

MALARIA SITUATION IN ZANZIBAR

Developing the 2nd Global Malaria Action Plan (GMAP2)

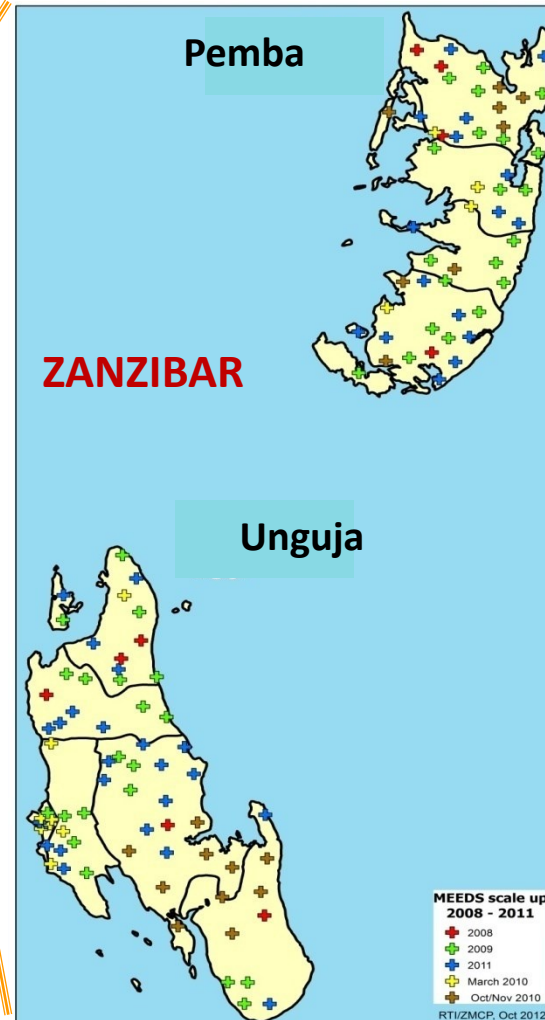
Whitesands Hotel

September 4-5th, 2014

Dar-es-salaam, Tanzania

Introduction

United Republic of Tanzania

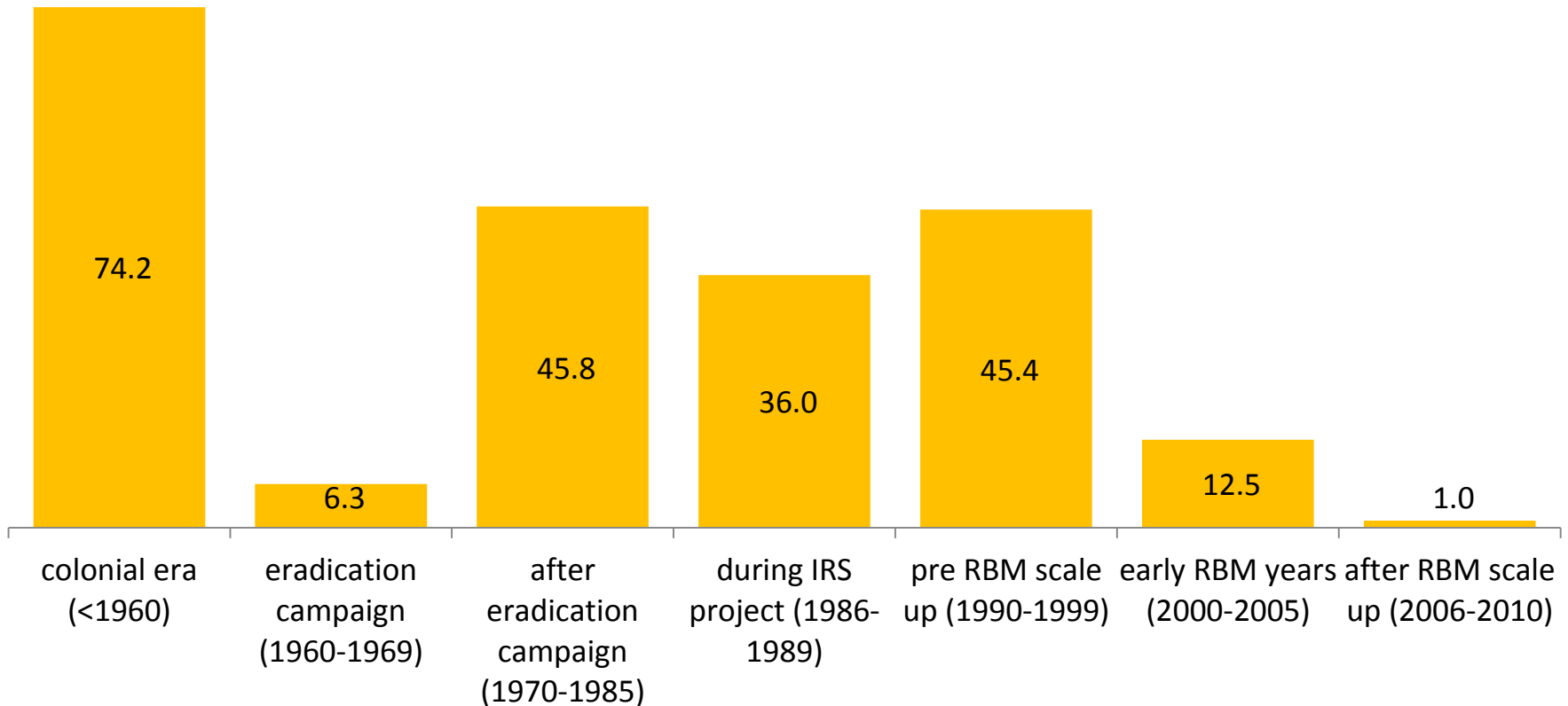


Zanzibar:

- 1.3 m pop
- 2,500 km²
- Transmission
 - Perennial
 - High seasonality
- Vectors
 - *An. Arabiensis*
 - *An. gambiae* s.s
- Parasite
 - *P. falciparum* (83%)
 - *P. malariae*& Pf (17%)

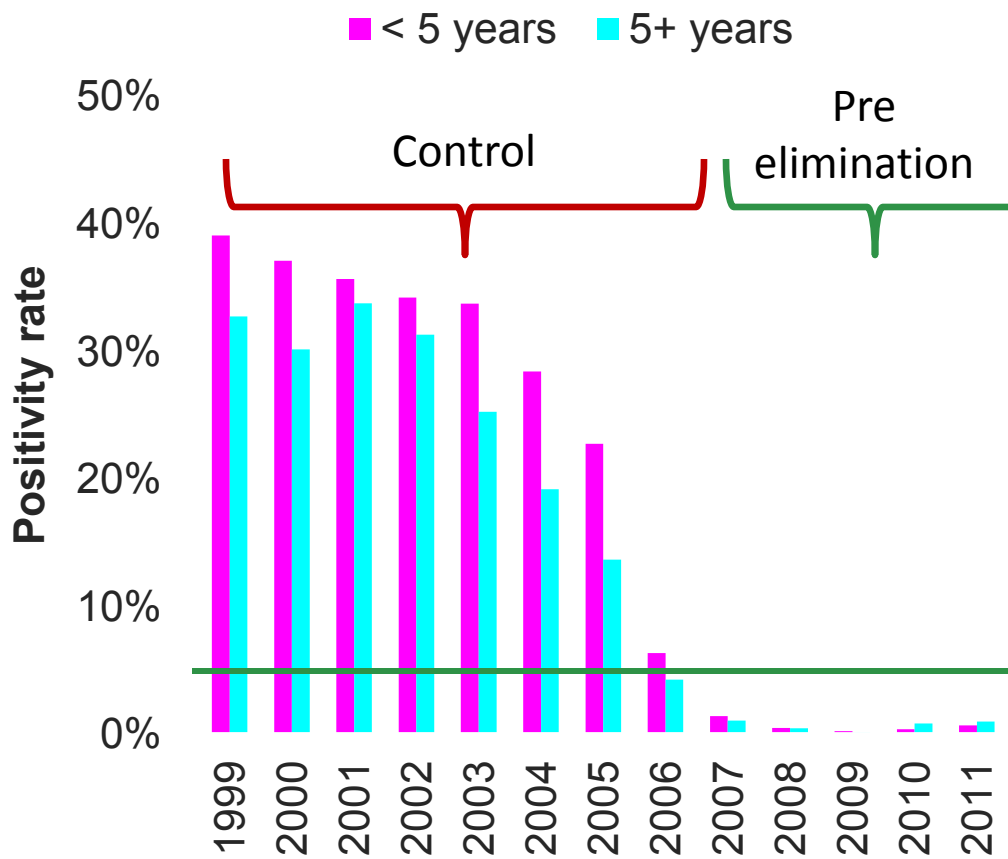
History of malaria in Zanzibar:

