



TANZANIA - MAINLAND



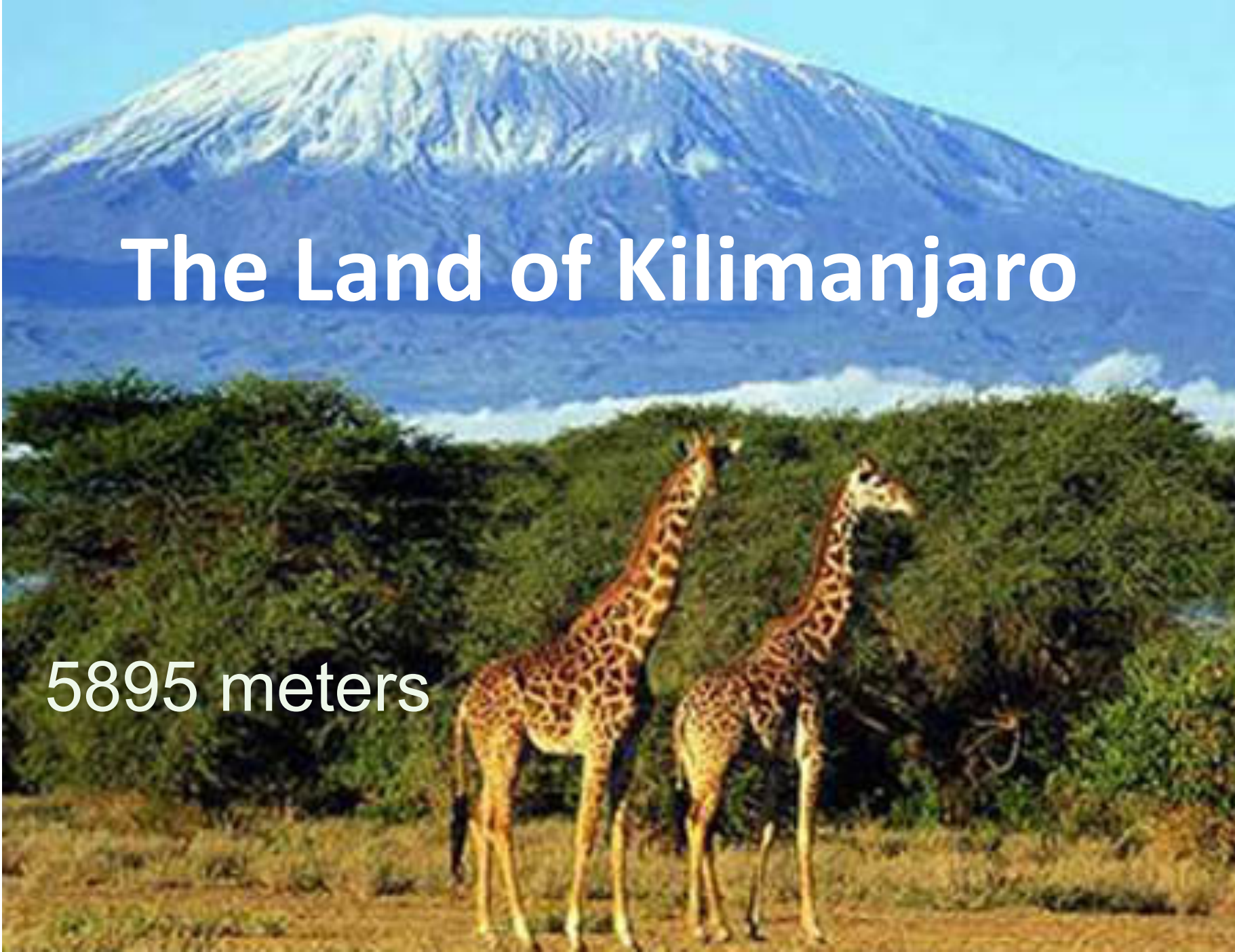
Malaria Control Updates Tanzania.

