



ESRF POLICY BRIEF

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Improving Maternal Health in Tanzania: How Promising is the National 2011/12 Budget?

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The Issue

Over the past years, the government of Tanzania has been struggling to improve maternal health in the country. This has been due to the fact that, its high rate has placed the country among the 11th countries with highest rates in the world¹. A number of efforts have been done including allocation of reasonable national resources to improve maternal health. This year the analysis is done on the impact of the national budget projections towards the struggle against the observed unacceptable maternal mortality rate in the country. The emerging question therefore is how is the 2011/2012 national budget sensitive to improving maternal health?

In this brief, the analysis is based on the national budget announced on 8th June, 2011. It provides an overview and analysis of the government's resource allocation based on the projections for 2011/2012 and its implication to national efforts towards improving maternal health in Tanzania

Introduction:

Maternal health is one of the global major health challenges whose existing levels are highly unacceptable (Alvarez *et al.*, 2009). According to the World Health Organization 2008 report, 358,000 women of reproductive age are estimated to die each year from complications arising from pregnancy. In Tanzania, like other developing countries, maternal death has remained a major concern in which its estimated rate of 454² per 100,000 live births situates the country among top 11 countries with lifetime risks of maternal deaths. Being a reliable measure of developmental achievements of any country, the international community, over the past

two decades, has repeatedly declared the commitment to its high levels of maternal mortality in the developing countries through an international consensus on priority interventions especially on *Good quality Emergency Obstetric Care (EMOC) to be universally available and accessible; having all women deliver their infants in the presence of professional, skilled birth attendant and insisting these key services to be integrated into countries' national health systems.*

In Tanzania, improving maternal health has become among the national priorities (Preiffer & Mwai-popo, 2011). Inspired by the effort done by the International community as well as the commitment to achieve the Fifth Millennium Devel-

opment Goal (MDG5) which advocates for universal access to reproductive health and reduction of maternal mortality by three quarter by 2015 hence improving maternal health globally³, Tanzania prioritized maternal health as stipulated in its various national development frameworks including the Tanzania Development Vision (TDV 2025), the National Strategy for Growth and Reduction of Poverty (NSGRP – MKUKUTA –I &II) e.t.c.

Maternal health care in Tanzanian is placed under the Ministry of Health and Social Welfare (MOHSW). It is one of the components enclosed in the national package of Essential Reproductive and Child Health

¹TDHS, 2010

²This rate records an improvement from the 578 recorded between 1990s and 2005

³UN Millenium Development Goals (MDGs). http://www.undp.org/content/undp/en/home/mdgoverview/mdg_goals/mdg5.html. Retrieved on 15th March, 2012

Interventions explained in the One Plan⁴ aiming at addressing all the major direct causes of maternal mortality like the Obstetric hemorrhages, obstructed labour, pregnancy e.t.c. The package aims at improving maternal, newborn and child health by providing a framework for ensuring effective implementation of various intervention, coordination and alignment of resources. It aims at ensuring delivery of services across the continuum of care from pregnancy, through child birth and childhood to the age of five.

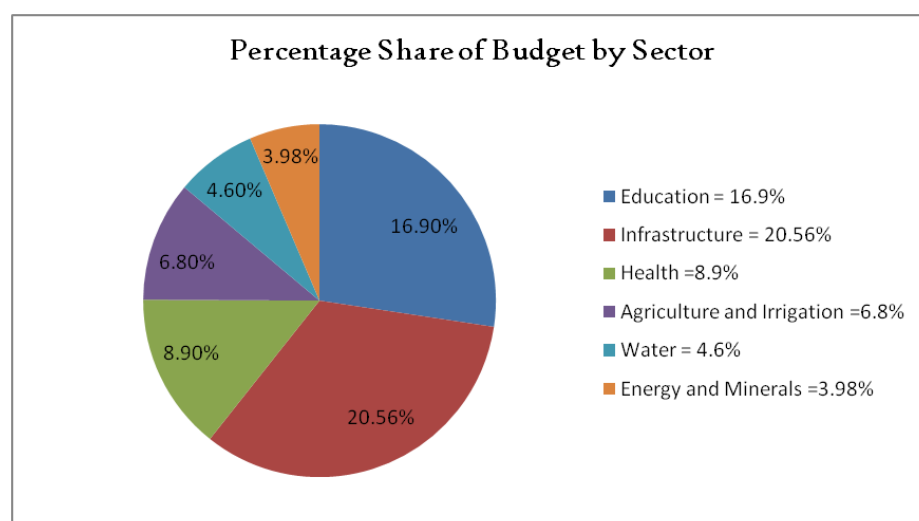
The National 2011/2012 Budget and Health Sector: An Overview:

