

Health sector performance

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PROF MWAKYUSA was appointed Minister for Health and Social Welfare in 2006. He is a Professor of Medicine at Muhimbili College of Medicine of the University of Dar es Salaam. A former District Medical Officer and specialist in gastroenterology, he also trained at the Cleveland Clinic and the Medical College of Georgia in the United States, and at the University of Glasgow, Scotland. From 1992-2000, he was Director of Administration and Hospital Services at Muhimbili Medical Centre. He has been a Member of Parliament for the CCM Party since 2000.

Since independence, successive governments have focused their development strategies on education, combating disease and poverty, and extending better health care. Among the initiatives to this end have been the National Health Policy, the Millennium Development Goals, the 2025 National Vision, and the National Strategy for Growth and Poverty Reduction, backed up by health sector and local government reforms.

To implement primary health services further approaches have been developed via the Health Sector Strategic Plan III (2009-15), which covers every aspect of care in the sector, at the national level. Current demographic indicators give an indication of the workload in implementing the plan.

The total population of Mainland Tanzania is expected to reach 42.7 million toward the middle of 2010. About 65 per cent of inhabitants are aged below 25, and 31 per cent aged between 10 and 24. Around 23 per cent of Tanzanians live in urban areas and the rest in rural areas. The annual population growth rate is 2.9 per cent. Among the challenges facing the government in implementing the plan is a chronic shortage of trained medical personnel and other health sector staff. Long distances and lack of roads means low utilisation of primary health care services. The primary health care development programme will bring health services closer to the communities that need them.

Adequate and sustainable health care financing is essential. The government's budget is supported by international development partners. But a sustainable budget is required to avoid shocks when development partners pull out. Availability of drugs, medical supplies and equipment attract patients to health care facilities. These inputs must be available at all times. Improving quality of care to mothers, and their newborn and children's health remains a priority. Gender inequalities should be addressed regarding decision-making and access to resources in households.

Achievements

The present government has made significant progress in many areas of health care provision. Equipment, medicines and medical supplies for health have increased and improved significantly, although much work still remains to be done. Health services to rural areas have been increased. In 2006 there were 4,679 dispensaries, 481 health centres, and 219 hospitals in the entire country.

In 2010, there are 5,394 dispensaries, 578 health centres and 240 hospitals. The majority of the rural population now lives within five kilometres of a health facility.

One of Tanzania's key health policy objectives is to reduce infant and child mortality. Between 2005 and 2009, the immunisation rate has always been above government targets of 85 per cent. The government also introduced a new combined vaccine in 2009. The proportion of women receiving modern family planning methods increased from 36 per cent in 2006 to 41.5 per cent in 2008. The proportion of deliveries attended by skilled personnel has risen from 46 per cent in 2004 to 52 per cent of deliveries in 2009.

Per capita health sector spending rose from US\$7.4 in 2005 to US\$14 per capita in 2008. The target is to achieve US\$15.75 per capita in 2010. Health expenditure has increased to 11 per cent of government spending in 2008. The target is 15 per cent.

Country Health Status

For many years, malaria has been the biggest burden on Tanzania's health services. The Tanzania HIV/AIDS and Malaria Indicator Survey of 2007-08 showed an improvement for children who slept under insecticide treated nets. AIDS is one of the most serious public health and development challenges in Tanzania. In response to the epidemic, there have been educational campaigns to change attitudes and behaviour, with HIV prevalence reduced to 5.7 per cent in 2008 from 7.7 per cent in 2005. The number of voluntary counselling and testing sites has increased from 32 in 2005 to 1,734 in 2008. The current number of patients on antiretroviral therapy has increased to 302,362 in 2009 compared to 145,000 in 2005.

There has been a significant improvement in reducing child mortality for the period 2005-10. In 2005, the infant mortality rate was 68 per 1,000 live births; by 2008 the figure was 58 per 1,000 live births. Projections up to 2010 anticipate a further decline. The figures also suggest a steady increase in life expectancy, from around 51 years for men and 52 for women in 2002 to 57 for men and 59 for women in 2010.

The Way Forward

In 2007 the Ministry of Health and Social Welfare developed the Primary Health Care Service Programme, the objective of which is to accelerate the provision of primary health care services for all by 2012. **F**