



Health Sector Performance 2009 / 2010

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Review Meeting*

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Outline

- ❑ 2010 Health Performance Report Structure
- ❑ Update on the HSSP III indicators
- ❑ Key Messages



Report Structure

Chapter 1: Introduction

Chapter 2: Progress against 46 health sector indicators

Progress towards Health Status

Progress in improving Service Delivery

Progress in Health Systems

Chapter 3: Milestones Report

Chapter 4: MTEF Implementation Status

Chapter 5: Review of Council Health Performance

Chapter 6: Highlights from the Public Expenditure Review Update

Chapter 7: Human Resource Status in the Health Sector

Chapter 8: Conclusion, Issues & Challenges

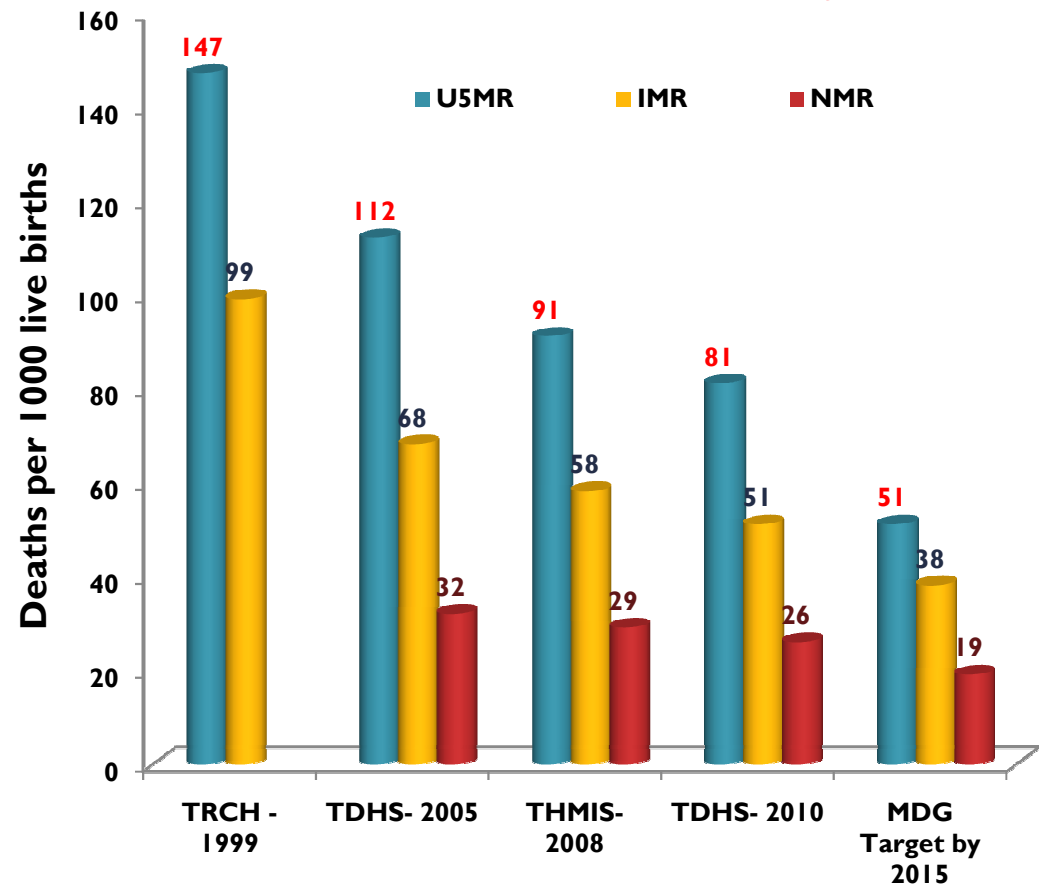
Performance against HSSP III indicators

- ❑ HSSP III has 46 indicators clustered under three main thematic areas: -
 - **Health status** (*e.g. mortality rates, child nutrition, HIV prevalence etc*);
 - **Service Delivery** (*e.g. vaccinations, access to reproductive health services etc*);
 - **Health systems** (*e.g. health financing, human resource and logistics*).
- ❑ Further classification on HSSP III indicators: **It comprises on MDGs, PAF, MKUKUTA and strategic interventions.**

Progress on Health Status – *Child Mortality*

- ❑ A Substantial decline of CMR is observed since 1999 up to date.
- ❑ Rate of decline is on track with MDG target for 2015.
- ❑ high neonatal deaths remain a major challenge accounting for 32% of all U5 deaths in Tanzania

Indicators on Child Mortality



Progress on Health Status - *Nutrition*

- ❑ Malnutrition is a direct result of insufficient food intake or repeated infectious diseases or a combination of both
- ❑ Two indices are widely used to measure follows types of malnutrition: -
 - children who are stunted, too short for their age
(*Chronic malnutrition*)
 - children who are wasted are too thin for their height
(*current malnutrition*)
- ❑ Preliminary results from 2009/10 TDHS in the following table shows an increasing trend pattern

Indicator definition	Status 2004/05	Status 2009/10	Target by 2015
Proportion of under-fives moderately underweight (weight for age)	38%	42.3%	20%
Proportion of under-fives severely underweight (weight for age)	13%	16.6%	
Proportion of under-fives moderately stunted (height for age)	3%	4.6%	2%
Proportion of under-fives severely stunted (height for age)	< 1%	1.1%	

