

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

**COUNTRY REPORT
PRESENTED IN THE TRAINING COURSE ON THE RECENT
TREND IN RURAL TELECOMMUNICATIONS HELD IN
TOKYO JAPAN MARCH 2-15,2003**

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1.0. INTRODUCTION:

1.1. Background Information

Tanzania is one of Africa's largest countries with a surface area of 945,087sqkm the surface area, 10% is considered arable and only 3% is currently cultivated with 63% used for pasture. A quarter of the total area is set aside as national parks, game and forest reserves.

The country is divided into the mainland and two islands comprising of Zanzibar and Pemba with a total of 26 regions divided into more than 130 districts.

Population

Tanzania has a population of about 34.5 million people (NC 2002) growing at an annual rate of 2.8%. Over 80% of the people are engaged in agriculture, which produces 60% of GDP and 45% of export. Majority of the population lives in the rural areas.

Capital City

The official government capital city is Dodoma located at the central part of the country, but the government is still operating from the former capital city of Dar-es-Salaam, which is situated at the east coast of the country. The population of Dar-es-Salaam is approximately 3.5 million people and is one of the big commercial centres in the country.

Language

The official language for Tanzania is Kiswahili widely spoken by every citizen and it is the teaching language for primary school education.

English is spoken by few people but is one of the communication media in the secondary schools and higher learning institutions.

Tanzania consists of more than 120 tribes and each tribe has its vernacular spoken at the area of location.

Religion

The country has two main religions Christianity and Islam. The distribution between the religions is 50% Christians, 40% Moslems and 10% others.

Education

Over 60% of the adult population is literate and primary education is compulsory for all children who have attained the school age. The primary school is free for all but there is cost sharing by parents for secondary school and higher learning institutions.

Currently we have 5 government and 5 private universities in the country.

GDP

The National Ministry of Health budget is approximately 5.5% of the GDP.

Per capita is US\$ 468 and is among the lowest in the world and more than half of the population earns less than US\$ 1 a day.

Main Exporting/Importing Commodities **Exports**

- Agricultural products
- Minerals
- Textile products

Imports

- Petroleum products
- Industrial inputs
- Pharmaceutical supplies
- Transport equipment

2.0. MEDICAL AND HEALTH INFORMATION

2.1. Health indicators

The following are important health indicators:

- Average life expectancy at birth is 50 years (49 male and 51 female)
- Infant Mortality Rate is 115/1,000 live births.
- Crude birth rate is 46/1,000 live births
- Crude death rate is 19/1,000 live births.
- Maternal Mortality rate is 500/100,000 live births.
- Child mortality rate is 191/1,000 live births
- Population per physician is 1/ 18637
- Population per trained nurse 1/5397

2.2. Health System Network

Tanzania has a well-established health care delivery system that is good in comparison with other Sub-Sahara Africa countries. Before independence, health services were concentrated in urban areas and were essentially curative.

Following independence and particular during Arusha Declaration of 1967, there were an emphasis on self-reliance equal distribution and equity in accessing social services. As a consequence, there was a rapid expansion of health services to the rural areas where the majority of the population lived.

By 1980, about 45% of the population lived within 1 km of health facility, 72 % lived within 5 km and 93% lived within 10 km.

Tanzania Health Network consists of about 4,990 dispensaries of which the government through the Ministry of Health and the President's Office Regional Administration and Local Government own 3,035.

. Of the government owned facilities, 409 are health centers providing primary care services. These are in turn linked to 208 hospitals that include district and regional hospitals as well as 4 specialized hospitals and 2 University teaching hospitals. The remaining facilities belong to various groups; e.g. Parastatal Organizations, NGOs, Voluntary Agencies and Private sector.

There are approximately 65,000 health personnel engaged in health care delivery system in the country. Of which 70% are in the public sector and the remaining are employed by NGOs or the private sector.

The Ministry of Health is obligated to provide both curative (hospital) and preventive services to the public. The MOH has the following main departments all under the Permanent secretary. These include the Office of the Chief Medical Officer, Department of Hospital Services, Department of Preventive Services, Department of Human Resources, Department of Policy and Planning, Department of Administration and Personnel and the Chief Accountant.

The MOH is responsible for autonomous agencies including the Pharmacy Board, the Medical Stores Department, and the Chief Government Chemist (see the organogram)

2.3. Health Sector Reform Strategies:

The approach of the Government of Tanzania is to promote good quality health care at primary, secondary and tertiary levels. This is ensured by the provision of cost effective preventive and curative services to all areas, supported by network of government, NGOs and private hospitals to provide referral services for more complex health problems. The health reform strategy is therefore

aims at influencing changes in the health system to enable Tanzania to achieve its goal to improve health status for all citizens. The areas of focus of the current health reforms include, district decentralization, improvement of central health systems, health management, financing, human resources development and public/private partnership.

3.ORGANIZATION STRUCTURE OF THE GOVERNMENT

A democratically elected President who is assisted by the Vice President and the Prime Minister heads the Government of the United Republic of Tanzania. Zanzibar is semi autonomous with its own President and Cabinet Ministers.

The President assisted by Cabinet Ministers administers government business. Regional and District Commissioners lead local government authorities. Ward and Village Executive Officers respectively at the community level represent the government

In addition, the National Assembly (Parliament) headed by the Speaker conducts legislation business and the Chief Justice heads the Judiciary.

4.0.COMMUNICATION

4.1.Communication systems

Tanzania has a fairly developed telecommunication systems in urban areas while a lot needs to be done in the rural areas where the over 75% of the population lives.

The country mostly relies on:

- Postal Services
- Telephones (landlines and cellular)
- Radio calls
- Fax machines
- Email/internet
- Radios

4.2. Major Requirements for Improving Rural Telecommunication for health sector:

The country will need to fulfill the following requirements in order to improve the rural telecommunications for health sector

- Conduct rural telecommunication needs assessment
- Develop rural health telecommunication policy and strategies.
- Review and select the appropriate ICT
- Construct the necessary ICT infrastructure
- Develop capacity for ICT
- Conduct periodic monitoring and evaluation to assess progress.

5.0.CONCLUSION

In order to achieve the development of rural telecommunication in the country, there will be a need for the MOH to collaborate closely with all the key partners and stakeholders.