**Elilly International Hotel
Addis Ababa - Ethiopia**

25 July, 2019

The Land of Kilimanjaro

5895 meters

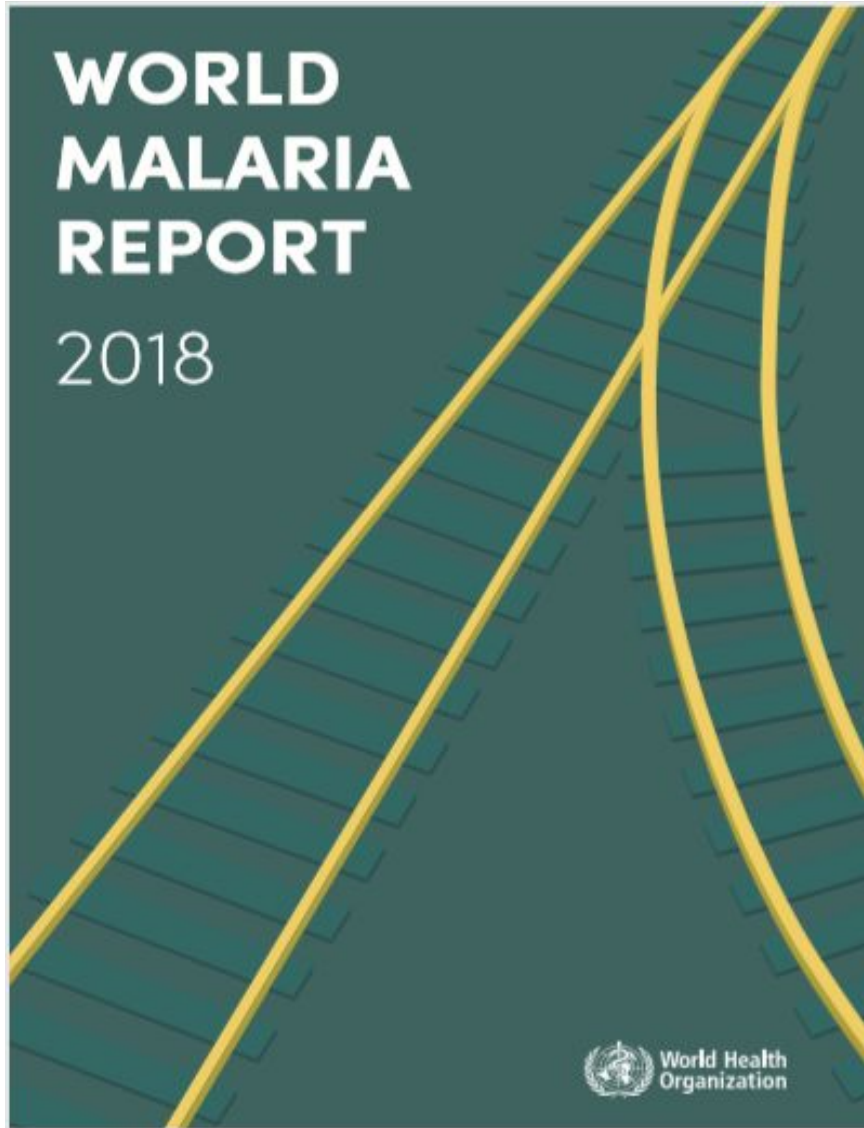


Presentation Layout:

- **Malaria Overview.**
- **Strategies and Key Interventions.**
- **Supplementary Malaria Strategic Plan.**
- **Malaria Initiatives towards Elimination.**
- **Way Forward.**

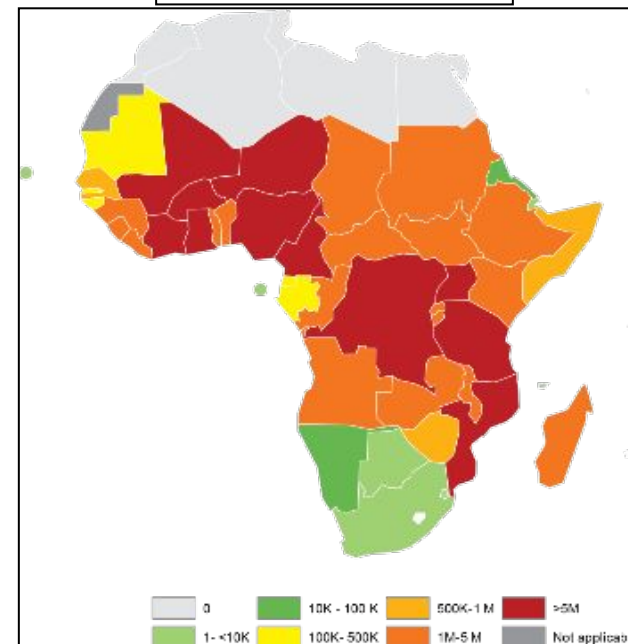
Malaria Burden - Globally:

Malaria is One of the Public Health Challenges.



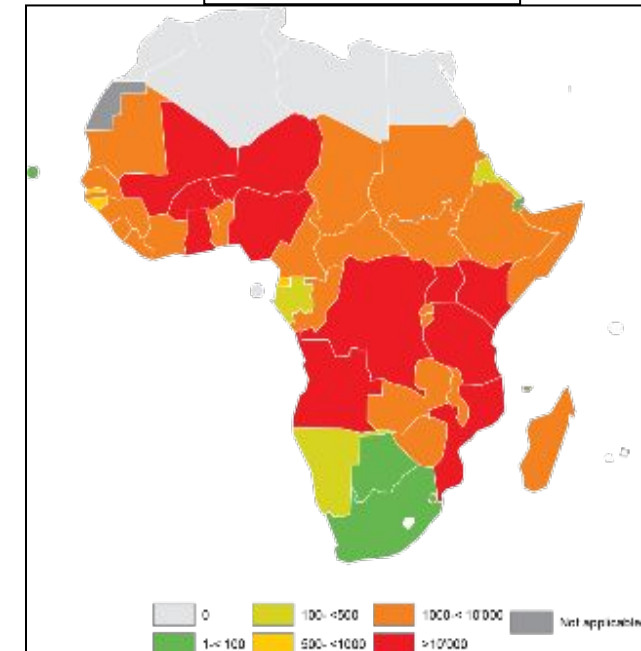
- According to the World Malaria Report -2018, there were 219 million cases and 435,000 deaths.
- The African Region accounts for 90% of all cases and deaths.
- The Burden is most felt in African Region, where 10 countries in Africa and including India, accounts for more than 70% of all Malaria Burden Globally.