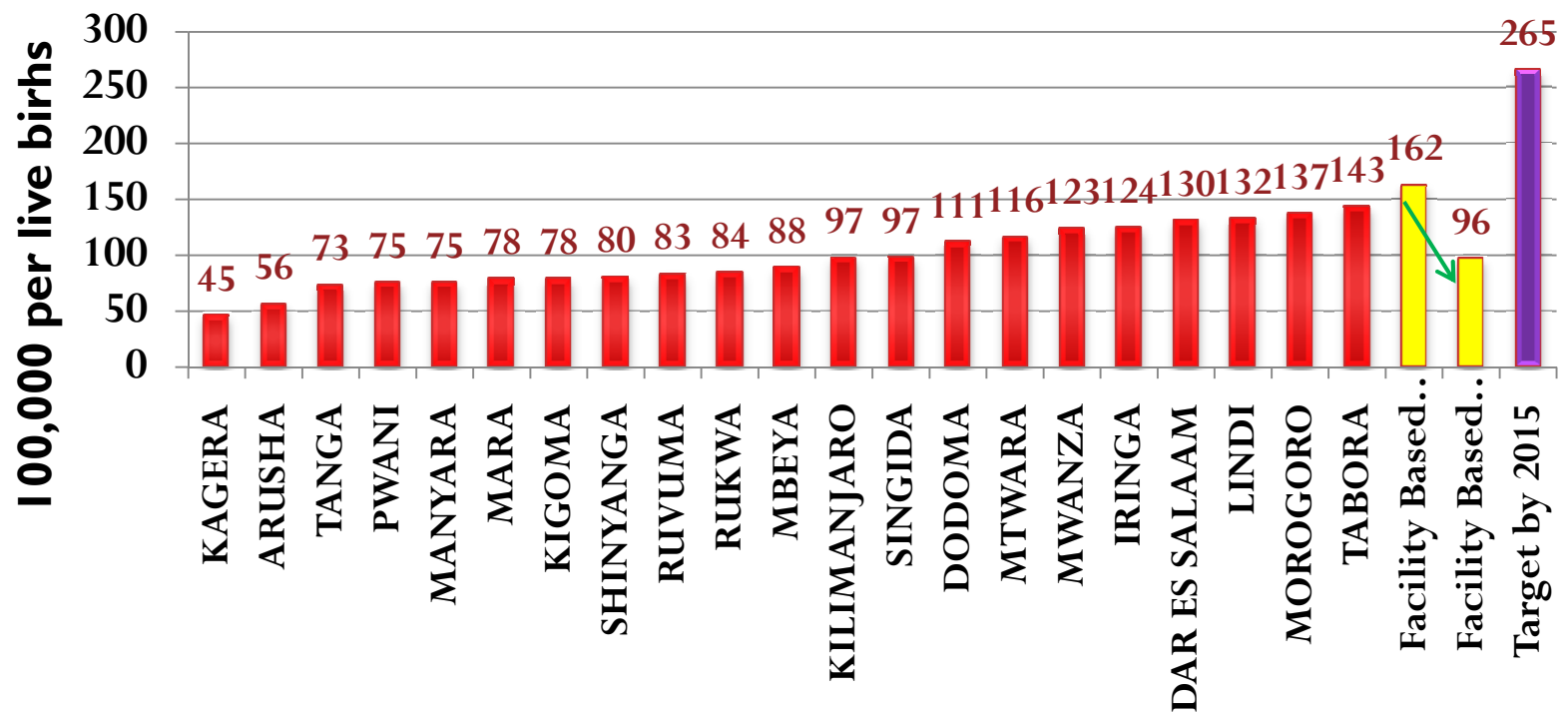
Source: TDHS, 2004/04 and TDHS, 2009/10

Progress on Health Status – *Maternal Mortality*

- ❑ MMR has remained very high for many years now.
- ❑ Preliminary results from 2009/10 TDHS reveal a decline from **578** in 2004/05, up to **454** in 2009/10 **per 100,000 live births**.
- ❑ The current level is still high compared with HSSP III target of **265** per 100,000 live births for 2015.
- ❑ Further Maternal Mortality is anticipated with current initiatives on Maternal Child Health. These includes: -
 - *Maternal Neonatal Child Health Road map, 2008 - 2015 (One plan)*

Progress on Health Status – *Maternal Mortality*

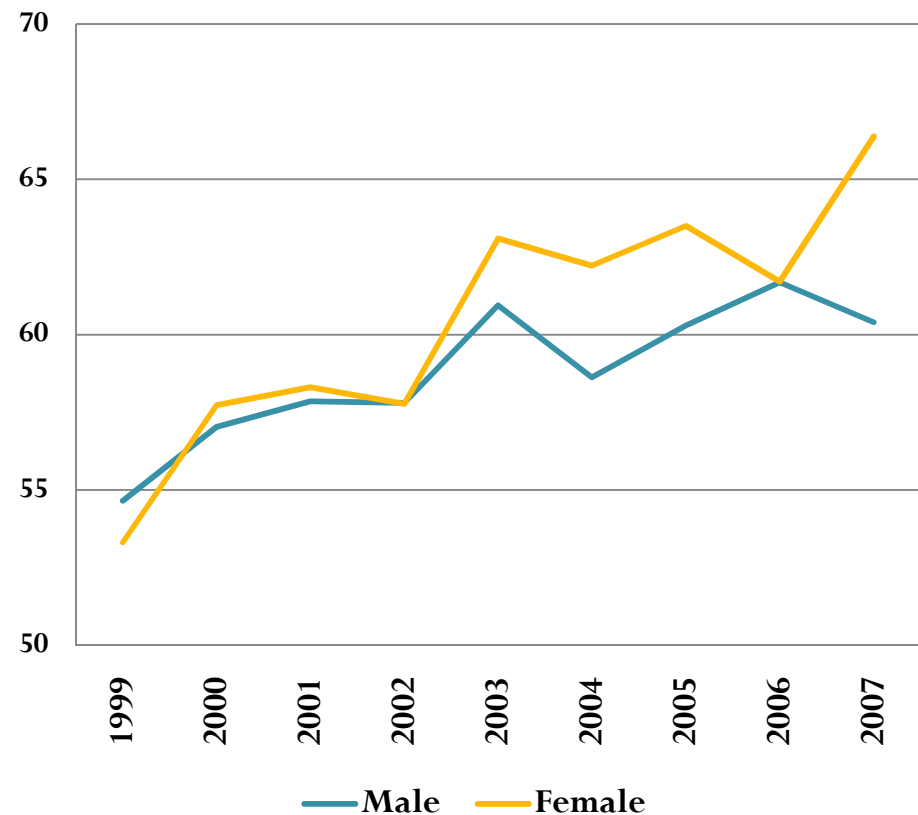
- ❑ Information from facility based data though understated it can help monitor MM trend within short period of time.
- ❑ Facility based data can be used to predict MMR differentials among regions
- ❑ The following table provide up-to date information on MMR differentials from facility based data.



