



Reducing Child Mortality in Tanzania

Sustaining and Scaling Access to Pediatric Pneumonia Treatment

Tanzania has made remarkable progress toward its goal of reducing child mortality 80% by 2030¹. Pneumonia — the leading cause of death in children under five — is now within reach of decisive policy action. This policy brief outlines the **six actions the MoH can take now** to protect those gains and eliminate remaining gaps.

WHERE TANZANIA STANDS TODAY



Amoxicillin Dispersible Tablets (Amox DT) — the recommended first-line treatment³ — are now domestically funded and more reliably supplied than at any point in the past decade. **But availability alone is not enough: the majority of pneumonia cases are not being correctly diagnosed at the facility level⁴, and the private sector remains underserved.** Closing these gaps is what will determine whether Tanzania meets its 2030 target.

SIX RECOMMENDED ACTIONS

01 Scale quality-of-care interventions to reduce underdiagnosis.

Only 7% of providers perform the required breath-count assessment⁴. MoH should rigorously test and expand cost-effective, scalable training and supervision interventions targeting this critical gap in IMCI protocol adherence.

02 Digitize and integrate data systems.

Full integration of Electronic Medical Records (EMR) at all facility levels will simplify supply quantification and enable real-time decision-making — replacing error-prone manual processes still in use today.

03 Expand policy action to the private sector.

ADDOs and community pharmacies remain an underserved access point. MoH should extend regulatory and supply frameworks to ensure Amox DT availability beyond public facilities.

04 Strengthen institutional market management capacity.

Build capacity across MoH, PMO-RALG, and MSD to holistically diagnose commodity market challenges and drive efficiencies across financing, supply, demand, and regulation — not just for Amox DT, but as a replicable model for other essential medicines.

05 Maintain and diversify the supplier base.

With 8 registered suppliers now active, MoH should monitor registration status continuously to guard against stock-outs and protect price stability through competition.

06 Leverage AI and predictive analytics for forecasting.

Emerging tools can significantly improve the accuracy of national forecasting processes. MoH should pilot AI-assisted demand forecasting coupled with continuous data review for evidence-based procurement decisions.

PARTNERSHIP WITH R4D

R4D has worked alongside the Government of Tanzania since 2014, supporting the transition to 100% domestic financing, strengthening bottom-up quantification, and expanding the supplier market. **R4D is ready to support MoH in designing and implementing each of the actions above** — providing technical assistance, evidence generation, and market-shaping expertise as Tanzania moves toward 2030.

Learn more: <https://r4d.org/countries/tanzania/>

Citations:

1. Government of Tanzania, Ministry of Health, “Women and Children First: Countdown to ending preventable maternal, newborn and child deaths in Tanzania” (May 2015).
2. This figure reflects registrations between 2014–2023. Because supplier registration must be renewed every two years, the number of active registered suppliers in the system may vary at any given time.
3. Amox DT is the recommended first-line treatment for childhood pneumonia by the World Health Organization (WHO).
4. Pneumonia diagnosis and prescription study (2017). At each facility, one health care provider who was responsible for treating CU5 was randomly selected for the study. Survey interviewer directly observed provider patient consultations and recorded provider diagnosis; CU5 with respiratory symptoms or a respiratory diagnosis taken for lung ultrasound (LUS) examination and LUS result compared to provider diagnosis to determine accuracy; N = 847 CU5.