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

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The Land of Kilimanjaro
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.

- Reported malaria cases 10 - 12 million annually.

- Account for 30 - 40% of health facility attendance.

- 60-80,000 deaths/year mainly in children and pregnant women.

- The poorest bear the brunt of the burden.

Malaria Prevalence in Children 6-59 Months, 2007/8

Prevalence of Malaria
- Green: 0% - 9%
- Light Green: 10% - 19%
- Yellow: 20% - 29%
- Orange: 30% - 39%
- Red: 40% - 49%

Ongoing four-pronged Strategy

- Insecticide-treated nets (ITNs)
- Indoor residual spraying (IRS)
- Intermittent preventive treatment in pregnancy (IPTp)
- Proper Diagnosis & Treatment.
Other ………

- Source Reduction – Larviciding.
- Behavioral Change Communication.
- Monitoring & Evaluation.
- Surveillance.
Allocation of Malaria Control Funding for Mainland Tanzania, 2000 - 2010

- **48%**: ITN
- **30%**: M&E
- **8%**: Diagnosis & Treatment
- **6%**: Behaviorial change
- **5%**: IRS
- **2%**: Other
- **1%**: IPTp
Intervention Scale-up
**ITNs**

- **Tanzania National Voucher Scheme (TNVS ongoing)**
  - Over 7 million vouchers redeemed to date, with redemptions increasing.

- **Under 5 Coverage Campaign (completed May ‘10)**
  - Jointly funded by GFATM, PMI, Swiss Development.
  - World Bank, UNICEF and GoT.
  - 9 million LLINs distributed.

- **Universal Coverage Campaign completion Aug 2011)**
  - Majority funded by GFATM
  - 18.5 million LLINs to be distributed
**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 of SP starting at 2nd trimester, then second dose at least 4 weeks later.

- Success is highly dependent upon early access to antenatal care.
Case Management.

**Rapid diagnostic tests (mRDTs)**
- Now implemented in 11 Regions
- Rollout completion by Dec, 2011.

**Artemisinin-based combination therapy (ACT)**
- First-line treatment at all public facilities since 2006
- 60 million + treatments delivered in 4 yrs.
Affordable Medicine Facility for Malaria (AMFM)

- Aimed at increasing access to recommended ACTs through private outlets at an affordable price.

- Drugs are procured by the private sector and distributed through their distribution system.

- Drugs are already available in the country.

- The Government role: Awareness creation, Monitoring and Evaluation
4 active 1LBs with outstanding orders of ~5 M doses; 1.15 M delivered.

AMFm 1LBs

1. Astra Pharma
2. Bahari Pharmacy
3. Heko Pharmacy
4. J.D. Pharmacy
5. Jilichem
6. Laborex Tanzania
7. Moraf Pharmaceuticals
8. Phillips Pharmaceuticals
9. Pyramid Pharma
10. Salama Pharmaceuticals

Private sector treatments: ~8-10M /yr

Key facts

1. Data based on most current information posted on the Global Fund website
**SmS for Life**

- Initiative that monitors supply chain including stocks level at health facility in real time.

- Information for action; to save life.

- Covers about 50% of HF with support from MMV & SDC and the scale up continues.
Achievements in Intervention Coverage.
Trends in Core Coverage Indicators: Tanzania Mainland, 2004 – 2010

Malaria intervention

- Own 1 ITN per Home
- Use ITN Age <5y
- Use ITN Pregnant
- IPTp 2 doses
- Tx within 24h

Population Coverage (%)

Target

- 2004/05 DHS
- 2007/08 THMIS
- 2009/10 DHS
Impact
Reductions in Severe Anaemia, Mainland Tanzania, 2004–10

Reductions in Severe Anaemia, Mainland Tanzania, 2004–10

Prevalence (%) vs. Months of Age


Legend:
- Pink: 2004/05
- Yellow: 2007/08
- Light Blue: 2009/10
Reductions in All-cause Mortality in Tanzania Mainland, 1999 –2009/10

45-50% reductions between 1999 and 2009/2010
**Challenges.**

- Reporting: Monitor trend using HF data.

- Recurrent stock-outs of commodities; SP, mRDTs and ACTs impede continuous service delivery.

- Health indicators are impacted by broader developmental factors.

- **Sustain achieved interventions.**
Looking Ahead at NMCP.

- Mechanisms for ITNs “keep-up strategy”

- Continued Roll-out of RDTs nationwide.

- In the process to change the treatment guideline (Quinine – Artesunate)

- Affordable Medicines Facility – Malaria (AMFm)

- Increased integrated vector control initiatives including Larviciding geared to urban settings
Surveillance, Monitoring & Evaluation.

Health facilities:
- Strengthening Integrated Disease Surveillance and Response (IDSR) for NMCP needs.
- Surveillance in new Sentinel Panel of Districts (27 districts).
- NMCP collaborating with HMIS strengthening initiative.

Household Surveys:
- 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS)
- Tools reviewed to include BCC

Analysis:
- Malaria Impact Evaluation - Already done in collaboration with PMI and other partners (WHO, IHI, MACEPA and RBM)
Vigilance surveillance 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 km²

Zanzibar:
- 1.2 million
- 2,500 km²
Team

Together

Everyone

Achieve

More
Thanks