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 & Mwaipopo, 2011). Inspired by the effort done by the International community as well as the commitment to achieve the Fifth Millennium Development Goal (MDG5) which advocates for universal access to reproductive health and reduction of maternal mortality by three quarter by 2015 hence improving maternal health globally, 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 Interventions explained in the One Plan 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 (MDGs), 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).

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 USD\(^5\). The actual spending amount however is shown in the figure 2.

**Figure 1: The 2011/2012 Budget Health in Tanzania: Framework**

Source: Ministry of Finance Budget among the high priority areas with Submission 2011/12

Budget allocated for Maternal Reproductive and Child Health is in the Health Sector which is re. the Ministry of Finance and Eco-systeem\(^6\)%. impeached and this area. agr m (57.3 s r 2007/08 in 56.65% in allocated budget for maternal nomic Affairs. Similarly, in setting 2008/09).thThdeavailable ndsatis the Ashow One of e e claratio oaf ODA buja also health care. This is not what is hap- its budget the MoHSW is expected weelarationond through GBS and 13.4% that in 2006/07 wnlty 34.8s% pulates flothse d re provide ohich ti w pening in Tanzania the moment.

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to follow various international dec-tperugh bagest ofndthe fundobtbo bed sin-thro cent askefuig. The servelaarations and agreements reached crease fu aside inforndbinghouside thesagovtormend o t ealth ec ern ant Although the government budget in this area. One of the declarations systatermmlphisealthe care liinnccotuntry’s m mem i al e non comp a e o both allocation for health sector has in- is the Abuja declaration which stip- ulates the percentages of the fund tnationaldbularget.n and JAST agreed be- he Paris ec d atio tween DPs and GOT. The study had also creased from 13.45% in 2006/7 to 3.87% in 2008/9, reaching close to to be set aside for both health sec- nAtetethehatchal DPsvpermeent Authoject o d t L e Go refer nce for pr rity Abuja target of 15% by 2015, the tor and maternal health care in country’s national budget. finanAin) g mas attral uhed to tcharir percep-- (LG c s watern ib tealth e e is pro tion that, projects provide more visibility, allocations for maternal health however have been inconsistent for tvened bycthedCounucnils based on the r idsparen y an acco tabiliy. a number of recent years. In Figure 2: Health Budget as % of SECTrovRed ID ALLpOheinsive Council O PA , financCedTmainly by the A ON 2006/7, 2007/8 and 2008/9 the Total Government Spending Health lan

The ODA disbursements to sectCentre- ors bal tween January 2006 to June 2009 indicate budget for maternal health was 2.7%, 10.09% and 6.3%, respective-that education sector received t governt- he leas ly (NAO, 2011). On the other hand, funding, although increasing
trends was ment delivery of maternal health services noted except for Jan-June 2007 (2.5%, and 2006, 4.8% 2007, 1.8%, 2008, and 13.3% is highly challenged by inadequate numbers of skilled health workers 2009) compared to other sectors. The sector which received highest funding was the Health sector (11.4%, 5.2%, 9.0% and 6.8% respectively).

Available data show that compared to non-government organizations, government projects received more ODA support in the beginning but aid has declined in the subsequent years (95% for 2006/07, 83% for and still those available are uneven-ly 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 Source: Based on Health Sector PER allocations as shown in fiHealth 2007/08, andb87% of grants (and Govern- tnt u dg loc f 2008/09) The gure 2010 and MoFEA Budget Submis- bBasket sFutndsecrescreasing trrescbovely6. elow pre en a d (HBF) end for ti th The Impact sion 2011/12 thecedurcdinog andth alth secd rs. Continame- A co ati n to hee Roa toMap fr ued decline of funding to education and health Budget allocated for Maternal

| Budget allocated for Maternal Health in Tanzania: |

Reproductive and Child Health is among the high priority areas with- in the Health Sector which is re- sponsible for preparing the budget for the entire health sector includ- ing 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 declarations and Child Health (MNCH) progress is the proportion of government budget allocated to health and the proportion of MoHSW budget allocated to MNCH and family planning.

The Tanzanian budget to the health sector is 11%, which is still far short of Abuja Declaration of at least 15% of government budget for the sector of which the Ministry is expected to allocate at least 15 - 25% of its 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.