Cases



3% Tanzania

Deaths

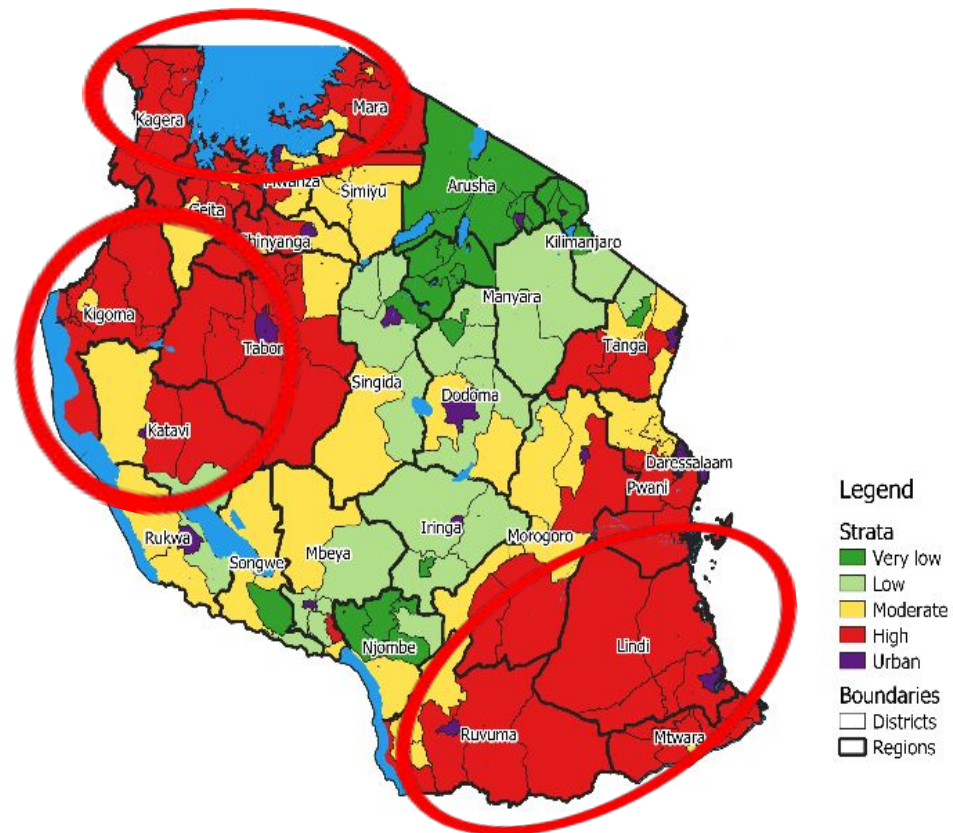


5% Tanzania

Malaria Burden in Tanzania:

In Tanzania, malaria is the leading cause of morbidity and mortality for all age groups.

Malaria Stratification Map, 2018



According to the Annual Malaria Report (2018), there were **6.2M cases** and **2.3K deaths** recorded.

Observations:

- Highly Heterogeneity across regions.
- Burden is mostly seen in the 3 zones: **West, Lake and Southern zones.**
- Low/very low prevalence in the **Central Corridor** overtime.

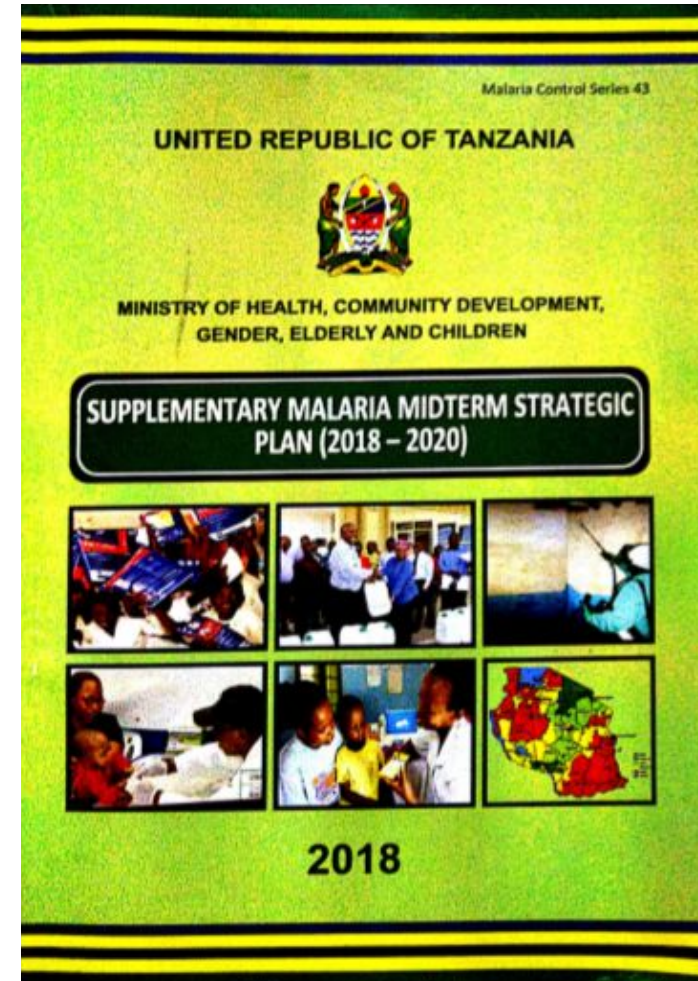
New Malaria Strategic Plan – (2018 -2020):

Vision:

Tanzania becomes a Society free from malaria.

Goal:

To reduce the average malaria prevalence in moderate and **high disease burden** areas to **less than 5% in 2020** and in **low disease burden** areas to **less than 1% in 2020**.

