

Tanzania's Progress in Combating Malaria: Achievement and Challenges

DR RENATA A MANDIKE

DEPUTY PROGRAMME MANAGER

**NATIONAL MALARIA CONTROL PROGRAMME, MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY AND CHILDREN, TANZANIA MAINLAND**

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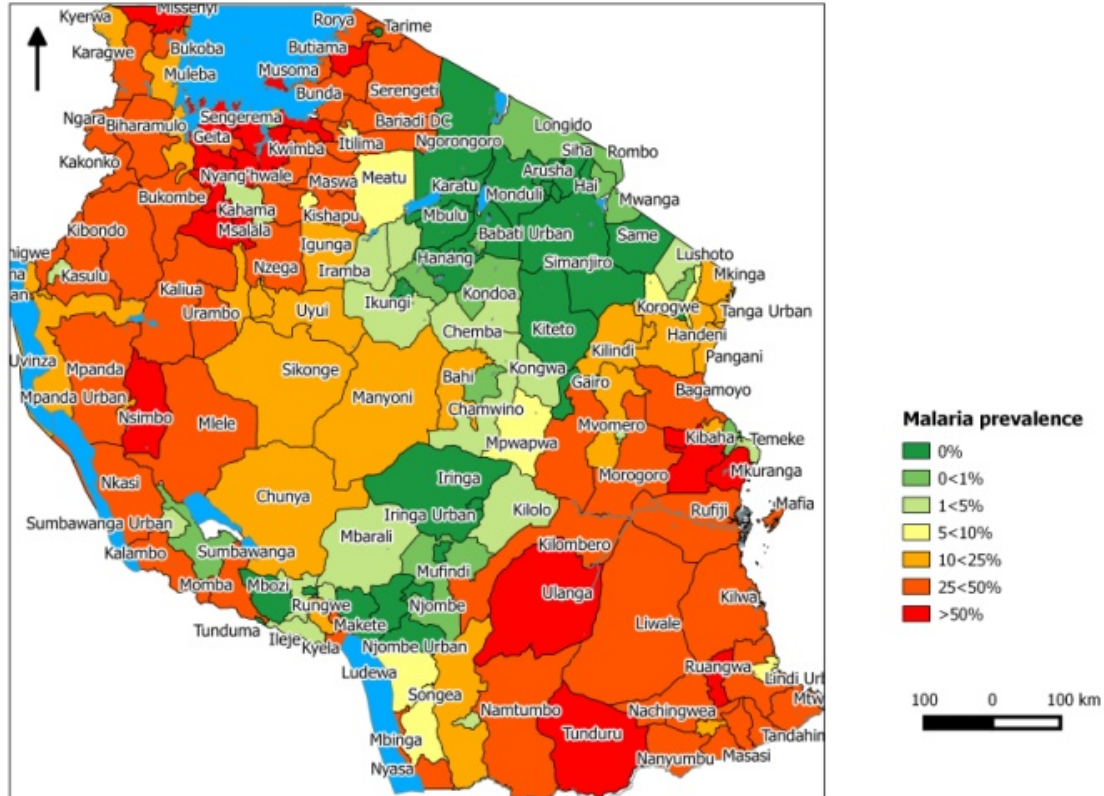


Outline

- **Background Malaria in Tanzania, c. 2000**
- **Summary of resources and partnerships**
- **Strengthening and expanding intervention coverage over a decade**
 - Evolving strategies to distribute LLINs and increase use
 - Improving malaria case management
- **Impact of intensified coverage**
- **Looking ahead**



Background: Malaria in Tanzania



Among the top ten countries with high malaria burden in Africa

Over 93% of the population at risk of malaria

Available evidence suggest a transitioning epidemiology of malaria in Tanzania from very high to meso-endemic and low levels
Malaria remains the leading cause of OPD, admissions and death

High heterogeneity: aggregated parasite prevalence at district level ranging from 0%-65% (SMPS 2015)



