

Tanzania's health systems must be improved to curb maternal mortality

IN SUMMARY

The Ministry of Health and Social Welfare has been advocating for safe motherhood through attendance at Reproductive and Child Health (RCH) clinics before, during and after deliveries, as well as delivery with skilled health care providers, the ultimate goal being to achieve the MDG 5 targets.

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With an estimated population of 44 million people, which is 0.5 per cent of the world's population of 7.015 billion, Tanzania accounts for three–five per cent of the global maternal deaths with a Maternal Mortality Rate (MMR) of 454 per 100,000 live births. This means that, in every 100 maternal deaths worldwide, about 3 - 5 are Tanzanian.

Statistics shows that the MMR in 1990 was 870 per 100,000 live births, 1995 (840), 2000 (730), 2005 (610) and in 2010 the MMR was 460 (WHO, 2012) and the current (2011) is 454 per 100,000 livebirths (TDHS, 2012). However, with this trend, it is less likely to achieve the Millennium Development Goal 5 by 2015 of 133 MMR.

Estimation by using this trend shows a decline of 3.2 per cent and estimation using this decline shows that Tanzania will achieve a reduction of maternal death by two-thirds of the Millennium Development Goal target annual maternal deaths by 2019, four years after 2015, the MDG target year.

According to the 2012 World Health Organization (WHO) statistics on global trend of maternal mortality, Tanzania is now considered to be making progress but not on track in the processes to achieve Millennium Development Goal 5 (MDG 5) which targets to reduce maternal death by two-thirds by 2015. A country was considered to be “on track” with MDG 5 if the average annual percentage decline (between 1990 and 2010) was 5.5 per cent or more.

If the annual decline in MMR was between two per cent and 5.5 per cent, the country was considered to be “making progress”. Countries with an annual decline of less than two per cent were considered to have made “insufficient progress” and countries with rising MMRs have been categorized as making “no progress”. In this regard, Tanzania is considered to be making progress as its decline is between 2 - 5.5 per cent in MMR (that is 3.2 per cent).

Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal deaths are caused by factors attributable to pregnancy, childbirth and poor quality of health services. In Tanzania, the vast majority of these deaths are related to postpartum hemorrhage - excessive bleeding (28 per cent), unsafe abortion (19 per cent), eclampsia (17 per cent), infections (11 per cent), prolonged labor/obstruction (cephalo-pelvic disproportionate - CPD (11 per cent), which are preventable (Prof. Mwaikambo E 2010).

When a woman undertakes her biological role of becoming pregnant and undergoes childbirth, the health system (health care providers in particular) has the sole role of making sure that the whole process remains safe; ultimately saving thousands of lives of mothers who die due to delivery related complications. It means provision of goods and services for safe motherhood such as sexual and reproductive health and information. It also requires participation by stakeholders in policy and service development.

The MDG 5 target for Tanzania is 133 by 2015. At the current rate of 454 maternal deaths and the slow progress (3.2 per cent annual decline), success remains very remote unless extraordinarily efforts are made. Norway and Qatar stand out as examples of countries with a minimum MMR with seven deaths per 100,000 live births.

Tanzania has so far achieved a 40 per cent or more decrease in the maternal mortality ratio with average annual change in maternal mortality rate of -3.2 since 1990 to 2010. It is classified by WHO (2012) report as progressing towards reducing maternal mortality, but yet not on track to achieve the MDG 5. However, Tanzania is doing fairly well compared to countries such as Burundi and Kenya, whose average annual change in maternal mortality rate between 1990 and 2010 is -1.5 and -0.5 respectively.

The Ministry of Health and Social Welfare has been advocating for safe motherhood through attendance at Reproductive and Child Health (RCH) clinics before, during and after deliveries, as well as delivery with skilled health care providers, the ultimate goal being to achieve the MDG 5 targets.

However, shortage, poor distribution and retention of health care workers, along with shortage of medicines and supplies for maternal services; unprofessional conduct among health care providers, poor ambulance system contribute to poor quality of maternal health care delivery. The shortage of health care workers is particularly alarming. The current shortage is put at more than 96,000 Health Care Worker (MOHSW, 2009, HSPP Report, 2011). The shortage in most districts is more than 54 per cent (Sikika, 2011).

To hasten the decline of maternal mortality rate and improve the chances of survival, Sikika calls on the Health Ministry to increase efforts to improve health delivery system, including referrals, increased female education and accessibility to health facilities. The Ministry should increase recruitment and equitable distribution of health care workers, as well as increase the proportion of women using contraception, help reduce cultural barriers contributing to unskilled home delivery. Similarly, the government should work on increasing the numbers of women that receive malaria prophylaxis (Intermittent Presumptive Treatment) and those enrolled in the antiretroviral therapy.

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