Household malaria prevalence 1927-2010



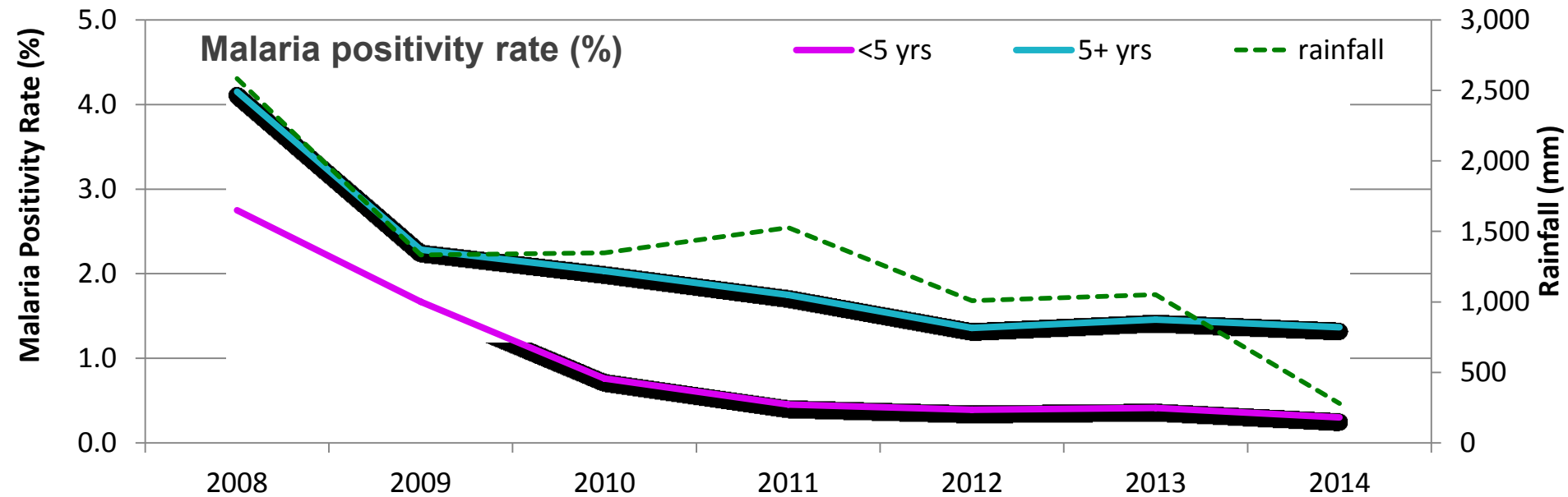
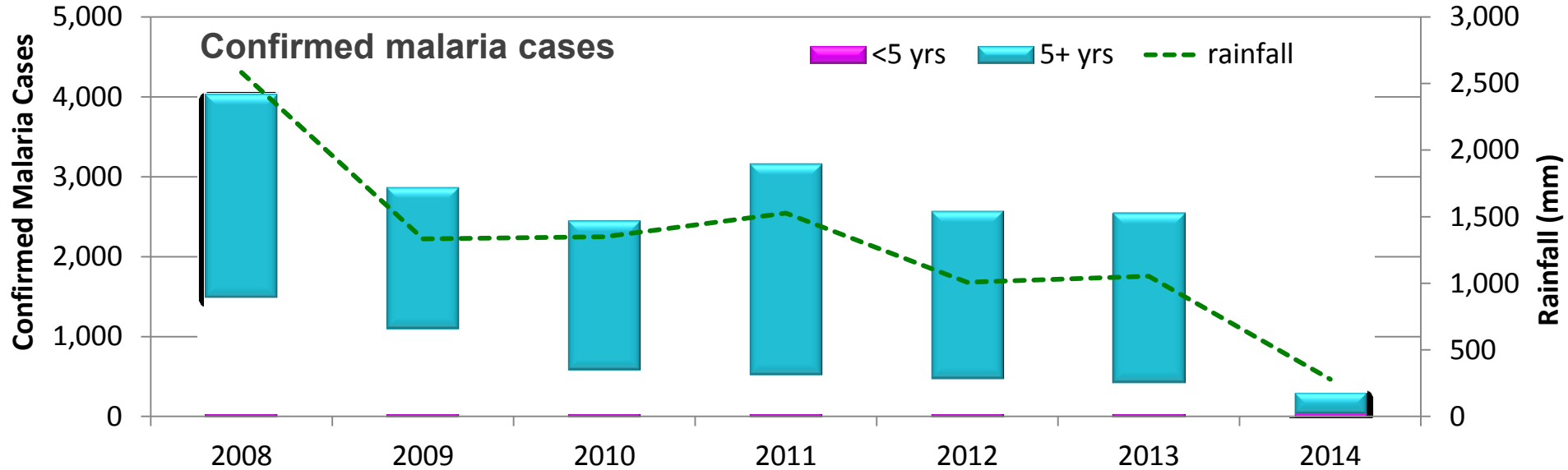
Malaria Control Phases in Zanzibar