RBM Partnerships in Tanzania: from Inception to Present

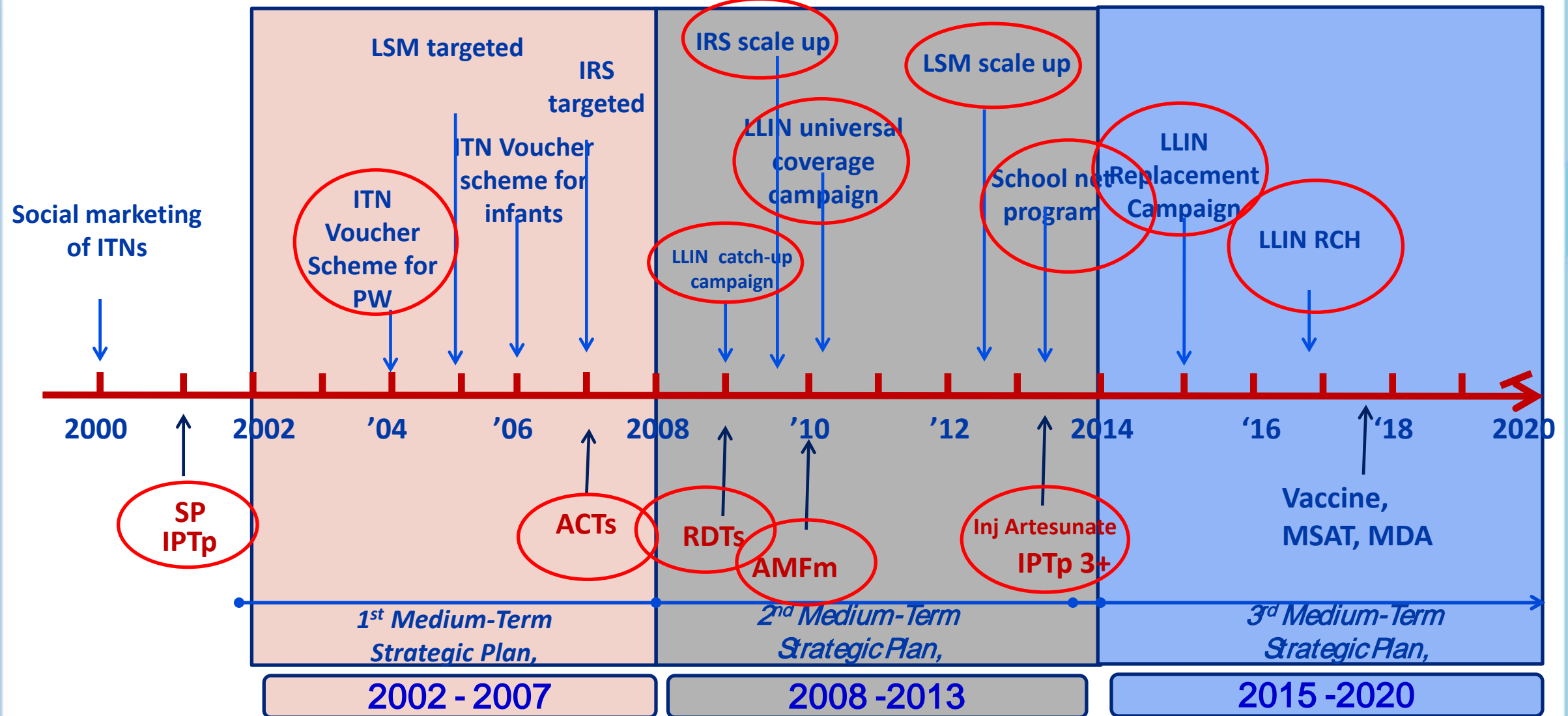
- Inception in 1999 and implemented through Health sector reforms
- Increased political engagement in malaria control-Abuja declaration, millennium development goals
- Increased partnership and investment in malaria control - GF, PMI, WB, UNICEF, SDC, DFID
- GF commenced in 2004 introduction of TNVS, later other interventions
- PMI support from 2006 covering all interventions
- Scaling up malaria control made possible



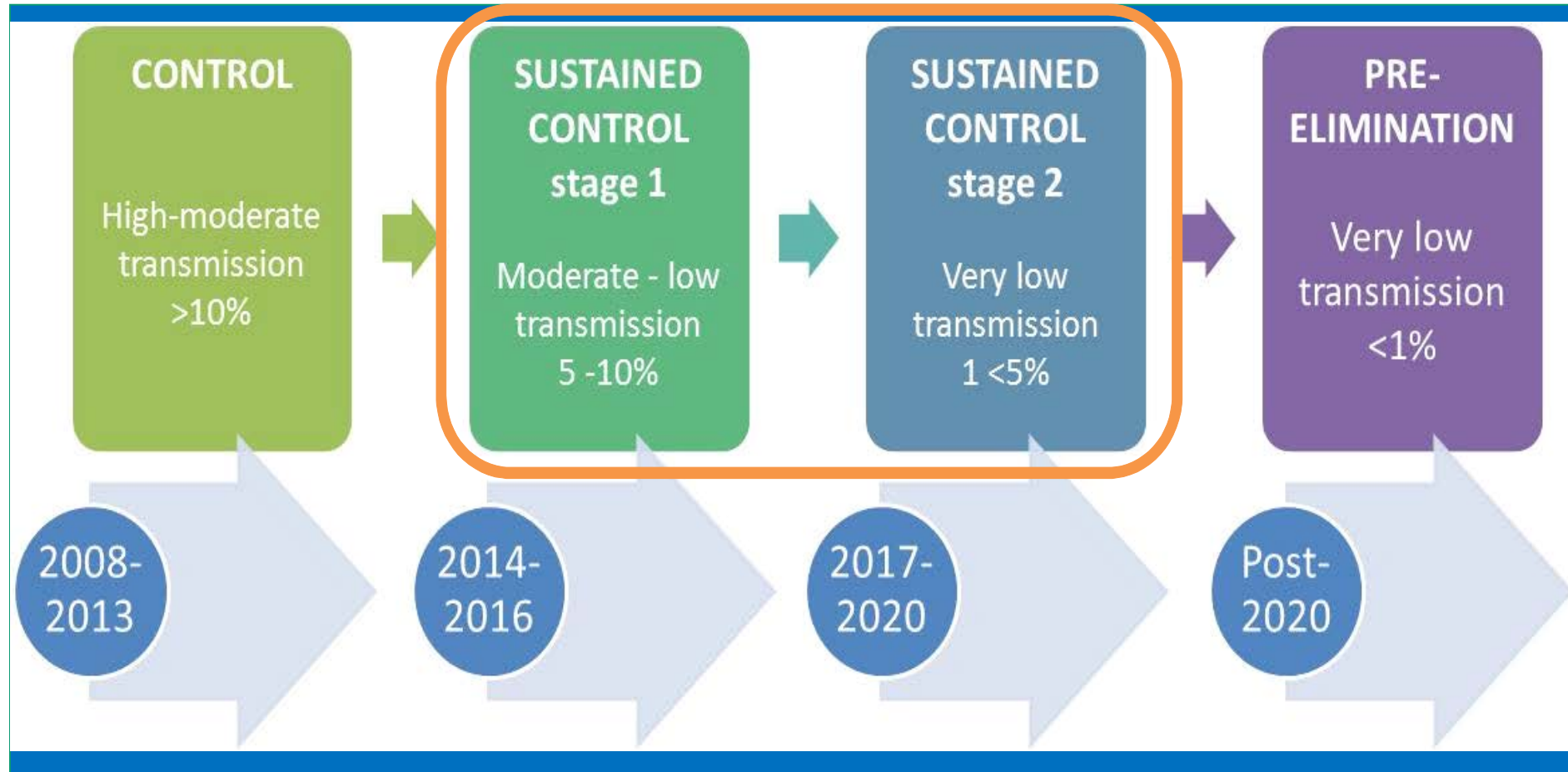
Key Interventions:



