



United Republic of Tanzania



KEY FACTS

Joined Commonwealth:	1961
Population:	46,218,000 (2011)
GDP per capita growth:	2.5% p.a. 1990–2011
GNI per capita:	US\$540 (2011)
UN HDI 2011 ranking:	152 out of 187 countries
Life expectancy:	58 years (2011)
Under-five mortality rate (per 1,000 live births):	68 (2011)
Maternal mortality ratio – reported (per 100,000 live births):	450 (2007–11)
Maternal mortality ratio – adjusted (per 100,000 live births):	460 (2010)
Largest contribution to mortality:	Communicable diseases, maternal, perinatal and nutritional conditions
HIV prevalence rate for people aged 15–49 years:	6% (2011)
Government health expenditure:	3% of GDP (2010)

General information

The United Republic of Tanzania borders the Indian Ocean to the east, and has land borders with eight countries: (anti-clockwise from the north) Kenya, Uganda, Rwanda, Burundi, the Democratic Republic of Congo (across Lake Tanganyika), Zambia, Malawi and Mozambique. The country includes Zanzibar (consisting of the main island Unguja, plus Pemba and other smaller islands).

Climate: Varies with geographical zones: tropical on the coast, where it is hot and humid (rainy season March–May); semi-temperate in the mountains (with the Short Rains from November–December and the Long Rains from February–May); and drier in the plateau region with considerable seasonal variations in temperature.

Environment: The most significant environmental issues are drought, soil degradation, deforestation, desertification and destruction of coral reefs.

Population: 46,218,000 (2011); 27% lives in urban areas and 7% in urban agglomerations of more than 1 million people; growth 2.8% p.a. 1990–2011; birth rate 41 per 1,000 people (48 in 1970); life expectancy 58 years (47 in 1970 and 51 in 1990).

Most of the people are of Bantu origin, with some 120 ethnic groups on the mainland, none of which exceeds 10% of the population. The biggest group is the Sukuma; others include Nyamwezi, Masai, Haya Gogo, Chagga, Nyaliyusa and Hehe. The population also includes Asian and expatriate minorities. The people of Zanzibar are of Bantu, Persian and Arab origin.

Economy: Tanzania is classified as a low-income economy by the World Bank.

Mental health

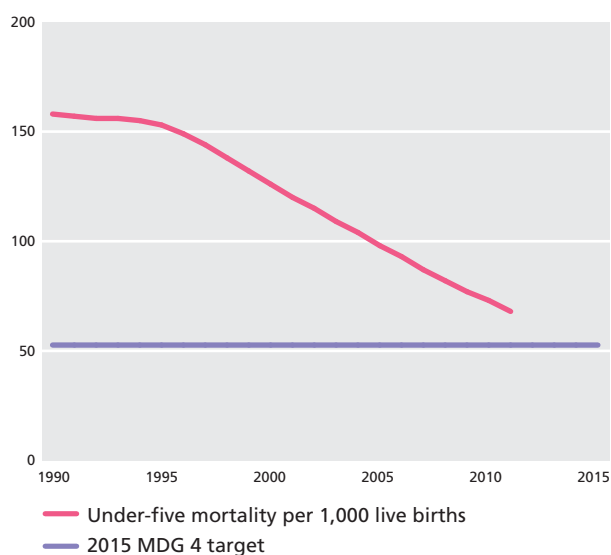
Morbidity: The most commonly diagnosed mental illnesses in Tanzania are depression and anxiety. Neuropsychiatric disorders contributed an estimated 5.3% of the global burden of disease in 2008.

Health systems: The most recent Act relating to mental health in Tanzania is the Mental Health Act (2008) and mental health receives specific mention in general health policy. Mental health expenditure by the government accounts for 2.4% of total expenditure on health of which 33.3% is dedicated to psychiatric hospitals (2011).

