the health system

- Develop a policy on the retention of health workers in rural areas