Maternal Mortality Context:
Maternal health is a growing concern in Tanzania and while it has attracted great attention of leaders, there are still missing links to avert all possible maternal death in the country. Tanzania Demographic Survey 2015 recorded maternal mortality\(^1\) at 556/100,000 live births. In other words, Tanzania loses about 15,017 women per year, 1,250 per month and 41 per day due maternal related causes. While District Health Information System 2 reports increase in facility delivery, the concerns remain on facility readiness and capacity to provide required quality maternal care. Figure one below shows trend of maternal mortality in two decades.

Records show that most of maternal deaths are caused by eclampsia (34%), obstetric hemorrhage (24.6%) and maternal sepsis (16.7%). Eclampsia and obstetric hemorrhage causes 56.8% of all maternal death, which is equivalent to 8,799 maternal death. Magnesium Sulphate is known for its ability to manage seizures and prevent future seizures, yet Medical Store department often has no stock of the same. Oxytocin is known for its action to contract the uterus during birth and increases further production of prostaglandins which causes further uterine contraction thus minimize or eliminate uterine bleeding. Yet by June 2019 Medical Store Department had one Month of Stock of this noble commodity instead of 6-9 months of stocks as recommended.

Life Saving Commodities Status:
The table below summarizes the information of stock at hand, on order and to be ordered as of June 2019. Quantification for stock to be ordered costs TZS 1,835 million, but only 40% of the money was committed by MSD. Money for Magnesium Sulphate, misoprostol and Oxytocin had not been committed. Whereas Month of Stock for MSD is expected to be 6-9 months, none of commodities had required amount. Magnesium Sulphate for eclampsia was at zero, Oxytocin was at one month of stock. A random check in some health facilities recorded in some regions had zero stock of Oxytocin and Magnesium sulphate. How do we then manage eclampsia and prevent maternal bleeding to avert up to 58% of all maternal death?
Life Saving Commodities Financing in Tanzania:
Policy commitment is demonstrated by how much money is spent on that policy. Moving from rhetoric to action resources matching with policy statement is necessary. Examination of budget trend offers little hope, this is because while population is increasing, budget remained flat from year 2017/18 to year 2019/20. Actual spending, however, speaks louder negatively and this is a source of major concern. Spending in year 2016/17 was TZS 7 Billion, this increased to 9.1 then fell to 3 billion. See figure 2 below.

Inference:
Whereas there could be efforts to reduce maternal mortality, we see incoherence of strategies. One of them is failure to seize the opportunity offered by pay for performance to increase facility deliveries up to 75%. Efforts could then be made to ensure that life saving commodities are available and accessible. The fact that spending for life saving commodities is decreasing, calls for URGENT action on financing to fund the gap of TZS 1.09Billion.

Call to action:
• Government to measure itself using spending than budget allocation.
• Government and donors to urgently fund life serving commodities to be purchased to a tune of TZS 1.09Billion.
• Government to develop accountability mechanism and sanctions for facilities with stock out of life saving commodities.

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