

# Recent Developments and Achievements in Malaria Control in Tanzania (Mainland)



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# ***Malaria Continues to Cause Disability and Death in Africa***

- Complicates pregnancies (maternal anemia)
- Leads to poor birth outcomes (low birth weight)
- Each year...
  - 300–500 million cases
  - Millions progress to severe malaria disease
  - 900,000 ultimately die
- Accounts for 40% of public health expenditures

**But several interventions are immediately available to prevent and treat malaria!**



# The burden in Tanzania Mainland

- Over 93% of the Tanzania mainland population lives in areas where malaria is transmitted
- Stable and intense transmission- coastal fringe, southern lowlands and regions bordering Lake Victoria -(70 – 75% of the country)
- Reported malaria cases 10-12 million annually
- Leading cause of Outpatient , Inpatient and Hospital deaths in underfive children
- 30-40% of health facility attendance
- Estimated deaths: 60-80,000 mainly in children
- The poorest bear the brunt of the burden

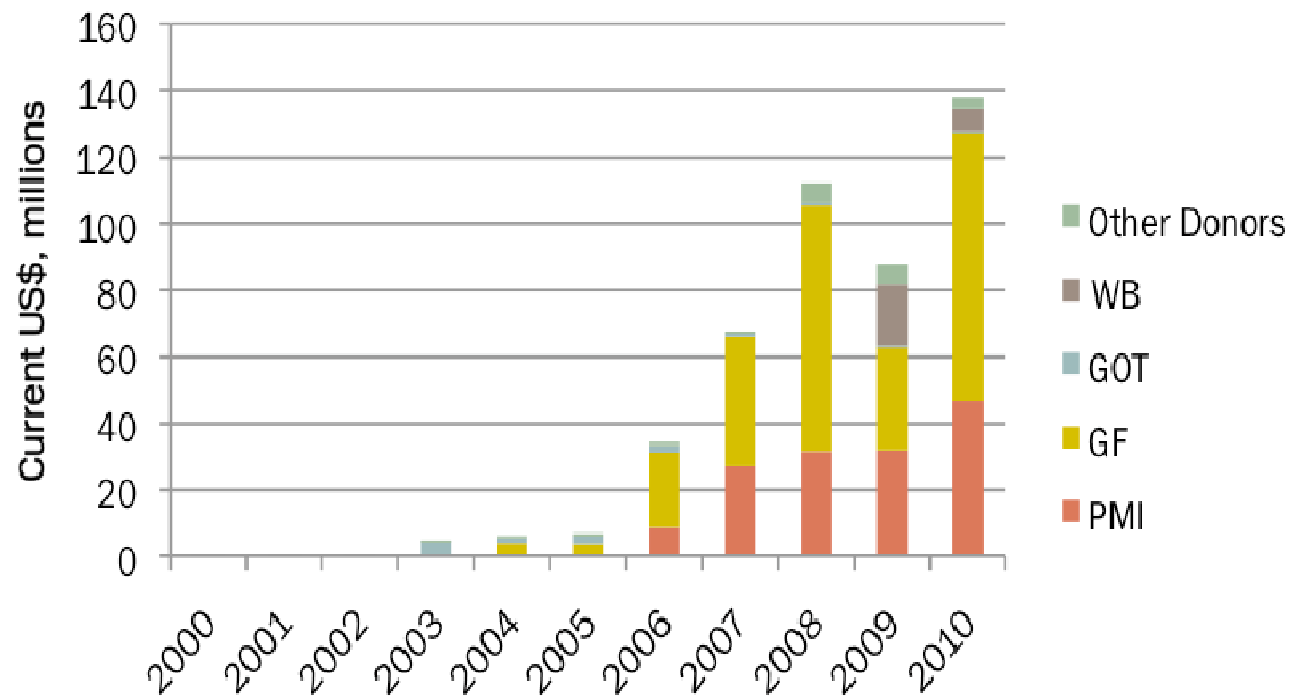


# *NMCP's Ongoing Four-pronged Strategy*

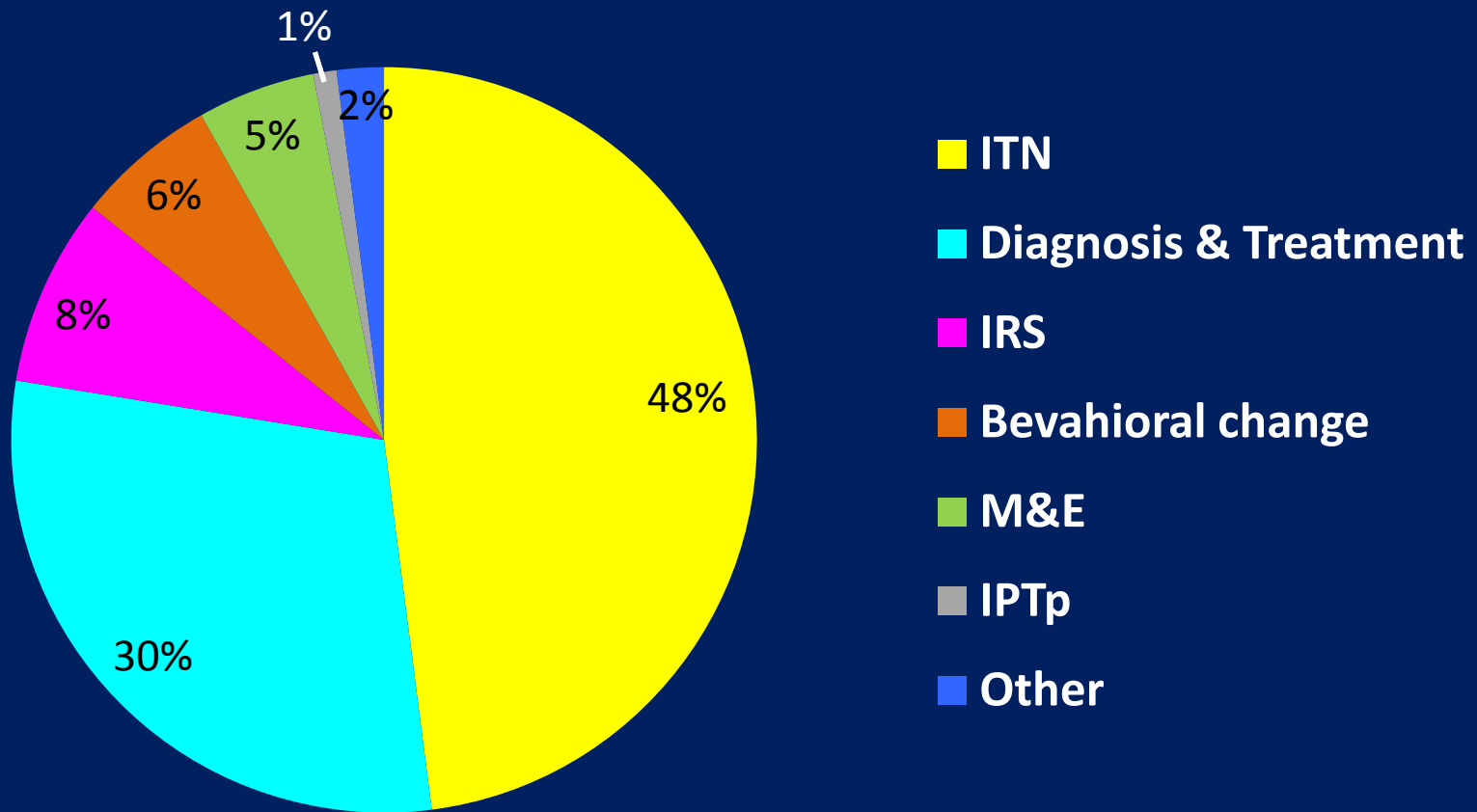
- Prompt diagnosis & treatment
