



Tanzania



The Present Context

With a per capita GNP of around US\$ 280 and at the 162nd position on the UNDP Human Development Index scale, Tanzania is among the least developed countries. Out of a population of 35 million, 22.9% of the adults have attained literacy. Life expectancy is 46.5 (WHO).

Composed of two distinct states, Zanzibar and Tanzania Mainland, it is one of the few countries in the conflict-ridden Great Lakes Region that continues to enjoy uninterrupted peace. However, the country's huge external debt, over US\$ 6 billion, has had a negative impact on the economy and is constraining government's efforts in fighting poverty and improving the health of the population. The general health status is

considered to be poor, and among the lowest in African countries with a similar economic base. Since the first AIDS cases were discovered in Tanzania, HIV prevalence has been on the increase, from 1.3% in 1985 to 9.6% in 2002. A considerable threat to the country's security and socio-economic development, the disease is imposing an ever-increasing burden on the Tanzania's financial resources.

Included in: CAP 2005

Crisis involving: Part of the Population

Millennium Development Goals in Tanzania

Eradicate extreme poverty & hunger	Achieve universal primary education	Promote gender equality	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria etc.	Ensure environmental sustainability	Global partnership for development
Slipping back	Slipping back

Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report. 2002

Main Public Health Issues and Concerns

Health Status

- Most of the disease burden in Tanzania is the result of preventable diseases: communicable diseases – HIV/AIDS, malaria and tuberculosis; reproductive disorders; childhood disorders – over 75% of under-five deaths are attributable to pneumonia, diarrhoea, measles and malnutrition; non-communicable diseases, including diabetes, hypertension and cardiovascular diseases, all rising with the changes in lifestyles and accounting for a considerable proportion of hospital admissions.
- Child mortality and morbidity are major problems in the country. One out of seven children dies before age five, two-thirds of the deaths occurring within the first two years of life. Mother-to-child transmission of HIV/AIDS is thought to be an important contributor to deaths in children. In the Mainland, infant and under-five mortality rates have increased from 88 and 137 per 1,000 live births in 1996 to 99 and 147 respectively in 1999. In Zanzibar, the infant mortality rate is estimated to be 83 per 1,000 live births. The UNDP Report for 2004 estimate infant and under-five mortality rates at 104 and 165 per 1,000 live births nationwide.
- Despite major efforts made, access to quality reproductive health services remains a problem area as reflected in the high maternal mortality rate of 1,500/100,000 live births, and fertility rate of about 5.2 births per woman. Contraceptive prevalence rate is 22%. Results from the sentinel surveillance show that HIV-prevalence among pregnant women ranges from 4.2% to 32.1%. The deliveries assisted by skilled attendants decreased from 53% in 1991/92 to 44% in 1999, although over 70% of pregnant women attended antenatal care clinics at least four times.

Disclaimer

The emergency country profiles are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or areas or its authorities, or concerning the delineation of its frontiers or boundaries.

- In 2003, HIV/AIDS adult prevalence rate was 8.8% (0.6% in Zanzibar, 2002), or 1.6 million people. Women (840,000 in 2003) are significantly more affected than men, accounting for 60% of the new infections reported among youth aged 15-24 years. Some 100,000 children are also infected and AIDS orphans are estimated to be some 2 million. People living with AIDS occupy more than half of available hospital beds and it is estimated that each adult case treated in the health care system absorbs about US\$ 290 per year in nursing and drug costs.
- Malaria is the first cause for inpatient and outpatient consultations and the major killer for children under five in Tanzania. Nationwide, it accounts for 30% of the total disease burden (45% in Zanzibar in 1999). About 26% of the territory is prone to malaria epidemics. The estimated number of malaria cases ranges between 14 and 19 million per year and the estimated number of deaths between 100,000 and 125,000, of which about 80,000 are children under five.
- Other communicable diseases continue to cause a serious disease burden on Tanzania as a whole. TB cases rose from 439/100,000 in 1997 to 472/100,000 in 2002. Out these, 40% were HIV-positive. EPI coverage has improved from 79% in 2000 to 86% in 2001.

Health System

- Figures from 1999 indicate an extensive health service infrastructure on the Mainland, composed of 280 hospitals and specialized clinics, 479 health centres, 3,955 dispensaries for a total of about 32,000 beds (1:896 people). The ratio of a medical doctors and nurses to the population is 1:20,000 and 1:5,000 respectively. Zanzibar has 6 hospitals, 103 primary health care units and 4 primary health care centres (approx. 960 beds in all), with a doctor to population ratio of 1:13,115.
- Geographical coverage of health care facilities is equitable, providing access to more than 80% of the population, but the quality of care is generally low. Staff is unequally distributed, especially in Zanzibar and in rural health facilities in the Mainland, due to the lack of incentive to attract and retain health professionals in underserved remote areas. Limited studies are also showing that HIV has adversely impacted on the health personnel resources situation in the Mainland.
- Stockpiles of drugs and medical supplies are inadequate at all levels. Sustainability is scarce and the country still depends heavily on foreign assistance to fund essential drugs and supplies.
- Transport availability in districts depends mostly on donor support, hindering the referral system, supervision and implementation of programmes.
- Limited capacities for generating reliable data, analysis, storage, retrieval, dissemination and use of health information hampers the functioning the health Management Information System. As a consequence, decision-making in health is not generally evidence-based. Several research networks and institutions have been established but there are insufficient funds to further their research agenda.

Main Sector Priorities

The Country Cooperation Strategy signed between WHO and the Government of Tanzania list the following health priorities:

- Improving the health system to address the need for better quality care, by translating policies into actions and results that promote evidence-based planning, and strengthening support mechanisms such as drugs and human resources;
- Reducing the burden of disease, by paying special attention to the delivery of essential health services, and addressing major problems, such as HIV/AIDS, malaria, maternal and child mortality as well as the new challenge posed by noncommunicable diseases;
- Providing a supportive and enabling environment through legislative reform and the application of health promotion strategies;
- Improving the capacity and resources for preparedness and response to outbreaks and emergencies at all levels;
- Based on the differences in the levels of health development, addressing the special health and human resource needs of Zanzibar in the context of reforms;
- Ensuring sustainability of programmes through increased allocation of national resources to the health sector.