Malaria positivity rate 1999-2011



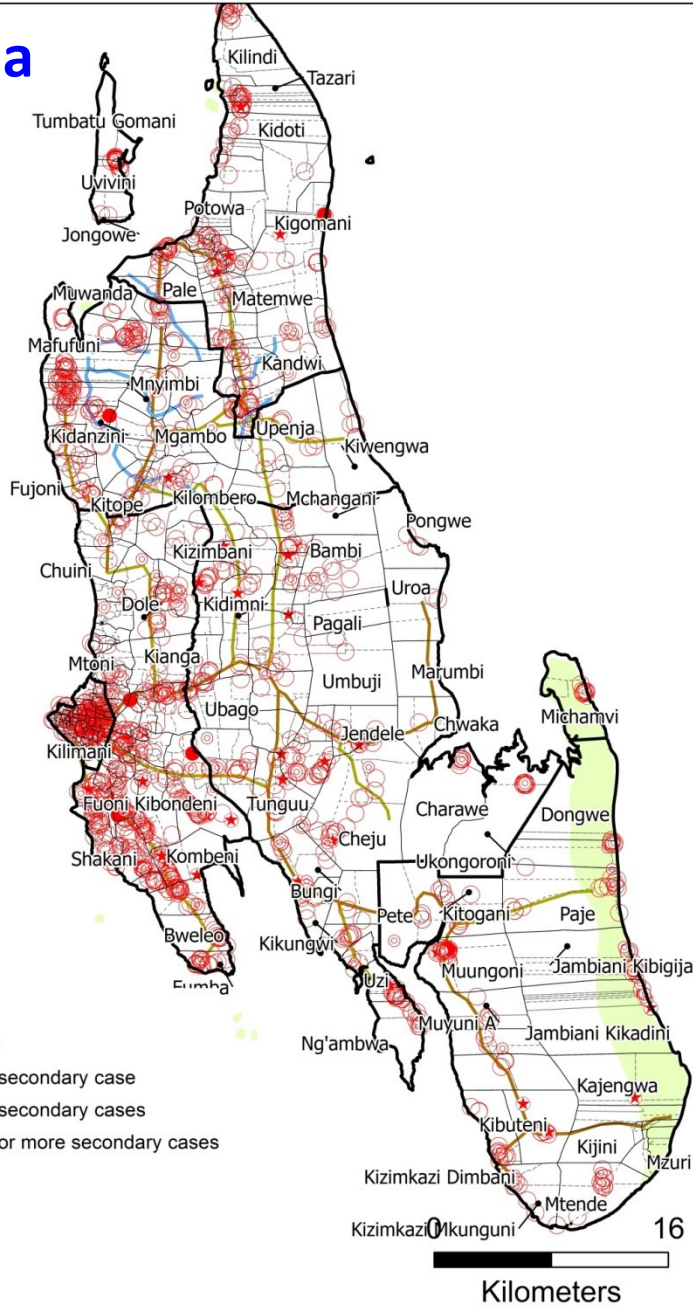
- Evidence from that past 5 years shows that in Zanzibar malaria has been **controlled** and the country is now in a **pre-elimination** phase
- Health Facility Data confirm that since 2006 SPR is largely below 5% (threshold for pre-elimination)
- Repeated surveys data from 2006 onwards show an overall prevalence rate of <1%
- Still evidence of increased seasonal transmission in some foci (hot spots) every year
- Evidence of some localized outbreaks (2010)

MEEADS Results: Annual Malaria Confirmed Cases and positivity rate, 2008-14 (157 HF)