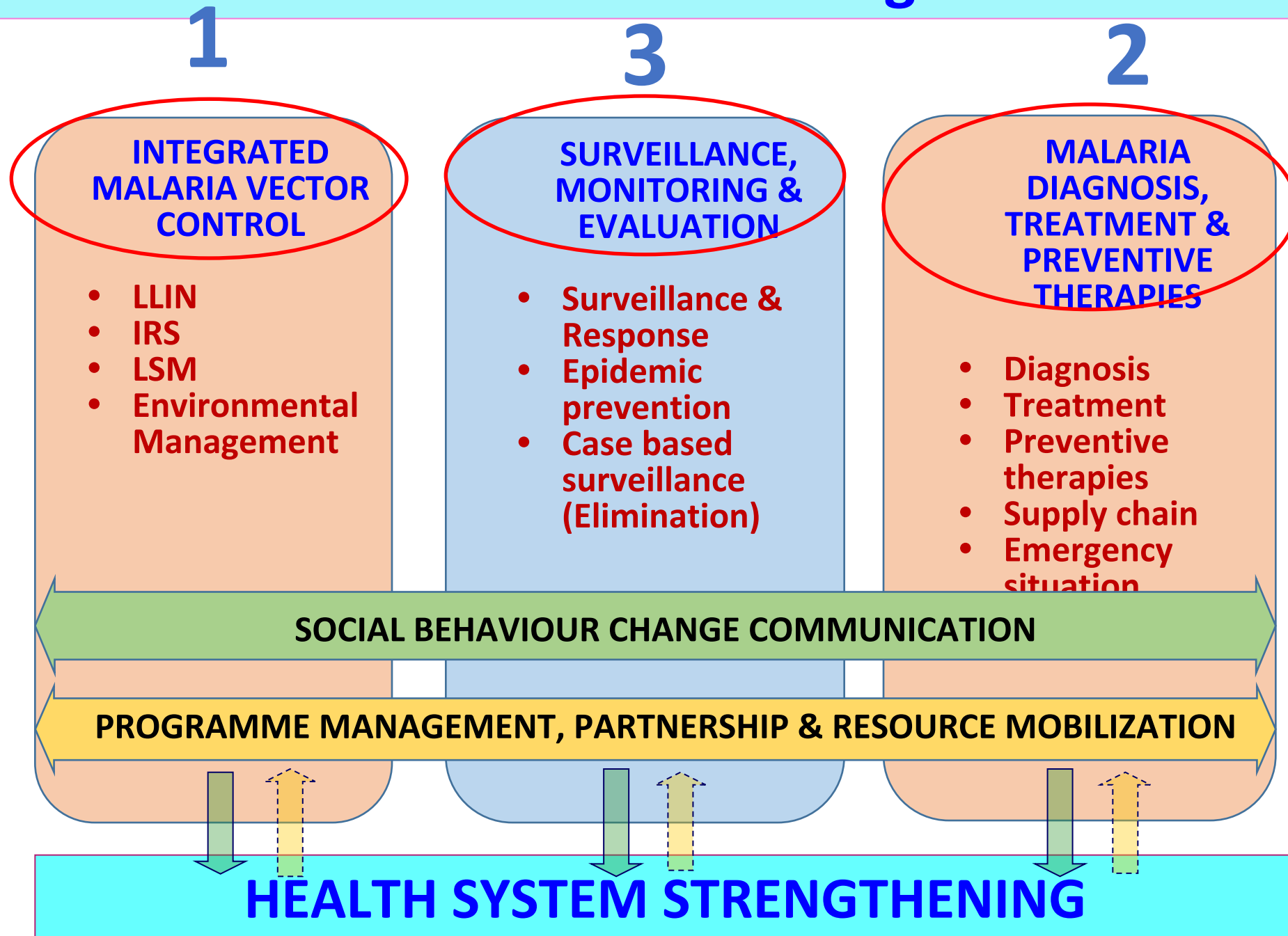


Key Malaria Strategies:- SMMSP – (2018-2020):

5 Strategies to Achieve the Set Goal:

- 1) Reduce malaria **transmission by maintaining effective and efficient vector control** intervention packages recommended per malaria strata.
- 2) Prevent the **occurrence of mortality** related to malaria infection through promotion of universal access to appropriate early diagnosis, prompt treatment & provision of preventive therapies in vulnerable groups.
- 3) Strengthen an enabling environment where **individuals at risk are empowered** to protect themselves and their families from malaria, seek proper and timely malaria-treatment.
- 4) Provide **timely and reliable information to assess progress** towards the set global, national and sub-national targets, to trigger responses to the identified needs and to ensure that resources are used timely and in the most cost-effective manner to account for investments made in malaria control.
- 5) Efficient programmatic and financial management of malaria control interventions at all levels, implemented through **effective and accountable partnerships to assure adequate resources**.

Malaria Control Strategies:



Recommended Interventions:



Insecticide Treated Nets (ITNs)



Larviciding

Indoor Residual Spraying
(IRS)



Intermittent Preventive Treatment for PW -
(IPTp)



Rapid Diagnostic Tests (mRDTs)



Artemisinin - Based
Combination Therapies
(ACTs)

Malaria Partners:

NMCP privileged to have the Opportunity to work with a number of partners both **financiers** and **Implementers**.

Major External Funders are the **Global Fund** and **PMI**:
Others are; Swiss Development Cooperation and DfID.

Other Ministries:
PMO (TNCM), PORALG, MoFP (PR) and MoEVT.

Multilateral Support and Advocacy:
WHO, RBM and ALMA.

Implementing Partners:
VectorWork, Abt Associates, PSI, Jhpiego – Boresha Afya, Delloitte – Boresha Afya, TCDC, FHI 360 - Tulonge Afya, Measures Evaluation, SHOPS Plus and Global Health Supply Chain - GHSC.

Academia/Research Institutions:
NIMR, IHI, MUHAS, CUHAS, Bugando and KCMC.

Private Sector:
APFHTA, A-Z Arusha, FLBs and Malaria Safe Companies.

Supplementary Malaria Strategic Plan (2018-2020)

Justification for SMMSP 2018-2020

1. In the last decade, there has been a steady decline in malaria incidence and in its intensity and diversity.
2. The Mid Term Review (MTR) in July 2017, assessed country's malaria situation and program performance. The prevalence was (7.3%), we could not attained 5%.

