ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 16, Issue, 10, pp.71138-71141, October, 2026
https://doi.org/10.37118/ijdr.31166.10.2026



RESEARCH ARTICLE OPEN ACCESS

MATERNAL MORTALITY IN TANZANIA: PROGRESS, PERSISTENT CHALLENGES AND THE IMPERATIVE FOR A SYSTEMIC AND MULTISECTORAL APPROACH

Mafele Jumanne Ihoyelo[1], Hundu Rajabu Mvungi[1], Joshua Kajura[1] and Felician Paschael Mgasa[2]

[1]Department of Orthodontics, Amana Regional Referral Hospital, Dar es Salaam, Tanzania
[2]National Public Health Laboratory, Genomics Department, Dar es Salaam, Tanzania

ARTICLE INFO

Article History:
Received 24th July, 2026
Received in revised form
21st August, 2026
Accepted 23rd September, 2026
Published online 31st October, 2026

Key Words:
Maternal Mortality; Tanzania; Health Systems Strengthening; Multisectoral Approach; Quality of Care; Sub-Saharan Africa; Maternal Health Disparities; Policy and Implementation.

****Corresponding author:***
Mafele Jumanne Ihoyelo

ABSTRACT

Tanzania has emerged as a remarkable success story in Sub-Saharan Africa's fight against maternal mortality, achieving an 80% reduction from 556 deaths per 100,000 live births in 2016 to 104 per 100,000 in 2022. This progress, which places the nation on a trajectory toward the Sustainable Development Goal (SDG) target of 70 maternal deaths per 100,000 live births by 2030, has been driven by sustained political commitment, strategic health system investments and innovative approaches to maternal death surveillance. However, persistent inequities in access to quality care, workforce shortages and systemic challenges in rural and underserved areas continue to threaten the sustainability of these gains. This paper examines Tanzania's maternal mortality landscape, analyzes the drivers of both progress and persistent challenges and argues for an intensified systemic and multisectoral approach to accelerate the decline and ensure equitable access to quality maternal healthcare. Drawing on national health data, program evaluations and recent policy initiatives, including the 10 million Safer Births Initiative, we identify priority actions for strengthening health systems, addressing social determinants and fostering accountable governance to achieve zero preventable maternal deaths.

Copyright©2026, Mafele Jumanne Ihoyelo et al. *This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*

Citation: Mafele Jumanne Ihoyelo, Hundu Rajabu Mvungi, Joshua Kajura and Felician Paschael Mgasa. 2026. "Maternal Mortality in Tanzania: Progress, Persistent Challenges and the Imperative for a Systemic and Multisectoral Approach.". *International Journal of Development Research*, 16, (10), *71138-71141*.

INTRODUCTION

Maternal mortality remains a critical public health challenge in the African Region, which accounts for 69% of global maternal deaths.(1) Despite a 34.2% global decline in the maternal mortality ratio (MMR) between 2000 and 2020, the African Region continues to bear a disproportionate burden, with an MMR of 531 deaths per 100,000 live births far exceeding the global average of 223(1). The major complications driving these deaths are severe haemorrhage, infection, pre-eclampsia and eclampsia, complications during childbirth and unsafe abortion whichare largely preventable with timely quality care (1-4). Tanzania's trajectory offers both lessons and caution. While the nation has achieved one of the most dramatic reductions in maternal mortality on the continent, significant disparities in access to skilled birth attendance, emergency obstetric care and family planning services persist particularly in rural areas and among the poorest populations (2). The COVID-19 pandemic further exposed vulnerabilities in health systems, disrupting essential services and threatening hard-won gains (5). This paper analyzes Tanzania's maternal health landscape, drawing on national surveillance data, program evaluations and policy documents to identify key drivers of progress and persistent barriers(1). We argue that sustaining and accelerating the decline in maternal mortality requires a systemic approach that addresses not only clinical service delivery but also the social, economic, and structural determinants of maternal health. The urgency of this agenda is underscored by the need to achieve the SDG target by 2030, which demands continued annual reductions of at least 20.3% in MMR (2, 3, 6).

