



Malaria Control in Mainland Tanzania.



**Malaria Review Forum, Blue Pearl Hotel,
Dar es Salaam**

24 April, 2012.

Good Morning



Outline:

- ***Overview of Malaria.***
- ***Malaria grant.***
- ***Scale up of interventions.***
- ***Achievements.***
- ***Challenges.***
- ***Way forward.***

Overview of Malaria:

- Tanzania has the **third (3rd) largest** population at risk of malaria in Africa after Nigeria and DRC.
- **Over 93%** of the Tanzania mainland population lives in areas where malaria is transmitted.
- Malaria is of the major public health problem in Tanzania causing an enormous burden to health and economy.
- **10 -12 million annually** reported malaria cases.
- Malaria is also the major cause of deaths, **60,000 - 80,000** deaths per year, mainly in children and pregnant women.

Targets:

- At least 80% of people at risk of malaria are protected using appropriate vector control methods.
- At least 80% of malaria patients are diagnosed and treated with effective anti malaria medicines within one day of the onset of illness.
- At least 80% of all PW are receiving intermittent preventive treatment in areas where malaria is stable.
- Halve malaria mortality by 2013.

Sources of Funds:

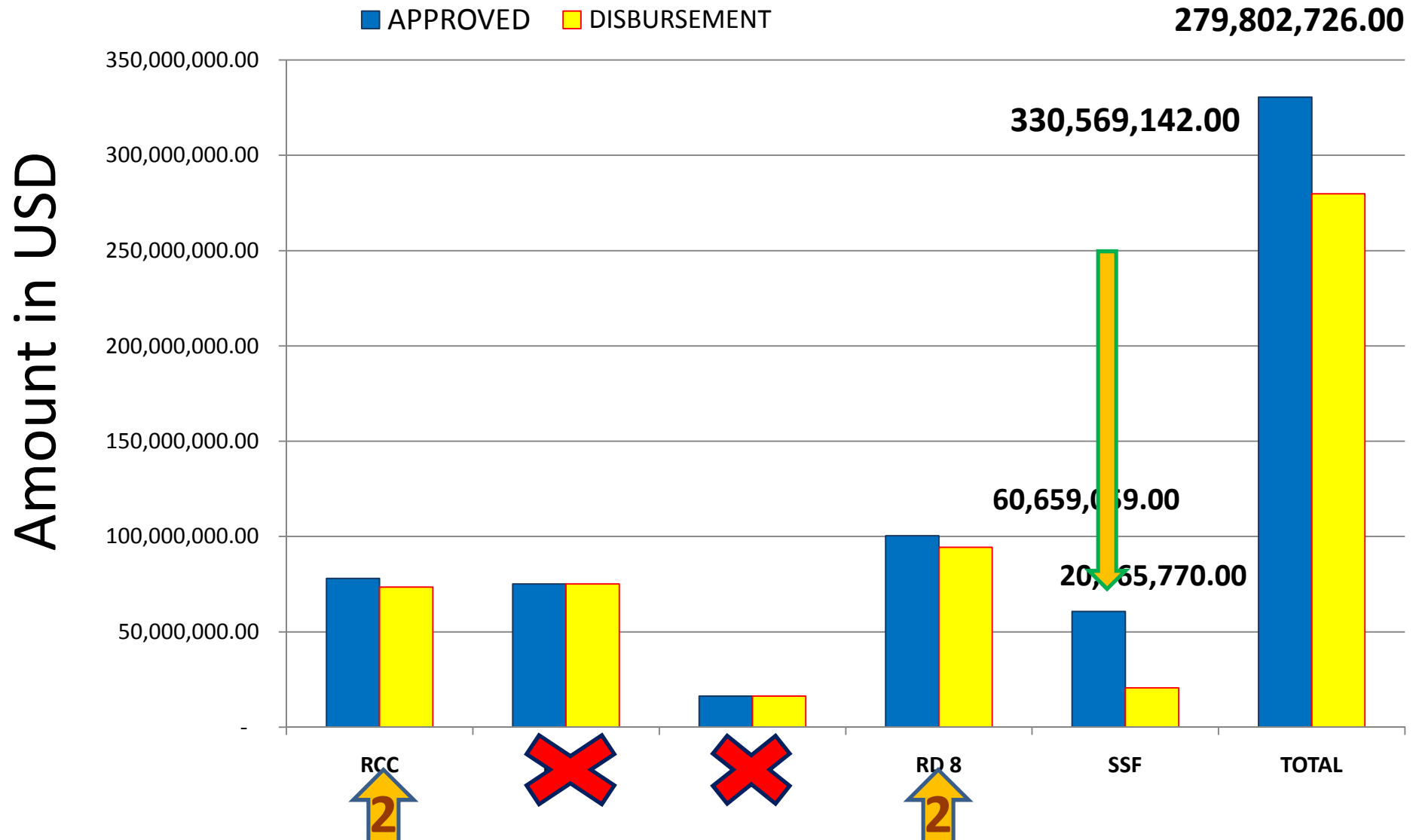
- ***The Government of Tanzania.***
 - Salary, infrastructure, procurement of commodities.
- ***The Global Fund.***
 - Is one of the largest external source of funding for supporting malaria interventions in Tanzania Mainland.
- ***US - Presidents Malaria Initiatives – (PMI).***
- ***Other partners: DFID, SDC,WHO, UNICEF***
- ***Basket fund – CCHPs.***
- ***Community contribution.***

Malaria Grants:

- i. GF Rd 1; Introduced subsidized ITNs thru voucher scheme.
- ii. GF Rd 4; Introduce ACT treatment into Public sector.
- iii. GF Rd 7; Introduce mRDT in Public sector, introduce subsidized ACT in the private sector (AMFm) & management of severe malaria (IMCI).
- iv. GF Rd 1/ RCC; Scaling up of ITNs mass campaign through underfive catch up campaign.
- v. GF Rd 8; Scaling up of ITNs mass Campaign through Universal Coverage Campaign – (UCC).
- vi. GFRD 9; Improve management of Malaria
- vii. SSF; Improve management of malaria through better diagnosis and improved access to effective antimalarials.

Total of USD 330,569,142 has been approved and USD 279,802,726 has been disbursed todate.