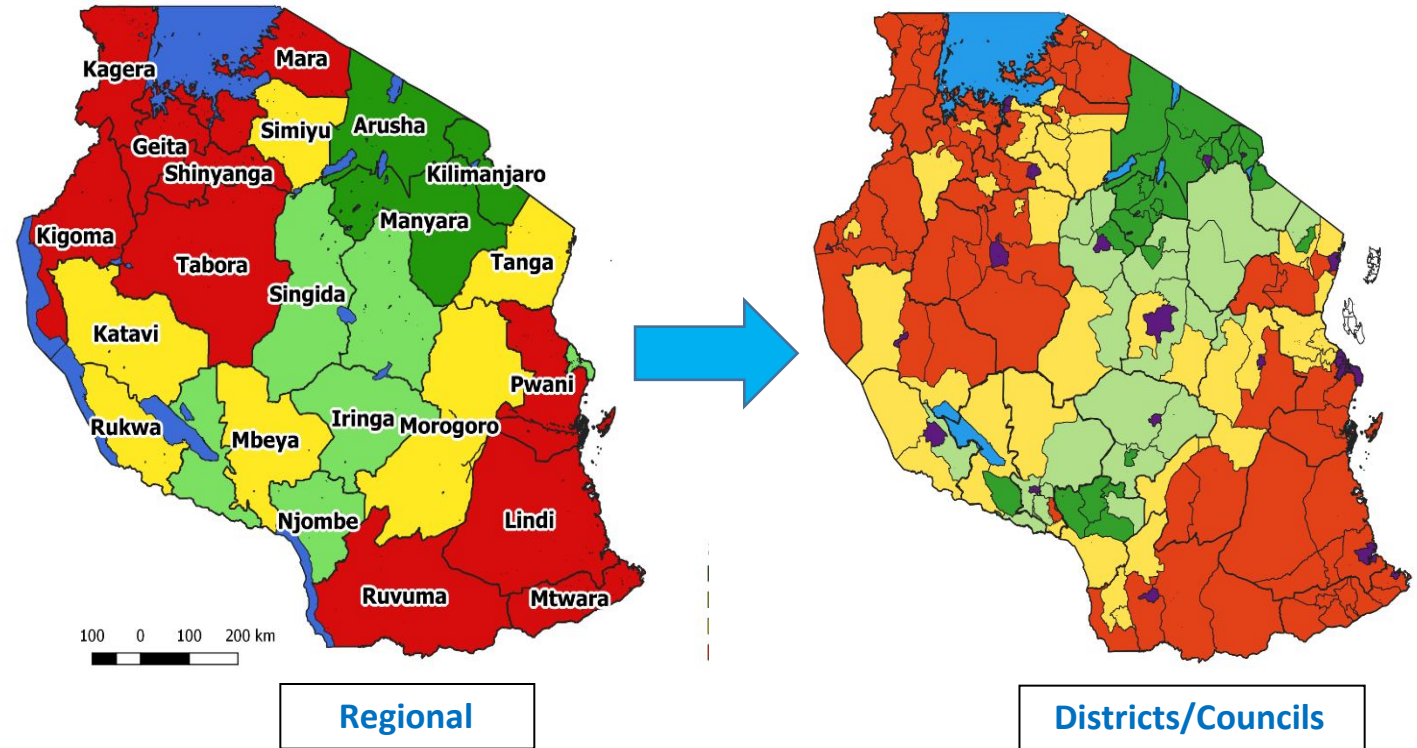
o It is unlikely the prevalence of less than 1% by 2020 will be achieved with the current strategic approach.

3. The Malaria WHO; GTS 2016-2030: Stratification of malaria burden to optimize the implementation of recommended malaria interventions.
4. Consultative Malaria Expert Meeting (February 2018): forum for global & national malaria experts shared their vast experience and gave **recommendations on malaria control towards elimination.**

1 (a). Stratification:

Stratification: (definition)

- Is a vital analytic step for malaria to determine **epidemiological differences** (spatial, vector, ecology, resistance, etc.) and **Socioeconomic aspects** such as; conflict, population movement, human behavior, poverty, access to health services.
- The variation of **malaria intensity** has been used in the stratification process and **WHO criteria** for establishing the cut-off points were used.
- Stratification allows **planning** and optimization of intervention packages to be designed **in accordance to disease burden** and **resource envelop**.



	Population	
	#	%
VERY LOW	6,253,562	12%
LOW	13,893,416	28%
MODERATE	11,633,025	23%
HIGH	18,723,667	37%

1 (b). Stratification and Strategic Directions

- **Four** epidemiological strata and **one** operational stratum selected.

– Epidemiological & Operational

- | | |
|-------------|----------|
| 1. Very low | 1. Urban |
| 2. Low | |
| 3. Moderate | |
| 4. High | |

- **Targeted:**

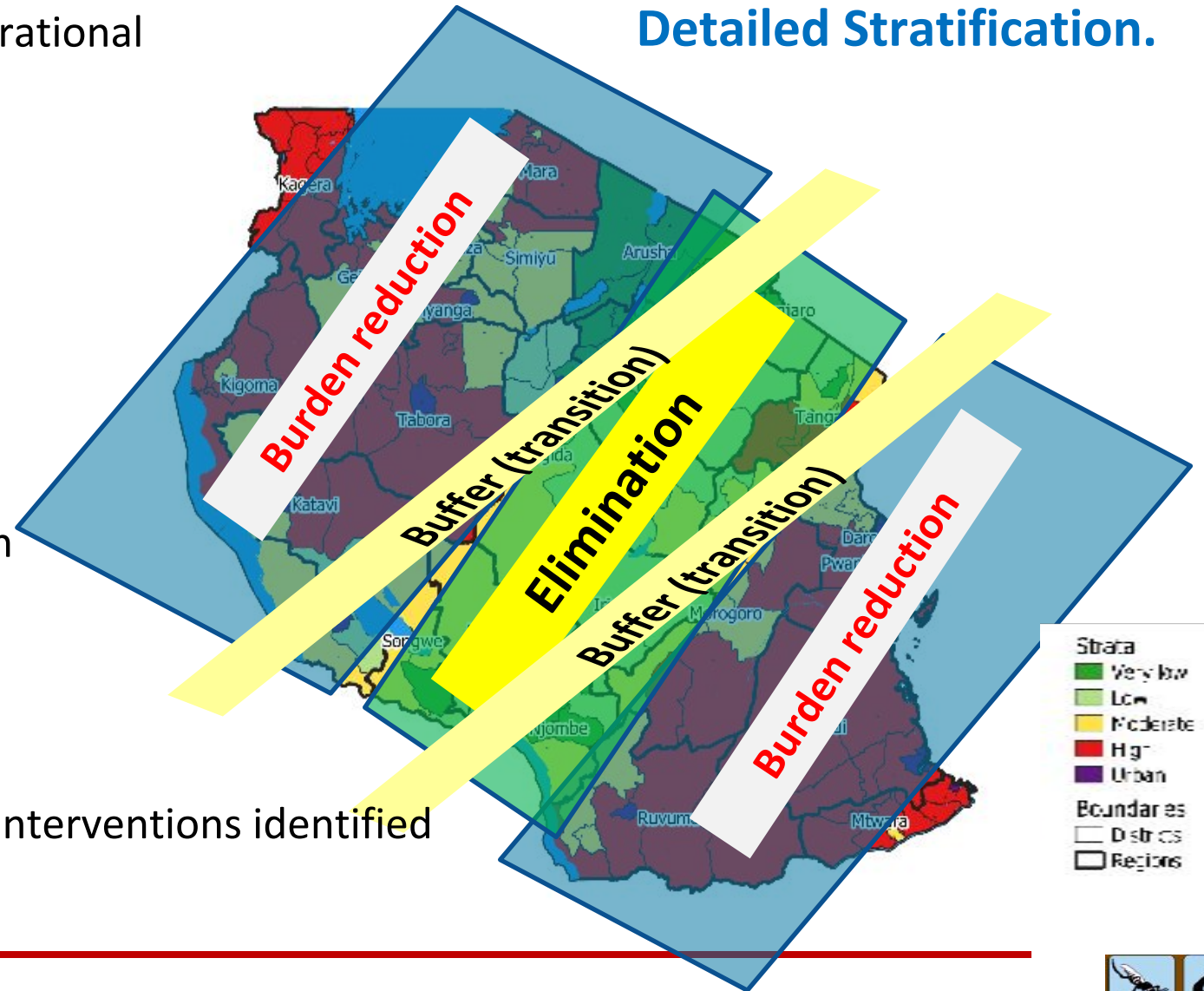
Burden reduction, elimination and buffer (transition) areas.

