

Towards Improved Newborn Survival in Tanzania

Policy Brief



Background

Tanzania has achieved notable reductions in maternal mortality and increased institutional deliveries. However, neonatal mortality remains high. Key challenges include inadequate emergency obstetric and newborn care (EmONC) at lower-level facilities, insufficient resources and data systems. Addressing these gaps through strategic policy actions can accelerate Tanzania's transition to lower neonatal mortality stages and improve health equity.

Key Messages

Neonatal Mortality is Not Declining

Neonatal mortality rate in Tanzania has remained almost stagnant since TDHS 2010. Currently, the neonatal mortality rate has plateaued at 24 deaths per 1,000 live births for the five-year period before TDHS 2022 (2018-2022), which falls significantly short of Tanzania's HSSP V goal of 15 by 2025 and the SDG target of 12 deaths per 1,000 live births by 2030.

Urban Neonates have High Mortality

Paradoxically, neonatal mortality rate is higher in urban (35) than rural areas (21) (Fig 1). This is an unusual pattern, especially since nearly all deliveries in urban areas occur in health facilities: 94.3% in the TDHS 2022. This implies that there are major issues with the quality of care.

Most Deliveries Occur in Public Sector Lower Level Facilities

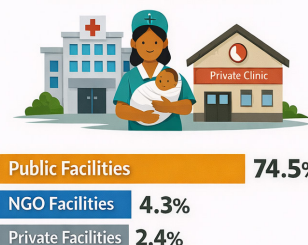
Overall, 81.2% of births were in health facilities during 2020-22, up from 62% in the 2016 Tanzania Demographic and Health Survey (TDHS). These are mostly in the public sector (74.5%), NGO facilities (4.3%) and very few in private facilities (2.4%). but often lack the skilled personnel and necessary equipment for EmONC, resulting in poor outcomes. This increase in facility delivery has mainly occurred in lower-level health facilities (dispensaries, health centers) and not in hospitals (Fig 2). In 2022, roughly six out of 10 deliveries took place in dispensaries and health centers, 2 in hospitals and 2 at home.

Neonatal Mortality in Tanzania

Neonatal Mortality Rate
(Per 1,000 Live Births, 2018-2022)

Urban: 35
Rural: 21
Higher in Urban Areas

Place of Birth (2020-22)



81.2% of Births in Health Facilities (2020-22)
Up from 62% in 2016 (TDHS)

Key Findings

Progress in Emergency Care

Health centers providing Comprehensive EmONC services increased from 24% in 2020 to 54% in 2023, HSSP V target by 2025 (80%)^{1,3,4} Dispensaries ready to provide Basic EmONC services increased from 51% (2020) to 62% (2023)- HSSP V target by 2025 (70%).

Caesarian section rates increased from 7% to 11% among live births between 2015-16 and 2021-22. This is in the range of the WHO threshold which indicates that 10-15% Caesarean section rates would be sufficient to cover population need. There was also an increase in Caesarean section rates among women in the poorest households to 4% and 7% among the poorest and second poorest wealth quintiles, which can be attributed to the increased institutional delivery rates and to the improved capacity to provide EMONC. This however means is still adequate emergency care, especially for the poorest 20%, while women in the highest wealth quintile have 24% (meaning over-use).

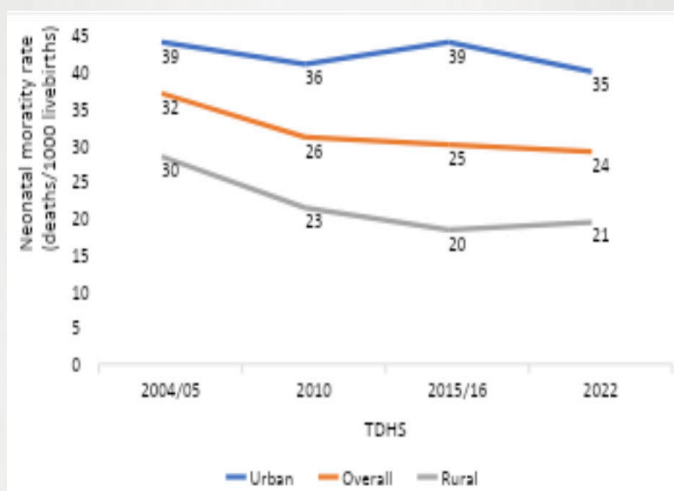


Figure 1: Neonatal Mortality Rate trend distribution in Tanzania, by place of residence (TDHS)