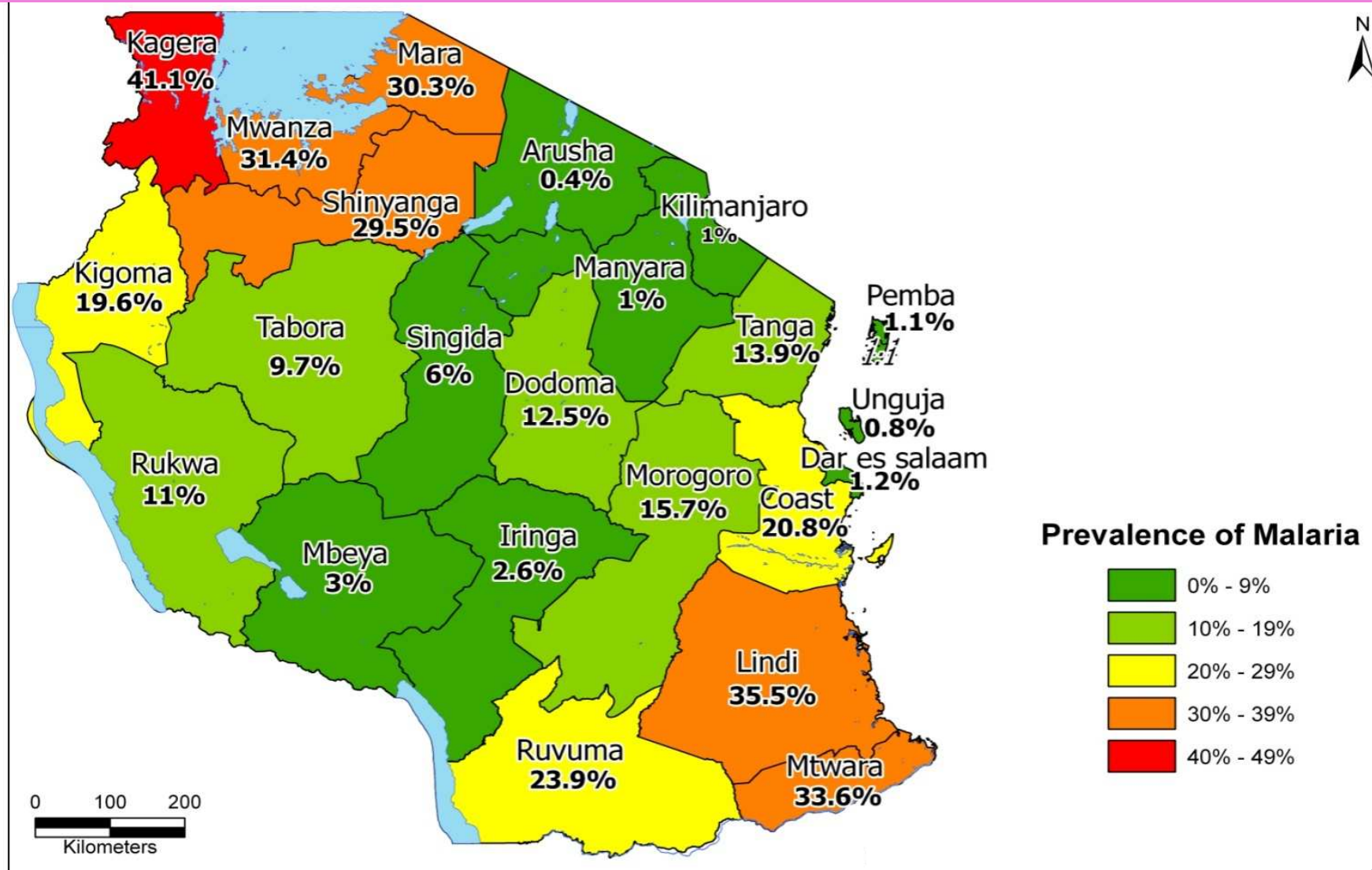
Funds for each Grant:



Scale up of Interventions:

- ***Integrated malaria vector control***
 - Insecticide Treated Nets (ITNs/LLINs)
 - Indoor Residual Spraying (IRS)
 - Larviciding project in Dar es Salaam.
 - Environmental Management
- Intermittent preventive therapy to pregnant women (IPTp)
- ***Early Diagnosis and Effective treatment***
- Behaviour Change and Communication (BCC)
- Monitoring, Evaluation and Surveillance.
- Systems support: Regional and District/Councils.