- **Operational Level:**

District/Council level.

- **Intervention packages:** Interventions identified per stratum.

Detailed Stratification.



2. Malaria Surveillance – Core Intervention:

Regardless of country status of elimination, surveillance of malaria **should be upgraded to a core intervention** in the National Malaria Strategies.

Surveillance as an Intervention

- Enables to tracking disease and programmatic responses and taking action in response to malaria data received.
- Functions most intensively in elimination settings (very low transmission) areas.

Intensifying Surveillance;

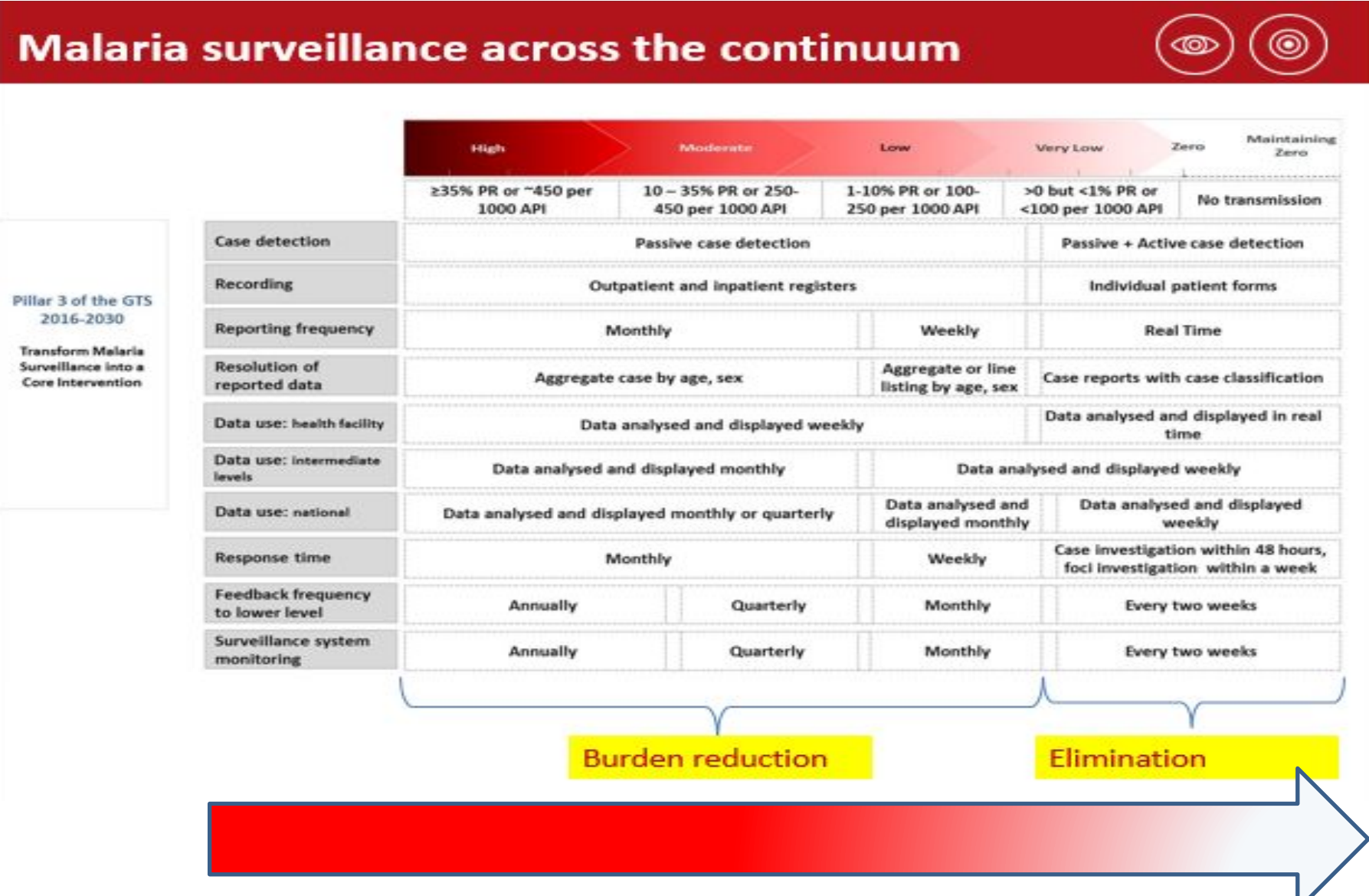
- Case based, Notification of Cases.

