

MATERNAL HEALTH IN TANZANIA: STUCK BETWEEN PUBLIC PROMISES AND BUDGETARY REALITIES

Case study (Summary) | Peter Bofin | December 2015

INTRODUCTION

On paper, Tanzania is committed to reducing maternal, newborn, and child deaths. In practice, however, women giving birth often lack access to the basic obstetric care needed to prevent avoidable fatalities.

The White Ribbon Alliance (WRA) Tanzania, a network of organizations and individuals, has been dedicated to advocating for better maternal health for years. When they discovered that even experts find it impossible to determine how much districts in Tanzania spend on maternal health, they started a campaign targeting key players in the budgetary process. The campaign aimed to win greater transparency of maternal health spending and to get the government to uphold its commitment to provide emergency obstetric health procedures in half of all local health centers.

A number of important lessons emerge from WRA Tanzania's campaign: the need to aim for achievable and measurable targets gleaned from broad public commitments; the usefulness of marshalling evidence; and the strengths of planning a multi-level campaign through power analysis. But the case study offers warnings too – notably the importance of critically evaluating how promises can be feasibly implemented given the requirements and restrictions imposed by the budgetary process itself.

THE ISSUES: PERSISTENT MATERNAL DEATHS AMIDST EMPTY PROMISES

According to the World Health Organization's 2014 *Trends in Maternal Mortality* report, Tanzania halved the number of women dying during child birth in the preceding 23 years.¹ But with 410 women dying for every 100,000 live births, the rate has been unacceptably high. Tragically so, given that many of these deaths could be easily prevented.

Indeed, if Tanzania successfully implemented its 2008 “National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn, and Child Deaths” (a policy document known simply as the One Plan) many of

¹ See <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>

these deaths could be prevented. WRA Tanzania identified a single commitment within that document that offered the most tangible and important opportunity to improve maternal health: that the government ensure that half of all health centers provide emergency obstetric care by 2015. WRA made this commitment the center of its campaign.

Delivering emergency obstetric care requires basic infrastructure and medicine, such as an operating theatre, a safe supply of blood in cold storage, a stable supply of water and power, and magnesium sulfate, which is critical for treating mothers suffering from high blood pressure. To access such services many women in Tanzania have to travel as far as 100 kilometers.

WRA Tanzania was in a unique position to respond to this problem, having focused on maternal and newborn health since its foundation in 2004. In 2008 it became a key partner in the government's One Plan initiative and, since 2009, has pursued a campaign strategy that has prioritized budget issues and lobbied the government to increase maternal health spending.

By 2013, at the time of the launch of the campaign described below, WRA Tanzania had become an alliance of local and international civil society organizations (CSOs), bilateral and multi-lateral development agencies, and the Reproductive and Child Health Department of Tanzania's Ministry of Health and Social Welfare. In total, WRA built a membership of 3,000 individuals, with 108 member organizations – an influential national alliance of all those interested in improving maternal and newborn health in the country.

But in spite of its wide-ranging and influential network, WRA was operating in a challenging fiscal environment. In late 2014 Tanzania was facing a cash crunch after international donors had suspended nearly USD 500 million in budget support following claims that senior government officials had siphoned off funds from the country's central bank. Tax revenues were already falling at the time and the squeeze inevitably forced budget cuts in public spending, including in health.

Given the fiscal crisis, WRA Tanzania's campaign to win special budgetary provisions for maternal health was ambitious. But the organization knew from past experience that promises without budgetary commitments were not worth much, and was determined to translate the lip service paid to maternal health into tangible results.

THE CAMPAIGN: *WAJIBIKA MAMA AISHI* (BE ACCOUNTABLE SO A MOTHER MAY SURVIVE)

In 2006, WRA Tanzania began hosting an annual high-profile event known as the *White Ribbon Day* to raise maternal health awareness and court allies. The event had attracted prominent speakers such as former President Ali Hassan Mwinyi and the then first lady Salma Kikwete. WRA Tanzania's profile also allowed them to establish a group of members of parliament (MPs) dedicated to promoting maternal health. As WRA's influence grew, so did its interest in budgetary issues, following several high-level promises on health that failed to materialize. At the 2013 White Ribbon Day, the main call for action was for maternal health to receive its own special dispensation in national and regional budgets. Maternal health, they argued, needed special budgetary treatment if the persistent challenge was to be truly addressed.

This budgetary focus was strong in the *Wajibika Mama Aishi* (Be Accountable So a Mother May Survive) campaign, which began with a systematic planning exercise to identify and target power holders in the budgetary process. From this analysis grew a recognition that the provision of emergency obstetric care needed

to be addressed at both national and regional levels. The planning process was so exhaustive that WRA Tanzania devised a campaign grid to map its activities and goals week by week. WRA Tanzania concentrated its efforts nationally and on one region, Rukwa, where they had a strong ally in the regional governor. They also aimed the campaign at goals that were already embodied in national policy and easily measurable: to establish a specific budget line for emergency maternal health service; win Rukwa a health centre in every district; and ensure that half of all these health centers had the resources needed to provide emergency maternal health services.

The first step in the campaign was to partner with regional and local officials to assess the capacity of various health centres in Rukwa to provide health services to mothers. Based on a World Health Organization toolkit, this looked at nine key functions, including the ability to remove a placenta, administer treatment for eclampsia, and conduct a caesarian section delivery. They also reviewed the availability of personnel and general infrastructure, such as running water and electricity. In this way, the assessment gathered evidence of the gap between the commitments made in the One Plan and the reality of available services.