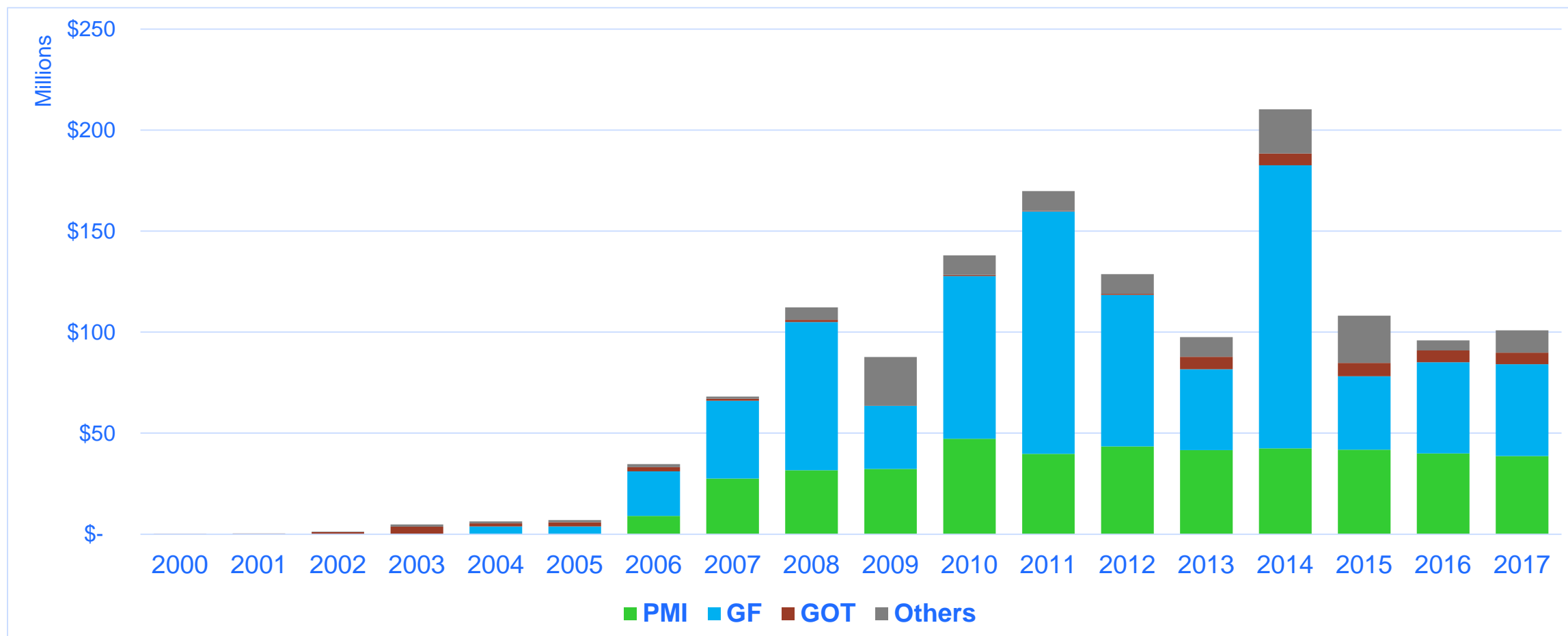
Milestones: Tanzania's Malaria Control Policy 2002-2007, 2008-2013 and 2015 - 2020



Malaria Control Phases and Timeliness:



Malaria Control Funding in Tanzania: 2005 – present



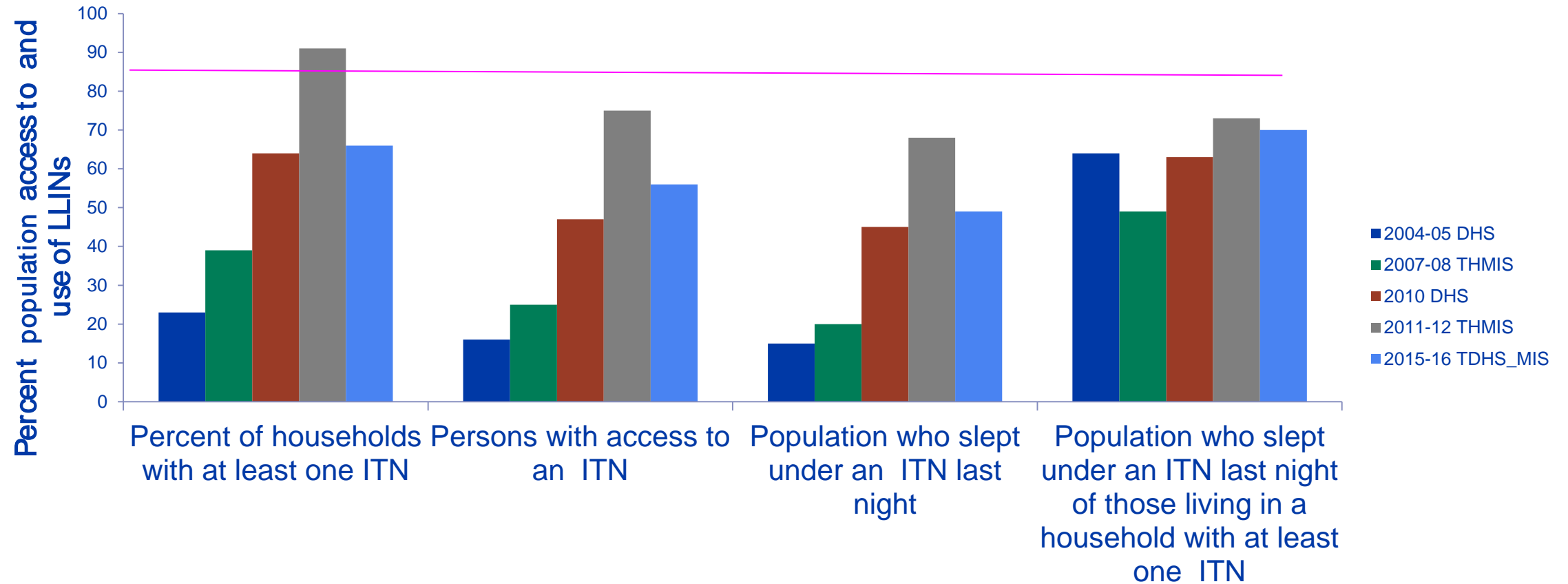
Source: Impact Evaluation Report (2011), Business Plan 2013 2017



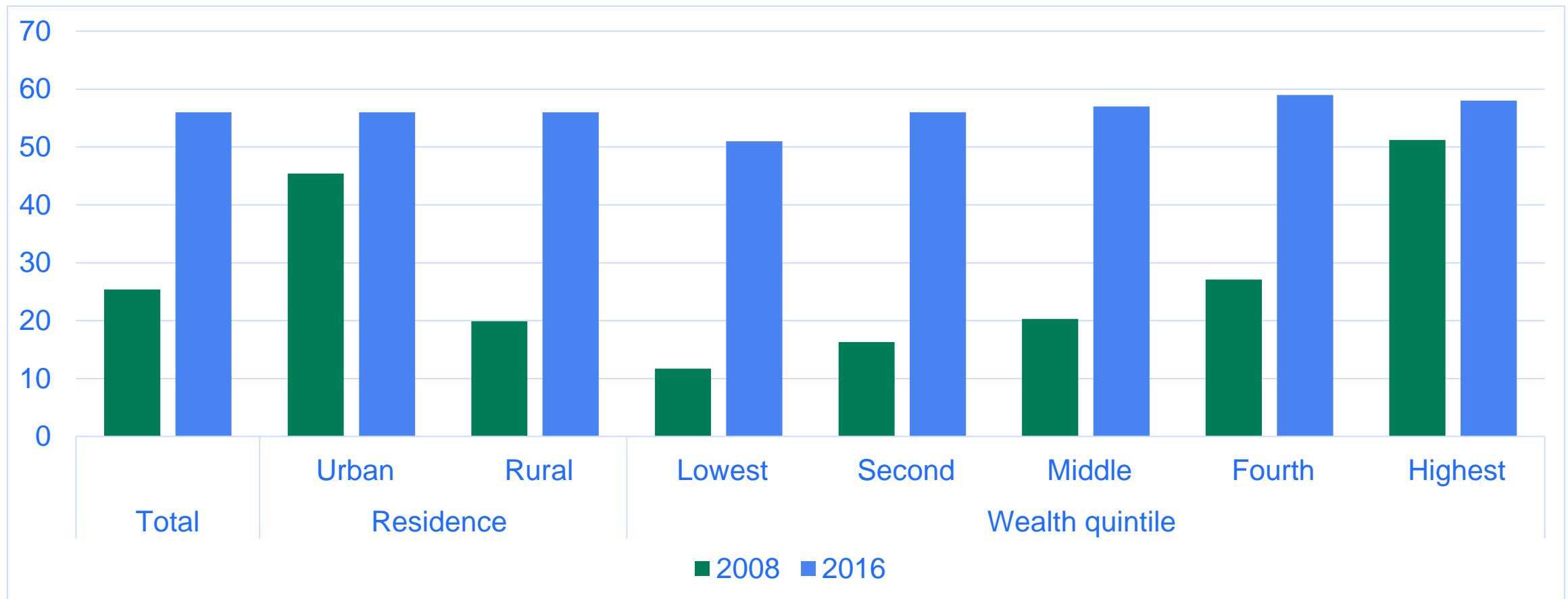
INCREASING ACCESS AND USE OF LLINS: 2005 – date



Population with Access To and Use of Insecticide Treated Nets (ITNS)