Progress on Health Status – *Life expectancy at birth*

- Due to CMR decline, and some of the diseases, **Life Expectancy** is probably increasing.
- This is confirmed by the Rufiji DSS results which shows an increase of 5-10 years in life expectancy since 1999 up to 2007. This was gains on CMR and diseases due to interventions.
- **NBS projection of Dec.2006 anticipates life expectancy in 2010 for Male 57 and Female 59 From 51 (M), 52(F) in 2002 census.**

Rufiji DSS: Life Expectancy at Birth



Progress on Health Status – *Maternal Health*

Indicator: Total Fertility Rate (TFR)

- ☐ Total Fertility Rate (TFR) analysis is based on the birth histories collected from women who are in the reproductive age.
- ☐ Women age 15 -49 were interviewed during surveys or population censuses.
- ☐ TFR estimated from TDHS 2009/10 is **5.4** declined from **5.7** obtained in 2004/05 (TDHS).

Indicator: Proportional of pregnant women who are under 20 yrs

- ☐ Declined from **54%** (TDHS 2004/05) to **38%** (2009/10 TDHS)

Progress on Health Status — *Indicators with no update*

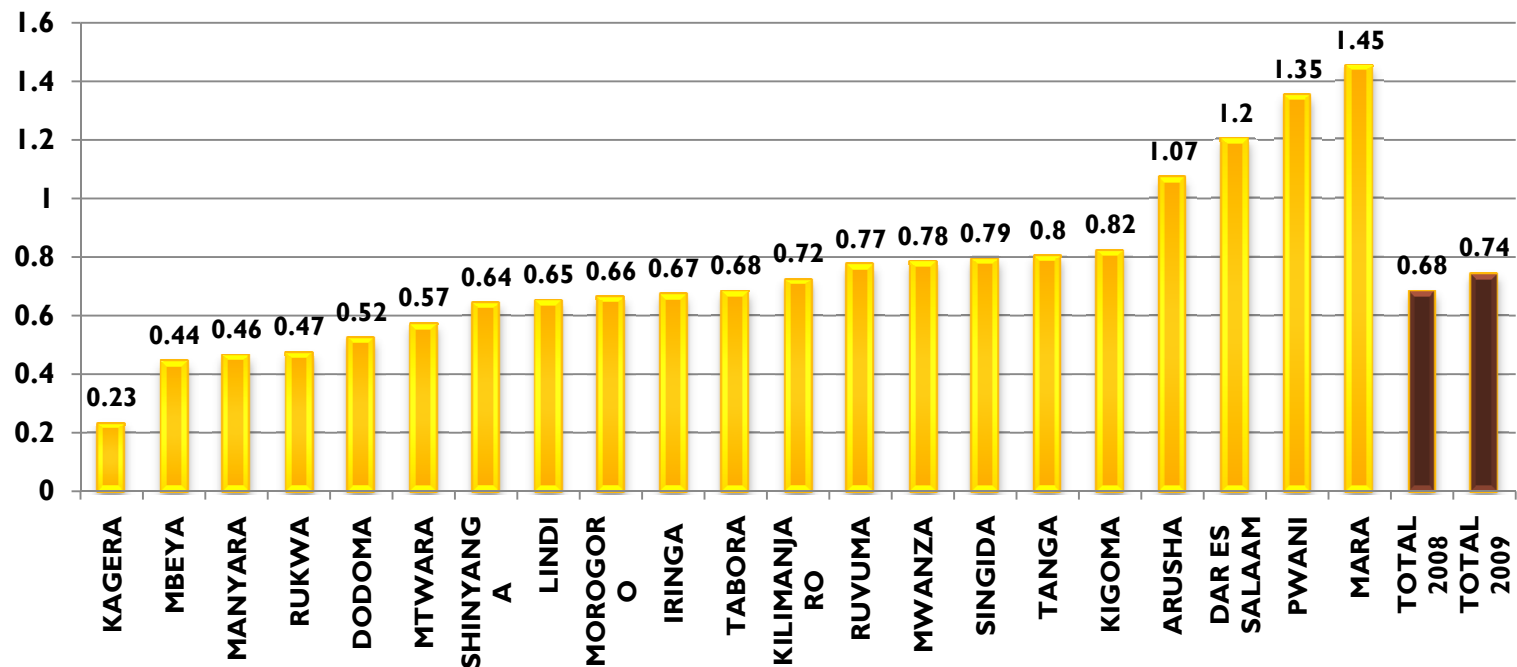
- ❑ HIV prevalence among pregnant women aged 15-24 (*6.7% 2007/08 THMIS*)
- ❑ HIV Prevalence Among 15-24 year old population male & female (*6.1% , 2007/08 THMIS*)
- ❑ HIV prevalence among 15 - 49 years old population male/female: -
 - *Male (4.7%);*
 - *Female (6.8%); and*
 - *both sex (5.8%)*

source THMIS 2007/08
- ❑ Proportion of children orphaned due to AIDS (*10% 2005*)

