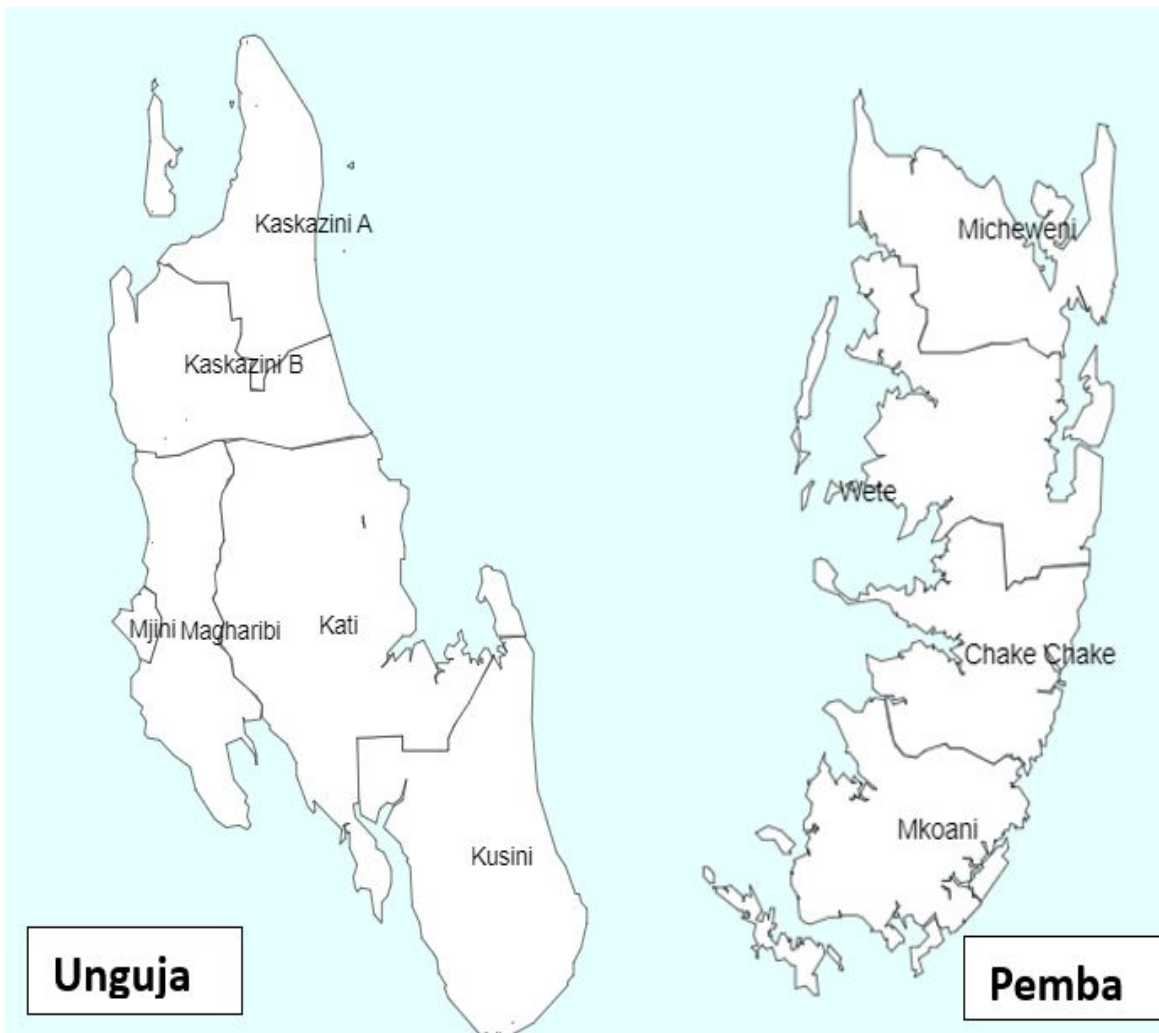


# Zanzibar Malaria Prevalence, 2017–2022

**0.4%**

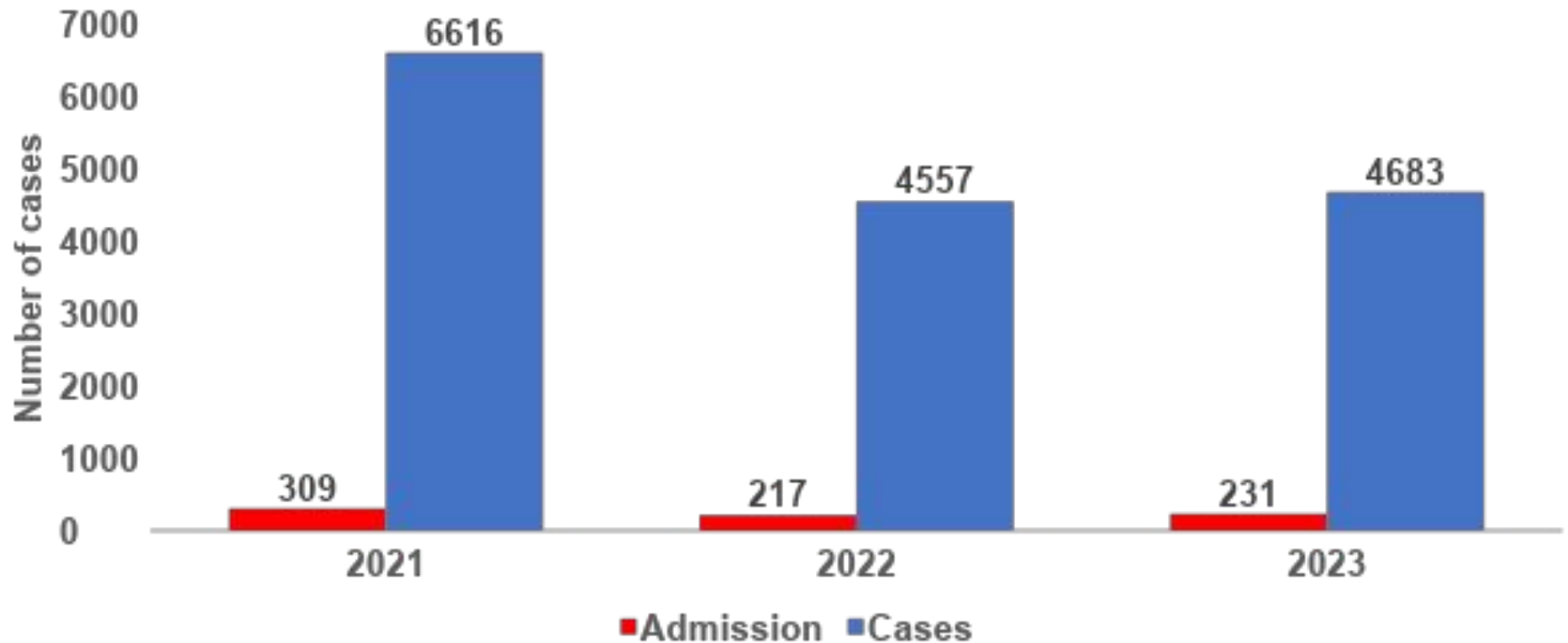
- **Unguja: 0.2**
- **Pemba: 0.0**  
(TDHS\_2017)