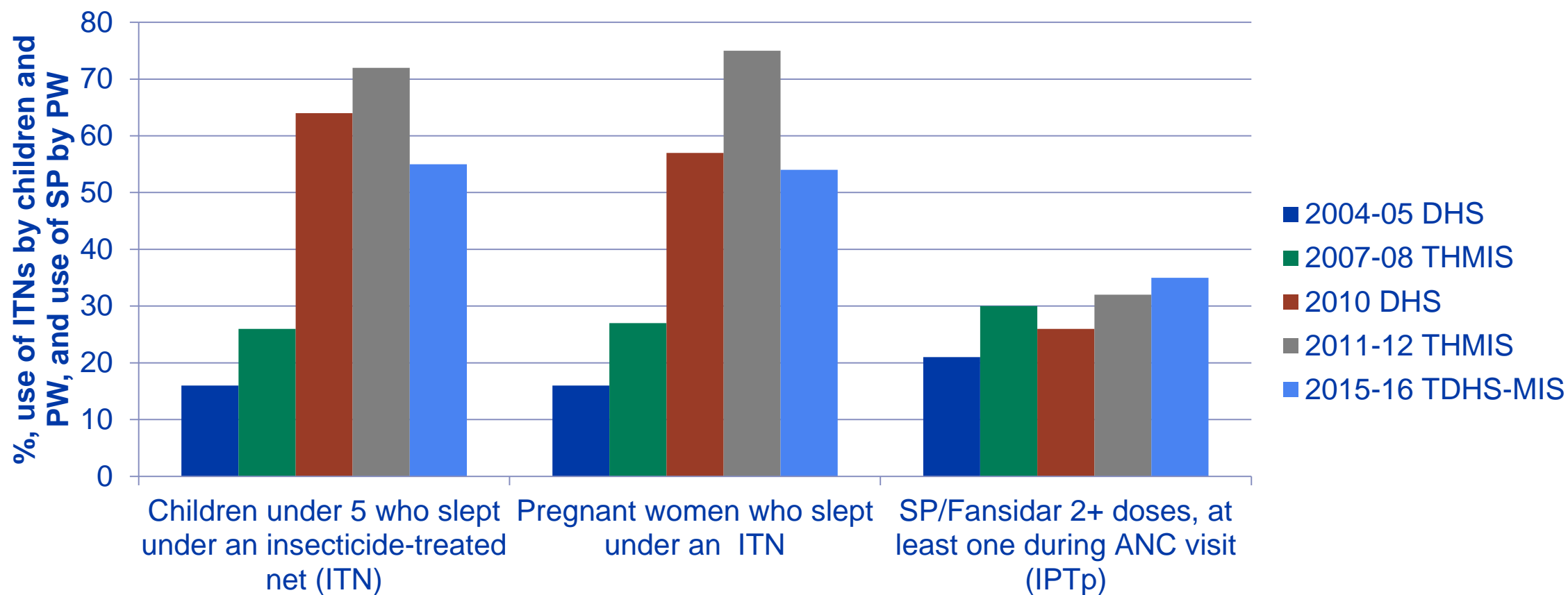
Population access to insecticide-treated net (ITN) by residence and wealth quintiles



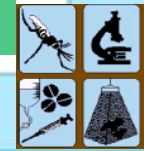
Source,: DHS, THMIS, MIS



Use of ITNs by Children under 5 and Pregnant Women; Use of SP Uptake in Pregnant Women



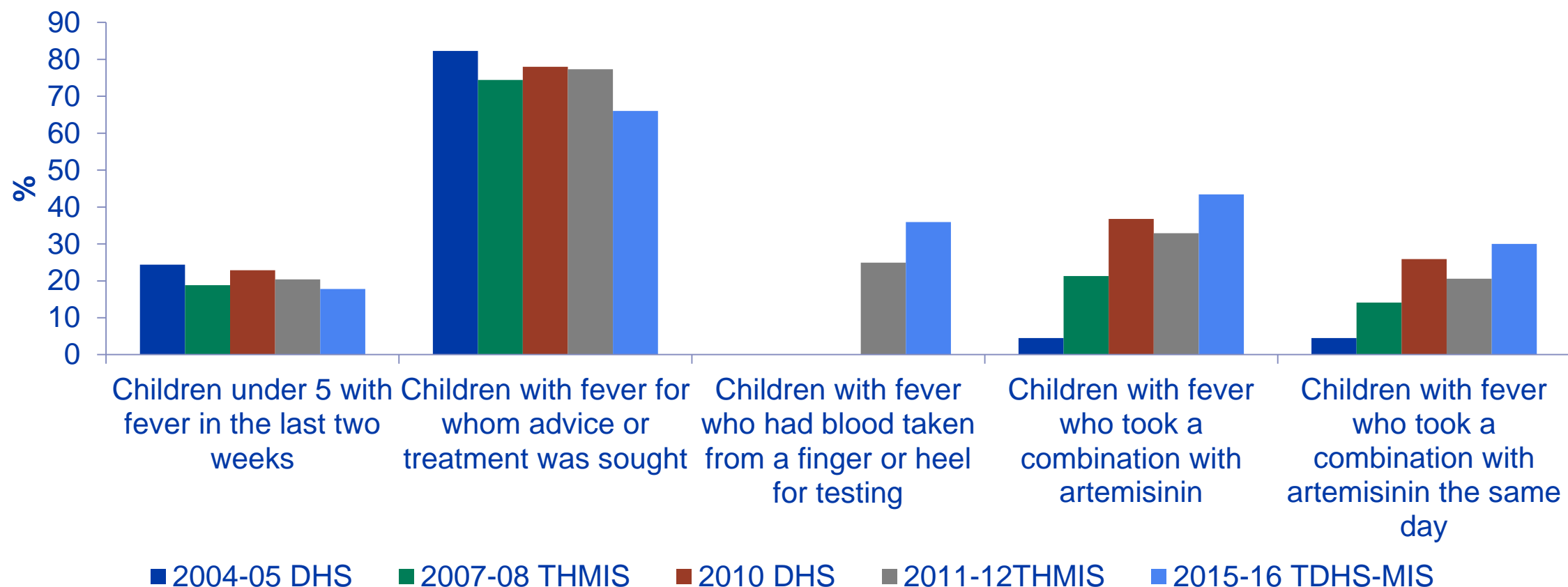
Population with Access To and Use of Insecticide Treated Mosquito Nets (ITNS)