  - Intermittent preventive treatment in pregnancy (IPTp)
  - Insecticide-treated nets (ITNs)
  - Indoor residual spraying (IRS)
  - Larviciding
- Plus...
- Monitoring & evaluation
  - Surveillance &
  - Behavior Change Communication



# ***Malaria Control Financial Inputs for Mainland Tanzania, 2000-10***



# *Allocation of Malaria Control Funding for Mainland Tanzania, 2000-10*



# Update 1:

## *Intervention Scale-up*



# ITNs



- **Tanzania National Voucher Scheme (TNVS ongoing)**
  - Net vouchers issued at health facilities for later redemption at retail shops
  - Launched in 2004 (preg women) & 2006 (infants)
  - LLIN voucher with fixed top-up 500/= Tsh since Oct 2009
  - Over 7 million vouchers redeemed to date, with redemptions increasing
- **Under-5 Coverage Campaign (completed May '10)**
  - Jointly funded by GFATM, World Bank, PMI, UNICEF, GoT and Swiss Development
  - Completed May 2010
  - 8.7 million LLINs distributed at total cost of \$64 million
- **Universal Coverage Campaign (est. completion Jun '11)**
  - Majority funded by GFATM
  - 5 Zones completed & 12 million LLINs distributed to date
  - 18.5 million LLINs to be distributed at total cost of \$91 million





