Tanzania: The malaria success story

*Richard Gerster**

"In Tanzania's Kilombero valley we catch between 500 and 2000 female mosquitoes every night in the traditional houses. Around one percent of them is infectious – and for the transmission of malaria one infectious bite will do!" reports Marcel Tanner, director of the Swiss Tropical Institute (STI). Malaria is the number one "killer" for children younger than five years in Tanzania. The STI as well as the Swiss government are working at the forefront in order to change this situation. Successes can be observed, but there is a long way to go. Reforms in the health system and beyond are needed for lasting improvements. Malaria is not only a humanitarian problem but also a large hurdle for economic growth. Switzerland is active at all levels – from specific projects to general budget support.

During the day the mosquito net is tied up in the cramped hut.

The usefulness of nets

Research carried out by the Ifakara Health Institute in partnership with the STI in the South of Tanzania has shown that mosquito nets need to be treated with an insecticide in order to offer ideal protection from mosquito bites. If the mosquito touches the net, it dies. If it merely comes close to the net it drops to the floor unconsciously and is often eaten by ants. In 1999 Tanzania's government launched a national mosquito net campaign against malaria (NATNETS). Its aim is to offer affordable treated mosquito nets to particularly vulnerable groups. In health clinics or hospitals pregnant women receive a voucher which entitles them to buy a mosquito net at a reduced price. Many women who obtain a voucher also make use of it and buy a net from a small agent. However the purchase rate has been decreasing since 2006 because many of them can no longer afford the net in spite of the reduction. It is foreseen that those who can not afford a reduced net should receive it for free. However, verification of neediness has proven to be tedious.

All the same the health successes are evident. One of the – intended – secondary effects of the net sales is that pregnant women make more and earlier use of medical check-ups. And while infant and child mortality was still on the increase between 1992 and 1999, it has been reduced by 24 percent between 1999 and 2005. This means that every year around 40'000 children more live to see their fifth birthday. There is no doubt that other factors contributed to this improvement. In 2008 the renowned medical journal "The Lancet" published an analysis of the success factors. The most important cause were the manifold structural improvements in the health system overall, ranging from more than doubling health expense, a better coordination and decentralisation of health services to a broad vaccination programme and the treated mosquito nets. However, there are still 112 deaths on 1000 infants – compared to merely five in Switzerland.

In addition to all of what has been reached so far, a broader breakthrough is becoming apparent. First of all, Tanzania's government – with international support – wants to provide nets for free to all children under five years and after 2010 two nets per household. For this they want to use durable nets which do not need to be re-treated

Child mortality has been reduced by some 40'000 children saved every year.

after five years. Secondly, several scientific achievements are emerging: an extremely effective anti malaria medication developed by Novartis, significantly more reliable malaria rapid tests and not least of all a vaccination against malaria is coming within reach, developed by the Ifakara Health Institute which is leading in malaria research, in partnership with the STI. On the long term the sustainability of all these efforts will be the biggest challenge. Because while international support – both financial and human – in the fight against malaria is significant and presents an opportunity for Tanzania, it is also a risk.

Strengthening the health system

A large scale programme such as the fight against malaria is only successful if the health system as a whole is stable and oriented towards key problems. This requires, above all, a clear lead by the authorities in order to manage reforms within the health system. While the ministry of health used to do both, laying down health policies as well as implementing them, the latter part lies now in the responsibility of the regions and districts. This fundamental re-orientation is considered to be largely successful. Health profiles and action plans have been drawn up at the level of districts. But effective health systems can not be had without sufficient equipment and qualified personnel, which means that sufficient financial resources are required. Purchases by the public hand, such as the previously mentioned durable nets, have to take place in a lawful manner but without falling into the traps of bureaucracy. And, last but not least of all, systemic reforms always require a change in people's thinking – also on the donors' side. There are still large off-budget contributions dedicated for specific diseases, particularly HIV/Aids which undermine the government's priorities which are aligned with the health system as a whole.

Around ten percent of Tanzania's state budget, namely around 400 million US dollars are allocated to the health system. This amounts to just over ten dollars per person per year. On the occasion of the Abuja Summit of the African Union the heads of state have committed to use 15 percent of their states' budgets for health and they have asked the donors to increase their funds for development cooperation to 0.7 percent of the national income. The fulfilment of both international targets is written in the stars. Even if today around 80 percent of the medication used in Tanzania

are generic products and a large share of the tuberculosis, malaria and HIV/Aids therapies are funded by the Global Fund and other donors, this will not be sufficient on the medium term, as the basic services are faced with a huge surge of costs, namely because of increased needs in personnel and infrastructure. In Switzerland the share of generic medication amounts to merely twelve percent. Still, in 2007, over 6000 dollars (7285 CHF) were used per person for health related matters (almost half of this is borne by the state and social insurances).

The supply of medication at the health centre are about to run out and patients will have to wait for weeks until fresh supplies arrive.