INCREASING ACCESS AND USE OF RDTs and ACTs: 2005– Present



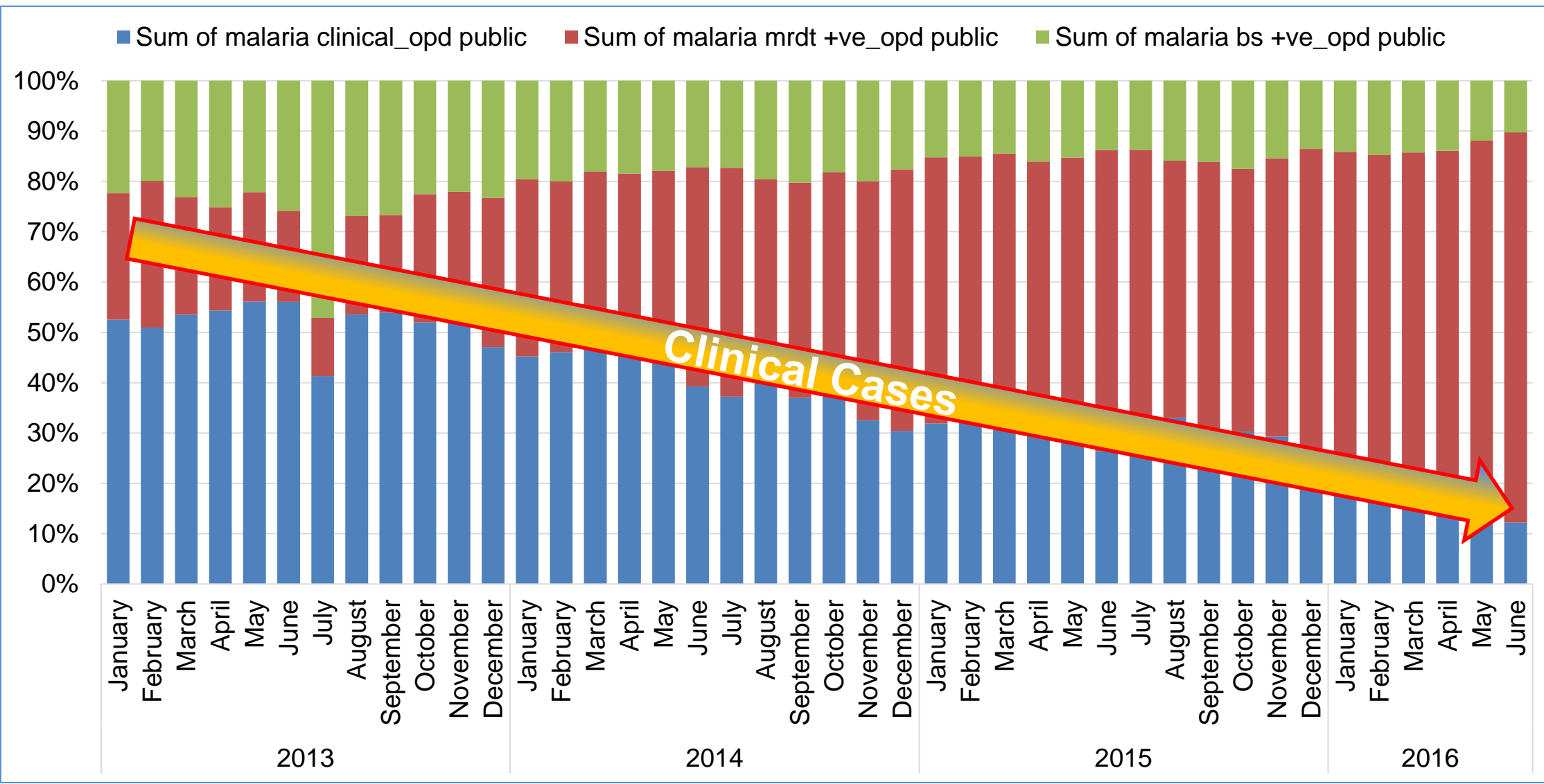
Children Under 5 with Fever who were Tested and Treated with ACTs