Active Case Detection:

- Investigation & application of suitable interventions;

Foci Investigation:

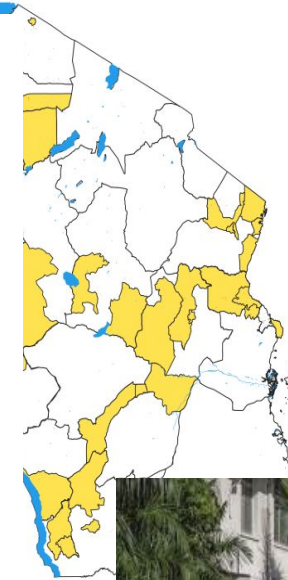
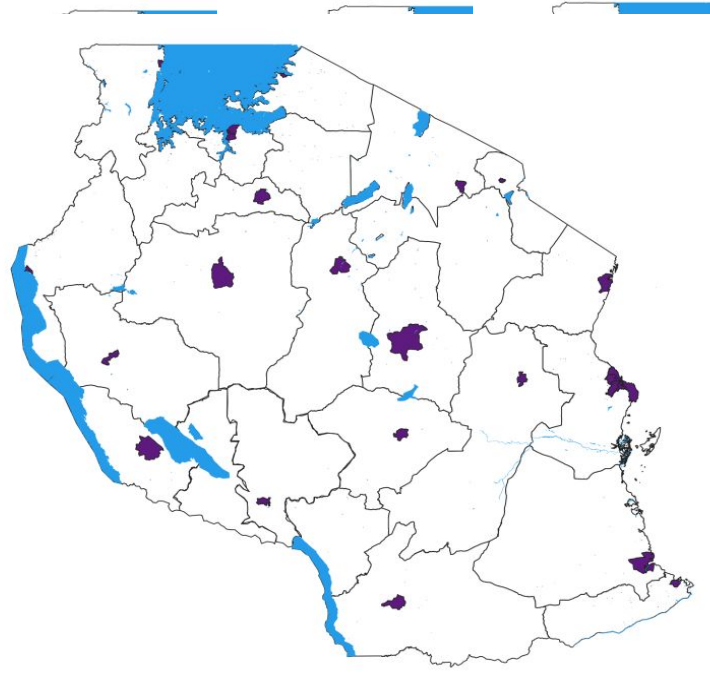
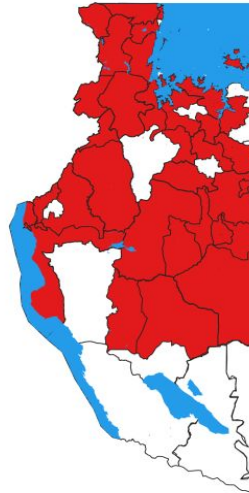
- Classification & application of appropriate interventions



3 (a). Targeted Intervention packages per Stratum:

Very low 26 Councils	Low 23 Councils	Moderate 41 Councils	High 69 Councils	Urban/Cities 25 (Municipal and Cities)
	Sustained	Burden	Burden	

Cross Cutting: Levelling HHA Distribution



3 (b). What is Needed?

- | | | |
|--|---|---|
| •From “one size fits all” | ? | “Targeted interventions” according to situation and available evidence. |
| •More Effective /Expanded Vector Control initiatives. <ul style="list-style-type: none">• LLINs, LSM and IRS | ? | High malaria burden areas. |
| •More access to malaria case management so as to reach at least 85% of patients. | ? | Everywhere - Countrywide. |
| •Strong Malaria Surveillance and Response mechanism. | ? | Low transmission areas targeting Elimination. |
| •Need more resources to accomplish all these. | ? | Increase financing for malaria especially on domestic sources. |

4. Community Engagement:

- Added Value of Community engagement (sustainable workforce) for doing the following:
 - **Vector Control:** Interventions at Community level;
 - Net distribution during Mass Campaigns,
 - Larviciding; Mapping breeding sites, Spraying
 - IRS identify the houses, spraying, etc.
 - **Case Management:** testing and treatment at community level e.g. **iCCM**, mRDT use in ADDOs.
 - **Surveillance:** Active Case Detection, FSAT,
 - **Promotional:** Use of LLINs and Health care seeking, etc.