P. falciparum prevalence in Tanzania, according to THMIS (2007/2008):

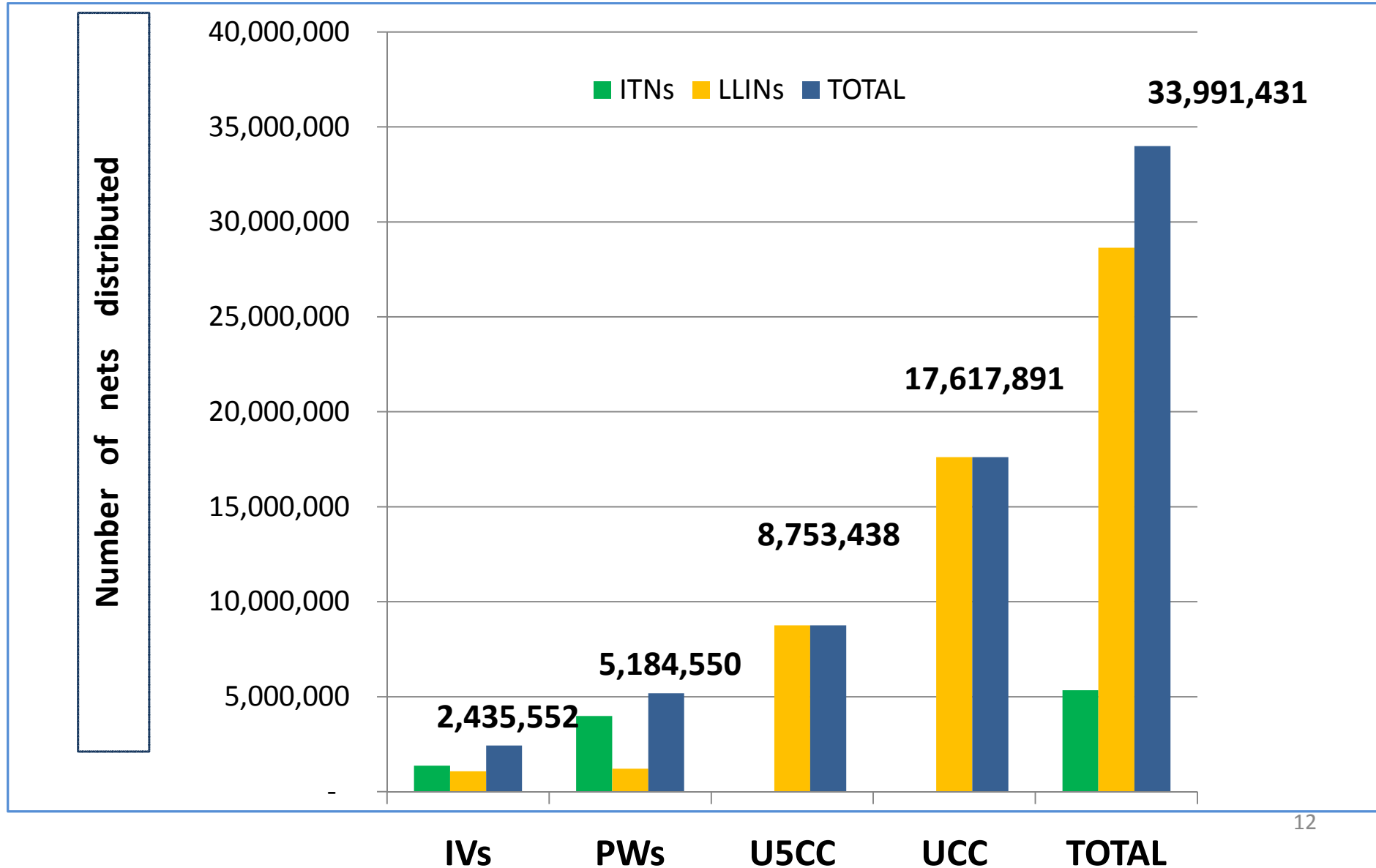


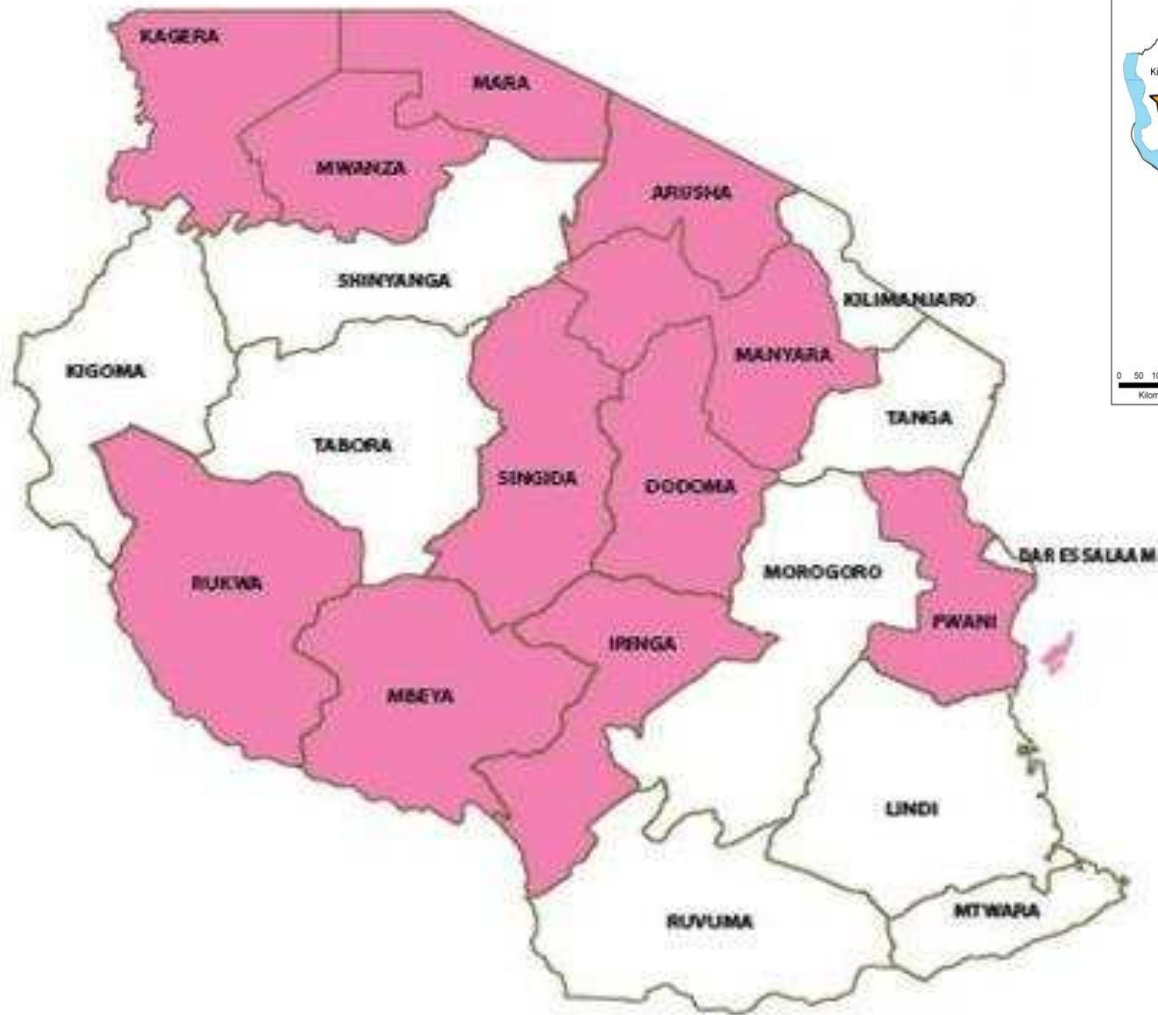


National Coverage

- Insecticide treated mosquito nets (ITNs)
- Intermittent Preventive Treatment in Pregnancy (IPTp)
- Artemisinin-based Combination Therapy (ACTs)
- Mass media and community mobilization

Distribution of ITNs/LLINs:

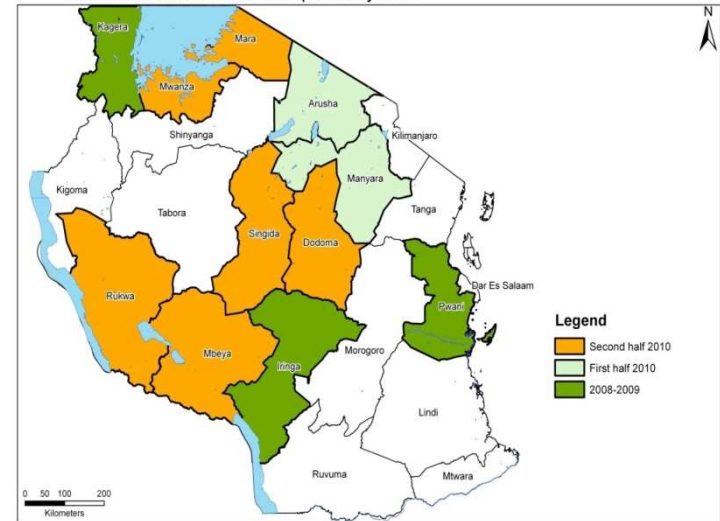




Sub-national coverage

Rapid Diagnostic Tests (RDTs)

Tanzania: Malaria RDTs Roll-up Plan by 2010



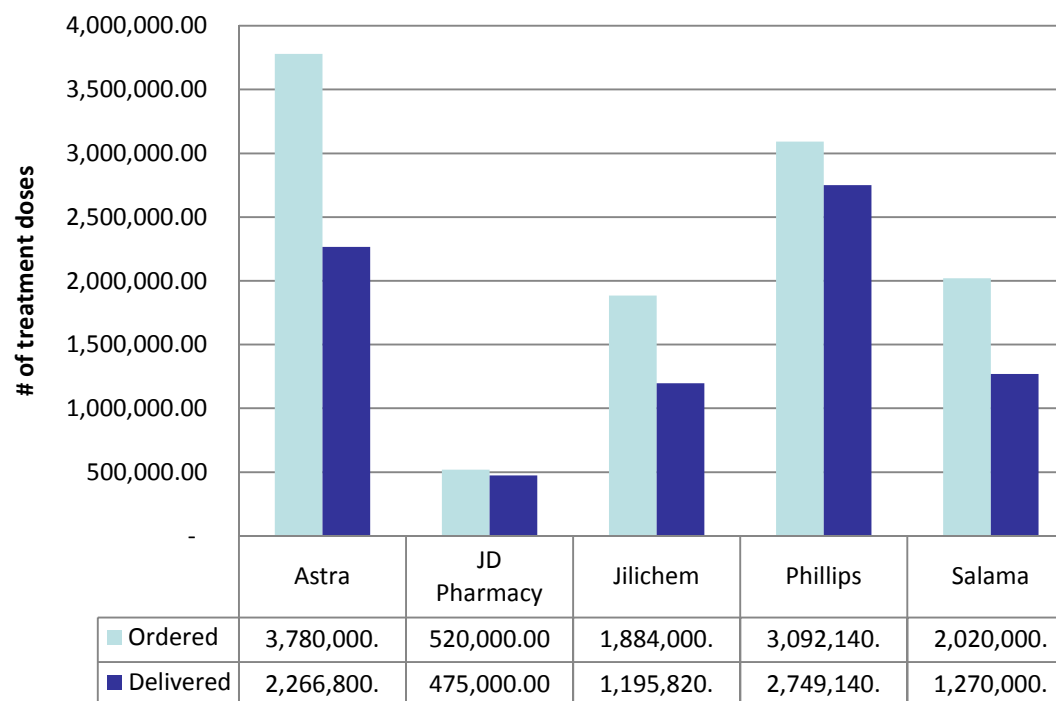
AMFm - First Line Buyers (1LBs)

AMFm - 1LBs

1. **Astra Pharma**
2. Bahari Pharmacy
3. Heko Pharmacy
4. **J.D. Pharmacy**
5. **Jilichem**
6. Laborex Tanzania
7. Moraf Pharmaceuticals
8. **Phillips Pharmaceuticals**
9. Pyramid Pharma
10. **Salama Pharmaceuticals**