Service Delivery: *OPD attendance per capita*

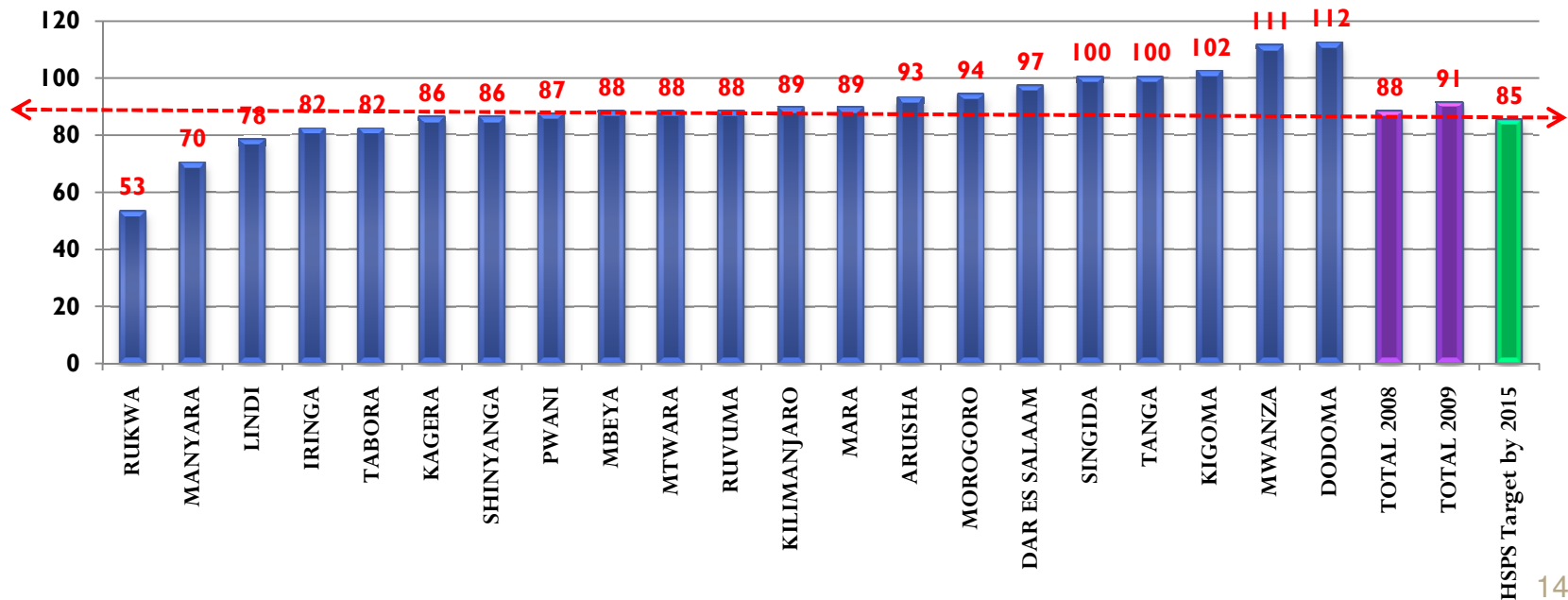
	2008	2009	2015 Target
OPD Attendance per Capita (assess provision of health services, HF utilization)	0.68	0.74	0.80

Regional Variations: The index is high in Mara and lowest in Kagera



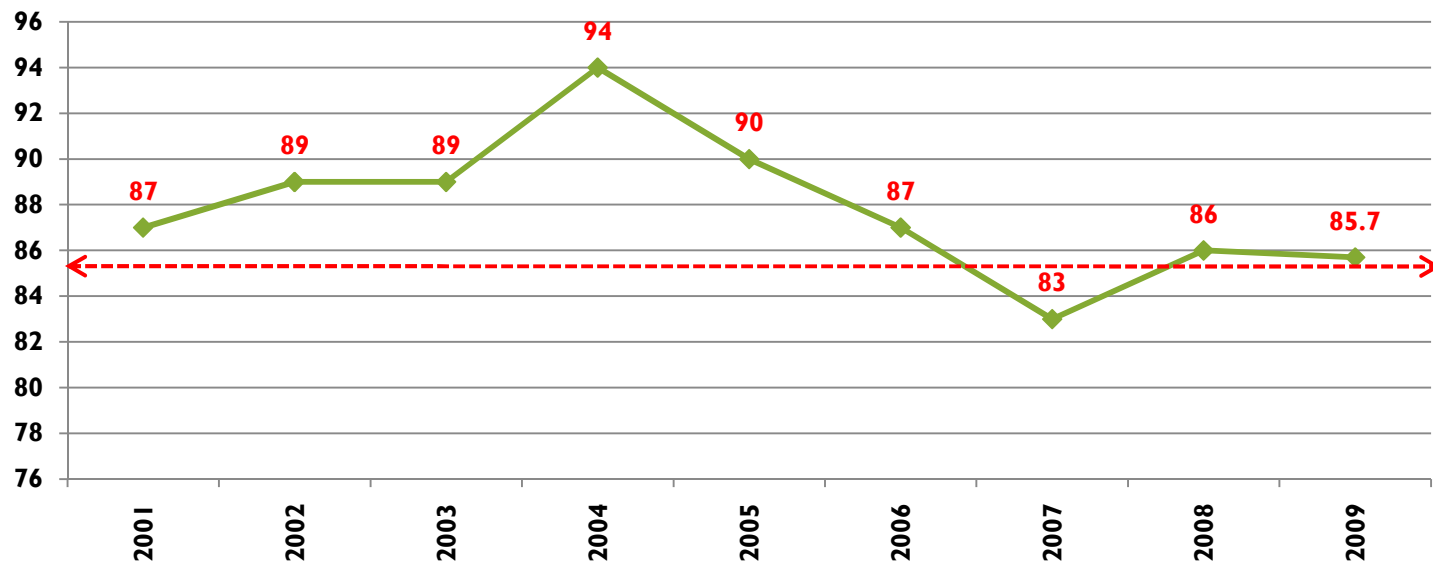
Progress on Service Delivery- *Measles vaccination*

