Tanzania has made strides in health system reform over the last 10 years. During this time, the Adult Morbidity and Mortality Project (AMMP) has been monitoring cause-specific mortality rates. What can these data tell us about our progress, and about health service priorities for the next 10 years? What conditions should concern us most as we seek to improve the health of Tanzanians of all ages without neglecting those in the poorest areas?

**FINDINGS**

Over the last decade Tanzania has begun to reform its health sector. An effective and responsive health system must address the leading causes of death and disability. The AMMP surveillance system provides data on the trends in cause-specific mortality across age, sex, geographic and poverty groups. These data reflect, in part, the impact of program achievements, and point to priorities for the future.

There are signs of progress on many fronts from the mid-1990s to the early 2000s. Mortality has fallen, in some cases quite substantially. Nevertheless, preventable and treatable causes still take an enormous toll, especially in poorer areas; in some cases we are actually losing ground.

The graph shows the five leading causes of death across age-groups from 1994–2002 and suggests where some of the intervention priorities ought to lie.

- Stillbirths and perinatal causes account for the greatest numbers of deaths in children under 5. Vaccine-preventable conditions do not feature as a major cause of mortality in children.
- Malaria and diarrhoeal diseases cause high mortality in Tanzanians at all ages, in all areas, and particularly in the poorest quarters.

Diseases that account for the greatest inequalities in mortality—such as malaria, HIV/AIDS ± tuberculosis, and diarrhoeal disease—are all amenable to cost-effective prevention and behaviour change interventions, as well as primary health care interventions.

**POLICY RECOMMENDATIONS**

Some of these findings point to new areas of importance, while others re-enforce current understandings of health priorities and support existing courses of action.

**For pregnant women and children to age 15**

- Scaling up prenatal care, maternity, and emergency obstetric care services may help in rolling back the large burdens of stillbirth and perinatal mortality.
- Where prevention fails, children up to age 15—especially in poorest areas—need a responsive health system providing acute and episodic care.
- Continued commitment to immunization should maintain the relatively low amount of vaccine-preventable mortality.

**For adults and older Tanzanians**

- A health system and community network that provides and supports long-term care and management of highly burdening chronic conditions such as HIV/AIDS, tuberculosis, and cardiovascular diseases.

**To reduce mortality and inequalities for Tanzanians of all ages**

- Doing more to prevent and treat malaria and diarrhoeal disease will reduce the mortality burden in all Tanzanians.
- Targeting primary prevention and scaled-up primary health care for malaria, HIV/AIDS ± tuberculosis, and diarrhoeal disease to poorer communities can aid in reducing geographic and socio-economic inequalities in levels and causes of mortality.