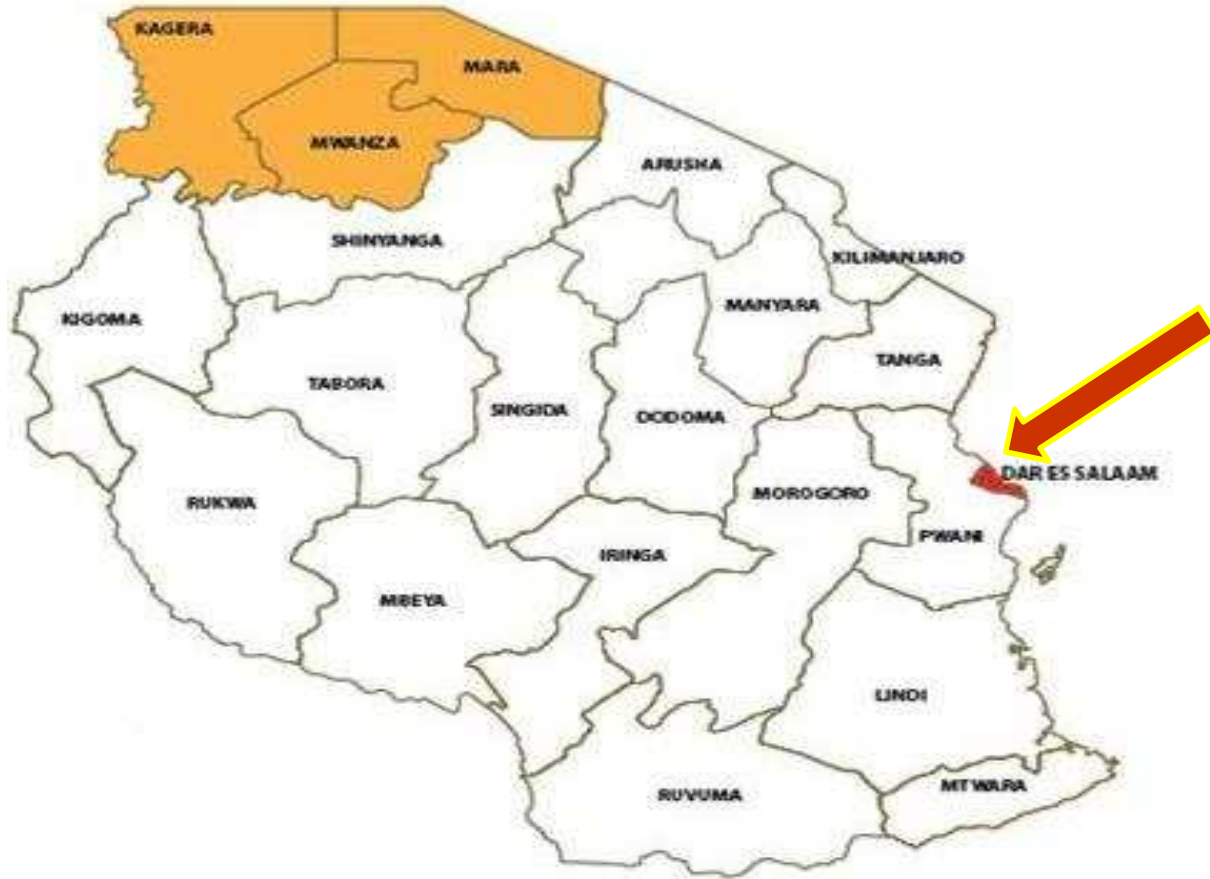
Key facts

AMFm Private Sector Orders





ACTm ordered so far 13.9 M treatment and 8.7 M already delivered so far

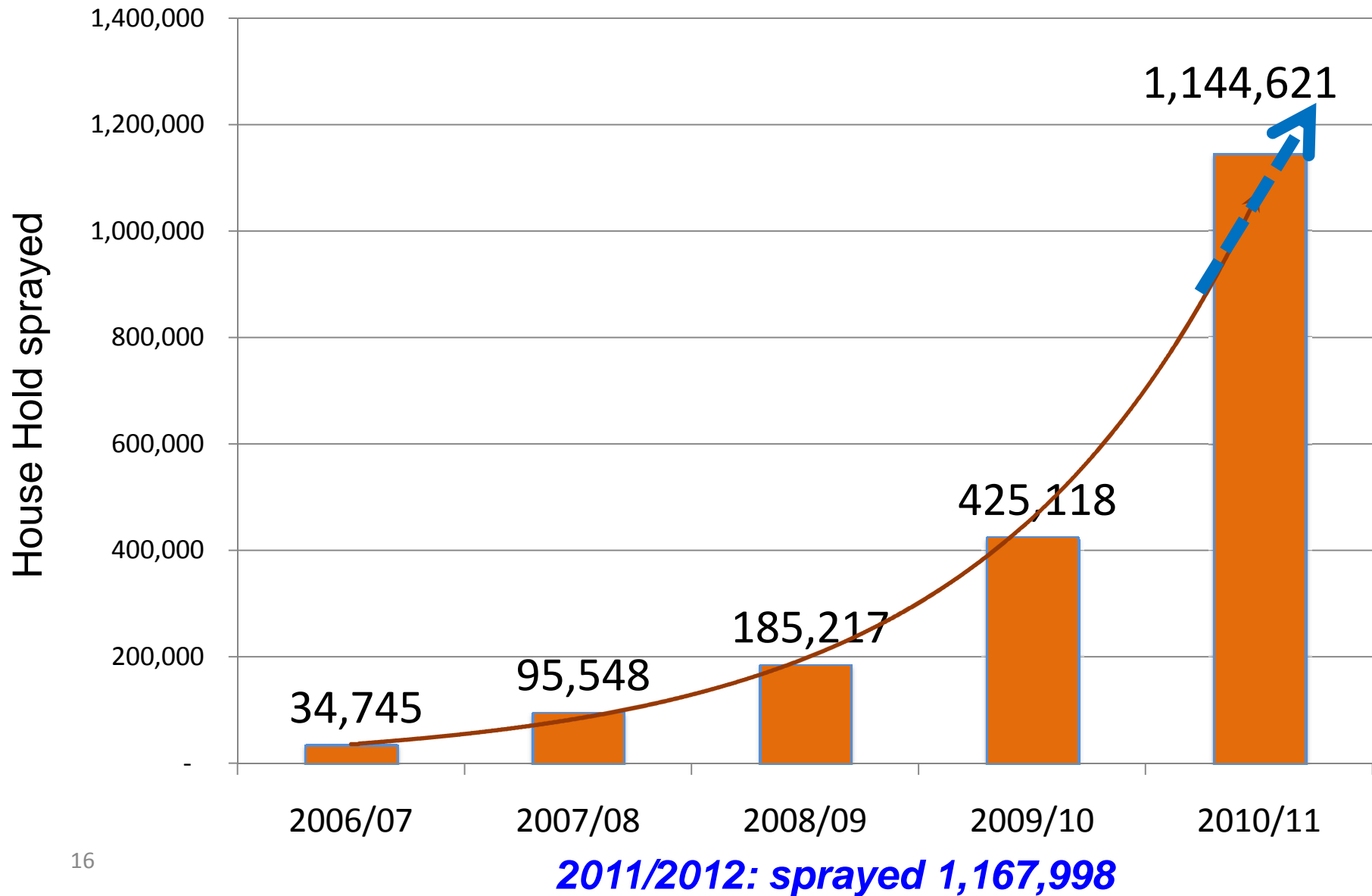




Regional Coverage

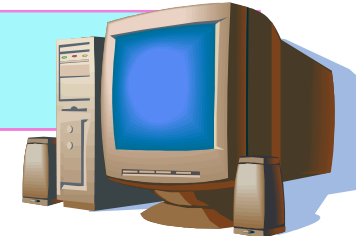
-  Indoor Residual Spraying (IRS)
-  Larviciding (15 wards)

Number of house structure sprayed/year:





SmS for Life:



- This is the initiative that use a combination of text messages and electronic mapping technology to provide and monitor health facility (5099) stocks of malaria commodities in real time.

a) Logistics Statistics.