Tanzania's Maternal Mortality Situation: Progress and Persistent Inequities

Remarkable Gains: Tanzania's progress in reducing maternal mortality is among the most significant in Sub-Saharan Africa. Data from the Tanzania Demographic and Health Survey (TDHS) 2022 indicate that MMR declined from 556 deaths per 100,000 live births in 2016 to 104 per 100,000 in 2022 with an 80% reduction in just seven years(7). This achievement has been recognized by the Africa Centre for Disease Control and Prevention (Africa CDC) as a model for other African Union Member States (1, 2, 4). Institutional maternal mortality data from the Maternal, Perinatal Death Surveillance and Response

(MPDSR) system corroborate this trend, showing a decline from 94 deaths per 100,000 live births in 2018 to 65 per 100,000 in 2023(1, 8). These reductions are underpinned by increased service utilization, by 2022 approximately 85% of live births were attended by skilled health personnel compared to lower rates in previous decades. Institutional deliveries have risen substantially and more facilities are consistently reporting on key maternal and newborn indicators (4).

Drivers of Success: Several interconnected factors have driven Tanzania's progress:

Political Commitment and Leadership: Strong political will, exemplified by President Samia Suluhu Hassan's personal engagement in monitoring maternal mortality has been foundational to success(9, 10). The President reportedly texts regional governors to urge action when mortality rates are high, demonstrating top-level accountability. This commitment is embedded in a 25-year national development policy (2000–2025) and successive five-year health sector plans, ensuring policy coherence and sustained investment (9, 11).

Expansion of Emergency Obstetric and Newborn Care (EmONC) Services: Tanzania dramatically increased the number of EmONC facilities from 106 in 2014 to 523 in 2023, exceeding the WHO recommendation of one comprehensive EmONC center per 500,000 populations (1, 8, 12). This expansion coupled with strengthened referral networks has improved access to life-saving interventions such as caesarean sections, blood transfusions and management of obstetric complications (1, 8).

Health Workforce Development: Investments in training and deploying midwives, nurses and doctors have contributed to improved service availability(11). Mentorship programs, in which senior gynecologists travel to remote communities to train young clinicians have enhanced clinical competence and confidence. However, workforce density remains below optimal levels, with Tanzania estimated at 2.9 doctors per 10,000 populations and 1.29 nurses/midwives per 1,000 populations (4).

Maternal and Perinatal Death Surveillance and Response (MPDSR): Tanzania's MPDSR system, which operates at facility, regional, and national levels have been critical for learning from maternal deaths and implementing corrective actions (10). The innovative use of Virtual Maternal Death Reviews (VMDR) has widened access to expert reviewers, improved consistency of clinical analysis and strengthened accountability for follow-up actions (11, 13). These reviews bring together clinicians and managers from multiple levels of the health system in real time by enabling rapid identification of gaps and dissemination of lessons.

Persistent Challenges and Inequities: Despite these achievements, significant challenges remain:

Geographic and Wealth Inequities: Coverage of maternal health interventions varies widely by region and socioeconomic status. The poorest populations and those in rural areas lag behind in access to skilled birth attendance, emergency obstetric care and family planning (3). High institutional MMR and child mortality rates persist in some urban areas including Dar es Salaam, reflecting both demand, side barriers and supply-side readiness gaps (6, 13).

Health Workforce Shortages: While Tanzania has made progress in deploying health workers, the density of doctors and nurses/midwives remains well below the WHO threshold of 44.5 health workers per 10,000 population required to achieve universal health coverage. Staff readiness to provide comprehensive RMNCAH-N services is below 50% across all service areas indicating persistent gaps in training and clinical competence (5, 7, 13).

Service Availability and Readiness Gaps: Assessments using the WHO Service Availability and Readiness Assessment (SARA) tool reveal uneven readiness across facilities. In Kilimanjaro region, for example, while basic emergency obstetric care (BEmONC) services are available at many health centers and dispensaries, readiness measured by the presence of trained staff, guidelines, equipment, and essential medicines remains suboptimal. The availability of essential medicines for maternal health varies widely, with some countries in the African Region reporting availability below 40% (6).