- ❑ Is the percentage of total number of children below one year of age vaccinated against measles
- ❑ It is cost effective and high impact on child mortality reduction
- ❑ Performance in 2009 is **91%** a notable increase from **88%** in year 2008 (HMIS)
- ❑ It is above HSPSIII target of **85%**
- ❑ Rukwa, Manyara and Lindi performed below HSPS III target of 2015



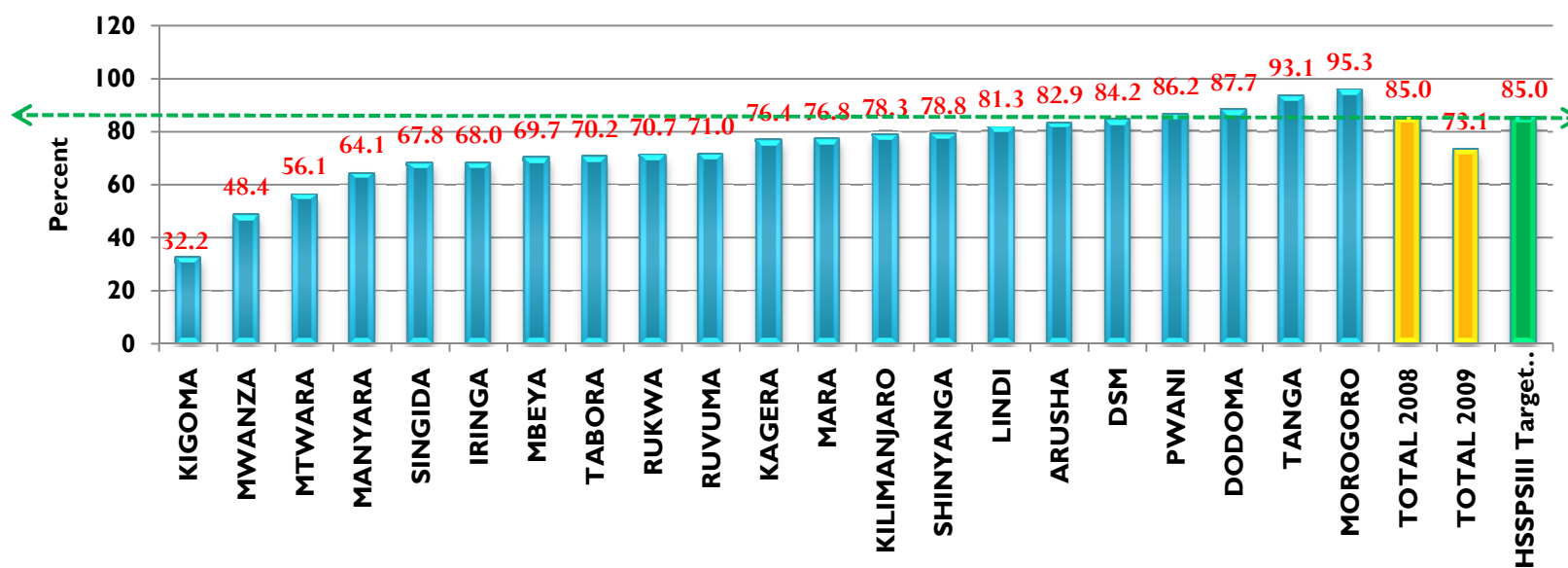
Progress on Service Delivery- *DPT3-Hb3 Vaccination*

- ❑ Performance is **85.7%** in 2009 slightly below 2008 estimates. However, still it is above HSPSIII target of **85%** by 2015.
- ❑ On the other hand, more improvement is required in Rukwa (**65.7%**), Kigoma (**67.5%**), Lindi (**70.8%**) and Tabora (**73.5%**).



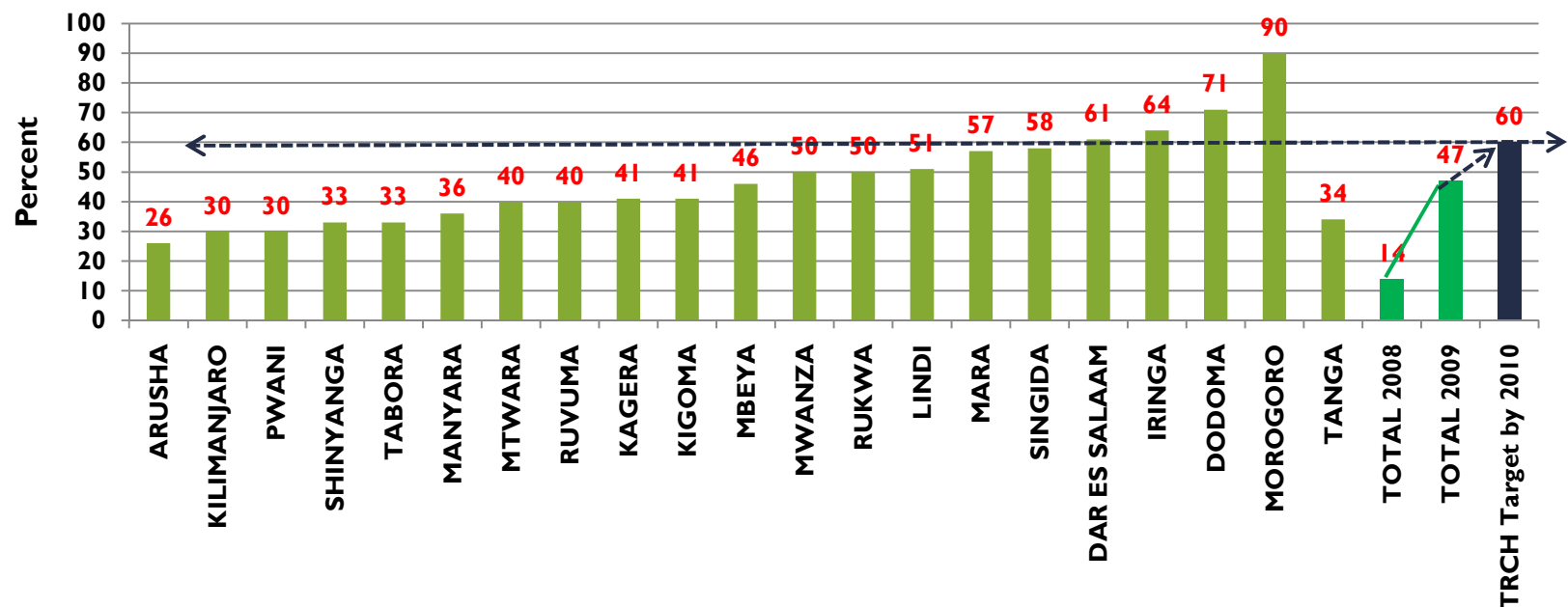
Progress on Service Delivery- *TT vaccination*

