



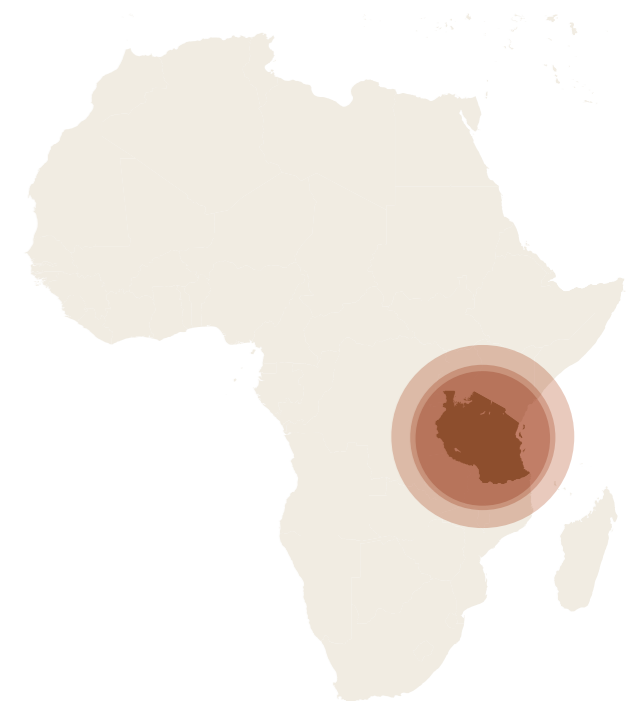
TANZANIA'S HEALTH SECTOR

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1. Country Overview

Situated on the east coast of Africa and just south of the equator, Tanzania comprises of mainland Tanganyika and the archipelago of Zanzibar. The country is the largest and most populous country in the East African Community (EAC) with an annual growth rate of 3% and an estimated population of 58.9 million [1]. Swahili is the nation's official language; English is widely spoken, as well as other languages native to the country's various ethnic groups. Dar es Salaam, the largest city in the country, acts as the country's commercial and administrative centre, while Dodoma is the official national and political capital [2]. Currently, there are structural shifts underway to make Dodoma the government administrative centre.