# IRS



- Kagera selective application since 2007 (outbreak prevention)
  - 100,000 households targeted (0.5 million people)
- Expansion to all districts of Kagera in 2009 (high transmission)
  - 450,000 households targeted (2.2 million people)
- Further expansion to Mwanza/Mara Regions in 2010
  - 1,250,000 households targeted (6.5 million people)
- All households sprayed with lambda-cyhalothrin (*ICON*®)

**6.5 million population now protected by IRS**



# ***IPTp***



- Introduced in 2003
- First dose sulfadoxine-pyramethamine (SP) starting at second trimester, then 2<sup>nd</sup> dose at least 4 weeks later
- Success is highly dependent upon early access to antenatal care
- Uptake impeded by periodic stock-outs of SP since '08
- Significant variation in uptake across regions



# *Case Management*

- **Rapid diagnostic tests (mRDTs)**
  - Now implemented in 11 Regions
  - Rollout completion by end-2011
- **Artemisinin-based combination therapy (ACT)**
  - First-line treatment at all public facilities since 2007
  - 60 million+ treatments delivered in 4 yrs
- **Recurrent national stock-outs of RDTs and ACTs impede continuous service delivery**



# Affordable Medicine Facility for Malaria(AMFm)

- It's a pilot aimed at increasing access to recommended ACTs through private outlets at an affordable price
- Drugs are procured by the private sector and distributed through the private distribution system
- The Government role: awareness creation, monitoring and evaluation
- Drugs are already available