The Government budget for the 2011/12 financial year was tabled before the Parliament on June 8, 2011; and soon thereafter, it became one of the topical issues in many economic and business discussion forums due to the fact that its implementation was projected to affect various sectors including the health sector in general and maternal health in particular. Since the announced budget takes into account the objectives of the national Development Vision 2025, MKUKUTA II, the Millennium Development Goals (MGDs), the Joint Aid Strategy of Tanzania (JAST) and the National Debt Strategy as well as the priorities outlined in the budget guidelines 2011/12; it is obvious that its address towards maternal health will be of sound since this comprises among the objectives within the named frameworks.

According to the announced national 2011/12 budget submitted

by Finance Minister on June 2011; there are number of national priorities which have been given special attention. These include; Electricity, Water, Transport and transportation infrastructure (railways, ports, roads, airports, national optic fibre), Agriculture and irrigations and Job creation in the private and public sectors. Furthermore the emphasis will also be directed at ensuring that the achievements attained under education and health sectors are protected as well as improving the quality of services delivered. However despite the good intention the Government has for the people's health, its commitment is not been backed by adequate resources. According to the budget framework, the sector has been allocated 1,209.1 billion Tanzanian shillings (8.9%) of the total budget (Figure 1).

Figure 1: The 2011/2012 Budget Framework



Source: Ministry of Finance Budget Submission 2011/12

This amount is a bit higher, for about 0.3% compared to the Tshs 1,205.9 billion allocated in the previous financial year 2010/2011. Despite the increase however, the allocated amount is still little to make huge impact to the health care provision in general and maternal in particular. The proportional budget spent on health is still below the Abuja target of 15%. When compared with other countries in Sub-Saharan Africa (SSA), Tanzania has a low level of health spending. Accordingly, even with the WHO requesting every country to allocate at least 34 USD per capita to its health sector in order to meet the MDGs obligations, Tanzania is still off-target by 9 USD⁵. The actual spending amount however is shown in the figure 2.

Budget allocated for Maternal Health in Tanzania:

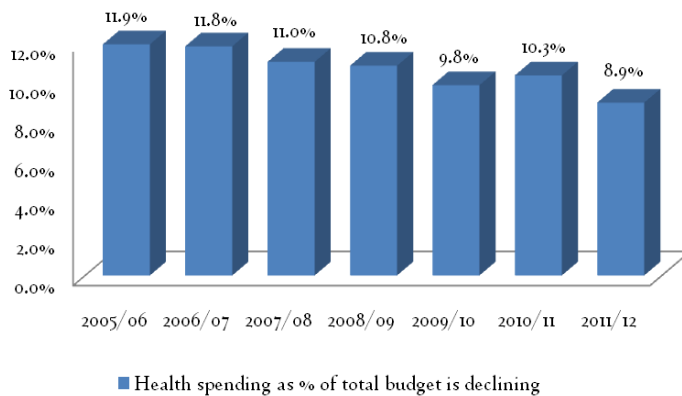
Reproductive and Child Health is among the high priority areas within the Health Sector which is

⁴ The National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008 - 2015 was developed by the reproductive and child health section of MOHSW and partners.

⁵ Ngowi, D. "Child sensitivity of the Budget Submission 2011/12" paper presented in the Workshop on Re-investing in Social Sector in Tanzania: A critical Review of the Budget 2011/2012. At Double Tree, Dar es Salaam. July 2011.

the Ministry of Finance and Economic Affairs. Similarly, in setting its budget the MoHSW is expected to follow various international declarations and agreements reached in this area. One of the declarations is the Abuja declaration which stipulates the percentages of the fund to be set aside for both health sector and maternal health care in country's national budget.