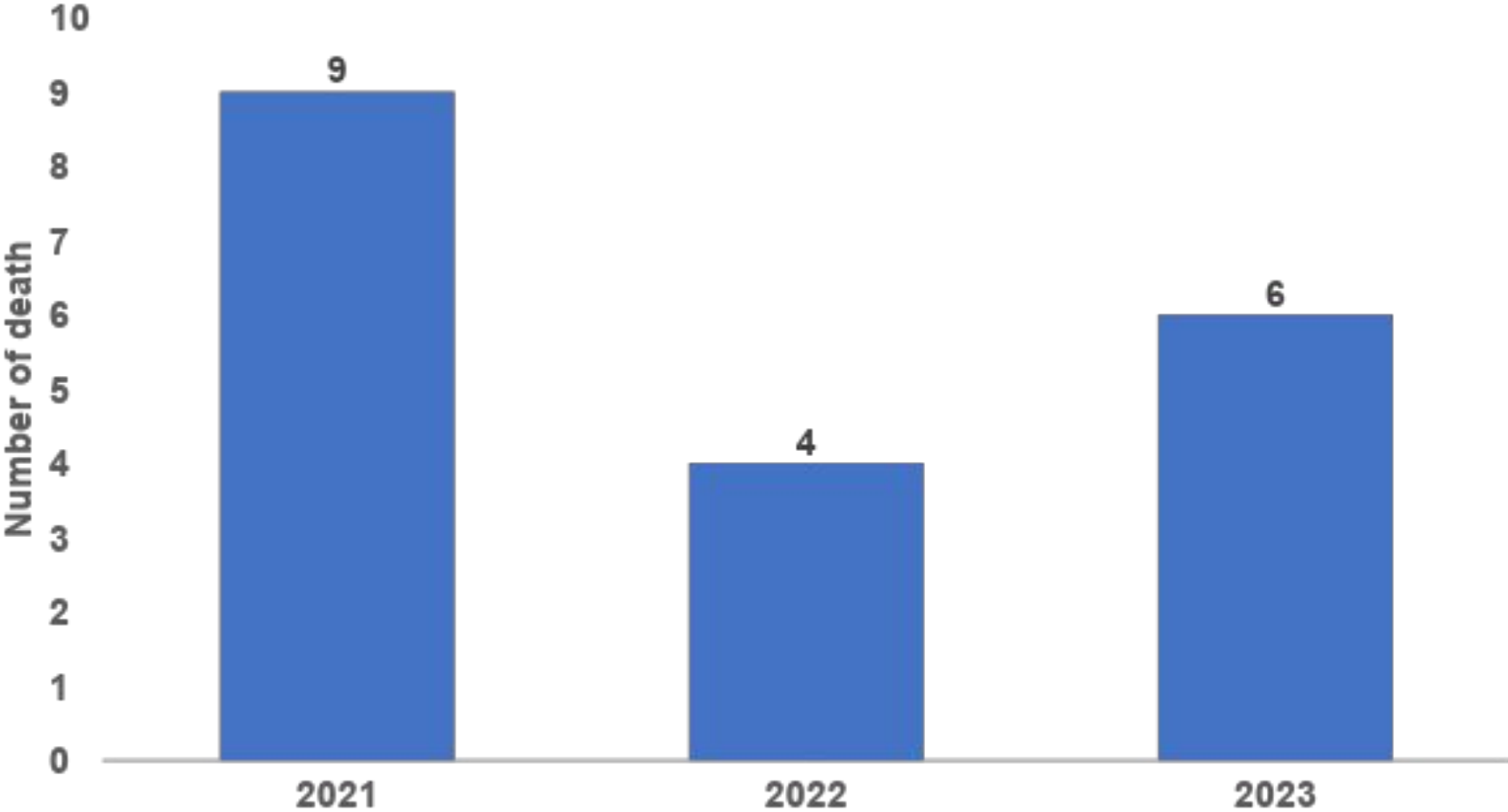
**0%**

- **Unguja: 0.0**
- **Pemba: 0.0**  
(TDHS\_2022)