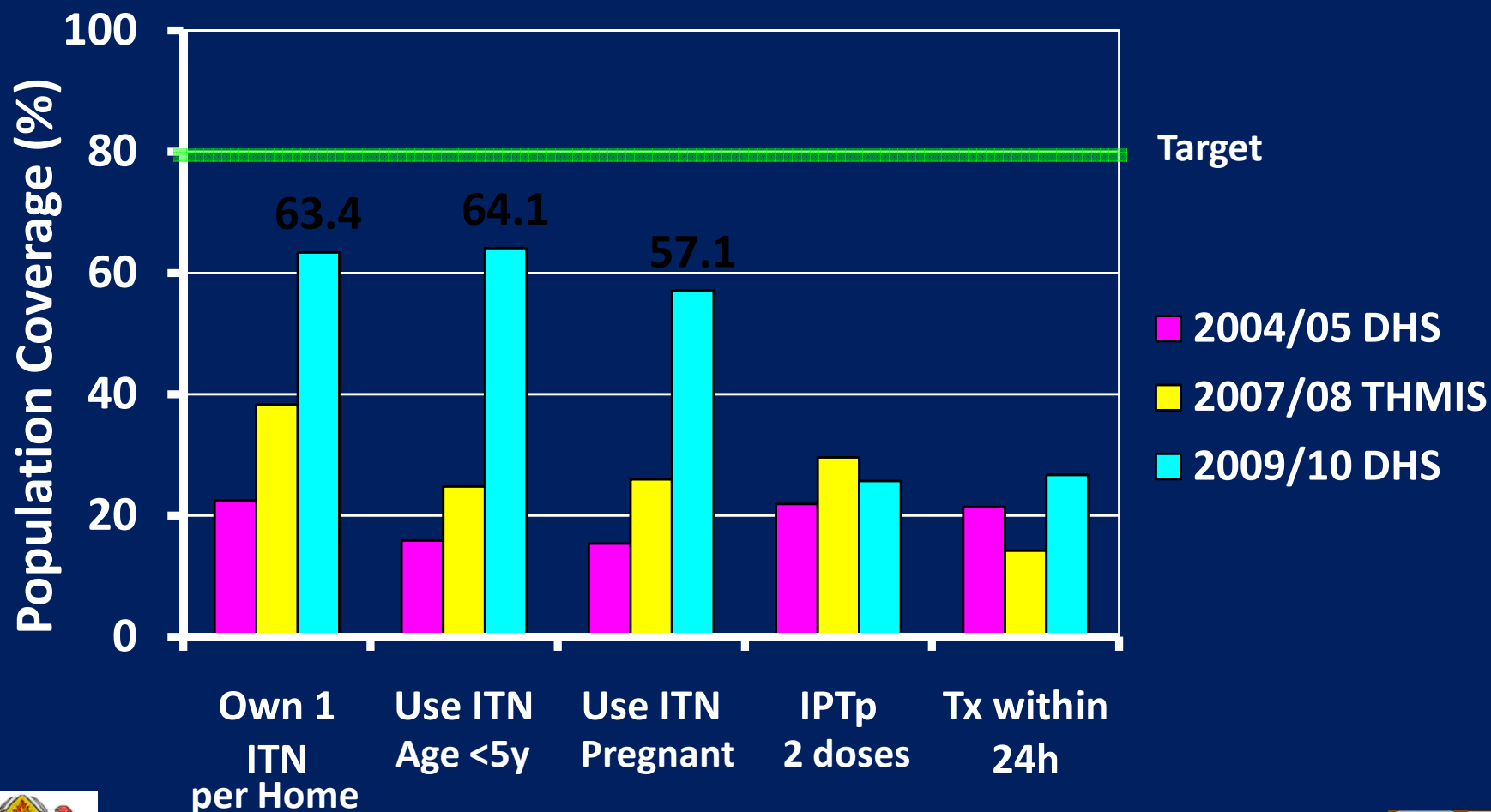


# Update 2:

## *Achievements in Intervention Coverage*



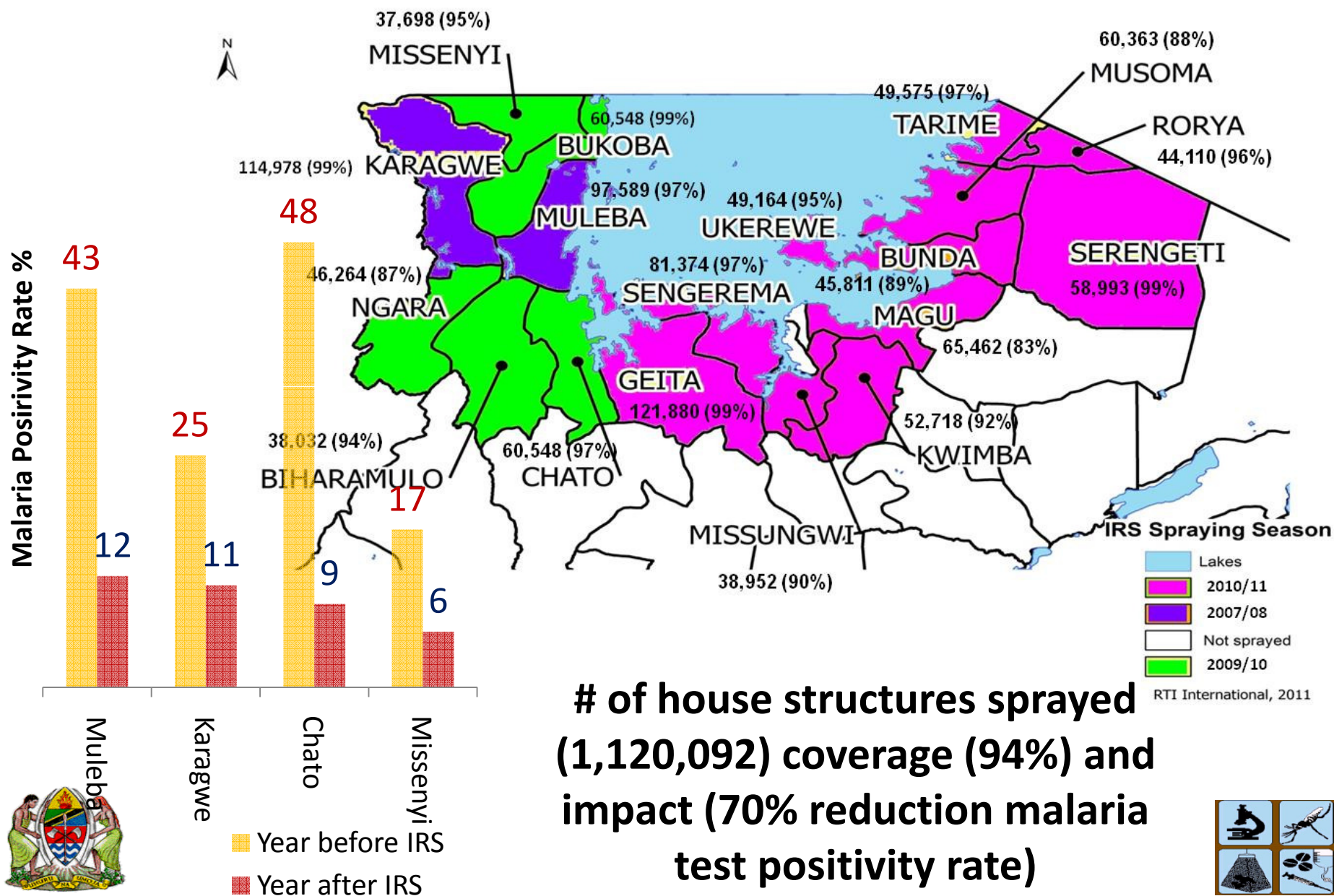
# *Trends in Core Coverage Indicators: Tanzania Mainland, 2004–10*



