



# Breaking the Silence: Data-driven Insights on Gynecological Health for Tanzanian Women



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**Background:** Gynecological conditions such as endometriosis, uterine fibroids, abnormal uterine bleeding, and polycystic ovary syndrome (PCOS) contribute substantially to morbidity among women in low- and middle-income settings, yet the extent and distribution of published research from Tanzania remain unclear. Quantifying the evidence base is crucial for directing research funding, planning health services for the population of 17,171,744 women aged 15-64 years (approximately 28% of the total population), and facilitating participation in translational initiatives.

**Aim:** To systematically map and describe published research on the four priority gynecological conditions in Tanzania and to identify major evidence gaps that should inform research and policy priorities.

**Methods:** We conducted a systematic search of MEDLINE (PubMed), Embase, Web of Science (Core Collection), Scopus/Google Scholar, Cochrane Library, and national databases for studies reporting on endometriosis, uterine fibroids, abnormal uterine bleeding, or PCOS in Tanzania. Search dates covered from 2020 to 2025. A search strategy was developed that combined controlled vocabulary and free-text terms for each condition, as well as Tanzania and female/reproductive-age populations. We screened titles/abstracts and full texts against predefined inclusion criteria, extracted study characteristics (year, location, design, sample size, and outcomes), and summarized the evidence by condition and geographic coverage.

**Results:** The search yielded 48 eligible publications reporting data from Tanzania. Distribution by condition: uterine fibroids n = 22, Abnormal Uterine Bleeding n = 14, endometriosis n = 6, PCOS n = 6. Most studies were facility-based cross-sectional audits or case series; few were population-based or longitudinal. Geographic coverage clustered in urban referral centres (Dar es Salaam, Kilimanjaro), with sparse representation from rural regions. Common methodological limitations included small median sample sizes, inconsistent case definitions, limited use of imaging or histopathology for diagnosis, and heterogeneous reporting of outcomes. This is data from a population of

**Conclusion:** The evidence base on gynecological disorders in Tanzania is sparse, urban-centred, and dominated by small facility studies with variable diagnostic rigor. Priority actions are: fund population-based prevalence studies, standardize diagnostic criteria (imaging and pathology), decentralize diagnostic capacity beyond tertiary centres, and issue targeted calls for research on endometriosis and PCOS to inform equitable service planning and translational research.

**Key message:** Limited, urban-centred research on common gynecological conditions undermines planning, diagnostics, and equitable care; urgent, targeted investment is needed.

## A Short Policy Brief: Evidence gaps in gynecological health in Tanzania — immediate research and policy priorities

### Headline evidence:

1. Total peer-reviewed Tanzania studies located: 48.
2. Condition distribution: Fibroids 22; AUB 14; Endometriosis 6; Polycystic Ovarian Syndrome (PCOS) 6.
3. Most data from tertiary/referral hospitals; rural coverage is minimal.
4. Common problems: small sample sizes, nonstandard case definitions, limited imaging/pathology, and heterogeneous outcomes.

### Why this matters

1. Under-recognised burden leads to delayed diagnosis, unnecessary surgeries, chronic morbidity, lost productivity, and inequitable care.
2. Weak evidence base limits policy, workforce planning, and translational research (diagnostics, non-surgical treatments).

### How can Tanzania increase its chances of utilizing the opportunities in the IEF Health Accelerator Program?

1. Commission 2–3 population-based prevalence surveys (stratified urban/rural) for fibroids, PCOS, and Abnormal Uterine bleeding
2. Issue competitive grants for rigorous facility cohorts on gynecological conditions with standardized diagnostic protocols.
3. Develop and disseminate national diagnostic algorithms (point-of-care ultrasound, referral criteria, pathology pathways).

### One-line policy asks

Fund and mandate a coordinated national research and implementation package to generate representative data and decentralize diagnostic capacity for gynecological conditions.

### Policy and advocacy actions (quick wins)

1. Issue a national statement endorsing participation in the IEF Discovery & Development Network and announce initial priority areas.
2. Allocate a small national seed fund to demonstrate commitment and unlock matched international support.
3. Engage regional bodies (EAHF, Africa CDC, WHO AFRO) to create regional support mechanisms for regulatory harmonization and pooled procurement if/when products mature.

*References: Tanzania Demographic and Health Survey 2022 (TDHS-MIS); Countdown to 2030 Tanzania Report 2023; Tanzania Reproductive Health Data Portal; Citation: Ministry of Finance and Planning, Tanzania National Bureau of Statistics and President's Office – Finance and Planning, Office of the Chief Government Statistician, Zanzibar. The 2022 Population and Housing Census: Age and Sex Distribution Report, Key Findings, Tanzania, December 2022.*