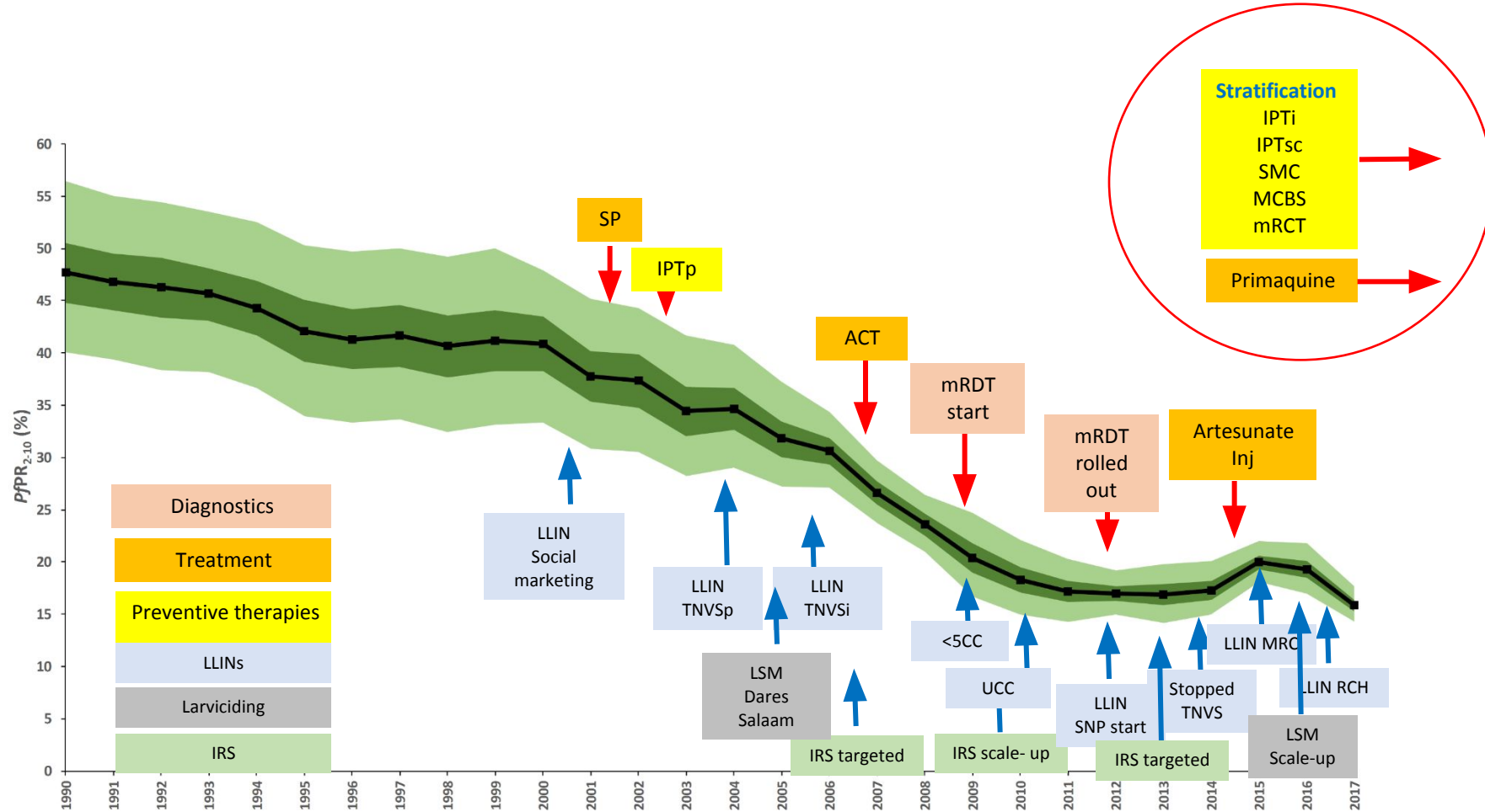


5. Need more resources:

- **Long term funding:** Including domestic funding to sustain the gains achieved so far, and scale-up recommended interventions.
- Otherwise, the risk of interrupted investment is still there.
- **Rebound effect** is more likely to happen, if control measures were scaled down or stopped completely, due to any reason or cause **with unpleasant consequences.**



National Annual mean PfPR₂₋₁₀ (1990 – 2017):



Malaria Interventions Overtime:

HBHI Approach:

High Burden to High Impact (HBHI): A targeted malaria response, country-led.

Tanzania is among the 10 African Countries with high malaria burden according to the World Malaria Reports.

4 Key Elements:

- **Political Will to reduce malaria deaths:** Need to have demonstrate the course of action: In resource mobilization and empower people to protect themselves.
- **Strategic Information to drive impact:** Targeted intervention packages based on Stratification maps.
- **Better guidance, policies and strategies:** Evidence based interventions within a local settings and country context, updated to suite the need.
- **A coordinated national Malaria response:**
 - Need to include **Everyone, Every** proven Intervention with Scientific **Evidence** and **Engage** non Health and Private Sector.

Zero Malaria Starts With Me:

- Provides a platform for engaging a broad-range of Partners to support efforts towards malaria elimination including; **Individuals, families, communities, political and religious leaders, the private sector and other members of society.**
- ZMSWM Campaign **Objectives:**
 - Keep malaria high on the political agenda;
 - Raise funds to support malaria work;
 - Engage everyone, from heads of state to Community members focusing on Advocacy and SBCC
- We have integrated ZMSWM campaign in SBCC and Advocacy activities i.e. all SBCC and Advocacy activities in the country, will run under the ZMSWM slogan.



Declaration on Eliminating Malaria in SADC Region:

The Declaration was signed in Windhoek Namibia, on 18 August, 2018.

The aim is to eliminate Malaria in SADC Member States by 2030 by doing among others the following:

- **Firmly placing regional malaria eliminations on the agenda** of all MS to establish malaria elimination task force and intensify cross border collaboration.
- **Intensifying Resource mobilization** by committing additional domestic resources.
- **Promoting a Supportive Policy and Legislative environment** for malaria elimination through harmonization of malaria policies.
- **Reinforcing Accountability among MS** to accelerate and achieve Regional malaria elimination through annual progress review during Summit meetings.



Summary:

- Reduction of malaria burden requires **intensified vector control measures** (LLINs, IRS and Larviciding).
- **Community Access to diagnosis and Treatment** is low, hence the need to re-consider testing beyond health facilities (**iCCM** & ADDO Platforms).
- **Implementation of new Interventions is underway**: IPTi, IPTsc, SMC using Research Institutions.
- **HBHI Approach**: All is set to have consultative meetings for HBHI Approach.
 - A number of processes are in progress:
 - **High Level Advocacy**: Minister of Health represented HE the president in Launching Malaria Trust Fund in e-Swatini.
 - **Improve in data quality** using malaria dashboards and composite
 - **New Strategic Plan to address the gaps**:
 - **Stratification** is completed, modelling and costing;
 - **New Interventions** are underway: IPTi, IPTsc, SMC using Research Institutions.
 - Detailed Self assessment Meetings: In August 2nd week, 2019. Secured funds for the meetings.
 - Bigger group meeting (High Level Profile) is planned in September, 2019.

Need A Complete Package: Es

Comprehensive Package:



Engage Non-Health Sectors:

Environment



Water and Sanitation



Infrastructure Projects



Housing

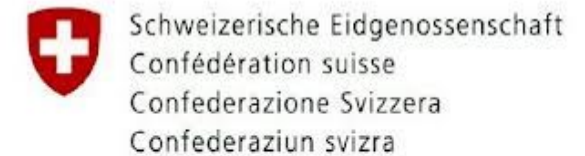


Education



Others....

Acknowledgement:



Swiss Agency for Development
and Cooperation SDC



All Financing &
Implementing Partners

Private Sector (PPP)

Regional/District Teams

The Community