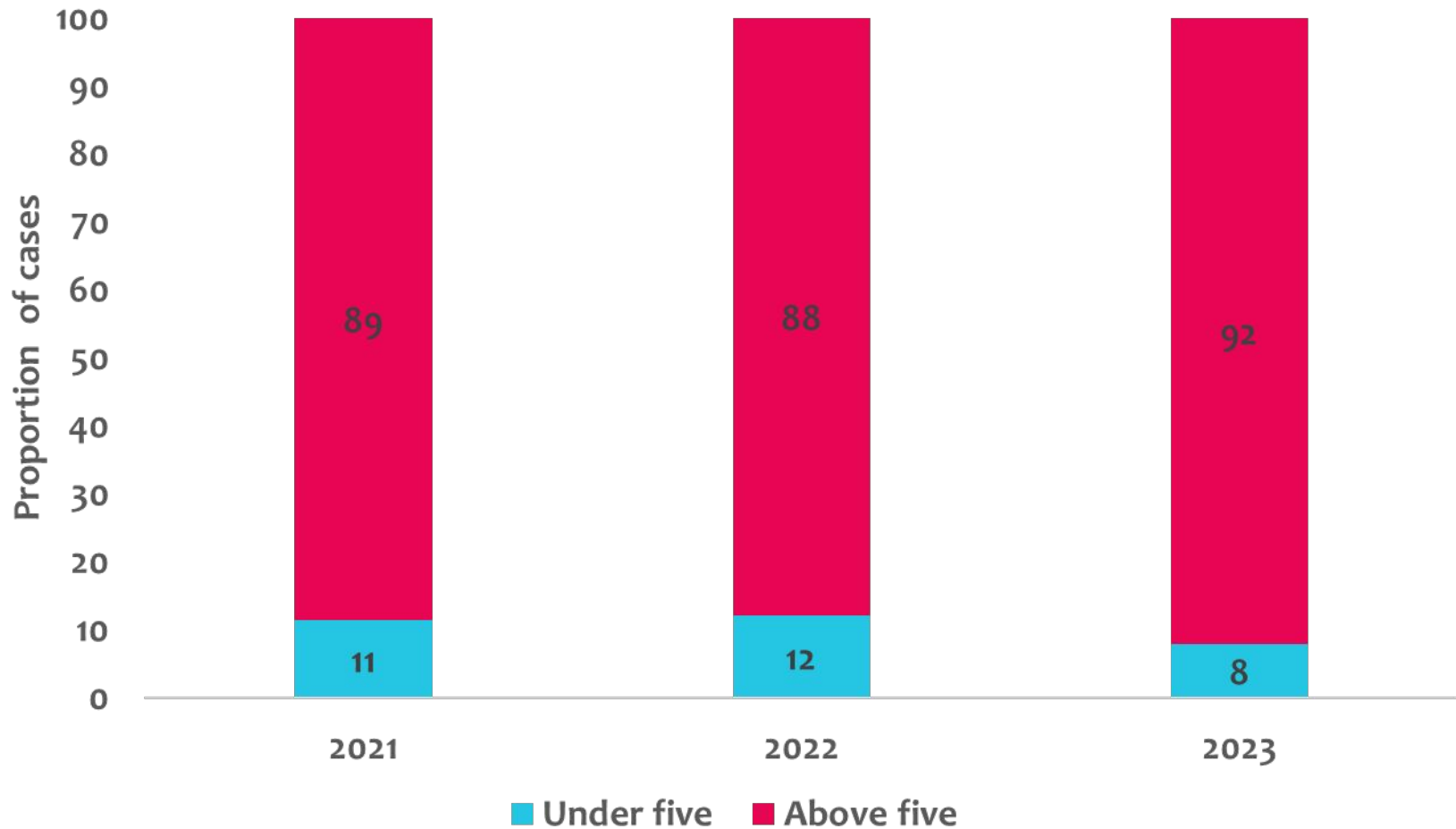
## Zanzibar Malaria Annual Morbidity trend, 2021–August 2023