**Malaria intervention**



# IRS Achievements, Lake Zone 20010-11



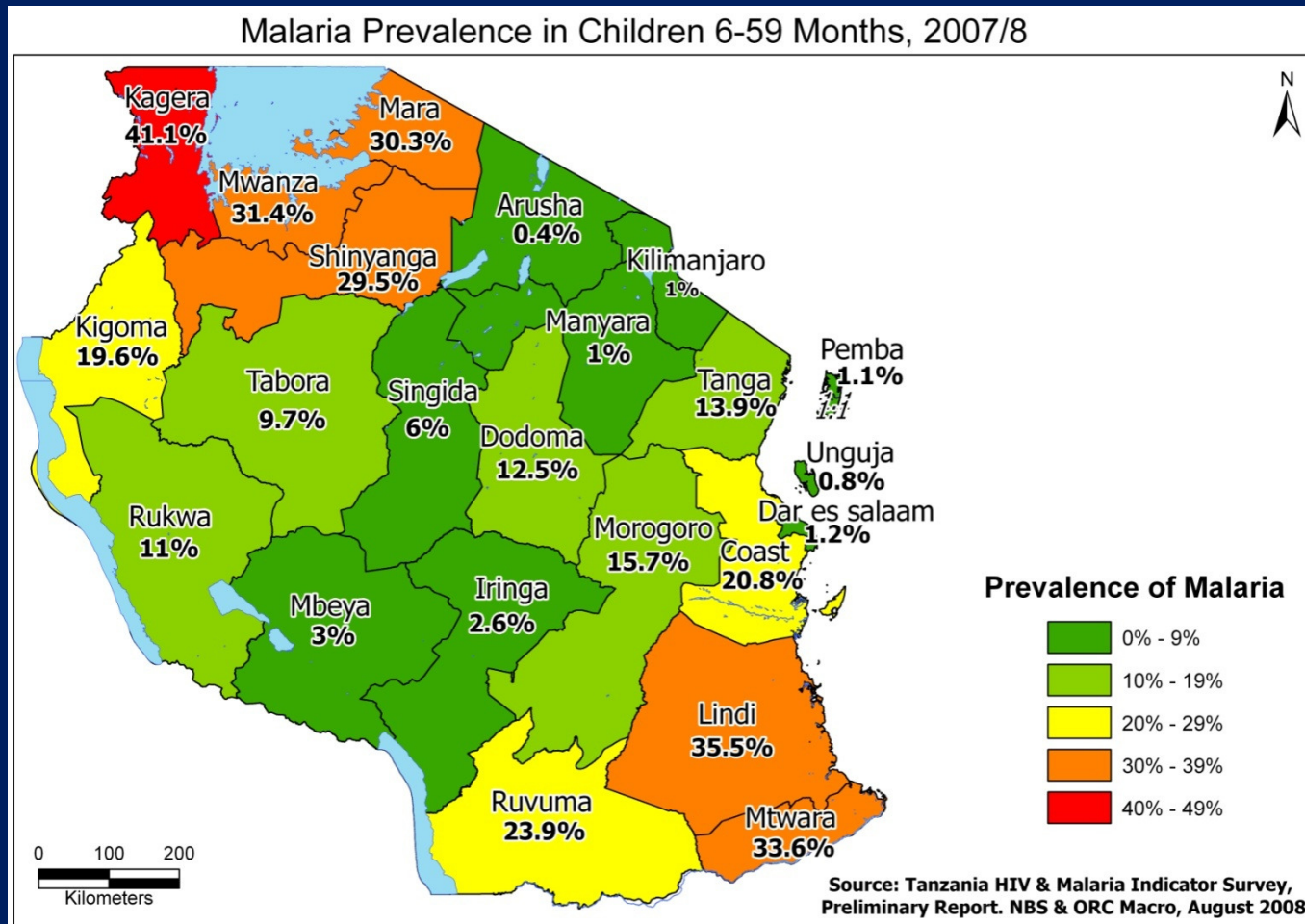
# Update 3:

