



# Mainland Tanzania

## Southern and Eastern Africa Sub-region Annual Meeting.

***3<sup>rd</sup> – 6<sup>th</sup> October 2023***

**Kampala**

# Vision, Mission and Goal

## Vision:

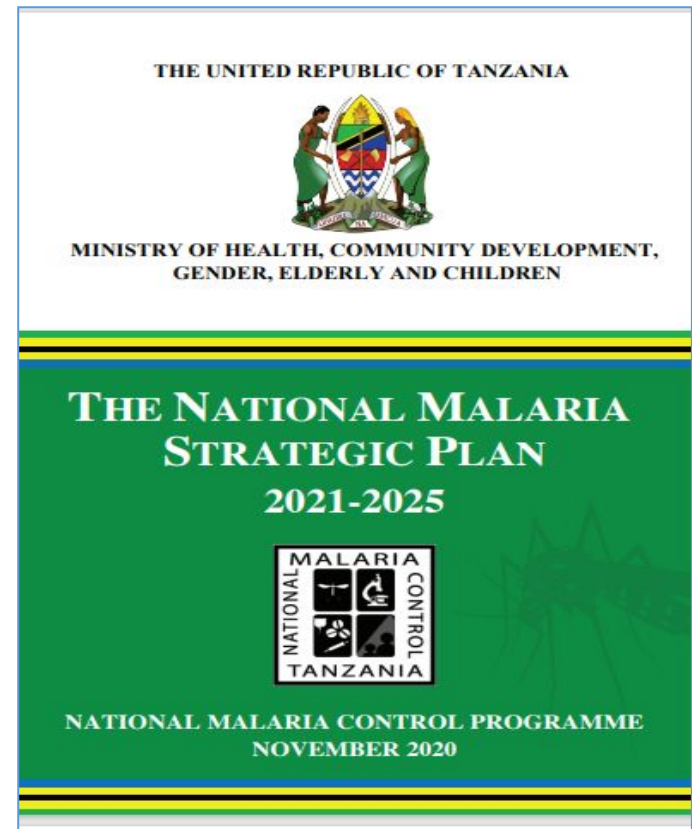
- Tanzania becomes a society free from malaria

## Mission:

- Ensure all people in Tanzania have equitable access to sustainable, quality, effective, safe and affordable malaria preventive and curative services through efficient collaborative partnership and community ownership.

## Goal:

- To reduce the average malaria prevalence in under-five children ( $pfpr_{6-59}$ ) from 7.5% in 2017 to average of less than 3.5% in 2025 (and elimination by 2030).



**Regions**

Strata	2018	2020	2023
Very low	3	5	3
low	6	4	5
Moderate	6	10	8
High	11	7	10

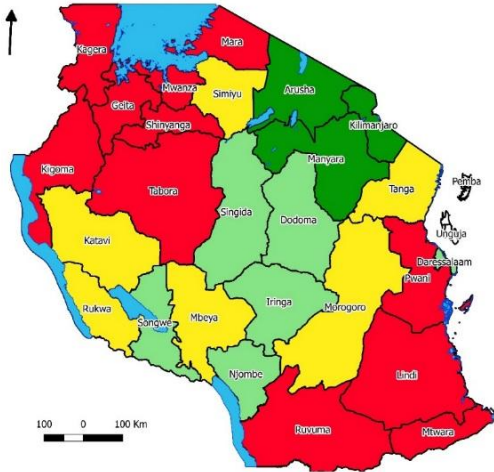
**Councils**

Strata	2018	2020	2023
Very low	28	36	38
low	34	32	32
Moderate	49	52	57
High	73	64	57

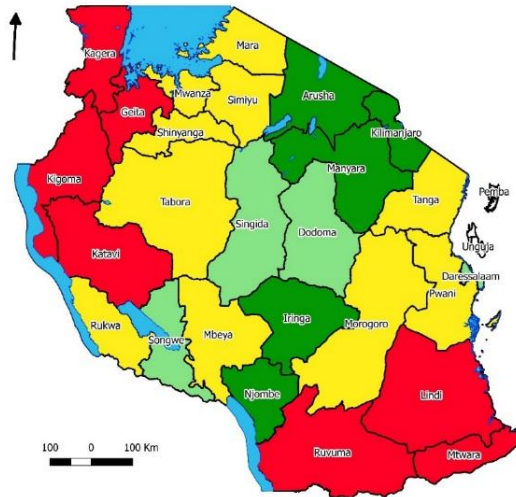
# Stratification at Region Level.