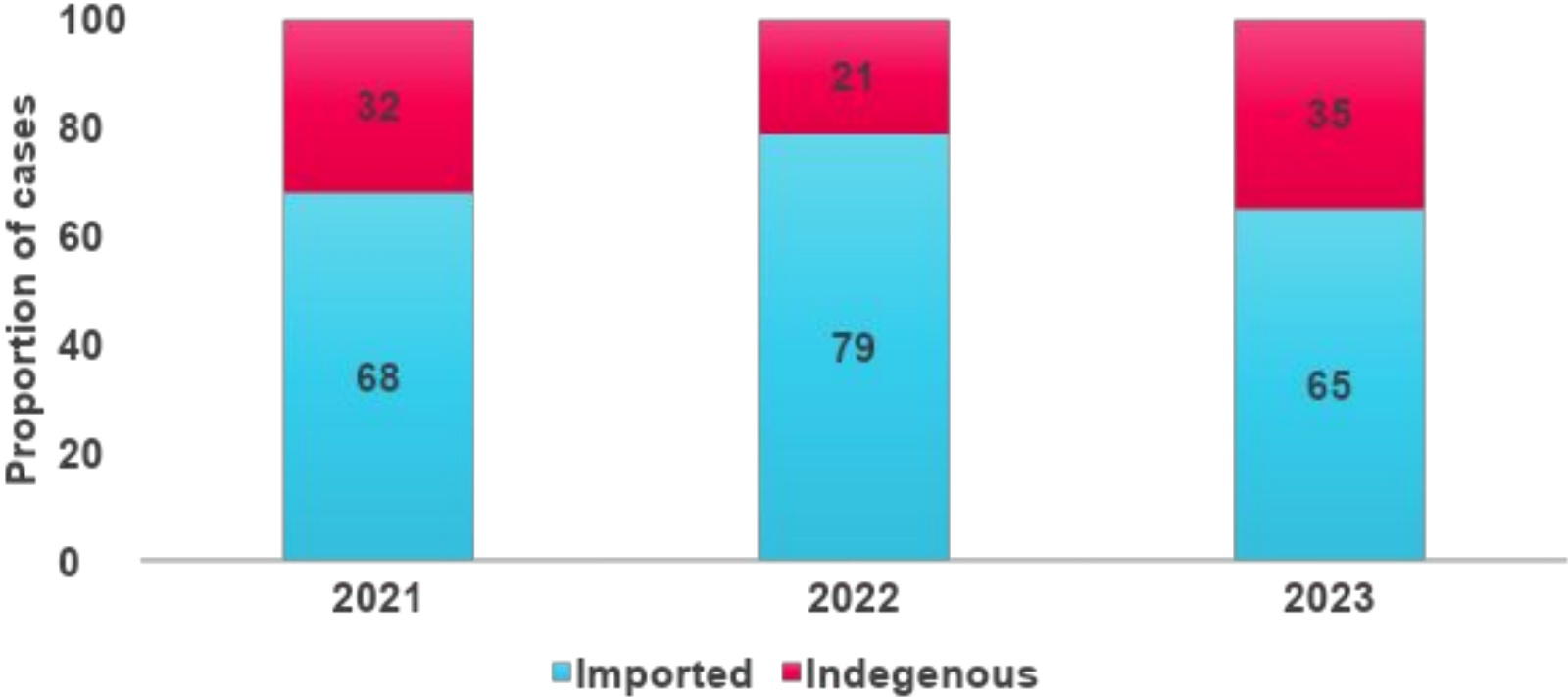
# Zanzibar Annual Malaria mortality trend, 2021-2023 August