## *Impact*

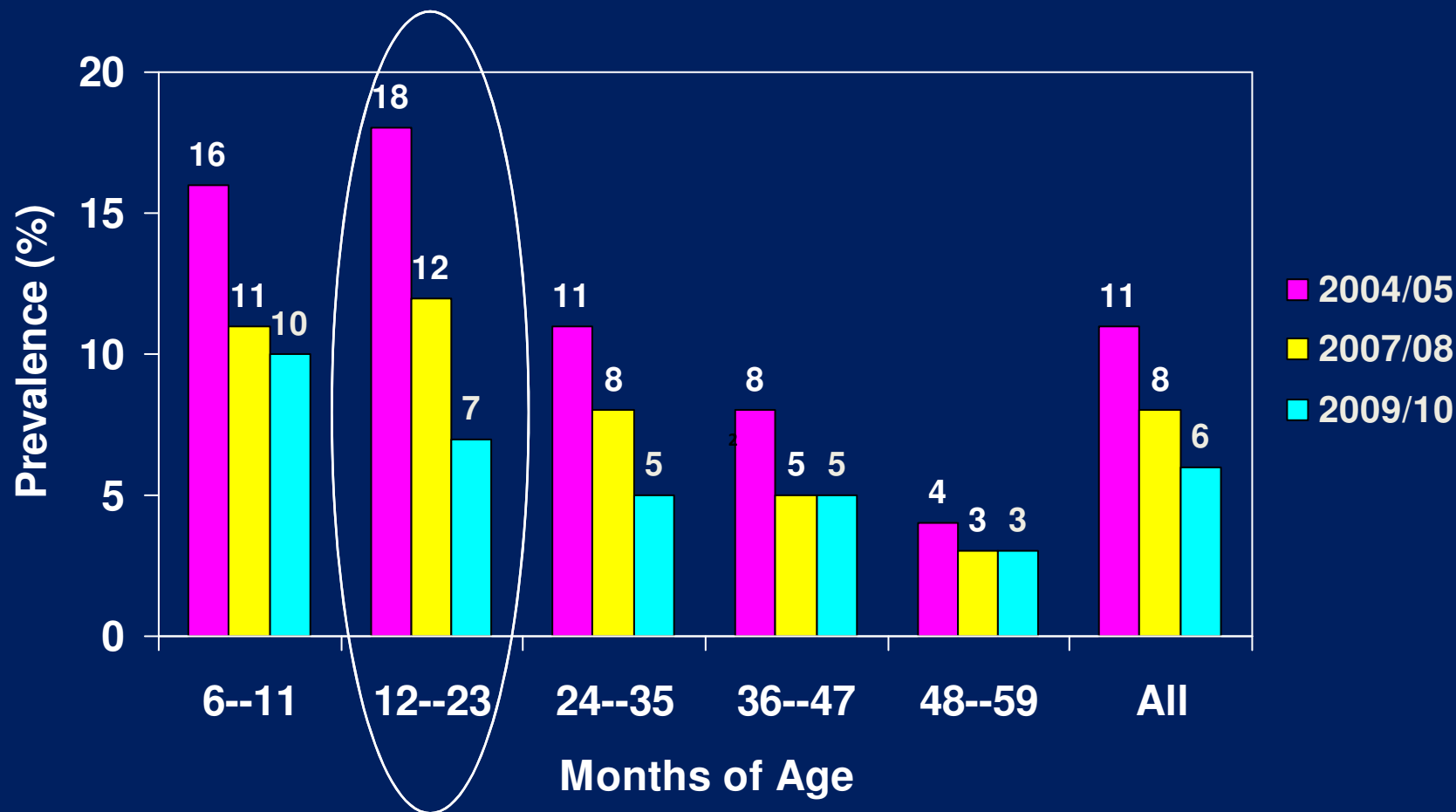




# *P. falciparum* Prevalence in Tanzania, 2007/08

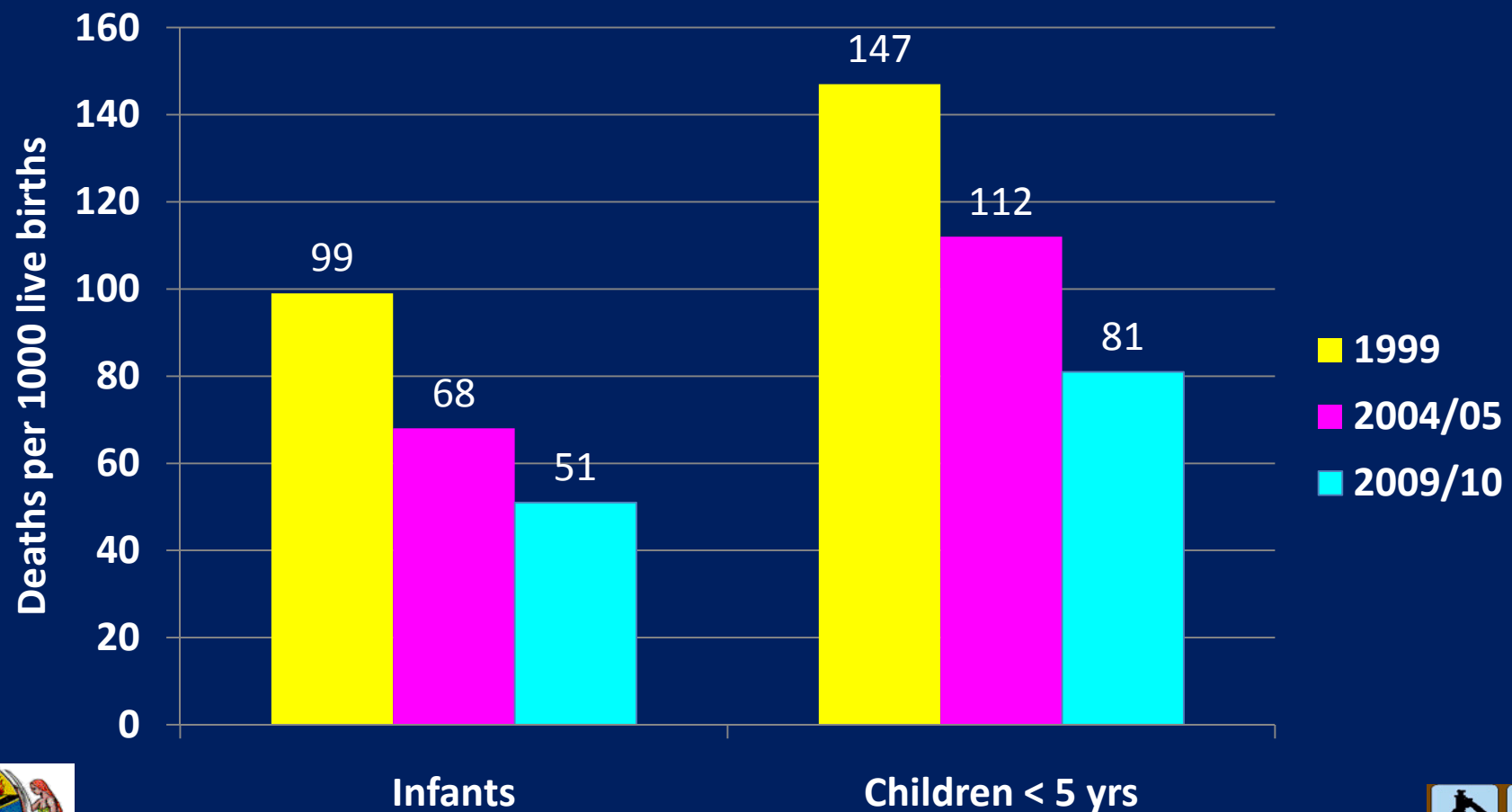


# *Reductions in Severe Anemia, Mainland Tanzania, 2004–10*



# *Reductions in All-cause Mortality in Tanzania Mainland, 1999–2009/10*

45-50% reductions between 1999 and 2009/10



# *Looking Ahead at NMCP*

- Affordable Medicines Facility – malaria (AMFm)
  - Subsidized ACT (< \$0.05 per treatment)
  - Pilot program highly dependent upon performance
- Continued rollout of RDTs nationwide
- Mechanisms for ITN “keep-up”
- Increased integrated vector control initiatives
  - Including Larviciding



# Larviciding

- Implemented in collaboration with the Cuban Government
- Target in Urban areas
- Builds up on the Urban Malaria Control Project which focused in 15 wards 2006-2010
- Roll out in all wards in DSM
- last four years
- Construction of larvicides production industry in Kibaha – Coast Region
- Implementation at preliminary stage



