

Accelerating maternal, newborn, and child health in Tanzania

Stronger collaboration, greater accountability

Tanzania has made real progress, yet approximately eight mothers and 245 children under five still die every day. Bold leadership and sustained investment are urgently needed to end these preventable deaths.

Over the past two decades, Tanzania has cut maternal and child deaths by 60 percent and reduced neonatal mortality rates by 25 percent, thanks to strong political will and smart investments in essential health services for mothers and children. However, far too many mothers, newborns, and children in Tanzania continue to die every day from preventable causes.

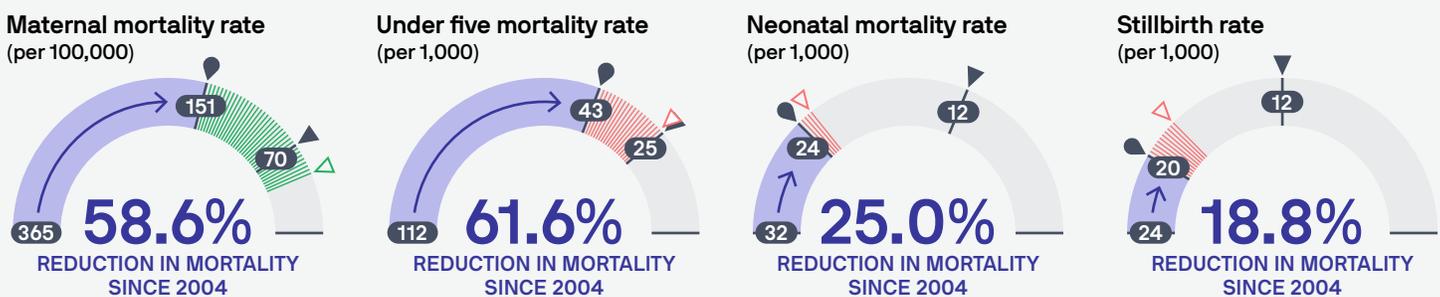
Children born in Tanzania today are still eight times more likely to die before their fifth birthday than children born in high-income countries, and a young woman in Tanzania's risk of dying during or shortly after childbirth is still almost 30 times higher than that of her peers in high-income countries. These challenges persist due to limited access to skilled birth attendants, essential medicines, and quality health care. They are made worse by conflict and the impacts of climate change, which further restrict access to lifesaving care.

These disparities are not inevitable. Tanzania has achieved significant progress and remains committed to improving health outcomes for women and children. With just five years to go to reach the Sustainable Development Goal (SDG) 3 targets, Tanzania is on track to meet its commitments to reducing maternal deaths if it sustains its current pace, and the country could meet the target for under-five deaths if it can accelerate annual progress slightly before 2030. However, neonatal mortality rates have remained stubbornly stagnant, leaving Tanzania off track to meet its commitment to the SDG 3 targets related to neonatal mortality and stillbirths (see Figure 1).

As global health funding decreases, protecting decades of progress and continuing to build toward a healthier future will require tackling persistent bottlenecks, strengthening civil society advocacy, and coordinating leadership across sectors. What is needed now is bold, sustained political will to ensure every mother, newborn, and child survives and thrives.

FIGURE 1. Tracking Tanzania's lifesaving commitment to mothers and children.

Over the last 25 years, Tanzania has made remarkable progress in reducing preventable maternal and child deaths.



- ◆ 2022 mortality
- ▽ 2030 projected mortality
- ▼ SDG 2030 goal

Note: Under-five and neonatal mortality numbers for both years are sourced from the 2022 Tanzania Demographic and Health Survey (TDHS). As the TDHS has changed how it measures maternal mortality over time and prefers to measure perinatal mortality rates over stillbirth rates, the maternal mortality figures are sourced from the World Health Organization (WHO) *Trends in maternal mortality 2000 to 2023* complete dataset and the stillbirth points are sourced from the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Percentage changed and 2030

The landscape: Regional and socioeconomic health disparities persist for women and children in Tanzania

Health policy reforms, infrastructure expansion (including major increases in both basic and comprehensive emergency obstetric and newborn care services and growing the skilled health workforce), targeted capacity-building programs, and implementation of the national Maternal and Perinatal Death Surveillance and Response system across the health system have significantly improved access to MNCH services. Ninety percent of women giving birth access antenatal care at least once during their pregnancies, and at least 8 in 10 women deliver in a health facility and receive assistance during childbirth from a skilled provider.