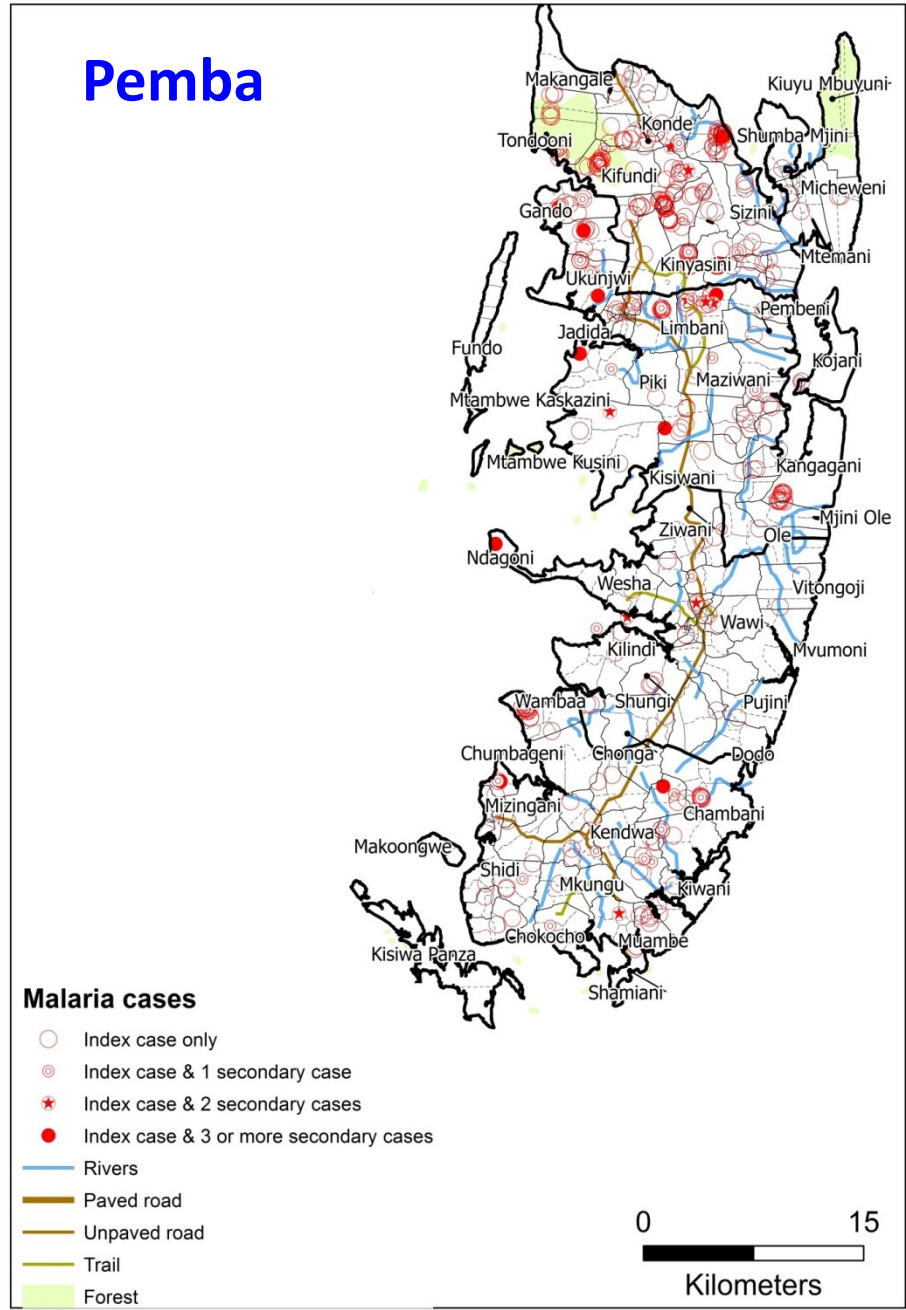


Where are the cases in 2013

Unguja



Pemba

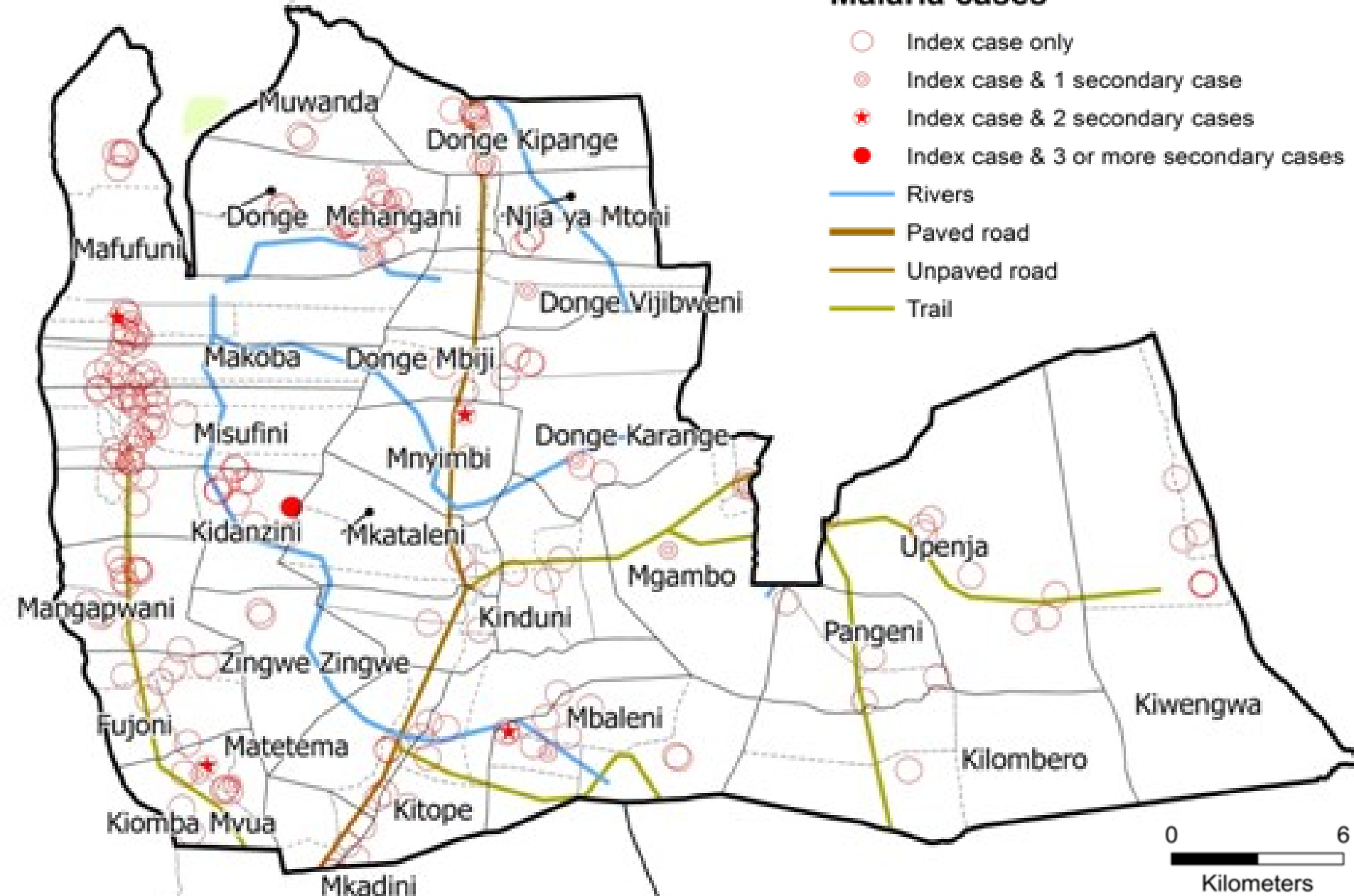


North B: Distribution of followed-up cases in 2013 (n=218)

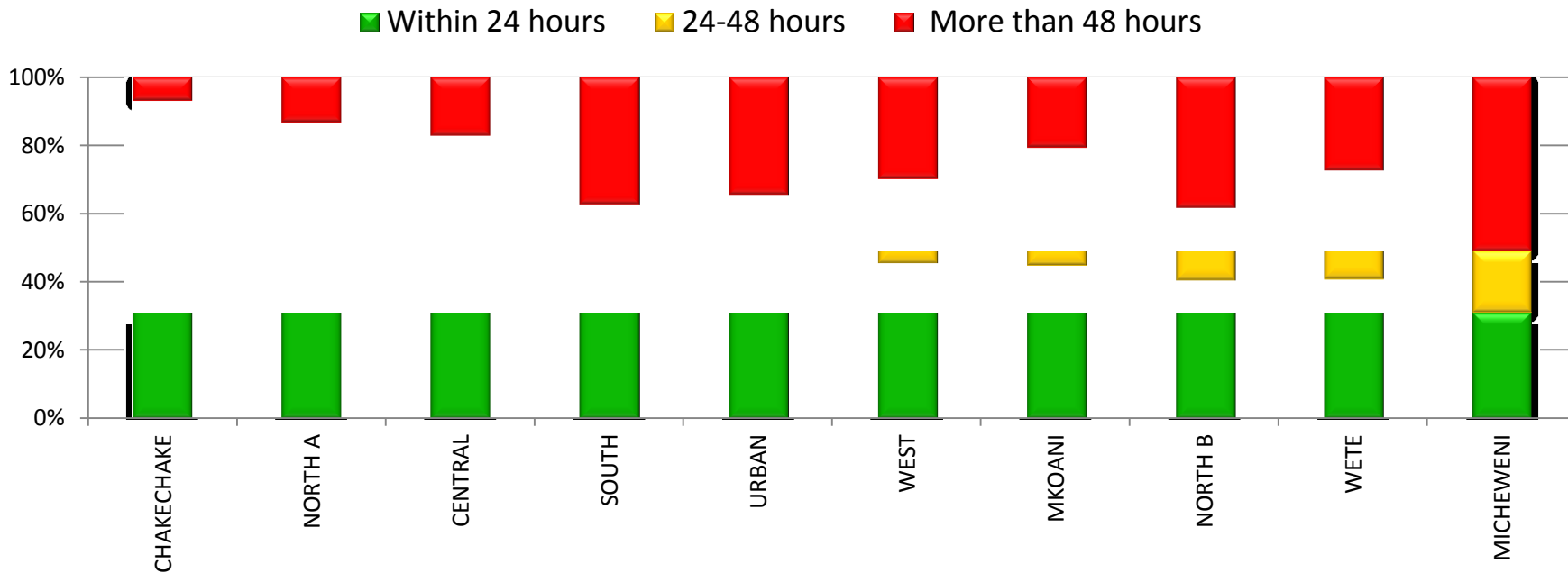
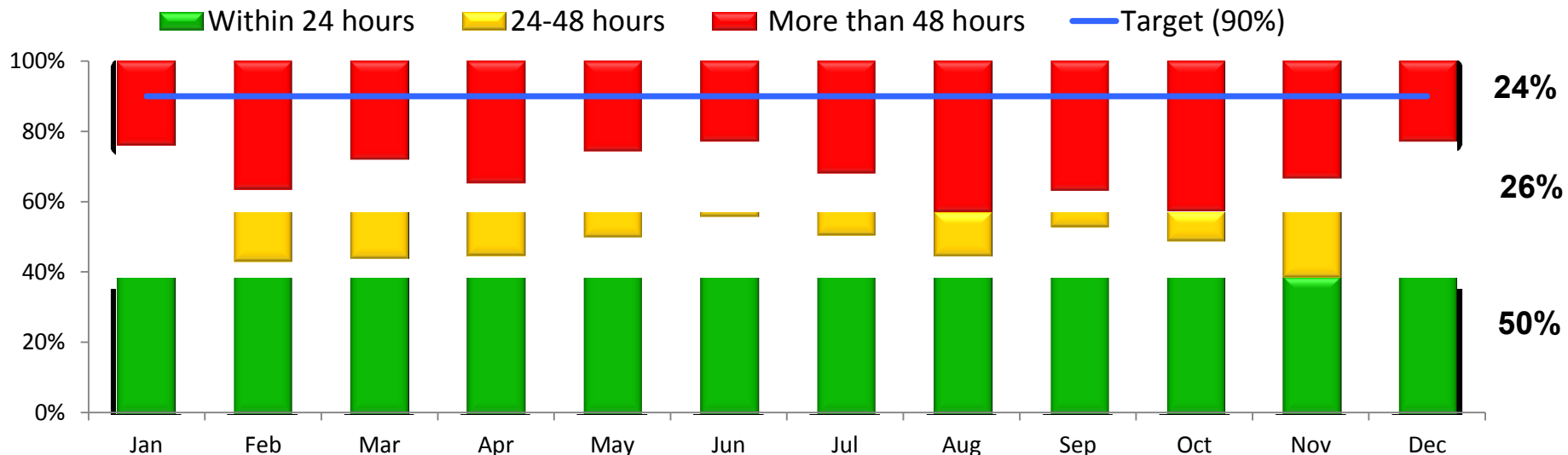
Malaria cases

- Index case only
- ⊙ Index case & 1 secondary case
- ★ Index case & 2 secondary cases
- Index case & 3 or more secondary cases