Supply Chain Weaknesses: Inconsistent availability of essential medicines, including oxytocin, misoprostol, magnesium sulfate and tranexamic acid, compromises the quality of obstetric care. The COVID-19 pandemic exacerbated these challenges, disrupting supply chains and reducing access to family planning services (5).

Community-Level Barriers: Delays in seeking maternal care due to failure to recognize danger signs, lack of readiness and cultural norms contribute to maternal deaths. Long distances to health facilities, poor infrastructure and lack of transport to tertiary facilities are also linked to maternal mortality in Tanzania, as in other Sub-Saharan African countries (5, 14).

The Systemic and Multisectoral Imperative: Addressing these persistent challenges requires moving beyond a narrow focus on clinical service delivery to embrace a systemic and multisectoral approach. This paradigm recognizes that maternal health outcomes are shaped by a complex interplay of factors such as health system capacity, social determinants (including education, income, and gender equality), governance and accountability mechanisms, and community engagement (7).

Strengthening Health Systems for Quality Maternal Care

A resilient health system is the foundation of sustainable progress. Key priorities include:

Health Workforce Expansion and Competency Development: Tanzania must accelerate the recruitment, training and equitable deployment of midwives, nurses, and doctors particularly in rural and underserved areas(6, 12). The 10 million Safer Births Initiative launched in June 2025 with support from UNFPA and the Maternity Foundation, aims to strengthen frontline maternal care through digital learning tools such as the Safe Delivery+ programme and Safe Delivery App(8) . These tools offer evidence-based guidance and video tutorials accessible via mobile devices that helping healthcare professionals manage life-threatening situations more effectively. Continued investment in pre-service education, in-service mentorship, and supportive supervision is essential to translate training into improved clinical practice (6).

Essential Medicines and Supplies: Ensuring the consistent availability of life-saving maternal health commodities including uterotonics, anticonvulsants, antibiotics, and blood transfusion supplies requires robust supply chain management systems(11). Results-based financing mechanisms such as those supported by the World Bank can incentivize facility-level improvements in service delivery and supply chain performance. However, the World Bank's Global Financing Facility (GFF) mechanism in Tanzania has faced criticism for limited community engagement and accountability, highlighting the need for more inclusive governance structures (8, 10, 13).

Infrastructure and Equipment: While Tanzania has made significant strides in constructing health facilities and expanding EmONC services, infrastructure must be designed with long-term sustainability in mind encompassing not only buildings but also systems, equipment and maintenance. Investments in blood services, intensive care units and infection control measures are critical for improving survival and recovery rates (10).

Health Information Systems: Strengthening data quality, completeness and use is essential for evidence-based decision-making. The MPDSR and DHIS2 systems have provided valuable data on maternal deaths, but gaps in reporting completeness and consistency still remain. Enhancing the integration of community-level information into surveillance systems would improve understanding of preventable deaths and inform targeted interventions.

Addressing Social Determinants of Maternal Health: Maternal mortality is not solely a health systems issue rather it is also a reflection of broader social and economic inequalities. Tanzania's progress in reducing MMR has been uneven across wealth quintiles, with the poorest populations continuing to face higher risks. Addressing these inequities requires interventions beyond the health sector (6, 10):

Women's Education and Empowerment: Educated women are more likely to seek and receive quality maternal care. Tanzania has made progress in increasing girls' enrollment in primary and secondary education but further investments in girls' education particularly in rural areas are needed. Empowering women economically and socially through access to income-generating opportunities and decision-making power also contributes to improved maternal health outcomes.

Family Planning and Reproductive Choice: Contraceptive prevalence in Tanzania was estimated at 28% in 2017, with significant variation by region and wealth quintile. Expanding access to modern contraception, addressing unmet need for family planning and ensuring that demand is satisfied with quality services are critical for reducing unintended pregnancies and unsafe abortions(4). The 10 Million Safer Births Initiative and other programs aim to strengthen family planning services but sustained investment and culturally sensitive approaches are essential.

Community Engagement and Health-Seeking Behavior: Addressing delays in seeking care due to failure to recognize danger signs, cultural norms or financial barriers requires community-level interventions(1). Involving religious leaders, community-based organizations and traditional birth attendants in health promotion and referral can improve uptake of skilled maternity care. Tanzania's experience with MPDSR underscores the importance of community-level information for understanding the full spectrum of preventable deaths including those occurring outside health facilities.