- ❑ Tetanus toxoid injections are given to mothers during pregnancy.
- ❑ TT is given to mothers to prevent neonatal tetanus, one of the contributing factor to infant deaths.
- ❑ Vaccination coverage has declined from **85%** in 2008 to **73.1%** in 2009 which is below HSPS III target of **85%** by 2015
- ❑ Pwani ,Dodoma, Tanga and Morogoro performed above HSSP III target while Mwanza and Kigoma regions performed below 50%



Progress on Service Delivery- *ANC attendance before 16 weeks of gestation age*

- ❑ There is significant increase of the proportion of women attending ANC before 16 weeks of gestation from 14% in 2004/05 to 48% in 2008 and slightly declined to 47% in 2009.
- ❑ RCH target is 60% of 2010
- ❑ Regional differentials, Morogoro is leading (at 90%) and Arusha region has least performance (at 26%)



Progress on Service Delivery- *Births attended by trained personnel*

- ❑ In 2004/05 TDHS results 46% of births were assisted by health professionals and 2009/10 result from TDHS shows 50.6%.
- ❑ Health professionals include doctors, clinical officers, nurses, midwives and MCH aides.
- ❑ It is a notable improvement in consideration of human resource crisis the country has been facing for a long time
- ❑ The current level is below RCH strategic plan target of 60%.
- ❑ With current initiatives of improving RCH, the current level is expected to rise substantially.

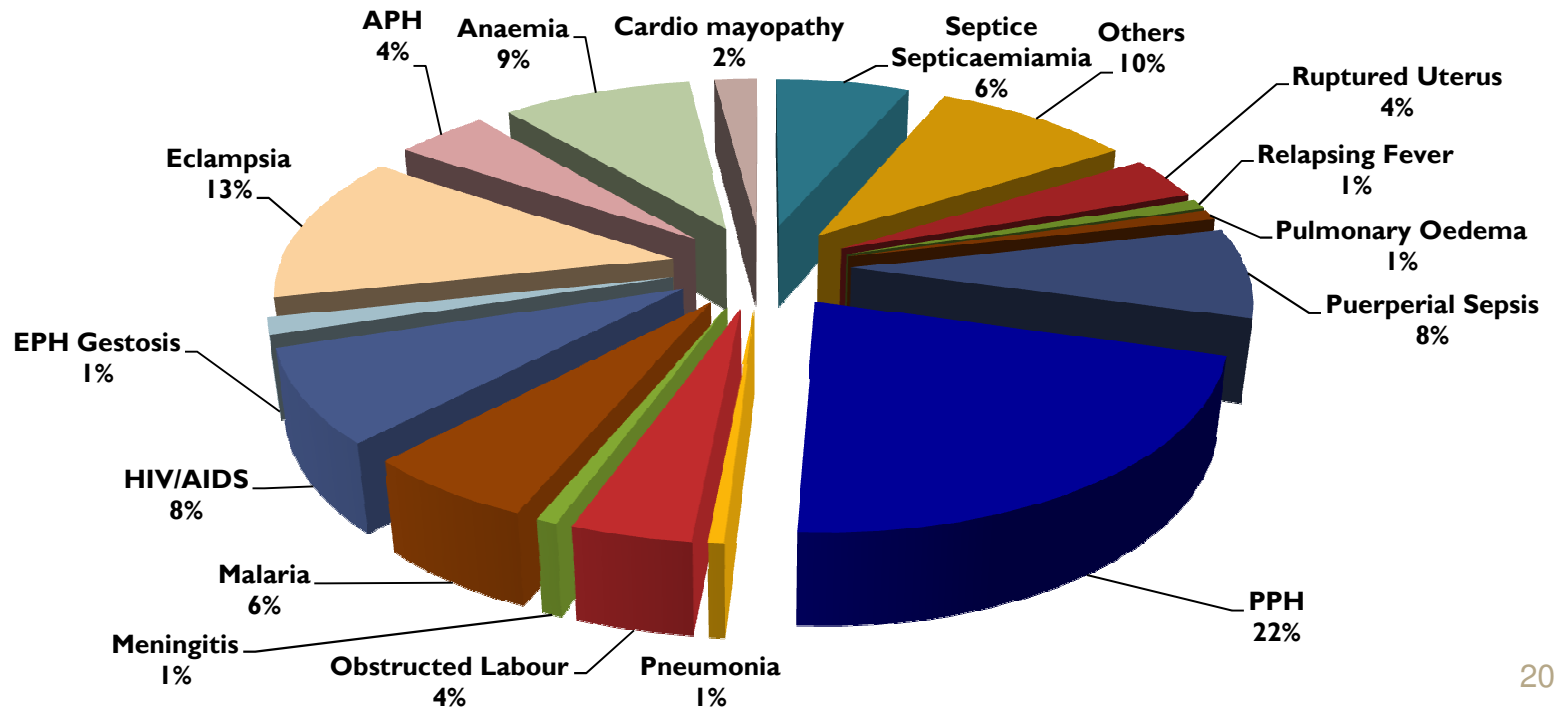


Progress on Service Delivery- *Contraceptive prevalence rate*

- ❑ In 2004/05 TDHS results **20%** of women of child bearing age were active users of modern contraceptive, and the 2009/10 preliminary result from TDHS shows an increase up to **28.8%**.
- ❑ Target of RCH road map stands at **60%**
- ❑ The current level of contraceptive prevalence is expected to increase substantially due to RCH road map initiatives