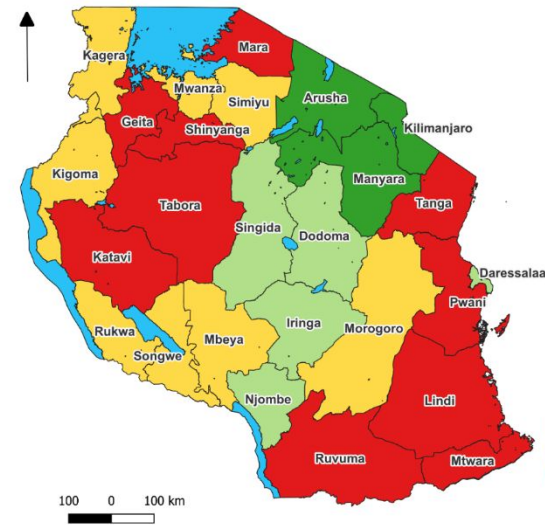
2018



2020



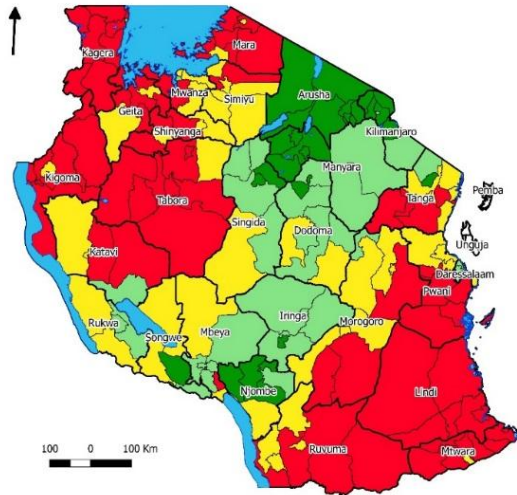
2023



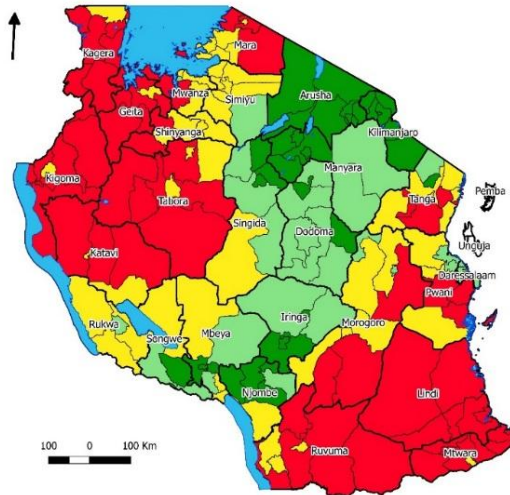
# Stratification at Council Level



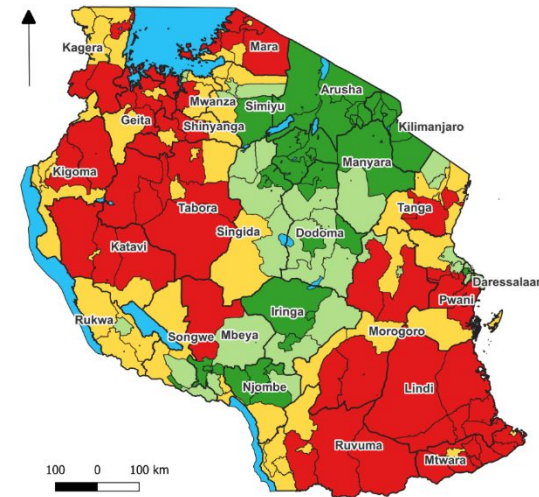
2018



2020



2023



# Presentation Outline

Program Implementation Status

Bottlenecks/Challenges

Best Practices

Gap analysis

Technical Assistance requirements



# Program Implementation Status

- **Malaria remains a public challenge** in mainland Tanzania, whereby 94% of the population lives in malaria endemic areas.
- High burden regions are in the Northwest and Southeast of the country while lowest Malaria burden is in the central corridor of the country;
- Phased elimination plan is the cornerstone for the current SP (2021 – 2025).



# Program Implementation Status

Indicator	Baseline (2020)	Current (2022)	Mid term (2023)	End term (2025)
Malaria Prevalence <5 years	7.5%	8.1%	5%	3.5%
Malaria death rate per 100,000 population	4	2	2	1
Intermittent Preventive therapy for malaria during pregnancy (IPTp3)	26%	33%	70%	85%
Proportion of the household population with access to an LLINs	63%	41%	80%	95%
Children with blood testing in febrile illness	43%	54%	75%	85%
Malaria Incidence per 1000	122	58%	60	<30
Proportion of councils with very low malaria transmission risk	20%	20.7%	25%	35%
Proportion of women with knowledge on measures to avoid malaria	87%	92%	90%	93%





# Other Major achievements

- Malaria prevalence declined to 8.1% (MIS 2022) compared with 14.8% in 2015;
- The number of confirmed malaria cases declined by 55% from 7.7 million in 2015 to 3.5 million in 2022;
- Malaria incidence per 1000 population reduced by almost 64% from 162 in 2015 to 58 in 2022;
- Hospital Admissions due to Malaria decreased by 66% from 529,146 Cases in 2015 to 178,549 admissions in 2022 indicating a decrease of severe cases;
- Number of Malaria deaths has declined by 76% from 6,311 (2015) to 1,502 in 2022;
- Establishment of End Malaria Council.