- Artemisinin Combination Therapy (ACT).
- Quinine injections.
- *Rapid Diagnostics Tests for malaria.*
- *SP for IPT for pregnancy.*

b) Service Statistics

In Future

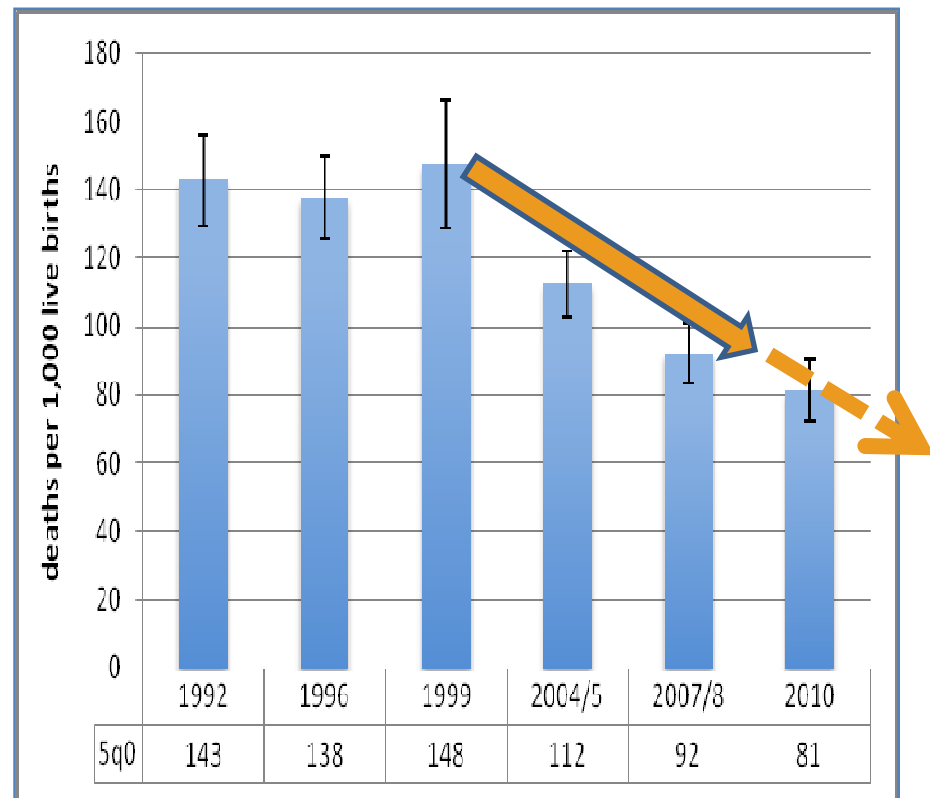
- *Malaria cases.*
- *Number of tested cases.*
- *Number of confirmed malaria cases.*

- Increased accountability and responsibility.
- Increased product availability, improved treatment, and patient satisfaction

Achievements:

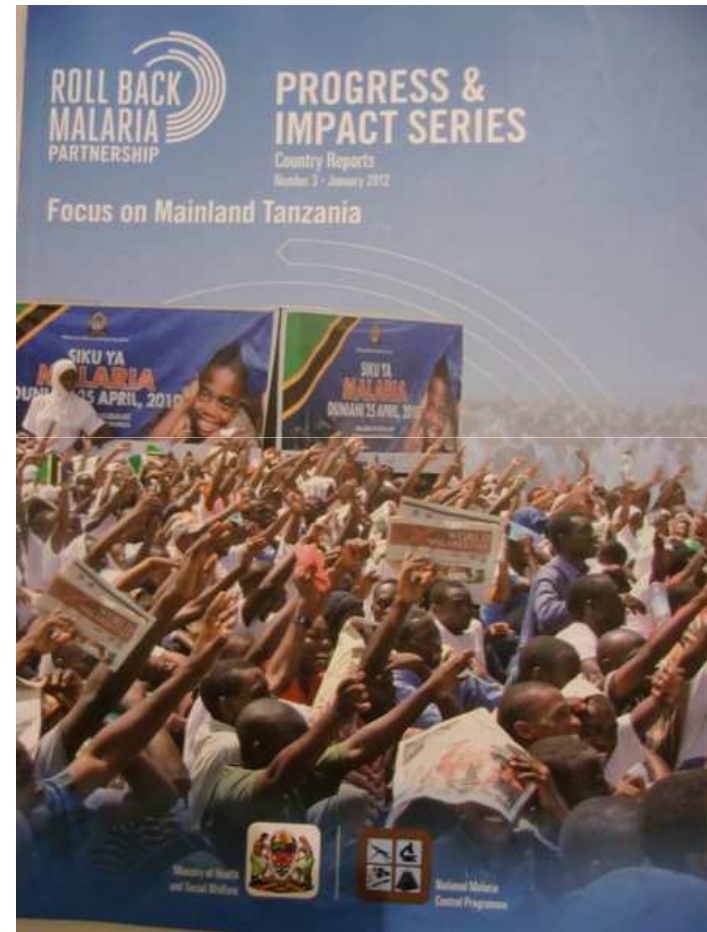
- Tremendous increase of ownership of LLINs in Tanzania Mainland from 0% of households in 2004 to 53 % in 2010 – TDHS (2009/2010).
- Reduction in all cause mortality (IMR) from 99/1000 (1999) to 51/1000 in 2010.
- Under 5 mortality reduced from 148/1000 (1999) to 81/1000 in 2010.
- Increase supply of ACTs through AMFm; ACTm ordered so far 16 M treatment and 12.8 M already delivered by Dec, 2011.
- Antimalarials drugs cost less Tshs 1,000/= (less than a dollar) compared to Tshs 15,000/= (10 USD) more than before the AMFm.

Trend in all-cause underfive mortality, Mainland Tanzania, 1992-2010



Achievements....

- Progress and Impact report on Malaria for the last 10 years is ready and expected to be launched during the WMD.
- Business plan which involved most of our partners in malaria control.
- Malaria Program Review for the past 10 years, with support from WHO and PMI.
- Review of National Diagnosis and Treatment Guideline.



Awards:

Tanzania and HE. the President Dr. Jakaya Mrisho Kikwete have been awarded the Alma Award for Excellence by the African Leaders Malaria Alliance (ALMA) for the efforts in fighting against the disease in Tanzania.



ALMA SCORECARD FOR ACCOUNTABILITY AND ACTION

QUARTER THREE 2011

COUNTRY (HEAD CELL)	Removal of tariffs on antimalaria commodities (# of health care committees)	Public: Oral Antimalaria Based Microtherapy Box set use	Community case management (Chemosols)	Community case management (Medias)	Prevalence control		Commodity financial		Implementation	Impact	Tracker indicators for maternal and child health			QUARTER THREE 2011
					World Bank rating on public sector (1-5)	World Bank rating on institutions 2010 (CPIA Cluster 0)	LLIN financing 2011 projection (% of need)	Public sector ACT financing (% of need)			Operational ITN coverage (% of population)	Reduced malaria deaths by 2015 by 2009 (vs 2009)	MACE coverage (2009 % projected 2011)	
Angola														
Burkina Faso														
Burundi														
Cameroun														
Cote d'Ivoire														
DRC														
Egypt														
Ethiopia														
Ghana														
Guinea														
Kenya														
Madagascar														
Mali														
Mozambique														
Nigeria														
Rwanda														
Senegal														
Sierra Leone														
South Africa														
South Sudan														
Sudan														
Tanzania														
Togo														
Uganda														
Zambia														
Zimbabwe														