Figure 2: Health Budget as % of Total Government Spending



Source: Based on Health Sector PER 2010 and MoFEA Budget Submission 2011/12

Budget allocated for Maternal Health in Tanzania:

Reproductive and Child Health is among the high priority areas within the Health Sector which is responsible for preparing the budget for the entire health sector including that of Maternal health Care. The set budget is normally based on the ceilings set by the Ministry of Finance and Economic Affairs. Similarly, in setting its budget the MoHSW is expected to follow various international decla-

rations and agreements reached in this area. One of the declarations is the Abuja declaration which stipulates the percentages of the fund to be set aside for both health sector and maternal health care in country's national budget.

At the Local Government Authority (LGAs) maternal health care is provided by the Councils based on the approved Comprehensive Council Health Plan, financed mainly by the

Central government and donors

allocated budget for maternal health care. This is not what is happening in Tanzania the moment.

Although the government budget allocation for health sector has increased from 13.45% in 2006/7 to 13.87% in 2008/9, reaching close to Abuja target of 15% by 2015, the allocations for maternal health however have been inconsistent for a number of recent years. In 2006/7, 2007/8 and 2008/9 the budget for maternal health was 2.7%, 10.09% and 6.3%, respectively (NAO, 2011). On the other hand, delivery of maternal health services is highly challenged by inadequate numbers of skilled health workers and still those available are unevenly distributed. In some health facilities particularly at lower levels in underserved areas, medical attendants, who are marginally skilled, are the ones providing services (MoHSW, 2008b). Human resource for health is critical such that

The Impact

Maternal Health Care is one of the components of the National Package of Essential Reproductive and Child Health Interventions Package focusing on improving quality of life of women and adolescent mothers. The small budget allocated to the health sector means more small amount towards maternal health care. This is detrimental to public health, a situation that could cause a steep rise in the number of preventable deaths. Specifically, it can lead to;

⁶ The Comprehensive Council Health Guideline provide direction on how the resources at the council are managed as well as the guidance on formulating budget based on National Essential Health Package.

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- But again given a minimal increase of 0.3% the efforts of the Ministry of Health and Social Welfare to reduce the number of maternal deaths⁷ (particularly in remote rural areas) and strengthening health care systems with skilled personnel is bound to fail. Consequently, rural people will continue relying on traditional birth attendants who are not trained to handle pregnancy complications.
- According to the Human Resources for Health Strategic Plan (HRHSP) of 2008-2013, Tanzania's health facilities require about 130,000 health workers but the actual number is just 35,000. The plan advocates producing more midwives and providing retention incentives. Currently, midwifery training is at diploma level. Midwifery schools have a short-

age of nurse tutors, and have to hire part time nurse tutors to respect the student to teacher ratio norms. Innovations to improve quality in midwifery have been developed but there is a constraint in resources to implement them.

Recommendation:

- Ministry has an appropriate budget to allocate funds for maternal health care. It is the responsibility of the Ministry of Health and Social Welfare to ensure that there is an appropriate budget model for allocating funds for maternal health. This model will define the identified key issues on the maternal health.
- The government to increase the health sector budget from 11 per cent to 15 per cent to re-

duce the maternal mortality and reach the fourth Millennium Development Goal (MDG4).

- The Ministry of Health and Social Welfare to institute an appropriate budget model that will allow allocation of adequate funds for maternal health care in Tanzania to match with the maternal death rate occurring in particular regions/districts.
- The need to boost funding for maternal and child healthcare and the fight against malaria, HIV and TB as well as non-communicable diseases such as hypertension.
- Training of competent health personnel, improving emergency services, medical facilities and the referral system.

⁷ The National Road Map Strategic Plan to accelerate reduction of maternal, newborn and child deaths in Tanzania (also known as the One Plan) was developed by the reproductive and child health section of MOHSW and partners. It aims at improving maternal, newborn and child health by providing a framework for supporting implementation of life saving interventions, improving coordination among different stakeholders, aligning resources and standardizing monitoring efforts. The aim being to ensure delivery of services across the continuum of care from pregnancy, through child birth and childhood to the age of five.



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