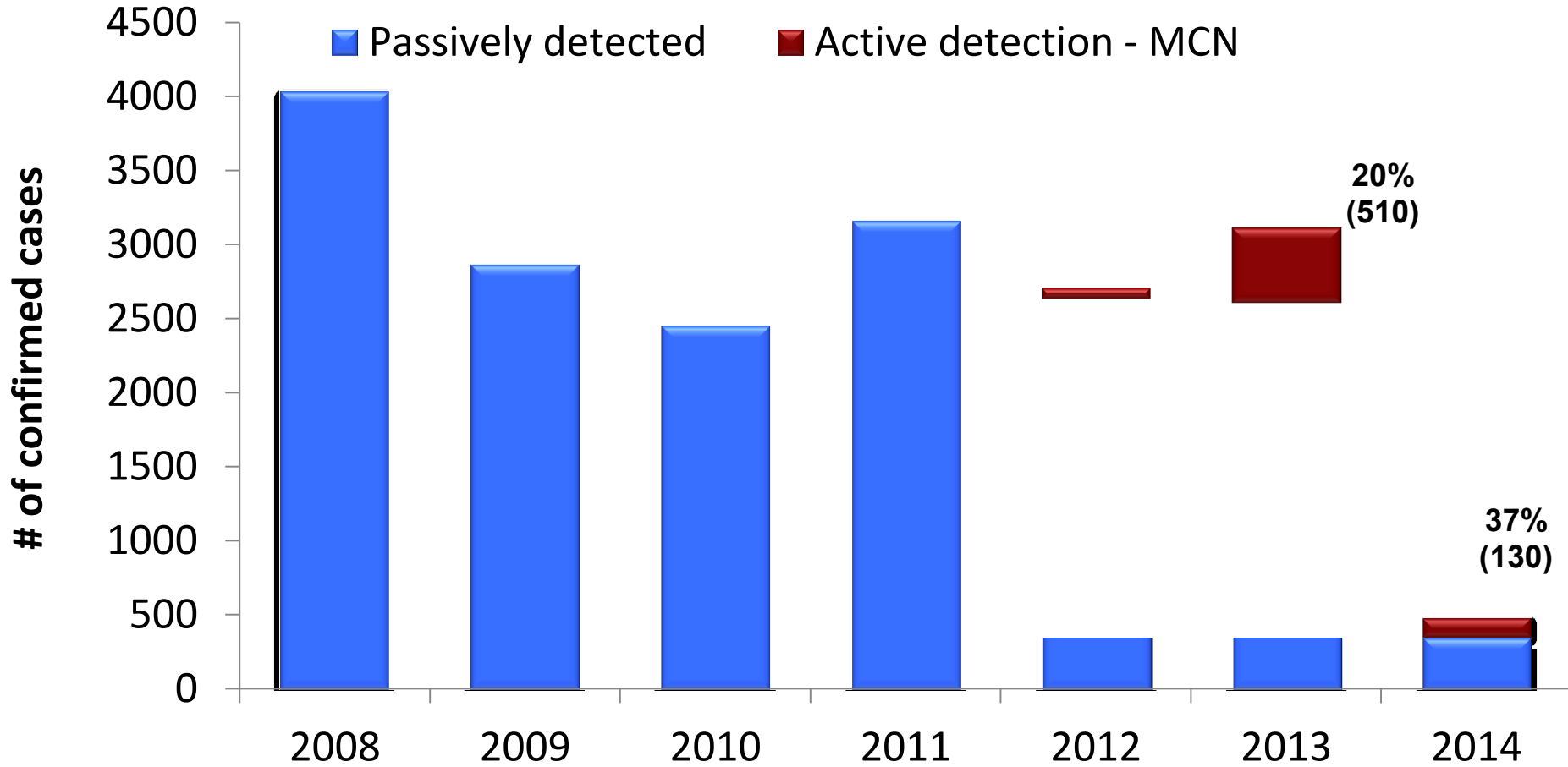
- Rivers
- Paved road
- Unpaved road
- Trail



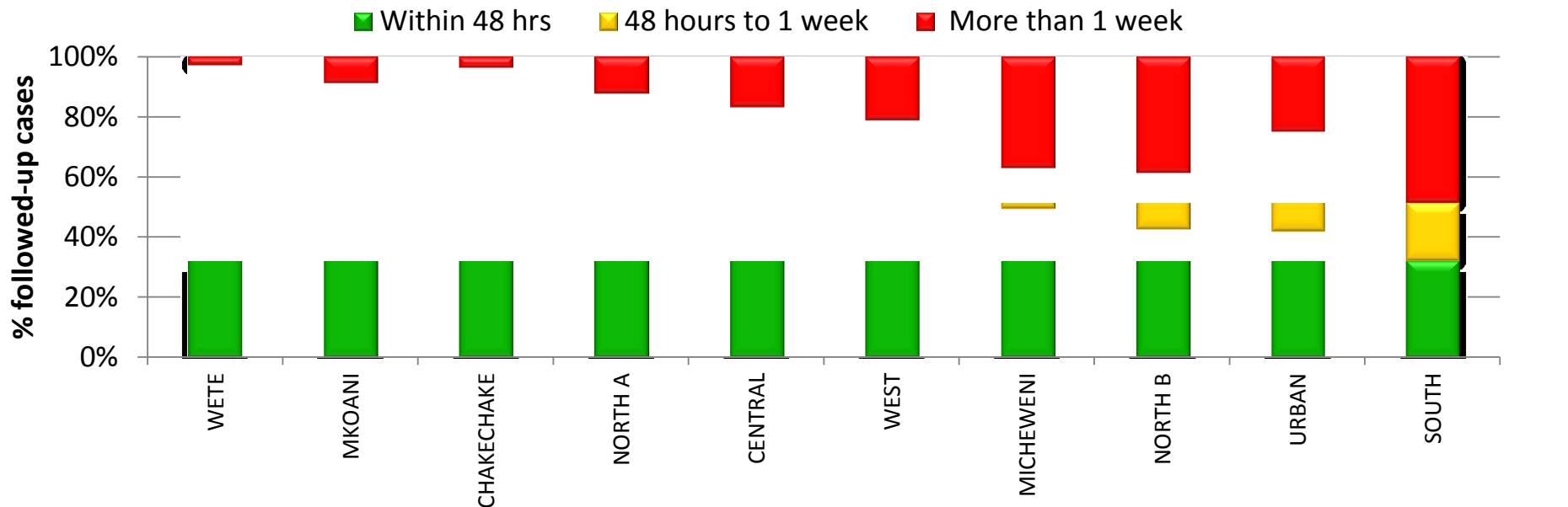
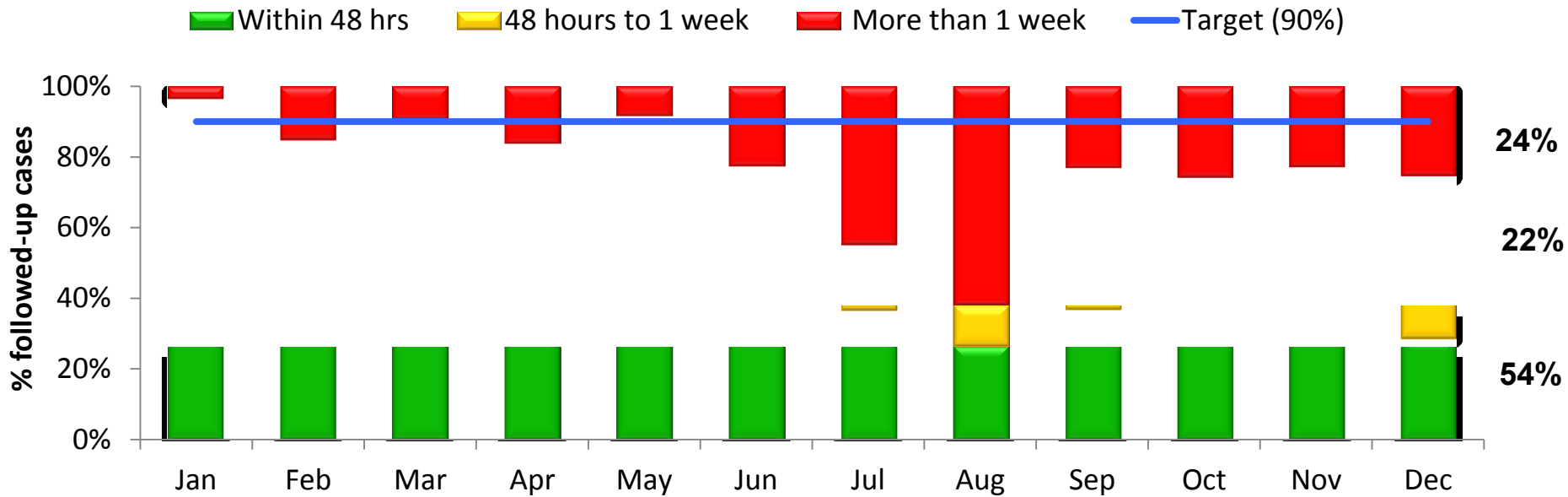
Timeliness of notified cases by months and by district (n=1974)