Progress on Service Delivery – *Maternal case fatality rate in HFs for women admitted due to maternal complications*

- ❑ No data on women admitted due to maternal complications.
- ❑ Available information is on maternal deaths and in 2009 a total of 1,665 deaths occurred while Mwanza region took a lead (176) Lindi region had least cases (39)
- ❑ Major causes of deaths include **Post Partum Hemorrhage (PPH)** followed by **eclampsia** and **anemia**



Progress on Service Delivery – *Persons with advanced HIV on ARVs*

Indicator: Percentage of HIV positive women receiving ARVs to prevent MTCT

- ❑ A significant increase in the number of HIV positive women receiving ARV for PMTCT; from 34% in 2007 to 55% in 2008. In 2009 there was an increase up to 68%. The target is to reach 80% by 2015.

Indicator: Number of persons with advanced HIV infection receiving ARV combination

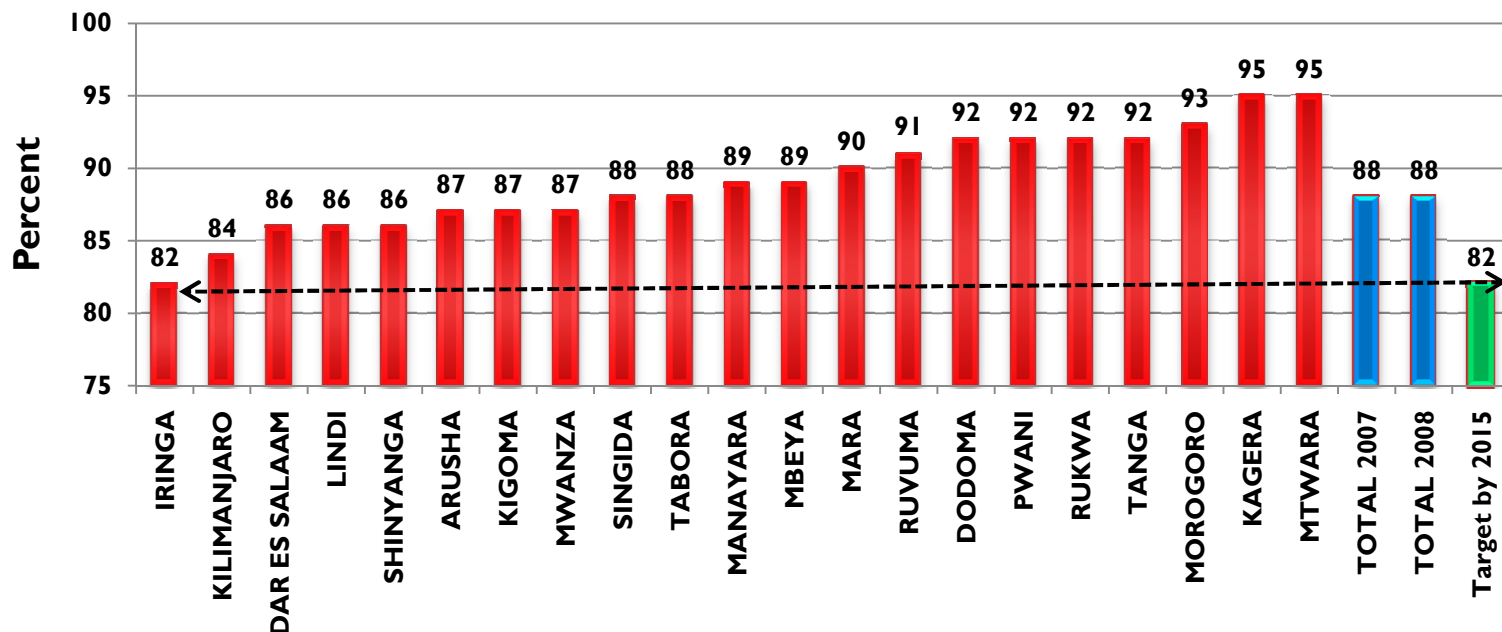
- ❑ The total number of 80,628 persons received ARVs towards the end of 2007 and increased to 248,280 by May 2009 and then 342,981 by May 2010.
- ❑ This is a significant increase though it is elow the total number 440,000 target of 2010.
- ❑ More improvement is expected with current campaign on HIV and AIDS treatment and care.

Progress on Service Delivery – *Malaria Indicators*

Indicator	Status 2004/05	Status 2007/08	Status 2009/10
Proportion of mothers who received two doses of preventive intermittent treatment for malaria during last pregnancy	22%	57%	27%
Proportion of vulnerable groups (pregnant women 15-49 years of age) sleeping under an ITN previous	15%	27%	57%
Proportion of vulnerable groups (children under 5) sleeping under an ITN previous night	16%	26%	64%

Progress on Service Delivery – *TB treatment success rate*

- ❑ Great improvement in treatment success rate from of 84.7% in 2006, 2007 (88%) to 87.7% in 2008.
- ❑ The achievement surpass the global target of 85% and HSPS III target of 82%.
- ❑ Almost all regions have surpassed the HSPSIII target.
- ❑ The challenge is to maintain these high rates.