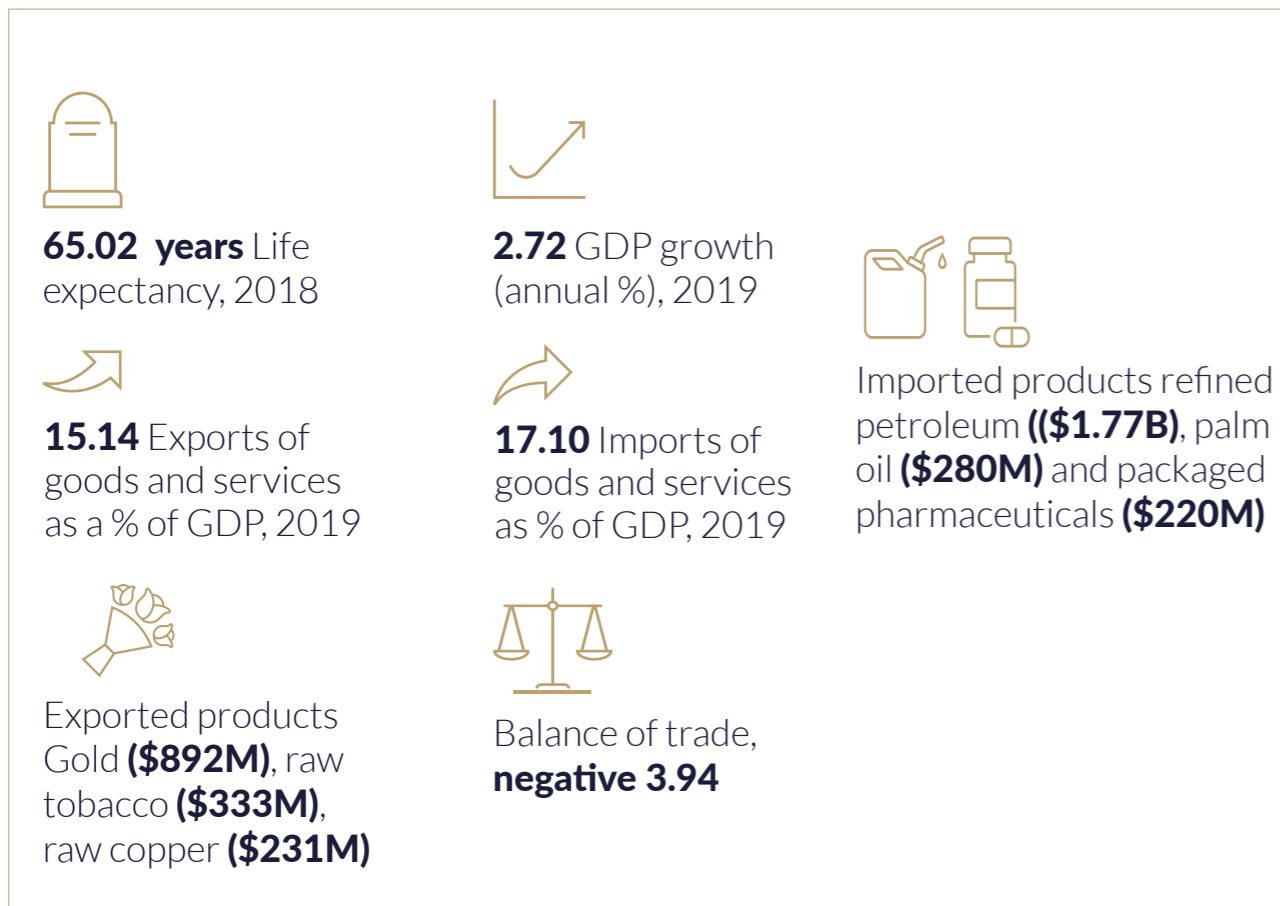


Commencing 2020, Tanzania is now recognized as a low-middle-income country [3]. Its economy is primarily fuelled by agriculture and mineral extraction.

It is an attractive centre for trade due to its strategic location along the continent's east coast, thus acting as a trade hub for some surrounding countries. Being a culturally diverse country, Tanzania is a popular tourist destination [4].

A series of changes took place in the governance of Tanzania after the current president came into office. President John Magufuli implemented a series of policies tackling official waste and corruption, promoting job creation through industrialization, and enhancing tax compliance. He has achieved this through dismissing myriad senior government officials (both in central and local government), removing ghost workers from government payroll, slashing unnecessary spending and declaring war on corruption and waste [5].

1.1. Key Country Statistics (2018)[6][7][8]



2. COVID-19

The leadership and governance of the COVID-19 pandemic in Tanzania has been rather unusual. The country has chosen to deal with its cases internally, which explains the lack of information available. According to their official data, as of 11th February 2021, the total confirmed COVID-19 cases stood at 509, with the total recovered cases at 183 and deaths at 21 [9]. Judging from the reported figures, the cases seem to be under control. However, evidence suggests that the country has not been reporting actual figures for months [10]. Therefore, it can be deduced that the case number as well as the management of the pandemic in Tanzania is unclear.

3. Health Overview

The private sector contributes to 53.6% of the health services provided while the public sector accounts for 46.4%. Over one-third of general health services provided in the country are by for-profit, not-for-profit, and faith-based organizations (FBOs). FBOs are the second largest provider of health services in the country, taking up 23.3% of health infrastructure, while the state owns 60%. However, 41.1% of hospitals are owned by FBOs while 40% are owned by the state, making FBOs the largest providers of hospital services in the country [11]. These organizations act as an extension in areas such as medical training, health financing and commodity supply in rural and hard-to-reach areas. Despite these contributions, the private healthcare system is not included in national health planning processes. There are 269 hospitals in Tanzania, of which 120 are public (under the Ministry of Health) and 149 are private (either for profit, FBOs, or non-governmental organizations).

The healthcare system in Tanzania is decentralized. The different levels of service comprise of dispensaries, health centres, district hospitals, regional hospitals, national level hospitals and consultant hospitals. Over two thirds of Tanzanians live in rural areas and rely on local health facilities, which are the dispensaries and health centres. The central hospitals are more expensive as they are oriented to international standards. The primary objective of the national health policy is to provide quality healthcare services for all its citizens in the pursuit of universal access [12].