Governance, Accountability and Partnership: Sustaining momentum toward zero preventable maternal deaths requires strong governance, accountability mechanisms and effective partnerships:

Political Leadership and Ownership: Tanzania's progress has been driven by sustained political commitment at the highest levels. Maintaining this commitment will require continued advocacy, resource mobilization and embedding maternal health as a priority in national development plans (11).

Accountability for Results: Accountability mechanisms, including MPDSR, public reporting and oversight by health facility governing committees are essential for ensuring that commitments translate into action (4, 10). However, accountability mechanisms must extend beyond the health system to include community voices and ensure that policies reflect the needs and priorities of women and families. The GFF's country-led model which allocates funds directly to facilities offers opportunities for decentralized accountability, but meaningful community engagement remains a challenge.

Multi-Sectoral Collaboration: Maternal health outcomes are influenced by policies and programs across multiple sectors like health, education, finance, infrastructure, and social welfare. Tanzania's One Plan III and HSSP V provide a framework for integrating RMNCAH-N priorities across sectors, but implementation requires effective coordination, joint planning and shared accountability (3, 13). Learning exchanges with other African countries, such as the December 2024 meeting in Dodoma organized by Africa CDC, can facilitate cross-country learning and accelerate progress.

Partnerships with Development Actors: International partners including UNFPA, WHO, UNICEF, the World Bank, USAID, and the Gates Foundation have played a critical role in supporting Tanzania's maternal health agenda(8, 11). The 10 Million Safer Births Initiative supported by the Government of Denmark and the Bill & Melinda Gates Foundation, exemplifies how partnerships can bring innovation, financing and technical expertise to complement national efforts. However, heavy reliance on donor funding raises concerns about sustainability, highlighting the need for increased domestic financing for maternal health.

Recommendations

Based on the analysis of Tanzania's maternal health landscape, we propose the following recommendations for accelerating progress toward zero preventable maternal deaths:

- **Sustain and intensify political commitment**: Ensure maternal health remains a priority at the highest levels of government, with clear targets, resource allocations and accountability mechanisms. Embed maternal health in national development plans and annual budgets(11).
- **Expand and strengthen the health workforce**: Accelerate recruitment, training and equitable deployment of midwives, nurses and doctors particularly in rural and underserved areas. Scale up digital learning tools such as the Safe Delivery App to support continuous competency development (8, 10).

- **Improve availability and readiness of EmONC services**: Ensure all facilities providing delivery services are equipped with trained staff, essential medicines, equipment and guidelines. Strengthen referral systems and emergency transport to facilitate timely access to comprehensive care (8).
- **Strengthen supply chains for essential maternal health commodities**: Invest in robust logistics management information systems to ensure consistent availability of life-saving medicines and supplies at all levels (3, 9).
- **Enhance MPDSR systems and data use**: Improve completeness and quality of maternal death data, integrate community-level information and ensure timely translation of findings into actionable quality improvement initiatives (9, 13).
- **Address social determinants and inequities**: Invest in girls' education, women's economic empowerment and family planning services. Design interventions targeted at the poorest and most marginalized populations (13).
- **Foster inclusive governance and community engagement**: Ensure that women, families and communities have a voice in health policy and program design. Strengthen accountability mechanisms at all levels (1).
- **Mobilize domestic resources**: Increase government budg*et al*locations for maternal health and reduce reliance on external funding. Explore innovative financing mechanisms, including results-based financing and public-private partnerships (14).