# Bottlenecks/Challenges

- Inadequate fund for the implementation of IRS and LSM.
- Reduced ITNs durability and bio-efficacy to 2.13 years instead of 3 years recommended by WHO.
- Insecticides resistance towards pyrethroids
- Reported resistance markers against ACTs in NorthWest of the Country
- Low uptake of IPTp2 and IPTp3 to pregnant women due to
  - Transitional interrupted supply of SP
  - Documentation challenges
  - Late ANC booking.



# Best Practices

- Scale up of Microstratification to be used by Councils during planning (planrep).
- Use MFPs government employees at Local government
- Having End Malaria Council, these are individual champions to strengthen a multi-sectoral collaboration. Launched during WMD 2023 by a Prime Minister
- Developed Multi – sectoral collaboration frame work



# Gap analysis 2024

	<b>NEED</b>	<b>FINANCED</b>	<b>GAPS</b>
<b>LLINs (number of nets)</b>	<b>18,796,247</b>	<b>18,796,247</b>	<b>0</b>
<b>IRS [US\$]</b>	<b>3,433,256.16</b>	<b>0</b>	<b>3,433,256.16</b>
<b>ACTs (number of treatment doses)</b>	<b>3,703,116</b>	<b>3,703,116</b>	<b>0</b>
<b>RDTs (number of RDTs)</b>	<b>18,814,768</b>	<b>18,814,768</b>	<b>0</b>
<b>Total US\$ need essential services (from your gap analysis sheet)</b>	<b>94,231,838.76</b>	<b>90,798,582.60</b>	<b>3,433,256.16</b>
<b>Entomological Surveillance [US\$]</b>	<b>885,753</b>	<b>457,163</b>	<b>428,591</b>
<b>Larviciding [US\$]</b>	<b>9,311,856.34</b>	<b>0</b>	<b>9,311,856.34</b>
<b>Other Inj. Artesunate</b>	<b>3,751,297</b>	<b>3,751,297</b>	<b>0</b>
<b>Total US\$ need malaria strategic plan</b>	<b>190,656,978</b>	<b>90,798,582.60</b>	<b>99,858,395.40</b>

# Gap analysis 2025

	NEED	FINANCED	GAPS
LLINs ( <i>number of nets</i> )	9,825,719	9,825,719	0
IRS [US\$]	6,750,589.39	0	6,750,589.39
ACTs ( <i>number of treatment doses</i> )	5,704,940	5,704,940	0
RDTs ( <i>number of RDTs</i> )	16,862,953	16,862,953	0
Total US\$ need essential services ( <i>from your gap analysis sheet</i> )	57,124.905.56	50,374,316.17	6,750,589.39
Entomological Surveillance [US\$]	759,864.	392,188	367,676
Larviciding [US\$]	17,543,156.88	0	17,543,156.88
Other Inj. Artesunate [No. of doses]	2,064,631	2,064,631	0
Total US\$ need malaria strategic plan	190,656,978	82,525,804	108,131,174

# Gap analysis 2026

	<b>NEED</b>	<b>FINANCED</b>	<b>GAPS</b>
<b>LLINs (number of nets)</b>	<b>11,701,821</b>	<b>7,272,120</b>	<b>4,429,698</b>
<b>IRS [US\$]</b>	<b>8,639,440.82</b>	<b>0</b>	<b>8,639,440.82</b>
<b>ACTs (number of treatment doses)</b>	<b>7,904,496</b>	<b>7,904,496</b>	<b>0</b>
<b>RDTs (number of RDTs)</b>	<b>31,936,616</b>	<b>31,936,616</b>	<b>0</b>
<b>Total US\$ need essential services (from your gap analysis sheet)</b>	<b>58,177,614.4</b>	<b>49,538,173.58</b>	<b>8,639,440.82</b>
<b>Entomological Surveillance [US\$]</b>	<b>755,489.38</b>	<b>389,930</b>	<b>365,559</b>
<b>Larviciding [US\$]</b>	<b>25,867,467.21</b>	<b>0</b>	<b>25,867,467.21</b>
<b>Other Inj. Artesunate [No. of doses]</b>	<b>2,682,666</b>	<b>2,682,666</b>	<b>0</b>

# Technical Assistance requirements

<b>Activity</b>	<b>Support type (TA or financial)</b>	<b>Period</b>
<b>Initiation of a Community Led Monitoring (CLM)</b>	<b>Financial and TA</b>	<b>March. 2024</b>
<b>Update a Business Plan for the new GF funding mechanism and</b>	<b>Financial and TA</b>	<b>March. 2024</b>
<b>Development of Insecticides Resistance Management Plan (IRMP)</b>	<b>Financial</b>	<b>June 2024</b>
<b>Develop a Crisis Communication plan (SBC&amp;A plan) to deploy as an emergency response for malaria outbreak (i.e., Artemisinin Partial Resistance, An stephensi).</b>	<b>TA</b>	<b>June 2024</b>



Thank you!