# Zanzibar annual malaria cases by age group, 2021–2023 August



# Annul Malaria cases by classification , 2021-2023 August



# Program Implementation Status:

## Is the country on track with addressing the MSP targets

Indicator	Target (2022/2023)	Status (2022/2023)	Remarks
Reported malaria confirmed cases	6,880	4,557	On-track
Inpatient malaria deaths per year per 100,000 persons	0.12	0.2	Off-track
Annual parasite incidence	3.9	2.4	On-track
Malaria test positivity rate	1.17	1.07	On-track

## Implementation Status: Is the country on track with addressing the MSP targets

Indicator	Target (2022/2023)	Status (2022/2023)	Remarks
Proportion of population that slept under an LLINs the previous night	90	85	Off-track

# Key Bottlenecks/Challenges encountered and how they were addressed

- High number of malaria imported cases (79% -2022)
  - Multisectoral activities is on going
  - Health education and interventions at port of entries is ongoing
  - **Cross borders initiatives with Tanzania Mainland**
- Upsurge of malaria cases in May-July 2023 in Kusini district
  - Community engagement was implemented and maintained
  - Collaboration between national and district response teams
  - Malaria interventions were implemented (IRS, Re-actice focal MDA, ACD and larvaciding)



# Major achievements

92% of malaria cases were fully investigated

Net utilization increased from 59% (MIS 2017)  
to 85% (Behavioral Survey 2021)

Reduction of malaria cases (4,557) in 2022  
compare to (6,350) 2021

# Best Practices

Strong malaria case based surveillance: Assist program to timely investigate and classify all malaria cases

Engagement of non- health sectors and community on malaria intervention . e.g. Kusini districts (upsurge) and other foci areas (rfDA, IVM)

# Gap analysis for calendar year 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities) – PBO or IG2	225,500	140,000	0
Insecticide for Reactive Indoor Residual Spraying (IRS)( clothianidin)	5,907 (sachets)	5,907 (sachets)	\$ 350,000 for operational cost
ACTs (# number of commodities)	5,890 (doses)	5,890 (doses)	RGoZ
RDTs (# number of commodities)	371,292	371,292	\$0

# Gap analysis calendar year 2024

	NEED	FINANCED	GAPS
LLINs (# number of commodities) – PBO or IG2	1,032,690	1,032,690	None
Insecticide for Reactive Indoor Residual Spraying (IRS) ( Fludora fussion)	17,000 sachets to cover 86,700 targeted population	17,000	None
ACTs (# number of commodities)	2,760 (doses)	2,760 (doses)	None
RDTs (# number of commodities)	281,476	281,476	None

# 2023 Implementation Support (TA) /Anticipated TA requirements for 2024

Activity	Support type ( TA or financial)	Period
Therapeutic Efficacy Study through Routine Surveillance System	TA	2024
An Stephensi surveillance regarding design and standard operating procedures How to manage foci	TA	2024
Launch and Implement Zero malaria start with me	TA and Financial	2024



THANK YOU FOR LISTENING