Psychiatric treatment in Tanzania is only available at large hospitals, making it inaccessible to many of the estimated 2.5 million people said to be affected by mental health issues. The focus on healthcare is largely on institutionalising patients rather than on treatment. The sole government mental health hospital is the Psychiatric Referral Hospital Mirembe in Dodoma. This lack of medical treatment drives many people to seek traditional healers or

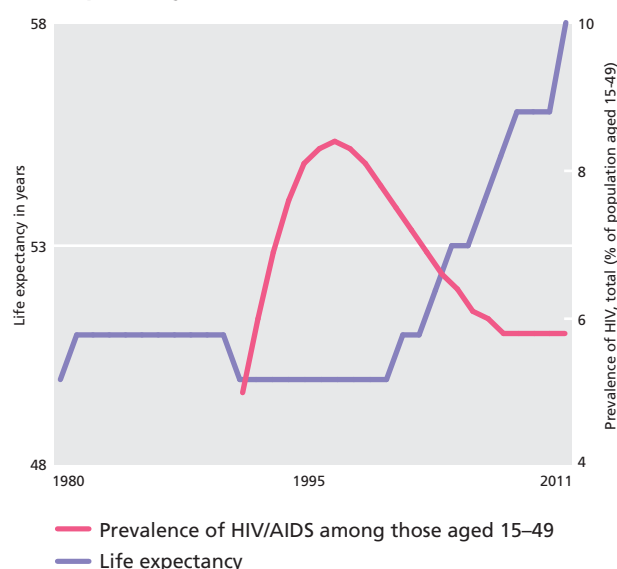
GRAPH 1

Under-five mortality



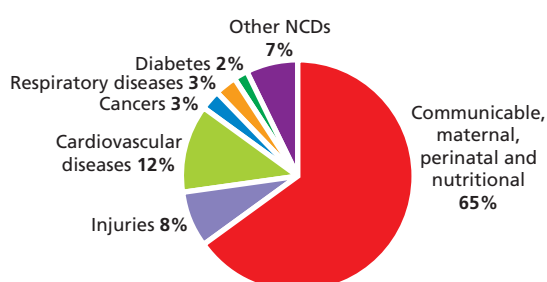
GRAPH 2

Life expectancy and HIV/AIDS



GRAPH 3

Mortality by cause of death (% of all deaths), 2008



to go untreated. This problem is compounded by social stigmatisation, which makes some families cast off their mentally ill relatives. Some international non-governmental organisations (NGOs), such as BasicNeeds work to educate and provide services in two locations in the country, Mtwara region and Dar es Salaam.

There are 0.3 mental health outpatient facilities per 100,000 people in Tanzania (2011). Countrywide, there are 1.5 psychiatric beds in general hospitals, 0.002 psychiatric hospitals and 1.6 beds in psychiatric hospitals for 100,000 people (2011).

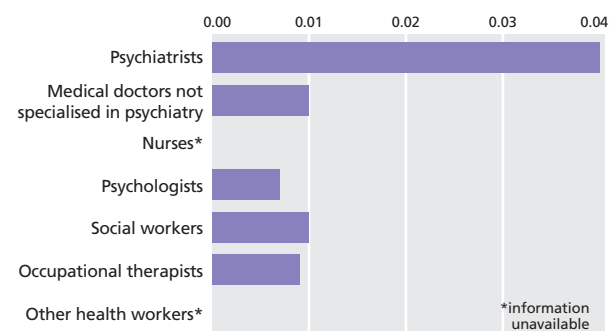
Health

Child and maternal health: Infant mortality in Tanzania was 45 deaths per 1,000 live births in 2011, with an under-five mortality rate of 68 deaths per 1,000 live births. As shown in Graph 1, there has been a consistent decline in the under-five mortality rate since 1996. Although this decline is encouraging, under-five mortality rate is not yet in line with the country's target of 53 deaths per 1,000 live births as defined by Millennium Development Goal 4 (MDG 4). In 2010 the three most prominent known causes of death for children below the age of five years were prematurity (15%), pneumonia (15%), and birth asphyxia and malaria (both 11%). Other contributory causes were neonatal sepsis (7%), diarrhoea (9%), HIV/AIDS (6%), and congenital anomalies and injuries (both 5%). In the period 2007–11 Tanzania had a reported maternal mortality ratio of 450 deaths per 100,000 live births (this figure was estimated at 460 deaths per 100,000 by UN agencies/World Bank in 2010).

