

**THE MWALIMU NYERERE FOUNDATION**



**SPEECH BY**

**DR. SALIM AHMED SALIM**

**CHAIRMAN  
THE MWALIMU NYERERE FOUNDATION  
AND  
FORMER SECRETARY GENERAL OF THE OAU**

**ON THE OCCASION OF THE DISSEMINATION OF THE FINAL  
REPORT OF THE ADULT MORBIDITY AND MORTALITY  
PROJECT, PHASE 2 (AMMP-2)**

**DAR ES SALAAM**

Royal Palm

10<sup>th</sup> June 2004

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JUNE 10, 2004 ROYAL PALM HOTEL, DAR ES SALAAM**

**Permanent Secretary, Ministry of Health Ms Mariam Mwaffisi,**

**The Head UK Department for International Development in  
East Africa, Ms Caroline Sergeant**

**WHO Country Representative, Dr. Edward Maganu**

**Professor Albert of the University of New Castle,**

**Government and Ministry of Health Officials,**

**Regional and District Officials,**

**International Guests,**

**Ladies and Gentlemen.**

Speech by Dr. Salim Ahmed Salim  
On the Dissemination of the Report of the  
Adult Morbidity and Mortality Project

It is my great pleasure to be here today with you on this occasion.

Today Tanzania takes forward a project that has, for more than ten years, contributed basic information about population health conditions in Tanzania. The Adult Morbidity and Mortality Project, 'AMMP,' is a prime example of the enduring partnership for development between the governments of Tanzania and the United Kingdom. The UK Department for International Development, 'DFID,' through its support to the Ministry of Health has made a major contribution to our mutual endeavor of poverty reduction through evidence-based, equitable health care. I would like to assure the representatives of the British government here today that this significant investment in health and poverty information systems is well appreciated. I believe that Tanzania will do everything possible to ensure its continued success.

As we are aware, Tanzania, as part of its national and international commitment to poverty reduction, has identified health as a priority sector. This extends not only to monitoring poverty reduction through the Poverty Monitoring Master Plan, but also to measuring our national progress in the Millennium Development Goals, and in the multi-sectoral fight against AIDS, tuberculosis and malaria.

Through the improved monitoring of births, deaths, and the causes death at the community level, as well as health facility use and household poverty conditions, AMMP has contributed to policy and practice at all levels and across sectors.

I have taken some time to examine the four volumes of the AMMP final report, which were made available to me. I wish to highlight just a few of the many important findings that it contains:

**First of all**, a basic knowledge of our population's health and how it relates to poverty is the foundation stone of public policy. There are few areas where new technologies and new knowledge have been needed more. The AMMP has pioneered new ways of generating information for the benefit of Tanzania and other developing countries—namely that of 'sentinel' or 'sample' demographic and mortality surveillance with verbal autopsy. It is now very clear that much of this information cannot be effectively obtained from any other source. The sentinel surveillance established by the Ministry of Health is both cost-effective, and provides community-level data on trends in health, education, gender equity, and poverty reduction.

**Second**, we have learned the importance of looking beyond national averages in health outcomes and the use of social services in health and other sectors. In order to truly have equitable development and 'pro-poor' social policy, we must have knowledge about the extent of inequalities and disparities in the country and be able to chart our progress in closing the gaps. Through the work of AMMP we are able to see that while significant gains have been made in many areas, we still have far to go in bringing about equitable development for urban and rural areas, and for men and women alike. For example, the report shows that in sentinel areas:

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- Infant, child, and maternal mortality have all gone down in the period from 1994 to 2002 in both the poorest and relatively well-off sentinel communities;
- Likewise, education indicators have improved. Specifically, school enrollment increased dramatically after debt relief allowed us to invest more heavily in the priority social services sectors.

While this report shows that much has been done, we cannot afford to be complacent. There is still much more to be done to reduce inequities and inequalities.

**Third**, as stated in the National Poverty Monitoring Master Plan:

*"Tanzania is moving towards a coordinated national level approach to data and information collection, analysis, and dissemination. It is seeking to move away from single-purpose information generation, toward a multi-purpose and interlinked approach at the national level."*

Therefore, I call upon all development partners and ministries to make use the foundations laid by this system to complement other available sources in fighting poverty and the interventions which our development partners assist us in combating diseases and especially such pandemics as HIV/AIDS.

In closing, I would like to congratulate the Honorable Minister of Health and those in her Ministry who have made this project a success, and to thank the British Government for supporting its implementation.