KEY:

- Green: Target achieved on track
- Yellow: Progress but more effort required
- Red: Not on track
- Grey: No data/data to be obtained

WITH THE SUPPORT OF RBM PARTNERS

PRODUCED BY WHO ON BEHALF OF ALMA

ROLL BACK MALARIA

World Health Organization



Challenges:

- **Health system issues:**
- **Need for continuous mobilization & advocacy programmes**
- **Data management; consumption data from Health Facilities; collection, reporting and use - Data quality.**
- **Supervision and follow up:** Planning and coordination at different levels; CCHPs
- **Emerging pyrethroid vector Insecticide resistance.**
- **Funding to sustain the achieved interventions.**

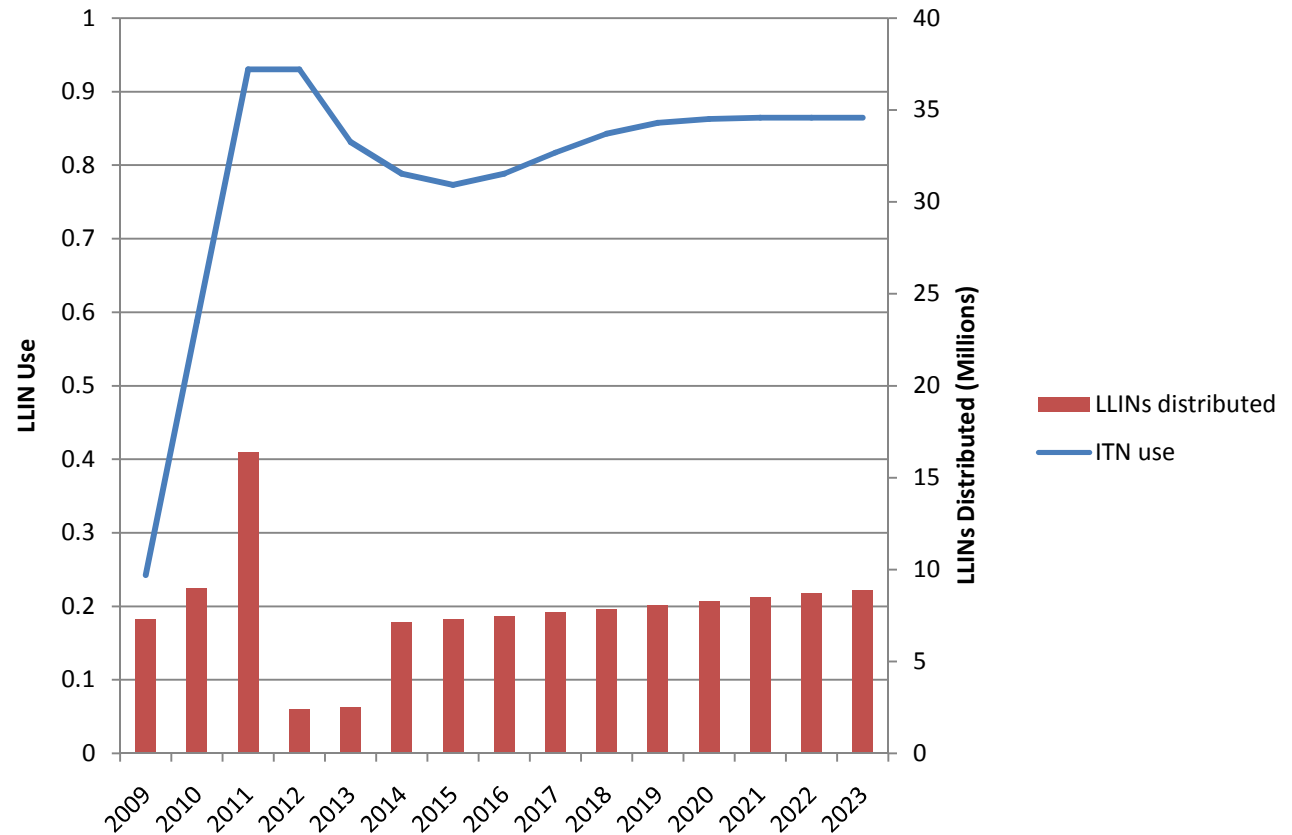
Looking Ahead:

- **Continued Roll-out of RDTs nationwide to the remaining (10 + 4) regions by July, 2012.**
- **Complete the review of the new Guideline on Diagnosis and Treatment June, 2012.**
- **Improve malaria data management across: Health Facility to NMCP.**
- **Have the mechanisms in place for ITNs/LLINs “Keep-up strategy”**

NetCALC Model: TNVS plus School Free Nets

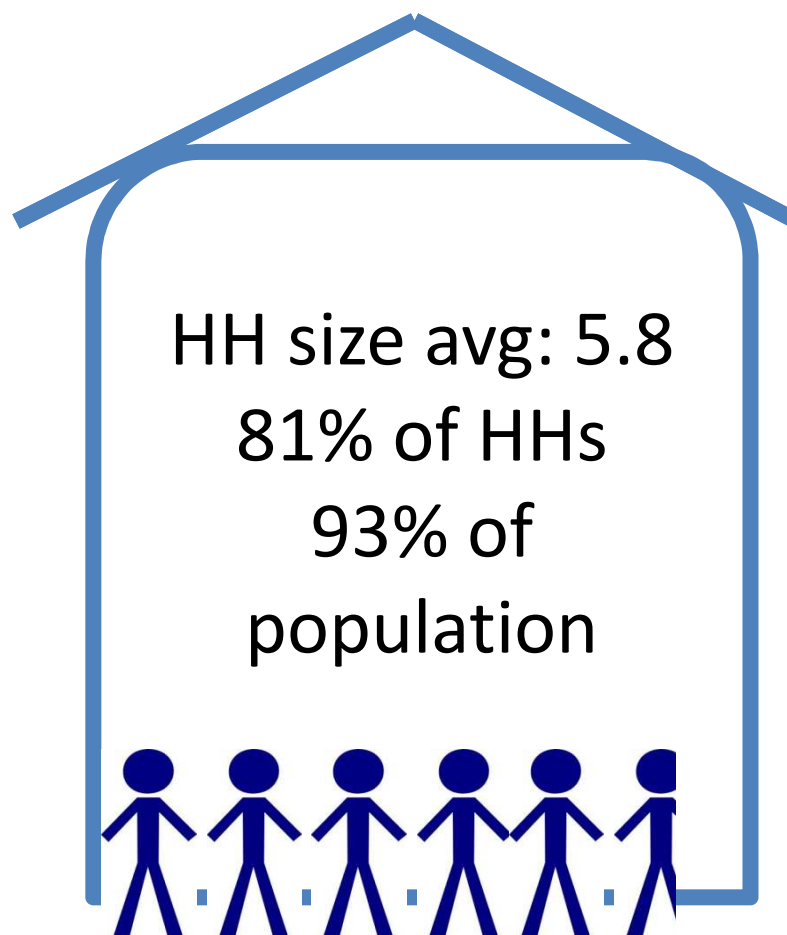
TNVS plus school nets at Standard 1, 3,5, 7 & Form 1 & 4