The assessment also sought to capture the voices of women and health workers on critical elements of obstetric care: reasons for home delivery; reasons for delivery at health centers; how decisions are made; barriers to health centers providing emergency obstetric care; and reasons for maternal deaths. These voices became a powerful advocacy tool.

With this evidence, WRA Tanzania began an intense campaign to lobby decision makers at the national, regional, and grassroots levels. For example, WRA Tanzania presented the findings, along with budget estimates for resolving the health care gap in Rukwa, to the Commissioner for Budgets from the Ministry of Finance and the Deputy Permanent Secretary for Health. Both adamantly agreed that funds for emergency maternal health needed to be ring-fenced – in other words, given a special budget line to ensure that adequate resources were allocated for these services and not used for anything else.

Meanwhile, WRA Tanzania also put its evidence in the hands of allied politicians, securing the signatures of 81 MPs, all members of the Safe Motherhood Group, on a petition to be presented to the Prime Minister requesting more resources for emergency obstetric care. The campaign, however, did not engage the Social Services Committee, which reviews the health ministry's proposed budget. This oversight would prove costly.

WRA Tanzania also made an effort also to mobilize local citizens around the priority of maternal health, but found it lacked the necessary staff on the ground in Rukwa for such a large undertaking. Still, it managed to bring its messages to civil society leaders and local officials from across the region. In these meetings, WRA Tanzania convinced the Council Health Management Teams – a group of medical officers at the district level who are crucial in determining local health spending – to prioritize emergency obstetrics. A concerted media campaign supported these efforts.

TACTICS USED BY WRA TANZANIA

1. Building a national alliance of groups and individuals across government and civil society dedicated to the cause of maternal health.
2. Careful planning of a campaign strategy informed by power mapping.
3. Choosing unfulfilled government commitments that are achievable and measurable as campaign goals.
4. Working with local officials to assess the actual capacity of local health centers to provide maternal health services and collecting compelling first-hand accounts from women.

5. Multi-level lobbying efforts that marshaled the evidence from the assessment and concrete budgetary recommendations for how to address the gaps.
6. Mobilizing local leaders, citizens, MPs, and the media to contribute pressure for meaningful implementation of maternal health commitments.

CHANGES DUE TO THE CAMPAIGN

Before WRA Tanzania even attempted to change a single budgetary item, it had already made a small contribution by providing reliable data on the availability of emergency obstetric care in Rukwa Region. The resulting report won WRA Tanzania credibility, goodwill, and served as a powerful tool for advocacy.

Indeed, WRA Tanzania won quick victories in the form of expressed support from executive decision-makers, MPs, all the way down to district-level public servants. But the most remarkable expression of support came from the Prime Minister himself.

A speech read on behalf of Prime Minister Mizengo Pinda by the Minister for Health and Social Welfare, Dr. Seif Rashid, stated that “as the government, we have to ensure that there is a special budget that will enable the majority poor women to access comprehensive emergency obstetric and newborn care near their homes at health centers.” Prime Minister Pinda even followed up on these comments by dispatching a memo to district authorities requesting that they allocate adequate budget for comprehensive emergency obstetric care, including operating facilities, a safe blood supply, and adequate human resources.

But the exuberance over these victories was short-lived. WRA Tanzania discovered that Prime Minister Pinda’s vow to create a separate budget line for emergency obstetrics would not be possible. Central government in Tanzania can only make specific budget commitments if they are already planned for in the Medium-Term Expenditure Framework, a three year planning document. Furthermore, the practice in the health sector is to distribute annual expenditure to the regions under broad headings, which are then locally refined through a bottom-up process of budget planning. This limits the central government’s influence over spending.

WRA Tanzania encountered a further setback when the financial crisis in 2014 forced the government to make spending cuts, including on health services. As a small consolation, MPs in parliament expressed their opposition to the spending cuts in health, highlighting the impacts this would have on maternal health, and eventually won an extra \$48 million for medical supplies in the next year’s budget. WRA Tanzania’s campaign may not have secured all the resources it sought for pregnant women, but it certainly influenced the debate.

WRA Tanzania can also claim to have achieved results at the local level. Districts in the Rukwa Region responded to the assessments by shifting resources to maternal health, or making more considered judgments about how to allocate their resources – even as they were being cut.

OUTCOMES RELATED TO THE CAMPAIGN

1. Providing a reliable assessment on the state of emergency obstetric care and precise recommendations on how to address the gap. Using that information to stimulate evidence-based policy discussion.
2. Securing high-profile commitments to expand emergency obstetric care from politicians and public officials.
3. Influencing local-level budgets to put more resources into emergency obstetric care, and to allocate resources where most needed.

CONCLUSION

WRA Tanzania began the *Wajibika Mama Aishi* campaign with significant strengths. It had a history of working in the area of maternal and infant health, and a powerful and well-connected network of supporters and allies. WRA Tanzania had also become a trusted advisor to government agencies and was welcomed at the highest levels to make its case in this campaign. The execution of its multi-level campaign was strengthened considerably by its detailed planning at the outset, and by the strong base of evidence and anecdotes that it collected as a first step in the process.

WRA Tanzania did, however, make mistakes in assessing the complexity of the budget system in Tanzania, missing an opportunity to work with the one parliamentary committee that might have clarified the budgetary challenges. Still, WRA Tanzania was not alone; even members of the government failed to highlight the difficulty of setting resources aside for emergency obstetrics at the national level.

But knowledge is power and WRA Tanzania persisted in its efforts to work its way through the mazes of budgeting, appropriations, and oversight. And, despite the fiscal crisis that beset the country, WRA Tanzania continues its campaign to make the promise of safe childbirth real for many more Tanzanians.