Annual Malaria Confirmed Cases from 157 HFs through MEEDS and MCN, 2008-14

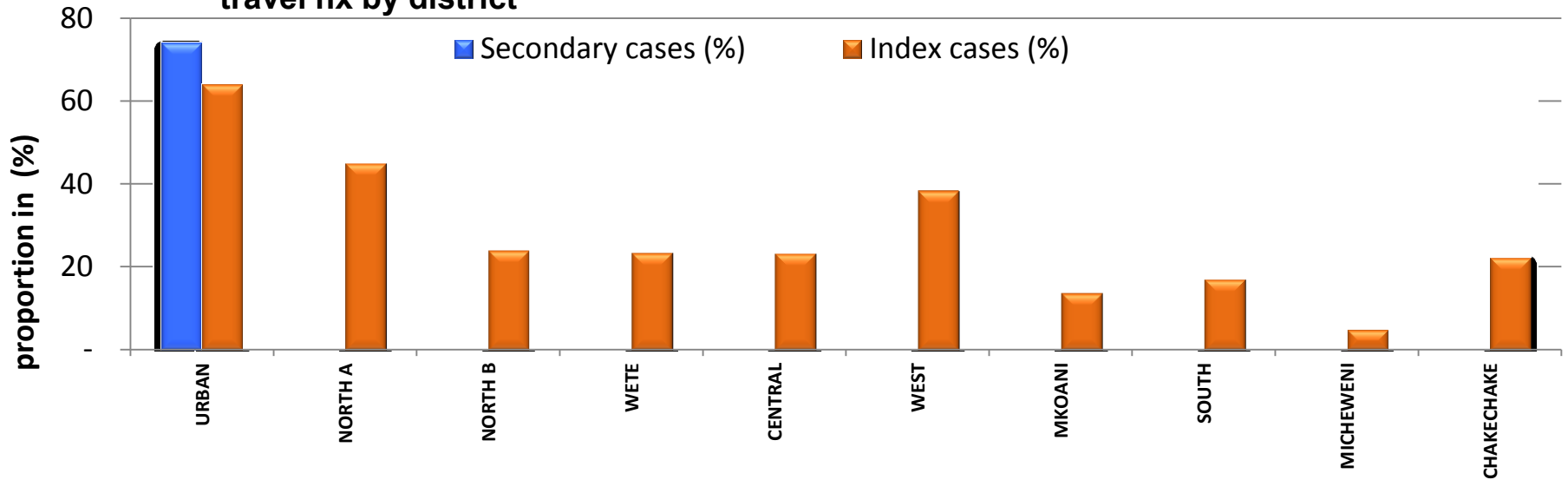


Timeliness of cases follow-up by months and by district (n=1974)

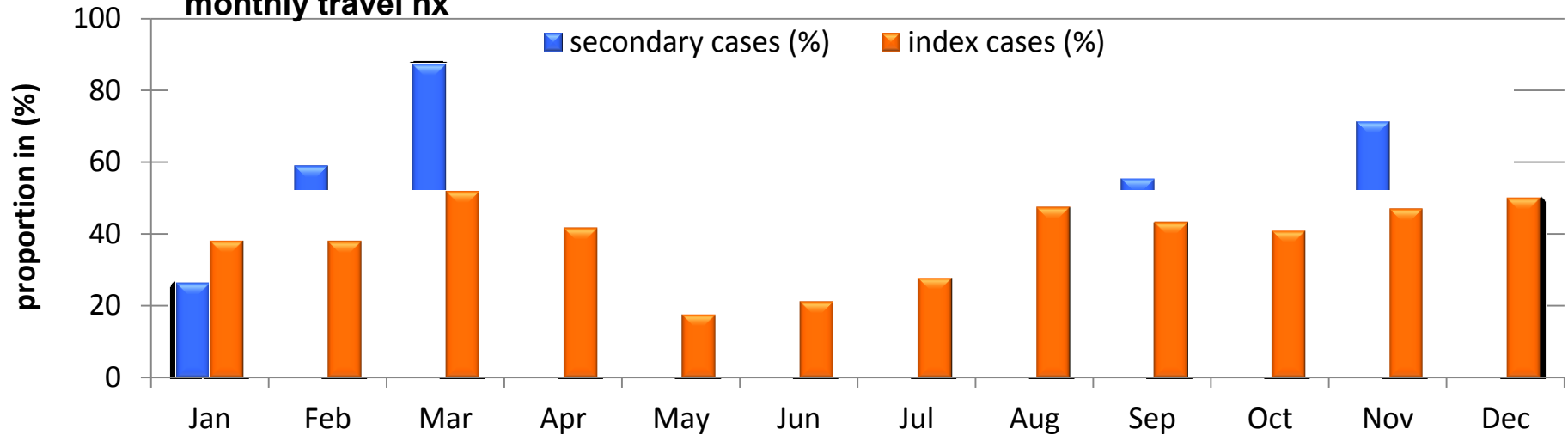


Travel history by district and by month in 2013 (n=722 - 27%)