- **Total protection**
86%
- **Total LLINs**
67.1 million
- **Cost over 10 yrs**
\$457 million



Which households are reached by TNVS + Schools?

- **56% of HHs have an under five child**
- **65% have a child 15 or younger (primary school aged and under fives)**
- **62% of HH have a current student**
- **6.3% of HH have a currently pregnant woman**
- **81% have a under fifteen child and or a currently pregnant woman**



School Net Programme Proposed Design

- All school children enrolled in Standards 1, 3, 5, and 7 and Form 1 and 4 receive a free LLIN
- Implementation with the MoHSW School Health Programme and Ministry of Education
- Distribution procedures and training to be developed and implemented by NMCP
- Possible partnership with implementing partners for management and TA support

Next steps

June 2012 –
May 2013

- Pilot the combination TNVS + School Net in the Southern Zone

June –Sept
2013

- Develop National Keep-Up Strategy & Proposal based on comprehensive assessment of pilot programme
- Develop new Malaria Mid-Term Strategic Plan 2014 - 2018

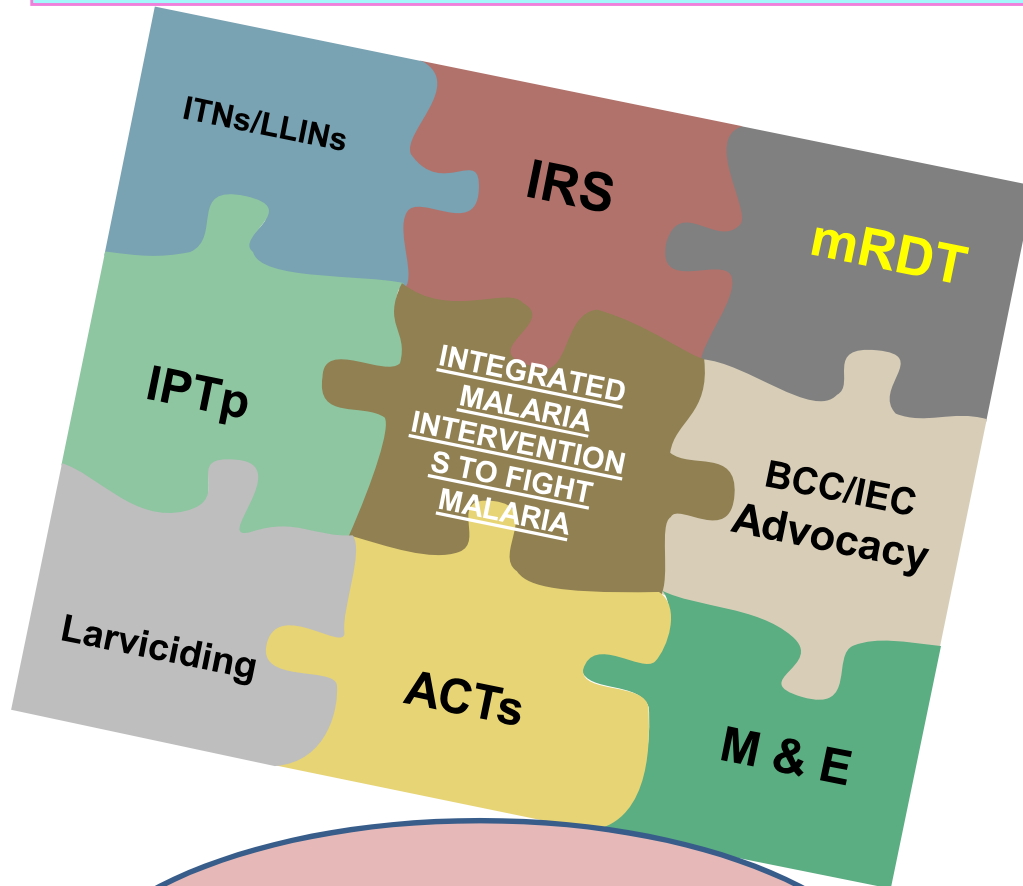
Sept 2013 –
Aug 2014

- Mobilize additional resources for Keep-Up Strategy
- Prepare and implement national roll-out plan

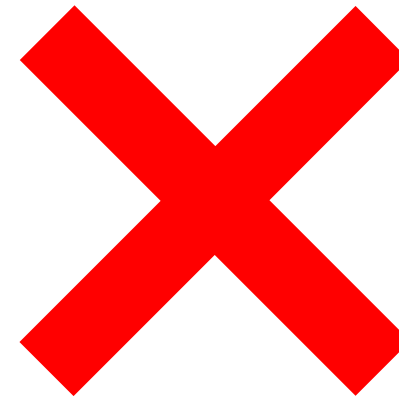
Looking Ahead...

- **Malaria Indicative Survey (THMIS) is currently ongoing.**
- **Develop resistance mitigation plan for IRS in collaboration with PMI/RTI; Change of insecticide on rotational basis.**
- **Tanzania with support from CHAI is exploring an available opportunities within the countries to ensure long term resource sustainability for Malaria – FSP.**
- **Developing mitigation plan to sustain gains made through the AMFm after phase 1 (end of 2012).**

Summary:



Resources



Partnership

Evidence based

A Healthy Mother and Child



A Happy Family



“It is the families across Africa - those living healthier and more productive lives, **free from malaria** - that will be the greatest measure of our success” –

HE. Dr Jakaya Mrisho Kikwete.



Thank you