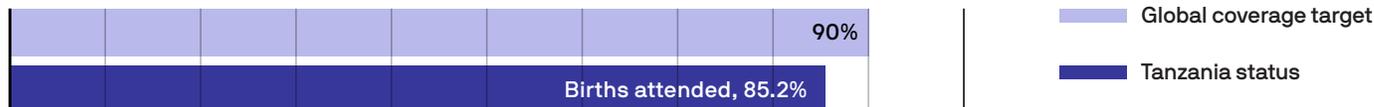
However, important gaps remain. According to the 2022 Tanzania Demographic and Health Survey (TDHS), fifty percent of women aged 15 to 49 reported at least one problem with accessing maternal health care. While the teen pregnancy rate has declined over the past decade, it remains high at 22 percent, with very young mothers facing higher risks of complications for themselves and their newborns, as well as long-term socioeconomic disadvantages. Although access to care before and during childbirth has improved, postnatal care within the first 48 hours, when mothers and newborns are most vulnerable, also remains inadequate. Only half of all mothers and

babies receive a postnatal checkup within two days, and in some regions, coverage falls below 25 percent. Without timely follow-up, preventable maternal complications such as sepsis or postpartum hemorrhage and neonatal complications like infections or difficulty breathing may go undetected, contributing to continued preventable maternal and newborn deaths.

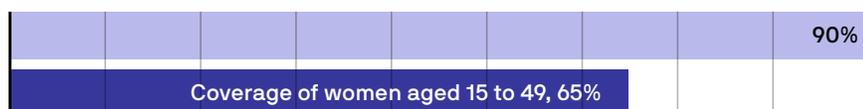
Further, survival is too often shaped by where the mother or child lives. According to the 2022 Tanzania Demographic and Health Survey (TDHS), mortality rates for children under five vary widely across zones. While the Southern Zone reported some of the lowest under-five mortality rates (29 deaths per 1,000 live births) and neonatal mortality rates (9 deaths per 1,000 live births) in the country—on track to surpass the SDG targets by 2030—the risks are much higher in the Eastern Zone, which reported some of the highest rates at 63 under-five deaths and 39 neonatal deaths per 1,000 live births. Disparities are equally evident in maternal health: Ninety-five percent of women with a secondary education or higher delivered with a skilled provider, compared with just 72 percent of those with no education. Bridging these gaps is essential to achieving equitable improvements in maternal and child health.

FIGURE 2. At a glance: Maternal, newborn, and child health care indicators in Tanzania.

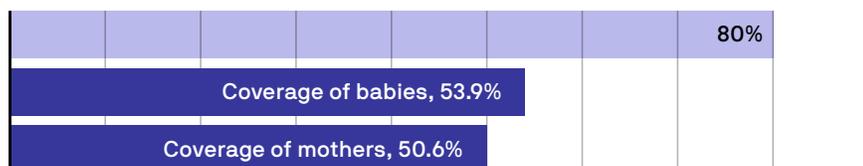
Births attended by skilled health personnel



Pregnant women having four or more antenatal care visit days



New mothers/babies receiving postnatal care within two days



Note: All data are from the 2022 TDHS.

The challenge: Implementation, funding, and coordination constraints weaken impact

Tanzania's progress is fragile, as preventable maternal and child deaths continue to pose an urgent, often overlooked crisis. While solutions are well known and within reach,

their realization requires sustained political will, increased investment, and stronger accountability across all levels of the health system. Key challenges include:



Policy implementation

Tanzania has committed to global and regional initiatives that ensure optimal health for all, with a particular focus on women and children. The country has integrated larger international initiatives like the SDGs into strong national policies—including the [Tanzania Development Vision 2050](#), the [Health Sector Strategic Plan Five \(2021–2026\)](#), and [Tanzania's One Plan III](#)—which have improved service quality, prioritized high-impact interventions, and integrated innovative approaches like results-based financing to strengthen staffing and commodity procurement. However, implementation remains uneven with persistent funding shortages, weak collaboration across sectors, and inadequate data for evidence-based financial decision-making.