# ***Surveillance, Monitoring & Evaluation***

## Health facilities:

- Strengthening Integrated Disease Surveillance and Response (IDSR) for NMCP needs
- Surveillance in new Sentinel Panel of Districts
- NMCP collaborating with HMIS strengthening initiative

## Household surveys:

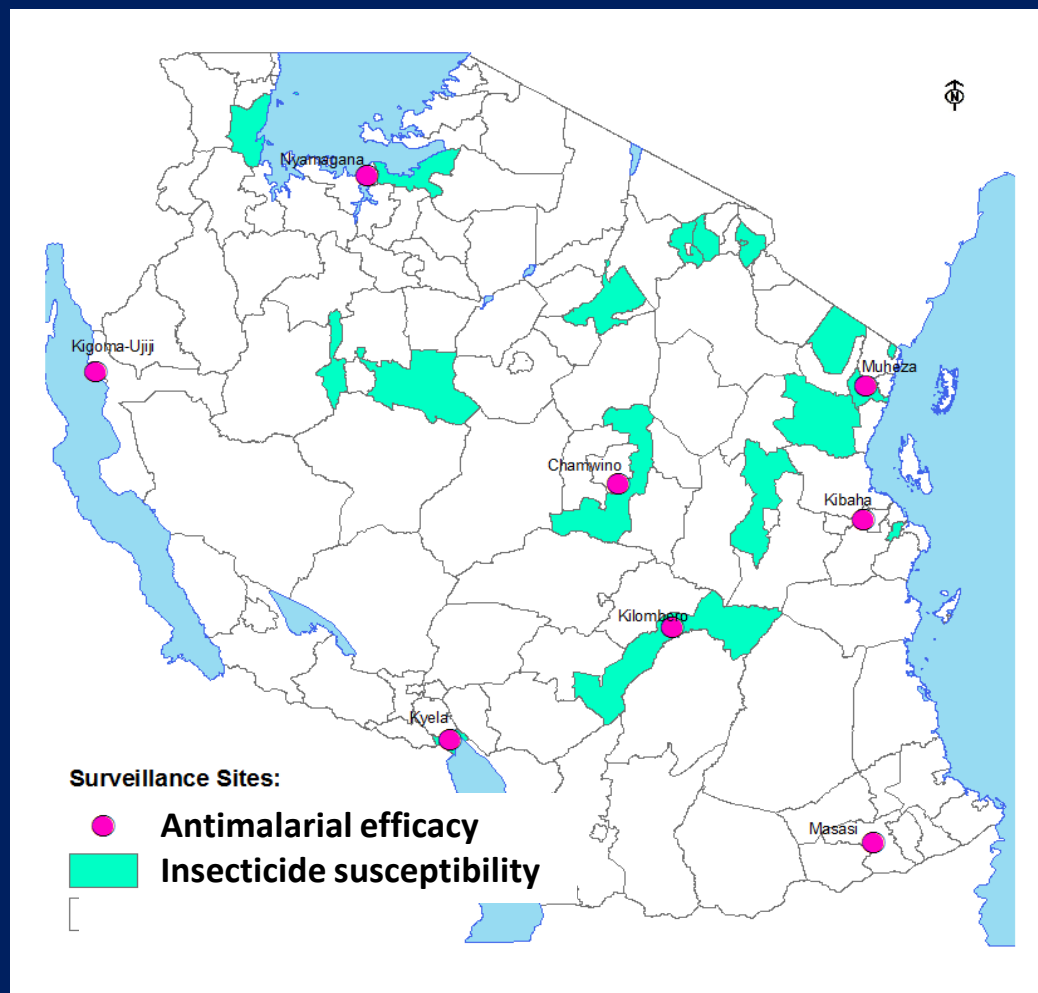
- 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS)

## Analysis:

- Malaria Impact Evaluation



# ***NMCP's Careful Vigilance for Monitoring Insecticide and Antimalarial Drug Resistance\****



\*In collaboration with NIMR, IHI, WHO, PMI, and others





# *Need for Cross-border Collaboration with other NMCPs*

Shared borders with 8 countries, plus Zanzibar!



## Mainland:

- 41 million
- 900,000 km<sup>2</sup>

## Zanzibar:

- 1.2 million
- 2,500 km<sup>2</sup>







***Asanteni sana.***

**Questions?**

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