Progress on Service Delivery – *Indicators with no update*

- ❑ Percentage of health Centers and Dispensaries that can provide EmOC as defined in the EHP - *(5% in 2005 for both).*
- ❑ Proportion of laboratory confirmed malaria cases among all OPD visits (disaggregated under 5 and 5 and above)-
No estimate
- ❑ Prevalence of Malaria parasitemia (under 5 years) – *18% in 2008*
- ❑ Proportion of adult with high blood pressure – *37% in 2007*



Progress on Health Systems

- ❑ Selected indicators value health systems that include financial, human resources and logistics system performances.
- ❑ These are input indicators which represent how much the government is investing in the health sector.

Progress on Health Systems – *Health Financing*

Indicator: Proportional of the national budget spent on health

- ❑ The proportion of the national budget spent on health sector has slightly increased from **11.2%** in 2006/07 to **12%** in 2008/09.
- ❑ Levels trend indicate government and development partners have been allocating more financial resources to the health sector for consecutive three years.
- ❑ However, the budget proportion spent on health is still below Abuja target of **15%** by 2015.

Progress on Health Systems – *Health Financing*

Indicator: Total GoT and donor (budget and off-budget) allocation to health per capita.

- ❑ The per capital spending has been increasing over the review period increased from **17,474.55** to **24,791.25** in 2008/09.
- ❑ The current government and Donors per capita on health spending is still below the HSSP III and MKUKUTA target of Tsh **52,800/=** by 2015.

Progress on Health Systems – *Health Financing*

Indicator: Proportion of population enrolled in CHF/TIKA

- ❑ The establishment of CHF aim at involving community to participate in financing the health services
- ❑ Tanzanian population enrolled in CHF/TIKA has slightly improved from 5.6% in 2008/09 to 6.6% in 2009/10
- ❑ The CHF target by 2015 is 30%.
- ❑ As part of strengthening CHF operations, the management of this fund has been moved from the MoHSW to NHIF.
- ❑ With new approach enrollment coverage is expected to increase.



Progress on Health Systems – *Human Resource*

- ❑ Human resource is one of the key components of the health system.
- ❑ It is well known that the number of skilled workforce in the health sector in Tanzania is inadequate at all levels.
- ❑ Indicator to assess the workload is to look at the number of professionals per 10,000 population or population ratio per one professional.
- ❑ The following table shows some improvements over years based on projections by including graduates from medical schools

Progress on Health Systems – *Human Resource*

Indicator definition	Status 2007/08 per 10,000 pop.	Ratio	Status 2009/10 per 10,000 pop.	Ratio
Medical Officers per 10,000 population	0.3	1: 33,300	0.49	1: 20,408
Assistant Medical Officers per 10,000 population	0.4	1:25,000	0.44	1: 22, 727
Medical Officers and Assistant Medical Officers per 10,000 population	0.7	1:14,300	0.93	1: 10,752
Nurse-Midwives per 10,000 population	3.8	1:2,600	4	1: 2,500
Pharmacist and Pharmacy technician per 10,000 population	0.12	1: 83,000	0.17	1: 59,000
Lab technician per 10,000 population			0.24	1: 42,000

Progress on Health Systems – *Human Resource*

Indicator: Number of Training Institutions with full NACTE Accreditation

- ❑ Currently there are 134 Health Training Institutions out of these only 15 Public Health training Institutions or 11.2% have **FULL ACCREDITATION**.
- ❑ The rest institutes are in different stages of registration and Accreditation



Key Messages on Health Sector Performance

Health status

- ❑ As indicated in the previous report, Tanzania is highly commended for having spectacular gains in Child Survival with progressive and significant decline in Under Five and Infant Mortality Rates. This makes Tanzania well on track for the MKUKUTA and MDG indicators. However, less gain has been experienced with neonatal deaths making up 32% of all under five deaths. This is a challenge in the whole process of reducing Child Mortality.
- ❑ An increase has been observed in regard with current and chronic malnutrition. This is a worrying situation which need more efforts and focused intervention from different sectors.

Key Messages on Health Sector Performance (1)

Health status cont'd

- ❑ Maternal mortality rates has declined from 578 in 2004/05 to 454 per 100,000 live births in 2009/10 according to TDHS preliminary results. The new figure is still relatively high compared with target of 265 per 100,000 live births for 2015. With current RCH and PHC/MMAM initiatives further decline on MMR is expected.
- ❑ A substantial decline in child mortality and disease pattern is putting life expectancy at increase trend. This will be confirmed by 2012 population census results.

Key Messages on Health Sector Performance

Health Status (Cont'd)

- ❑ A slight improvement is observed as regard TFR in Mainland Tanzania. This could be one of the factors contributing to MMR decline

Service Delivery

- ❑ More Tanzanians are seeking health services from health facilities. This is an outcome of health education
- ❑ TB treatment success rate is among the highest in the world it has surpassed international and local set target
- ❑ The number of HIV patients on ARVS is very encouraging as it is closer to the set target by NACP strategy.



Key Messages on Health Sector Performance

Service Delivery (Cont'd)

- ❑ Most of vaccination coverage surpass the set target by HSSPS III by 2015. This has contributed to mortality decline among young children and adult. This has put projections on life expectancy at birth on a rising trend. This implies that health status is improving among Tanzanians.
- ❑ War against malaria has started to have positive results like the number of malaria cases in health facilities is showing a declining trend.



Key Messages on Health Sector Performance

Health Systems

- ❑ Since the government is currently strengthening its alternative financial sources like NHI, CHF and user fees, the Abuja target is expected to be attained by 2015 and also, per capita spending on health will increase.
- ❑ The increase of selected professionals per 10,000 population or decline in population ratio it implies that much effort have been made by the government and stakeholders to address issue of human resource shortages. However, much workload is still found among pharmacist and Laboratory Technicians.



Thank you for Listening