Evidence

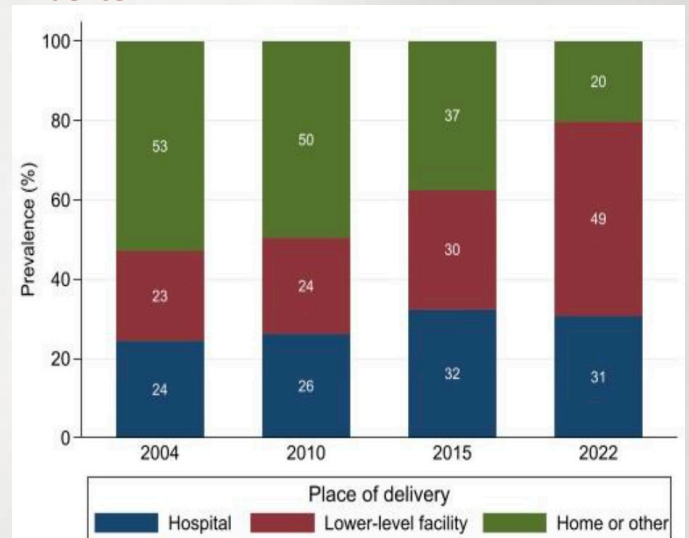


Figure 2: Trends in deliveries by place of birth in Tanzania, TDHS 2004/05, 2010, 2015/16, 2022/2023

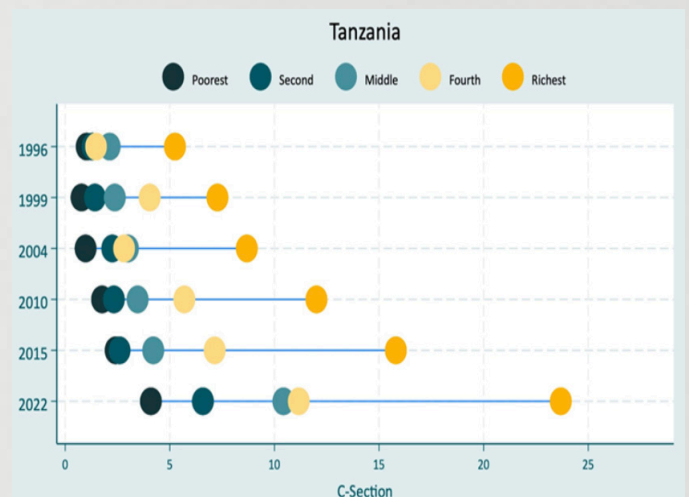


Figure 3: Caesarean section by wealth quintile

Recommendations

This policy brief highlights findings on neonatal mortality from the Countdown 2030 MNH Study Phase 1 and recommends targeted investments in healthcare quality, equitable distribution of resources, and enhanced data systems to improve newborn survival in Tanzania.

- 1. Strengthen EmONC Services:** upgrade lower-level facilities to meet EmONC standards and ensure the availability of skilled health workers and essential supplies. During implementation, priority should be given to rural and underserved regions to minimize existing inequality.
- 2. Address Disparities to Access Life-Saving MNH Interventions:** Regional health authorities should subsidize C-sections for low-income families and establish referral systems to ensure equitable access to life-saving interventions. Focus should be given to regions with the lowest C-section rates.
- 3. Enhance Data Systems:** The need to improve the completeness and consistency of MNH data, including indicators on stillbirths and neonatal care. Research is needed to understand why urban neonates have poorer survival chances.