travel hx by district



monthly travel hx



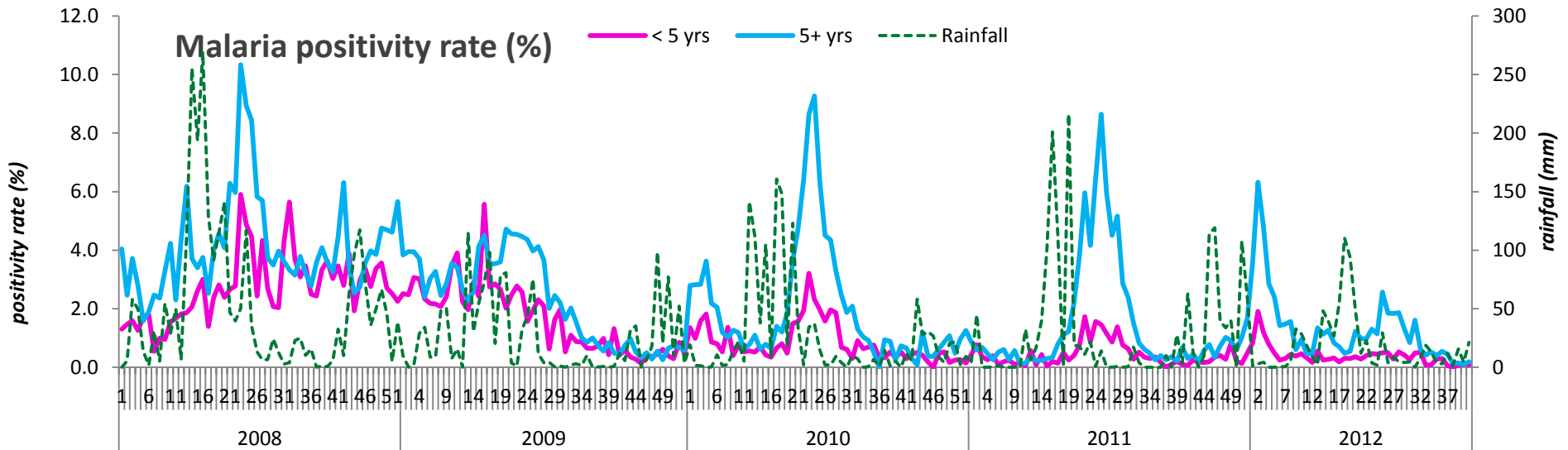
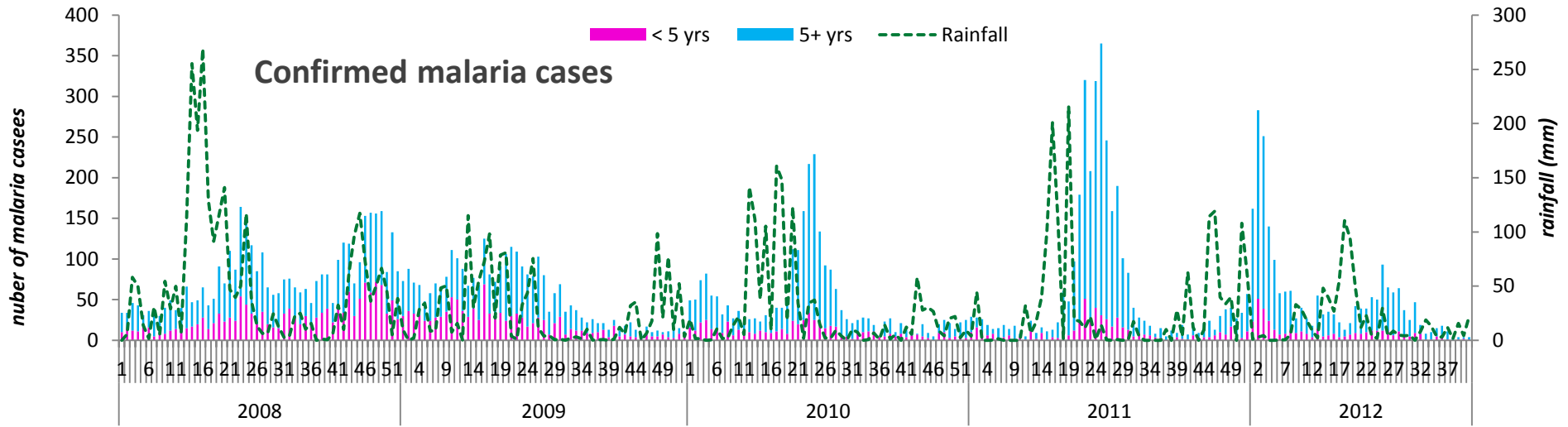
Overall history of travel among malaria cases investigated 29%

MCN-Achievements

- Additional of DMSOs - (2 per district – trained and equipped)
- Remarkable case follow up > 70%: 76% of detected cases have been followed -up
- Community willingness and involvement in malaria outreach services
- Data cleaning processes and reinforcement for preventive measures is at early implementation stages (including adding controls)
- Information dissemination through Quarterly reports
- Initiates village mapping for focal and intensive implementation of various interventions (ACDs, IRS etc)
- Assist in Decision making at Programme level (focusing resources)

Introduction cont..

Malaria Confirmed Cases by Week, 2008-12



Revised-STRATEGIC PLAN

- **Vision:** Zanzibar free of malaria
- **Mission:** To provide quality, affordable and cost effective anti-malarial interventions to all people in Zanzibar
- **Mediam Term:** To consolidate the malaria control achievements towards pre- elimination by 2018
- **Long term Goal:** Malaria elimination in Zanzibar

Objectives:

- **Obj 1:** All suspected malaria cases will have a confirmatory test using the recommended parasitological test by 2015
- **Obj 2:** All confirmed malaria cases will be treated with an effective antimalarial medicine. In addition an anti-gametocytocidal drug will be added to the treatment for its transmission blocking effect by 2017
- **Obj 3:** Maintain universal coverage (100%) prevention measures up to 2018
- **Obj 4:** Expand malaria surveillance; conduct active case detection and investigate 100% of confirmed malaria cases up to 2018
- **Obj 5:** Establish functional coordination structures for malaria elimination at National, district and Shehia levels by 2018
- **Obj 6:** Conduct Operational Research to evaluate and optimize ongoing activities and monitor resistance to anti-malarials and insecticides up to 2018
- **Obj 7:** By 2018, 90% of Zanzibar population will have correct knowledge and good practices towards malaria elimination continuum

Coverage

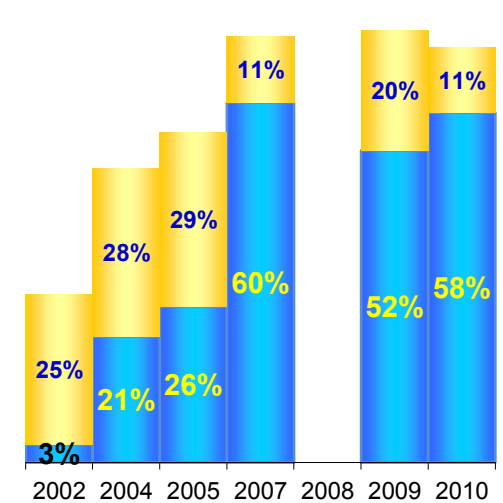
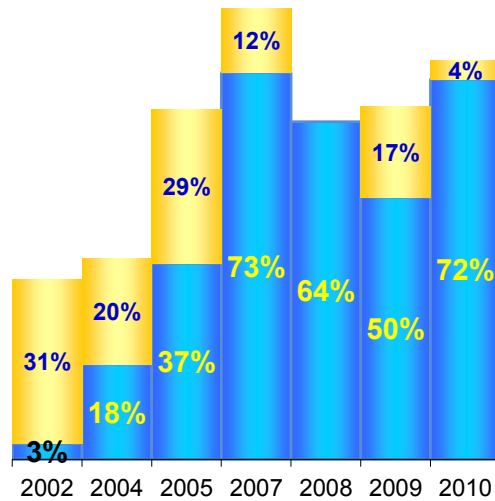
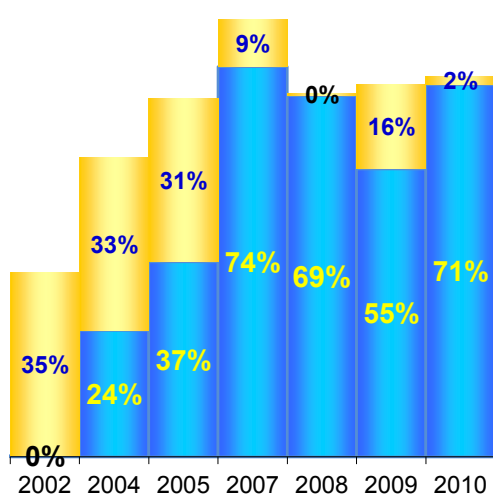
LLINs/ITNs

