

Health Equity Group
Speaking points for JHSR 27-29 April 2006

Maternal health

1. Increased budget allocation for health, and focus on maternal health at all levels of care:

- The Abuja Declaration calls for an allocation of 15% of national budgets for health. While funding of the health sector in Tanzania has increased in recent years, it still falls short of the agreed 15%.
- More resources are needed overall for health.
- A greater proportion of these funds should be directed to
 - prevention of maternal mortality and morbidity
 - prioritizing allocation down to the lowest levels of service delivery
 - the most under-served populations.

2. Quality health care should be available to all pregnant women, regardless of their ability to pay:

- Ante-natal, delivery and post-natal care must be provided to all women, even if they cannot afford to pay for care.
- According to the Tanzania Demographic and Health Survey (2004/05), 40% of women reported that “Getting money for treatment” was the single biggest problem they encountered in accessing health care.
- Consistent with Government policy, women should not be asked to bring supplies with them for childbirth, and should never be asked to pay a bribe.
- Quality services need to be made available to all women, even those living in remote areas of the country.

3. Extension of emergency obstetric care (caesarean section) below the hospital level:

- Invest substantial resources in the phased extension of comprehensive emergency obstetric care, including caesarean section, down to the health centre level. Phased extension of the services should begin with regions and districts most under-served in order to bring in urgently needed infrastructure, supplies and equipment, and human resources to tackle maternal mortality and morbidity.
- Improve provision of basic emergency obstetric care in other peripheral facilities, potentially including provision of misoprostal.
- The quality of emergency obstetric care currently provided in hospitals should be assessed and upgraded as deficiencies are recorded. Again,

- priority should be given to areas most under-served (e.g., with lowest c-section rates).
- The appropriate mix of skilled health workers need to be hired, trained, and supervised in all facilities providing c-section.
 - The bottlenecks in procurement and distribution of supplies needs to be resolved. Equipment should be available for health workers to work effectively.
 - Major improvements are needed in referral systems so women can quickly reach hospitals. Roads and transport must be significantly improved so women can reach a facility in event of an emergency.

4. Further focusing The Roadmap to Accelerate the Reduction of Maternal and Newborn Deaths

- The draft “Roadmap” is very thorough and points to key considerations in addressing maternal and newborn health. At the same time, it is very ambitious, and suggests a separate vertical program rather than an integrated set of services within the Ministry’s mandate.
- Consensus is needed on priorities for short, medium and longer term interventions and costing of all interventions done. Short-term, costed activities that are agreed should be included in the MoH budget FY06/7.
- The top two priorities include:
 - provision of emergency obstetric care (as detailed above)
 - hiring, training, and equitably deploying skilled health workers who receive timely and supportive supervision

