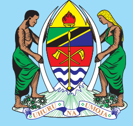
Tanzania Essential Health Interventions Project (TEHIP)



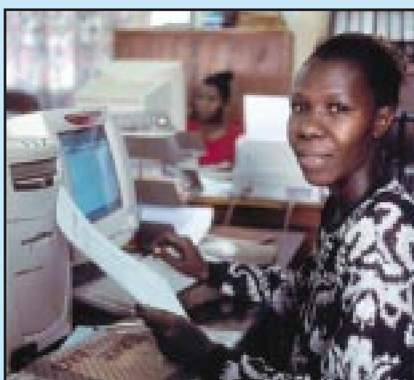
A joint initiative of Tanzania's Ministry of Health and the International Development Research Centre (IDRC)

Brief No.2: District Burden of Disease Profile

Demographic Surveillance System (DSS) defined:

"A geographically-defined population, under continuous demographic monitoring, with timely production of data on all births, deaths, and migrations."

INDEPTH Network,
www.indepth-network. net



Evidence at a glance

The Tanzanian Essential Health Interventions Project (TEHIP), a joint initiative between the Tanzania Ministry of Health and Canada's International Development Research Centre, is testing how and to what extent evidence can guide decentralized planning for health. *TEHIP Briefs* aim at informing a wide audience about the project's findings and lessons, as well as its innovative products that have been successfully tested and applied in the field.

Background: The Burden of Disease

The burden of disease is the total future life years lost due to premature death and disability. In Africa, 80% of the burden of disease comes from premature death. Since most people die at home or outside of health care facilities, information gathered at these facilities gives an incomplete picture of a population's health problems and outcomes. Moreover, birth and death registration is virtually non-existent in much of sub-Saharan Africa. In such cases, a sentinel demographic surveillance system (DSS), which collects data through regular monitoring at the household level, can track the burden and causes of mortality and thus permit estimation of the burden of disease.

Armed with such evidence, planners can select cost-effective health interventions that address the prevailing burden of disease. For example, Integrated Management of Childhood Illnesses (IMCI), a health strategy that targets children under five, can address five leading causes of death: malaria, pneumonia, diarrhoea, measles and malnutrition. In Rufiji District, the DSS has shown that these "top five" account for 34% of the total population's burden of disease.

The problem being addressed

The data gathered through the DSS process, while relevant to specialist audiences, is not easily digested by district-level planners.

The solution

The *District Burden of Disease Profile* simplifies and communicates complex information on the local burden of disease by transforming it into easy-to-read graphs, tables, and charts. Brief captions accompany each image.

Instead of presenting the burden of disease by specific disease categories, the profiles emphasize the proportional burden addressed by various essential health interventions and strategies. Those interventions that are deemed cost-effective and that address at least 2% of the burden of disease form a "package" of choices available to local health planners. Finally, the profiles also generate valuable information, such as place of death and health-seeking behaviour, that can also be used in district health planning.

The *District Burden of Disease Profile* in use

The profiles are produced annually to feed into the district planning cycle in the TEHIP pilot districts. Council Health Management Teams (CHMTs) use the profiles as a first step in setting priorities that will guide their choice of essential interventions. They can then establish their budgets according to these priorities and interventions. In this way, CHMTs allocate scarce health resources to where they will have the greatest impact on the burden of disease. This exercise is made easier with another TEHIP tool – *District Health Accounts* (Brief No. 3).

The Ministry of Health's National Sentinel Surveillance System, a network of DSS sites, will ultimately provide information on the burden of disease to all districts. The *District Burden of Disease Profile* shows how such information could be provided.

From the field: Dr Harun Machibya, District Medical Officer for Morogoro Rural District

"Before having this tool, our plans were not based on evidence. The District Medical Secretary would sit in an office with an accountant and add 10% - 20% to the previous year's budget. So it was not a plan in the real sense but a budget. With this kind of a budget, we concentrated on administrative issues rather than on interventions. "Now we can prioritize more comfortably because we have concrete, reliable information from the population at large."

Where to get more information

Download a typical burden of disease profile from the : Burden of Disease Profile 2001, Coastal Zone **Web site: www.idrc.ca/tehip**

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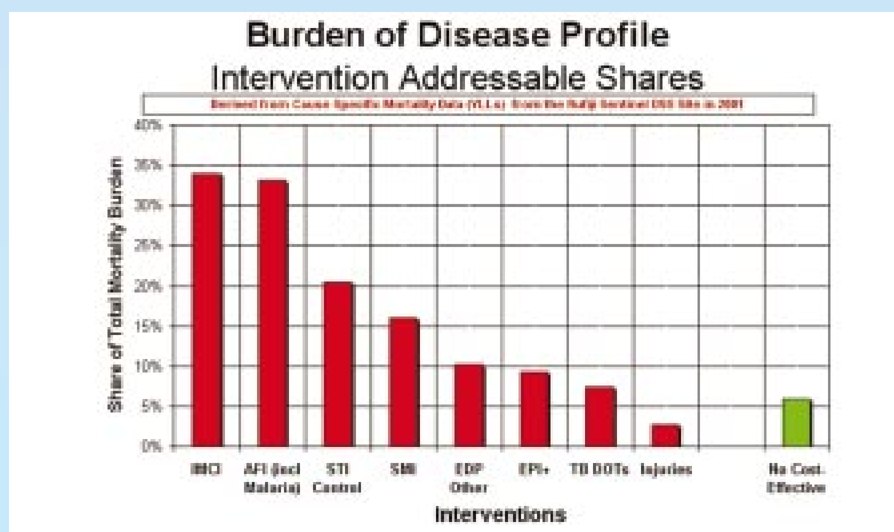

Burden of Disease Profile: Graph shows how much of the total burden of disease is addressed by each essential health intervention strategy currently available at district level.