Un-treated nets

Under fives

Pregnant women

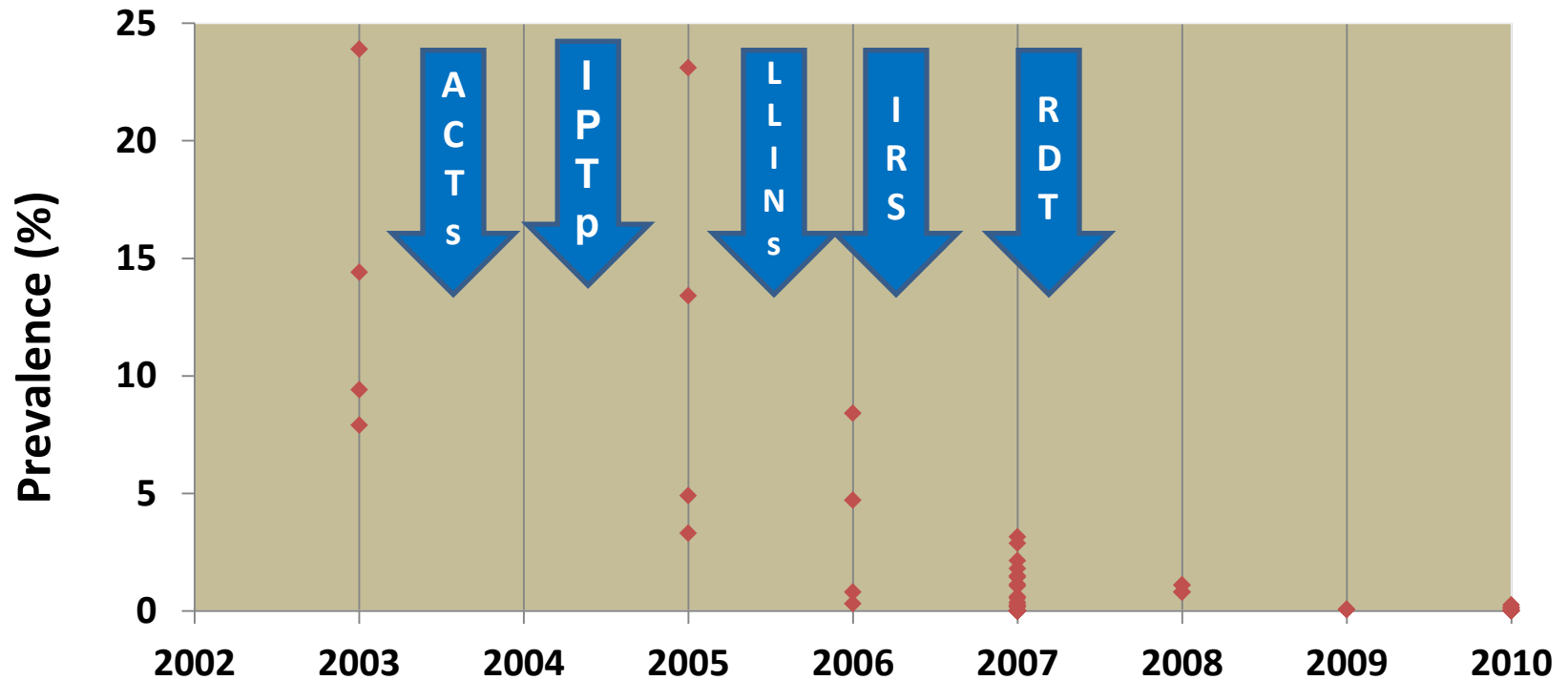
All ages



Indicators	2009	2010	2011	2012
LLINs utilization	52	58		72 - IRS
IRS coverage	96	93	88	95
% of health facilities with no stock out of nationally recommended antimalaria drugs continuously for one week during the last 3 months	100	100	79	100
% of households having at least three ITN		37.2		
% pregnant women on anti-malarial chemoprophylaxis according to national policy		49.2		

Impact

Malaria Prevalence from Household Surveys, 2002-10



current “Malaria Prevalence in Zanzibar is **< 1%.**”

Indicators	2009	2010	2011	2012
Malaria positivity rate	2868 (2.0%)	2454 (1.5%)	3161 (1.2%)	2145 (1.1%)
Malaria incidence per 1000 population	2.3	1.9	2.4	1.6
Mortality attributed to malaria (all ages)	0	0	3 (1.2%)	
Mortality attributed to malaria (under five)	0	0	1 (0.7%)	

Progress: strengths

- Malaria prevalence and incidence has significantly declined and has been maintained at low levels for over five years, feasible for malaria elimination
- Mortality attributed to malaria is almost inexistence (2009:0, 2010: 0, and 2011:3: cases)
- Robust surveillance system in place; Re- & Pro-Active Case Detection, and follow up of index cases on going
- Intensive vector control activities in place
- Production of Surveillance reports from 2008 to date

Weaknesses

- Low proportion of domestic financing for malaria activities – ?sustainability
- Lack of external quality assurance scheme
- Lack of Death audit scheme
- No short-term and medium term forecasting for early warning of epidemics

Priorities

In September 2011, a comprehensive Malaria Programme Review was conducted in all thematic areas. Key issues and recommendations (programmatic and operational) were raised to improve programme performance

High priority

1. Surveillance guidelines in line with malaria elimination strategies
2. Geographical reconnaissance to facilitate recognition of areas for targeted interventions
3. Death Audit Scheme
4. Introduction of more sensitive diagnostic tool
5. Introduction of targeted LSM to complement IRS&LLINs
6. Therapeutic efficacy of ACT

Priorities cont..

Less but important (could be done as time goes on)

1. To estimate malaria importation rate
 2. No Insecticide Resistance Management Plan in place following an emergence of Pyrethroid resistance (in pipeline)
- Maintaining the delivery of commodity
 - 824,882 LLINs required in 2015
 - **536,123** RDTs required in 2015
 - Keep up strategy for LLINs (172,000LLINs required)

Priorities cont...

- Conduct periodic comprehensive Malaria Programme Review
- Conduct Intervention coverage survey every year
- Conduct household survey to determine the prevalence of G6PD-Deficiency, 2013 (Glucose-6-Phosphate Dehydrogenase Deficiency)
- Monitoring vector species, densities, and behaviour
- Monitor quality of IRS using bioassay test
- Monitoring efficacy and durability of LLINs
- Regular monitor the vector susceptibility to insecticides
- Regular monitor and evaluate BCC interventions and strategies
- Monitor the pharmacovigilance activities on all antimalarial medicines
- Conduct mid-term and end-term programme evaluation based on new malaria elimination strategy
- Continue implementing surveillance systems

Critical to achieve impact

- Strengthen the QC/QA system for malaria diagnostic tests in public and private sector
- Introduce primaquine for gametocytes clearance
- Timely, replacement of LLINs after every three years
- Implementation of LLINs Keep-up strategy
- Mobilization of resource from both domestic and external sources (timely)
- The rest nice to do – facilitate program operation

New and revised approaches

- Establish functional Malaria Elimination Multi-sectoral Committees at all levels including private sectors
- Empower district health management teams to conduct surveillance activities - active case detection
- Introduce malaria screening on arriving passengers in major ports
- Update the Malaria Community Strategy in line with malaria elimination
- Incorporate IEC/BCC in the curriculum of health professionals training institutions and train mobile populations such as travelers, fishermen, and seasonal workers on the importance of malaria elimination

Acknowledgments