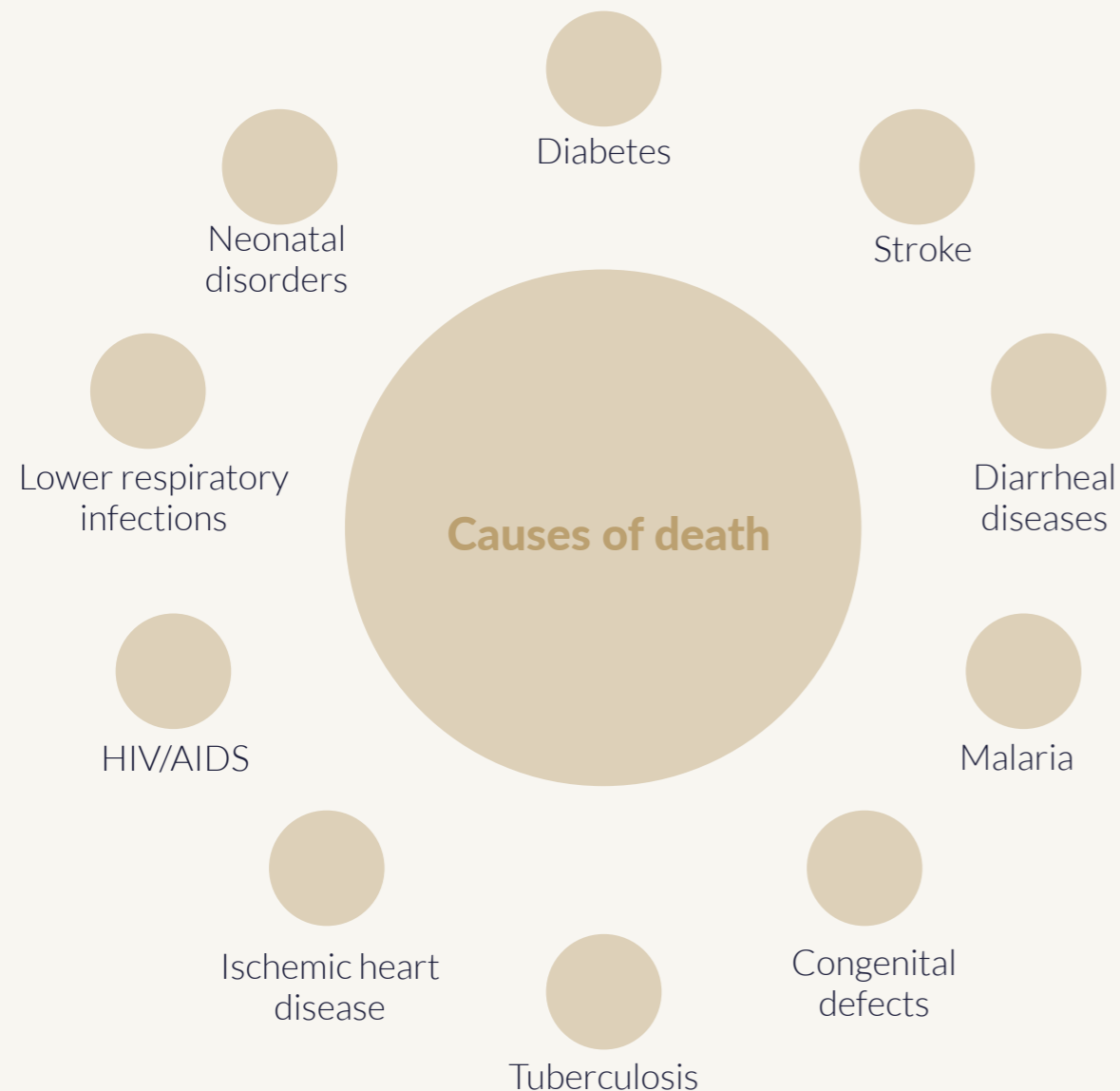
In the 1980s, Tanzania was hit with an economic crisis that affected the management and financing of healthcare services and resulted in proposals for healthcare reforms. The first of the proposals was a Health Sector Strategic Plan (HSSP) and the Health Sector Program of Work (HSPW), which ran from 1999-2004. The reforms have continued to be implemented through the health sector strategic plans throughout the years, including HSSP II (2005-2009), HSSP III (2009-2015) and HSSP IV (2016-2020) [12].

The HSSP, through the country's national insurance program, has resulted in vast improvements in combating healthcare challenges affecting the country.