Financing

UTanzania has demonstrated political commitment by prioritizing MNCH and nutrition services, but financing shortfalls persist. The health sector's share of the 2025/2026 national budget is around 5 percent of the total budget, significantly below the Abuja Declaration target of 15 percent. Out-of-pocket costs remain a significant burden, although the government hopes to address this with the rollout of universal health insurance in 2026. Dramatic reductions in global development assistance for health in 2025 and beyond highlight the urgency of sustainable MNCH financing.



Stakeholder coordination

Tanzania's multistakeholder platforms that influence reproductive, maternal, newborn, child, and adolescent health have strengthened partner alignment and encouraged tailored, data-driven solutions. However, even with existing policies in place for public-private partnerships, inconsistent coordination, limited governance, and persistent resource constraints reduce their effectiveness, risking weakening accountability and reducing the relevance of interventions for those most in need.

The call to action: Deliver impact through coordinated leadership, investment, and evidence-based action

With strong policy foundations and proven interventions, Tanzania has a powerful opportunity to safeguard decades of progress, close gaps, and ensure that every mother and child survives and thrives. Investing in MNCH yields high returns—not only by saving lives and reducing long-term health costs, but also by strengthening families, boosting productivity, and advancing national development. To realize this opportunity, policymakers, funders, and advocates each play a critical role to drive progress for mothers and children.

Policymakers—Executive/Parliament

- **Strengthen and sustain political will.** Renew and maintain high-level political commitment to MNCH by fully financing and implementing Tanzania's One Plan III and the [Maternal and Newborn Health Acceleration Plan](#). Domestic relevant global commitments, including the [World Health Assembly MNCH Resolution](#), and uphold key national commitments.
- **Strengthen data-driven accountability.** Align multistakeholder efforts around national priorities

using robust, timely data to track progress, ensure accountability, achieve milestones, and address gaps identified in the national plans. Improve measurement systems to ensure critical indicators are not going unmonitored.

- **Invest in stronger MNCH systems.** Increase and diversify investment in MNCH by mobilizing domestic resources, ensuring resources reach primary health care facilities, leveraging innovative financing, and partnering with the private sector for impact and sustainability. Meet Abuja Declaration commitment to allocate at least 15 percent of the national budget to health and ensure that these resources reach the frontline. Prioritize funding for essential MNCH commodities and the health workforce needed to deliver quality care.
- **Expand access to quality, equitable care.** Strengthen and scale up proven interventions such as emergency obstetric care, skilled birth attendance, and postnatal care, especially in underserved regions. Enhance community-based MNCH initiatives, particularly

targeting individuals with disabilities, adolescents, and marginalized populations. Improve collaboration with civil society, professional associations, and other stakeholders, such as parents and women, to ensure solutions and impact are aligned with local priorities. t

Funders

- **Increase and sustain funding for scalable MNCH solutions.** Commit to funding the continuum of MNCH care—including prenatal, postnatal, and emergency obstetric care—while supporting health systems—strengthening needs, such as workforce training, supply chains, and infrastructure. Prioritize innovative, scalable approaches and align support with government-identified priorities for greater sustainability and impact.
- **Support locally led solutions.** Direct funding to local organizations, frontline health workers, and community-based interventions, such as midwifery programs, that are best positioned to understand and address community needs.
- **Invest in advocacy.** Build the capacity of civil society, youth, and women-led groups to advocate for increased

domestic funding, policy implementation, and accountability for MNCH. Fund advocacy to push for stronger policies, increased funding, and universal health coverage, and influence policy agendas to ensure MNCH remains a top priority.

Advocates

- **Drive accountability.** Hold the government accountable to its MNCH commitments—particularly under the Maternal and Newborn Health Acceleration Plan and Tanzania's One Plan III—by leveraging existing tools and instruments.
- **Strengthen alignment through collaboration and evidence.** Partner with government, civil society organizations, donors, and the private sector to align efforts and maximize impact. Use data and research to push for evidence-based policies and targeted MNCH investments.
- **Elevate community voices.** Champion the leadership and participation of women, parents, and communities in decision-making, demonstrating demand for quality MNCH services that reflect local priorities.

Endnote

Daily estimated deaths, mortality rate reduction, risk comparisons against high-income countries, and 2030 projections were calculated by PATH based on publicly available, official data sources; for full methodology, see [Appendix: Metrics and calculations for MNCH advocacy briefs](#) (Excel spreadsheet).

Sources

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