Burden of disease: Communicable diseases along with maternal, perinatal and nutritional conditions in Tanzania accounted for an estimated 65% of all mortality in 2008. The prevalence of HIV in Tanzania, as a percentage of the population aged 15–49 years, stood at 6% in 2011. The period 1990–96 saw a great increase in HIV prevalence, following which the rate decreased to 6% in 2007, remaining above the 1990 prevalence of 5%. The number of deaths and confirmed cases of malaria increased dramatically in 2003, decreasing only slightly in the period 2003–11. There has been a significant overall decrease in the estimated incidence and mortality (when mortality data excludes cases co-morbid with HIV) from tuberculosis (TB) in the period 1990–2010. In 2009 there were a reported 7,700 cases of cholera and 1,574 reported cases

GRAPH 4

Health professionals working in the mental health sector per 100,000 of the population



of measles in the country. There were 2,349 reported cases of leprosy in 2010.

Non-communicable diseases (NCDs) in Tanzania accounted for an estimated 27% of all mortality in 2008. The most prevalent NCDs in Tanzania are cardiovascular diseases, which accounted for 12% of total deaths across all age groups in 2008. Cancers, non-communicable variants of respiratory diseases and diabetes contributed 3%, 3% and 2% to total mortality respectively (2008).

Health systems: Tanzania's public spending on health was 3% of GDP in 2010, equivalent to US\$31 per capita. In the most recent survey conducted between 1997 and 2010 there was one doctor and 24 nurses and midwives per 100,000 people. Additionally, 49% of births are attended by qualified health staff (2007–12), and 93% of one-year-olds are immunised with one dose of measles (2011). In 2010 53% of the country's population was using an improved drinking water source and 10% had access to adequate sanitation facilities. The most recent survey conducted in the period 2000–11 reports that Tanzania has fewer than one pharmaceutical personnel per 100,000 people.

Private expenditure on health accounts for some 45% of total expenditure. Tanzania has four referral hospitals, in Dar es Salaam (Muhimbili National Hospital, eastern zone), in Moshi (northern), in Mwanza (western) and in Mbeya (southern). There are also regional and district hospitals, health centres and dispensaries throughout the country. A number of pharmaceutical companies in the country produce antiretroviral drugs from imported ingredients. The Tanzanian Food and Drug Regulatory Authority regulates pharmaceutical companies.

Progress towards the 2015 health MDGs: Tanzania is currently working towards achieving the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, Tanzania should reduce under-five deaths per 1,000 live births to 53, and increase measles immunisation to 100% by 2015. In 2011, under-five mortality stood at 68 deaths per 1,000 live births, and measles immunisation at 93%. This indicates that Tanzania has made progress towards MDG 4, although further development is needed if it is to achieve the goal by 2015.

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to Tanzania, the maternal mortality ratio should fall to 218 cases per 100,000 live births. In the period 2007–11 Tanzania had a reported maternal mortality ratio of 450 deaths per 100,000 live births (this figure was estimated at 460 deaths per 100,000 by UN agencies/World Bank in 2010). Based on the data reported by the country, it can be seen that this target is off track. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–12 this figure stood at 49%, and so progress towards this target is also off track.

MDG 6 aims for a reduction in the prevalence of HIV, malaria and other diseases. While Tanzania has shown an encouraging reduction in HIV prevalence since 1996, the current degree of prevalence is higher than it was in 1990. The number of deaths from malaria has not seen a notable decline since 2002. Additionally, the estimated incidence of, and mortality from, TB (when mortality data excludes cases co-morbid with HIV) fell significantly in the period 1990–2010. Progress in these areas is required if the country is to achieve MDG 6, although it is unlikely to do so by 2015.

For definitions, sources and explanations on the Millennium Development Goals see page 355.

Further information

Ministry of Health and Social Welfare: www.moh.go.tz

Commonwealth Health Online:
www.commonwealthhealth.org/health/africa/united_republic_of_tanzania