

Editorial: Fifty years of health services in Tanzania: What next?

Before independence in 1961, Tanzania was a Germany colony (1889-1916) and later British Protectorate (1916-1961). During the 72 year period, the western medical services targeted foreigners working for the colonial governments. After independence, the government has expanded the health services with a vision to improve the health and well being of all Tanzanians with a focus on those most at risk, and to encourage the health system to be more responsive to the needs of the people. The policy mission is to facilitate the provision of equitable, quality and affordable basic health services, which are gender sensitive and sustainable, delivered for the achievement of improved health status.

While Tanzania has made significant progress in reducing infant and child mortality and some progress in aspects of child malnutrition, the sustenance of these progresses depends much on the coverage of interventions, socio-economic development and changes in ecological, demographic and epidemiological patterns. All these necessitate a locally initiated need to invest on the current strategies for a better improvement in the health delivery service in Tanzania and on the national health research priorities.

A recent analysis of the implementation status of the primary health care programme indicate that quality of health care both professionally determined and as perceived by users have seen some improvement. Reports indicate that ability to deal with diseases such as malaria, implementation of vitamin supplementation programmes, drug supply to facilities and health workers attitude to provide care have improved to satisfactory levels. In addition, health workers have been trained in many districts to implement such programmes. Government funding has also been incrementally although still below the Abuja commitment. There have also been some improvements in maternal health services, Tuberculosis treatment services, immunisation coverage. Insecticide treated nets coverage and utilisation among children and pregnant mothers has also improved over the years. Generally, the HIV prevalence rates have been reported to be declining due to integrated implementation of a number of health programmes under the auspices of primary health care framework.

In spite of the notable improvements, the country is faced by a number of obstacles which might potentially hinder the smooth implementation of the primary health programme or reverse the benefits achieved so far. One of the critical challenges is inadequate human resources both in terms of numbers and the necessary skills to implement health programmes. The availability of medicines and medical supplies at lower level of health services delivery is not satisfactory despite the introduction of different strategies. This is mainly attributed to insufficient of drugs budget, low capacity of health facility staff in forecasting need of the facilities and delays in procurement and/or distribution by Medical Store Department. Despite the encouraging recorded increase in coverage of EPI vaccines, there has been a steady decrease in coverage of DPT-HB₃ from year 2004. Currently, there has been a significant shift in funding for EPI vaccines activities which has affected the implementation social mobilization/village campaigns and monitoring and evaluation activities.

Health service delivery continues to remain largely financed by public resources through the government budget. Large share of government budget of the total budget is allocated to health sector. Despite the large share of government budget allocated to health sector, the sector remains

largely underfunded. The health per capita spending of around US\$ 11 is well below the required WHO estimate of US\$ 34.

Tanzania has made significant progress in some health indicators including reducing infant and child mortality as well as some progress in aspect of child malnutrition. However, there is little progress in reducing neonatal and maternal mortality.

The world's climate is changing and will continue to change at rates projected to be unprecedented in recent human history. Vulnerability to the risks associated with climate change may exacerbate ongoing socio-economic challenges. In addition to natural disasters such as floods, landslides, and droughts, climate associated infectious diseases such as malaria, schistosomiasis, Rift Valley Fever, meningococcal meningitis, cholera, and other diarrhoeal diseases are common health problems in Tanzania. Unfortunately, there is no single policy document that is solely responsible for climate change in Tanzania. Yet, climate change has received little in terms of research and health delivery services. Statistics indicates that the life expectancy at birth in Tanzania has increased from 35 and 40 in 1961 to 56.8 and 59.3 years among males and females, respectively. With the increase in life expectancy, we should expected a proportionally increase in chronic diseases. There is need to equally invest in both research and management of chronic diseases in the country.

There is also a concern raised by climate change and the environment, which has lead to two significant effects (i) threats of outbreaks of new diseases such as Severe Acute Respiratory Syndrome, Avian flu, Ebola, and Swine flu, resurgence and resistance to common medicines of malaria, tuberculosis, and other diseases and (ii) increase in neglected disease burden which as foothold in the environment and especially water bodies and agricultural plantations such as schistosomiasis, onchocerciasis, typhoid fever, worm infestations, etc. It includes failure to link upfront the new epidemics and zoonoses with climate change. It is urged that these concerns relate to problems around issues of availability of recommended mix of resources and skills in the health sector and the constrained posed by shortage of health professionals and other resources.

During the next decade, the Government plans to continue the expansion of health facilities in order to increase availability, access and equity concerns to address Millennium Development Goals. To address these concerns, the current Health Sector Strategic Plan needs to be up-dated on which areas need up-scaling of the on-going interventions and which new approaches should be put in place. The impact of climate change on the population through new and unexpected epidemic zoonoses, the increase of neglected endemic diseases and non-communicable diseases need to be measured and mitigated.

This issue of the Tanzania Journal of Health Research is dedicated for the 50th Anniversary of the Tanzania independence. It includes a number of reviews focussed on different aspects of health, both communicable and non-communicable diseases. The reviews focus on a number of health problems that faced Tanzania during the past fifty years. Challenges to meet the national and global development goals are discussed in line with the changing epidemiological patterns for both communicable and non-communicable diseases.

Editor