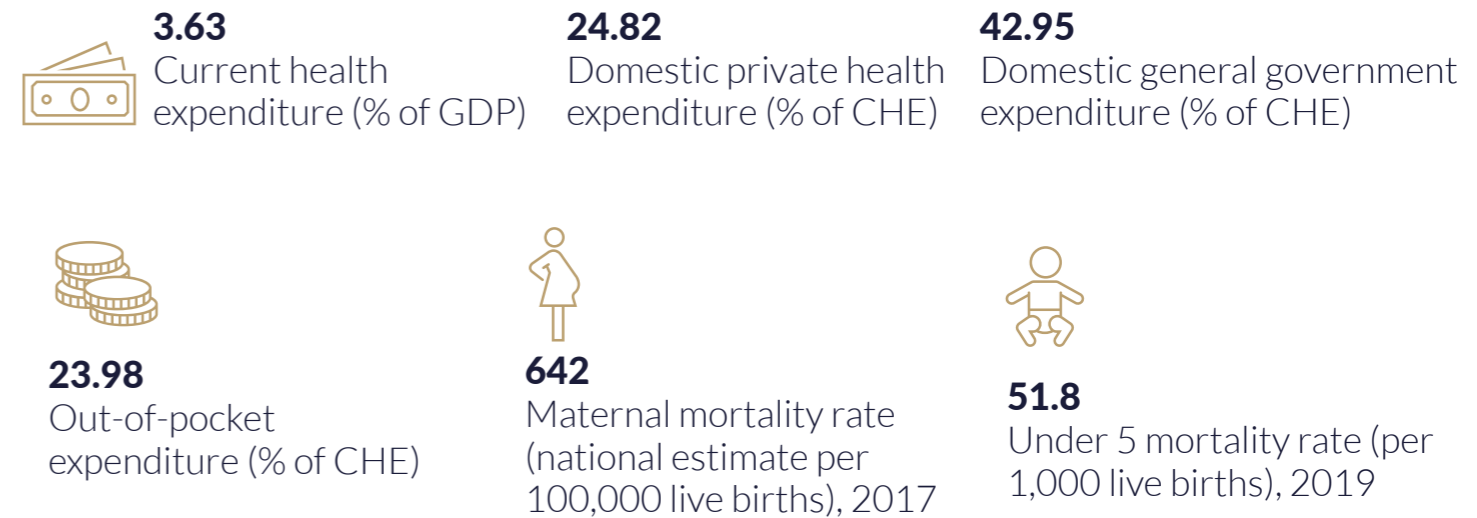
Improvements made with the use of the HSSP acting as a guiding reference have been [12]:

- Clear guidelines and tools for proper planning at the district level.
- Improved coordination of the health system using the sector wide approach (SWAP) structure which involves joint planning, monitoring and implementation of joint stakeholders.
- Higher priority and increased budgets in recent years for initiatives developed to strengthen financial management and human resource management.

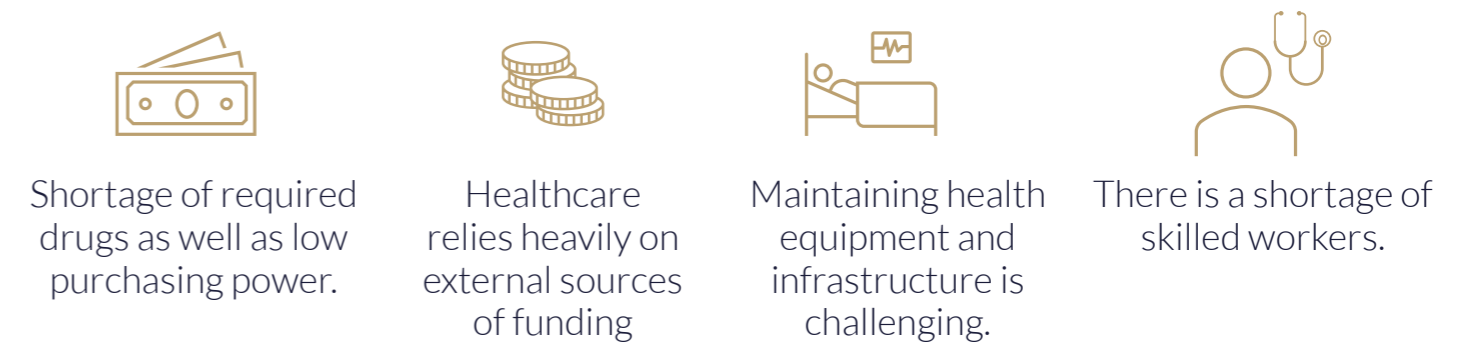
The 10 top causes of death in Tanzania are:



3.1. Key Health Statistics [13]




4. Challenges Facing the Private Health Sector [14]



5. Opportunities for the Private Health Sector [15]

- The healthcare system has the potential of being both economically and socially productive.
- Public-private partnerships are fostering new opportunities where industrialization is involved, which creates opportunities for research, innovation and investment.
- The country's strategic location acts as a gateway to surrounding landlocked countries.
- Investment in mHealth and tele-health for training and education as well as retention.
- Manufacturing of pharmaceuticals locally to prevent drug stockouts.



Do you need more in-depth information on Tanzania's health sector and how your project or business can contribute?

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