Source: DHS, THMIS, MIS



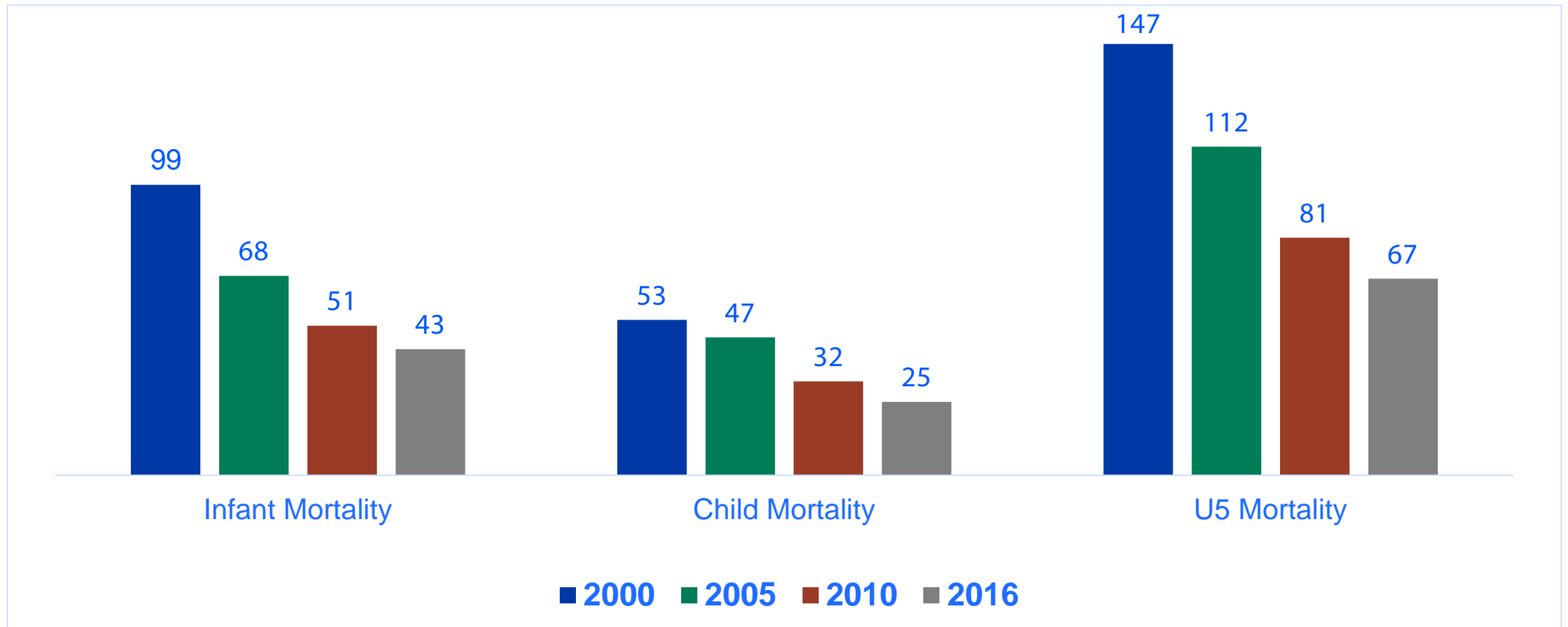
Malaria Diagnosis by Type: Jan 2013 – Jun 2016



IMPACT OF ALL MALARIA CONTROL INTERVENTIONS: 2005–PRESENT



All-cause Child Mortality: 2000–2016

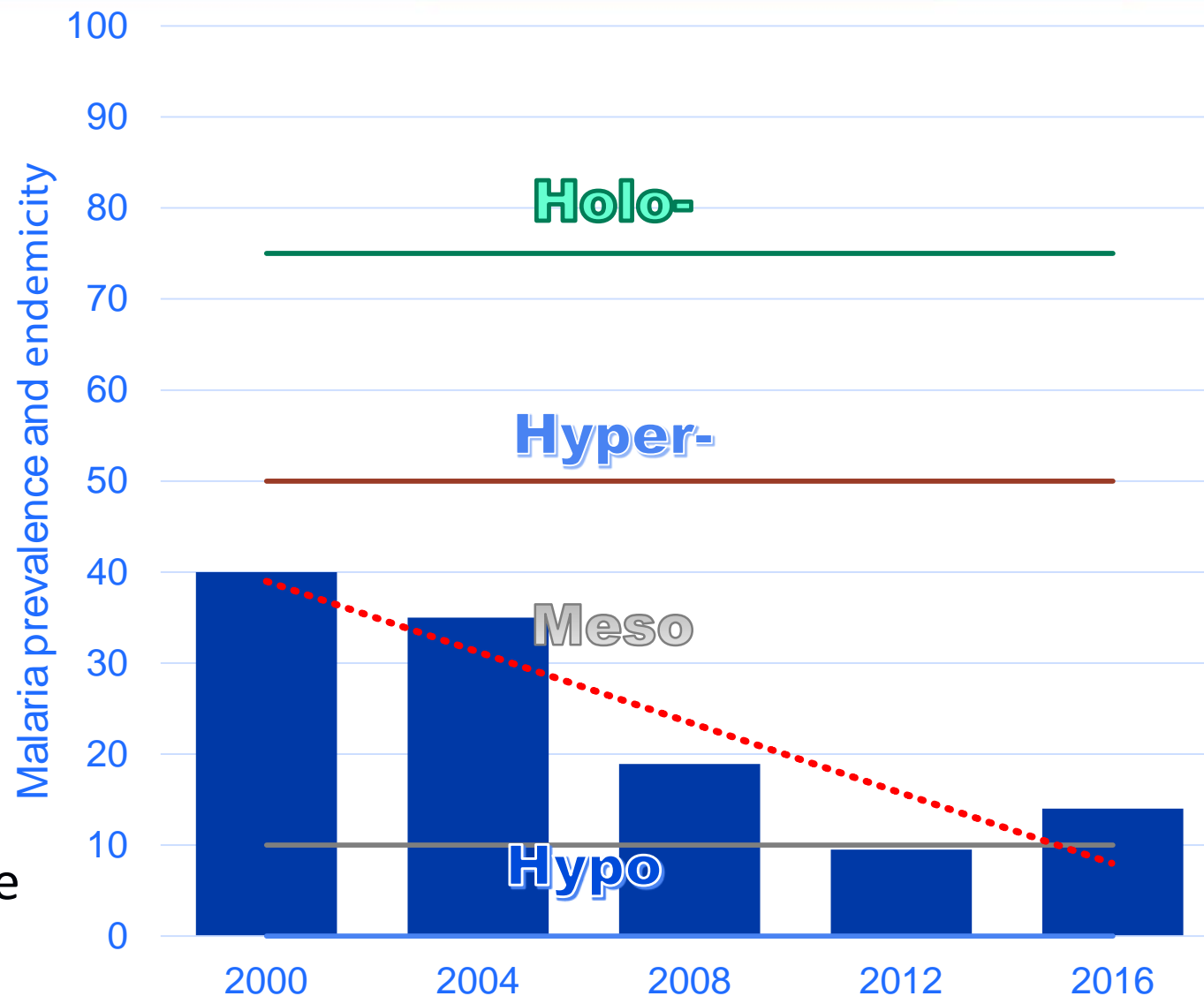


Source,: DHS, THMIS, MIS



Changes in Endemicity Class as Reflected by Prevalence in Children Aged 2 – 10 Years