Tanzania's districts are responsible for offering health services and programmes. Financial resources are allocated on the basis of a formula which takes the number of inhabitants, poverty and child mortality indicators into account. However, not enough personnel can be found for remote areas which means that the envisaged balancing out does not take place. Furthermore transfers from the ministry of finance are chronically delayed – and not only by a few days. An independent evaluation of the progress achieved in the health sector notes that "shortages and delays in delivery are still common." Dr Cyrialis Mutabuzi, District Medical Officer in the Dodoma city district, describes that "we have less than 800 dollars (1 mio TSh) at our disposal to buy medication for 350'000 people for three months. This is hardly enough for three weeks. What should we do for the remaining nine weeks?"

Health personnel would need to be doubled in order to reach the Millennium Development Goals. But the health system is already faced with an enormous staffing crisis. In Tanzania there is one doctor for 25'000 people – a far cry from the World Health Organisation's (WHO) recommendation of 10'000. For comparison: In Switzerland one doctor takes care of 483 people on average. Positions in rural areas are extremely difficult to staff: Some 15'000 positions are not filled. Of the roughly 40'000 health staff 45 percent have either changed the job, emigrated, retired or died – not least of all due to HIV/Aids. Working conditions are tough and employment conditions are not attractive, which is why Tanzanian personnel sometimes looks for better jobs in South Africa and Botswana. Health personnel from these two countries migrates further to Europe, particularly Great Britain and the USA. The globalised labour market is undermining the recovery of Tanzania's health sector and ultimately its population. Industrial countries, however, can hardly imagine their health care systems and hospitals without the immigrated Africans.

Switzerland's role

The federal government is spending a little over 25 million dollars (30 mio CHF) per year (2008) on development cooperation with Tanzania – not least of all for the health sector. Swiss Agency for Development Cooperation (SDC) is providing project aid for the coordination of the mosquito net initiative within the malaria control programme. Implementing partner is the STI. SDC also supports Community Based Health Initiatives (CBHI). Some 2000 groups have been empowered to help themselves and really make use of the public health system. The Meena Women Group, for example, reports that the number of pregnant women who have sought out a clinic to give birth has risen by 20 percent within a year. German Technical Cooperation (GTZ) is implementing this programme on behalf of the Swiss government. And again the experiences made on the ground flow back into the reforms of the national health system.

Switzerland strengthens women's groups in their efforts to demand and use the health system's services.

But SDC also supports the entire health sector with an annual financial contribution of over five million dollars (6 mio CHF). In 2004/06 Switzerland even held the chair of the health donor group in which 21 donors contribute to the health sector and is again taking it on in 2009. This permits, for example, to contribute to the government's elaboration of its health strategy 2009 – 2015. When it comes to shared efforts and cooperation in the health sector, the donors have come a long way since 1995, when more than 1000 individual projects were implemented. Apart from the donors and the health ministry civil society is also engaged. Switzerland was the driving force for the health basked fund which is now fed jointly by eleven donors. The sector dialogue is strongly focused on technical aspects and the fact that Switzerland is also engaged in general budget support is broadening the horizon. "This permits other aspects, for example decentralisation, management of the public finances or reforms in human resource management, to be taken into consideration", says Jacques Mader who is responsible for health cooperation in the Swiss Cooperation Office and at the same time the incoming chair of the health donor group.

Budget support facilitates reforms

A challenge such as the staffing crisis cannot be managed by the health ministry on its own. What is needed, among other things, are competitive working conditions in order to stop migration. More attractive working conditions for the public service (see separate article) can only be negotiated at the highest level. At the same level decisions are taken with respect to the amount of the state budget to be invested in the health system. After broad consultation among the public, the government has developed in 2004 a national strategy to fight poverty and promote growth ("Mkukuta") as a frame of reference of such fundamental priorities.

Together with 13 other donors, Switzerland is supporting the implementation of Mkukuta in the context of general budget support. Some 5,6 million dollars (6 mio CHF) per year are allocated to general budget support. By doing so, Switzerland wants to strengthen reforms such as increasing salaries for public servants, which is a decisive matter for the entire Tanzanian economy and society. Other elements included in the key reforms are sound public financial management, the fight against

corruption, judicial reforms and not least of all strengthening the districts.

In order for these words to become action, performance agreements are negotiated in the context of budget support. These include, among others, specific goals which Tanzania wants to reach on its way towards an accessible basic health service for all. Swiss disbursements depend on the government attaining the agreed upon goals related to the implementation of its programme for poverty reduction, goals in the area of public finance and in the area of private sector promotion. In the financial year 2008/2009 the amount of general budget support that Tanzania received from the 14 donors jointly amounted to some 717 million dollars. This equals 16 percent or the state budget. Quantitatively, Switzerland's contribution of 0.7 percent of the total amount is ranked at the end of the donor list. But thanks to its knowledgeable and year-long engagement Switzerland held the chair of the donor group in 2006/07.

Halving extreme poverty, reducing child mortality, pushing back HIV/Aids – all this is included in the Millennium Development Goals upon which the world community has agreed. However, they can only be reached if the North is ready to make further investments into development policy – in spite of the economic crisis. General budget support provides the ground for reforms, upon which initiatives and projects flourish. Being left on their own, only very few of the African countries will make it – Tanzania, in spite of its large own efforts and successes such as the respectable reduction of child mortality, is not even among them.

A source of clean drinking water is important for good health (photo: public water pipe in Dodoma).

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