The Tanzanian government is committed to improving people’s access to lifesaving postabortion care, as a means of reducing maternal mortality, and has made efforts to expand these services at different facilities across the country. This fact sheet presents selected findings from a study estimating the costs to the Tanzanian health care system of providing care to women experiencing complications from unsafe abortion. It also calls attention to patients’ out-of-pocket spending, an important component in the debate about the affordability of postabortion care.

Need for and cost of postabortion care

- In 2018, an estimated 77,800 Tanzanian women received postabortion care, and public facilities provided 64% of this care. Another 114,300 women are believed to have required postabortion care but did not receive it.
- The total national cost associated with postabortion care in 2018 was estimated to be 10.4 billion Tanzanian shillings (TZS; about US$4.5 million). The majority of the total costs nationally in 2018 were incurred at midlevel facilities.
- The national average per-patient cost for postabortion care at any type of facility was TZS 134,000, or about US$57.70.
- Direct costs, including those for personnel and supplies, represented the largest share of postabortion care–related costs. Medical supply costs accounted for 75% of the total.

Reducing costs and improving health outcomes

- Regional hospitals had the highest annual postabortion care caseload, and district hospitals’ caseloads were the second highest. This situation highlights the need for the government to make deliberate efforts to provide these services at lower-level facilities, which will reduce the need for women to travel to regional and district hospitals.

Costs in TZS

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Direct (personnel)</th>
<th>Direct (supplies)*</th>
<th>Indirect</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>National hospital</td>
<td>740</td>
<td>2,434</td>
<td>5,481</td>
<td>10,430</td>
</tr>
<tr>
<td>Regional hospital</td>
<td>118</td>
<td>1,888</td>
<td>823</td>
<td>1,506</td>
</tr>
<tr>
<td>District/cottage hospital</td>
<td>84</td>
<td>3,902</td>
<td>1,607</td>
<td>5,413</td>
</tr>
<tr>
<td>Health center/PHCU+</td>
<td>593</td>
<td>4,63</td>
<td>682</td>
<td>7,808</td>
</tr>
<tr>
<td>Dispensary/PHCU</td>
<td>118</td>
<td>1,426</td>
<td>20</td>
<td>1,644</td>
</tr>
</tbody>
</table>

Midlevel facilities accounted for two-thirds of the total cost of postabortion care in Tanzania in 2018

*Consumables, small equipment, medications and laboratory tests.

Notes: Numbers may not add to totals because of rounding. PHCU=primary health care unit; a PHCU+ provides additional services not offered at a PHCU.

Abortion is legally restricted in Tanzania. The penal code is interpreted to allow abortion to save the pregnant woman’s life. However, access to safe abortion services in Tanzania—even for legally authorized reasons—is extremely limited. As a result, unsafe abortion and the need for postabortion care are not uncommon.
for care, thus minimizing congestion and patient costs.

- Not all women who need postabortion care are able to obtain it. If the government of Tanzania were to meet all women’s needs for this essential service, the estimated total costs would more than double, to TZS 25.7 billion (about US$11 million) annually. However, much of this cost could be avoided through increased provision of family planning services.

- The Tanzanian government has declared that free postabortion care must be available for all women in government facilities. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and the President’s Office, Regional Administration and Local Government offices should ensure that there are enough commodities and equipment to enable free provision.

- Postabortion care accounted for 0.3% of total national spending on health in 2017. Although this proportion is small, funds currently used for this service could make a difference elsewhere in Tanzania’s health system if the need for postabortion care were reduced.

- MoHCDGEC should adopt harm-reduction counseling services, such as an approach studied by Tanzania’s Muhimbili University of Health and Allied Sciences, to reduce the incidence of unsafe abortion and thus the costs of postabortion care.


Source

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