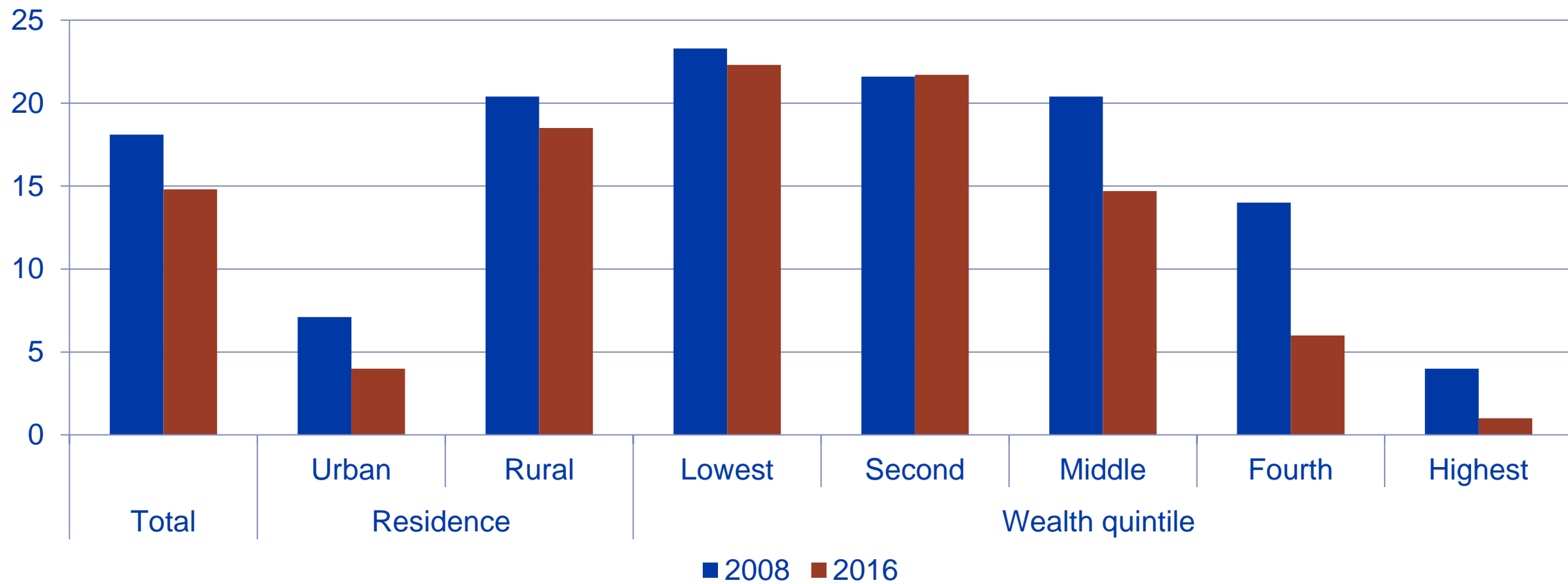
In the last 10 years we have observed epochal changes from established “high” meso-endemicity to established the present “low” meso-endemicity/hypo-endemicity. In this context, malaria is now more *unstable and* highly sensitive to seasonal and annual climatic variations.



Source,: NMCP



Parasite prevalence by setting and health quintiles, 2008–2016



Source,: DHS, THMIS, MIS



Critical Factors Associated with Success in Tanzania

- Strong GoT commitment and leadership
- Stable and significant partner support
- Coordinated partnership with donors, implementing partners, research community
- Programme's willingness to try new and innovative interventions



Challenges

- Sustaining and expanding the gains to further reduce malaria burden; we don't have long term funding
- High diversity of malaria transmission, we need to plan effectively
- Data management capacity at NMCP is limited, limiting effective decision making using available data (National, school surveys and routine)
- Inadequate human resource and skills for effective delivery of health system including HMIS, Logistics, Quality of Care
- Insecticide resistance, limited and highly expensive choices for implementation of Insecticide resistance Mitigation Plan
- Limited involvement of other sectors that are linked to malaria transmission



Looking Ahead

- Maintain high LLIN coverage and use, using different delivery methods (Keep up strategies)
- Reliable supply of anti-malarials and diagnostics to avoid stock outs
- Strengthen malaria surveillance (disease, programmatic and transmission)
- Implement alternative vector control interventions to manage insecticide resistance and outdoor transmission (IRS and larviciding)
- Promote routine HF based data quality and use
- Better engagement of community in malaria control through effective behaviour change
- Mid review of the programme to plan strategically considering a stratified approach to maximize outcomes
- Resource mobilization: Government and Development Partners



Conclusions

- Significant progress has been achieved over the past decade, but this is fragile; long term investments are essential to maintain present gains
- As transmission is highly diverse and resources are limited, a stratified approach is essential to maximise outcomes and impact



Acknowledgement



Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria



President's Malaria Initiative



World Health
Organization



All Financing & Implementing Partners

Community

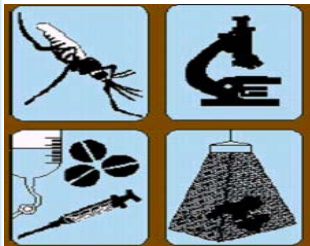
Regional/District Teams

Private Sector (PPP)



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC



THANK YOU