CONCLUSION

Tanzania's remarkable progress in reducing maternal mortality demonstrates what is possible when political commitment, strategic investments and innovative approaches converge. The 80% reduction in MMR from 2016 to 2022 is a testament to the power of a systemic approach that expands EmONC services, strengthens the health workforce, implements effective surveillance and response systems and fosters accountability. Yet, this progress is fragile and uneven. Persistent inequities in access to quality care, workforce shortages, supply chain weaknesses and community-level barriers threaten the sustainability of gains and the achievement of the SDG target by 2030. The urgency of the remaining challenge demands an intensified systemic and multisectoral approach,that addresses not only clinical service delivery but also the social, economic and structural determinants of maternal health. Tanzania's leadership, exemplified by the 10 Million Safer Births Initiative and its role as a model for other African countries, signals a continued commitment to this agenda. With sustained investment, inclusive governance and a focus on equity, Tanzania can not only achieve the SDG target but also serve as an inspiration for the African Region in ending preventable maternal deaths. As the Africa CDC has affirmed, "Tanzania's success to reduce maternal mortality ushers in a model for Africa". It is a model that warrants attention, adaptation and scaling across the continent.

REFERENCES

World Health Organization. Atlas of African Health Statistics 2022: Health situation analysis of the African Region. Brazzaville: WHO 2022.

Kimario AA, Mahmoud A, Thomas JA, Mallilah BP, Mlay PS, Olomi G, *et al*. Service availability and readiness to provide maternal and newborn healthcare services in Kilimanjaro region, Tanzania: a cross sectional study. BMJ Open. 2024;14(12):e086275.

Makuwani AM, Dominico SA, Ngweshemi SK, Masika GM, Mpembeni R, Ameh C, *et al*. Using national virtual maternal death reviews to improve the quality of care during Pregnancy, labour and birth, and Postpartum in Tanzania. PLoS One. 2026;21(3):e0344858.

World Health Organization. Maternal Mortality United Republic of Tanzania 2000-2020: Internationally comparable MMR estimates by the Maternal Mortality Inter-Agency Group (MMEIG). Geneva: World Health Organization; 2023.

Shayo EH, Nassor NK, Mboera LEG, Ngadaya E, Mangesho P, Bakari M, *et al*. The impacts of COVID-19 and its policy response on access and utilization of maternal and child health services in Tanzania: A mixed methods study. PLOS Global Public Health. 2023;3(5):e0001549.

Independent Development Evaluation ADB. Summary proceedings report: SMMRP impact evaluation dissemination event. Abidjan: African Development Bank; 2025.

Shija AE, Msovela J, Mboera LE. Maternal health in fifty years of Tanzania independence: Challenges and opportunities of reducing maternal mortality. Tanzan J Health Res. 2011;13(5 Suppl 1):352–64.

Tanzania UNPFU. Tanzania launches 10 million safer births initiative to achieve zero preventable maternal deaths Dar es Salaam: UNFPA Tanzania; 2025 [Available from: https://tanzania.unfpa.org/en/news/tanzania-launches-10-million-safer-births-initiative-achieve-zero-preventable-maternal-deaths?utm.

Shamba D, Baraka J, Kinney MV, George AS, Msemo G, Lawn JE, *et al*. Who is at the table and who has the power? Case study analysis of decision-making processes for the Global Financing Facility in Tanzania. Glob Health Action. 2025;18(1):2552531.

Ministry of Health URoT. Mid Term Review of the Health Sector Strategic Plan V (HSSP V) 2020-2025. Dodoma; 2025.

News D. Tanzania notes remarkable progress in reducing maternal, newborn and under-five deaths Dar es Salaam: Daily News; 2026 [Available from: https://dailynews.co.tz/tanzania-notes-remarkable-progress-in-reducing-maternal-newborn-and-under-five-deaths/?utm_.

Centre IDR. Mama na Mtoto: Barriers and enablers to gender, equity and scale-up in Tanzania (IMCHA) Ottawa: International Development Research Centre; 2022 [Available from: https://idrc-crdi.ca/en/what-we-do/projects-we-support/project/mama-na-mtoto-barriers-and-enablers-gender-equity-and-scale?utm_.

Prevention ACfDCa. Tanzania's success to reduce maternal mortality ushers in a model for Africa Addis Ababa: Africa CDC; 2025 [Available from: https://africacdc.org/news-item/tanzanias-success-to-reduce-maternal-mortality-ushers-in-a-model-for-africa/.

Hasty J. Expanding Access to Maternal Health Care in Tanzania: The Borgen Project; 2025 [4 September 2025]. 4 September 2025:[Available from: https://borgenproject.org/maternal-health-care-in-tanzania/?utm_.

****