

Country Profile | President's Malaria Initiative (PMI)

TANZANIA

April 2009



At a Glance: Tanzania

Population - 2009: 41 million¹

Life expectancy at birth - 2009:
50 years (male), 53 years (female)¹

Population at risk of malaria - 2006:
100% (75% high, 25% low transmission)²

Under-5 mortality rate - 2007:
116/1,000 live births, or approximately
1 in 9 children³

¹ US Census Bureau, International Data Base 2009

² WHO World Malaria Report 2008

³ UNICEF State of the World's Children 2009

Background

Nearly all of the population of Tanzania live in areas where malaria is transmitted for at least one month per year. On Zanzibar, malaria has been brought under control during the last two to three years, but improved surveillance and epidemic response capabilities will be required to prevent a resurgence of disease.

Tanzania is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

Goal

The goal of PMI is to reduce malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Tanzania's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

Tanzania is in its fourth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations. During 2008, PMI continued to support IRS in Muleba District, consolidating the gains in malaria control seen during the previous year. Between 2006 and 2008, the prevalence of malaria during the peak transmission period of June–July fell by 73 percent in this district. On Zanzibar, following a rapid scale-up of ITNs, IRS, and ACTs between 2005 and 2007 (supported by PMI, the Global Fund, and other partners), the proportion of blood smears positive for malaria in children under two years of age attending health clinics fell from 22 percent to less than 1 percent. This low level of blood smear positivity was sustained during 2008. Focus has now turned to strengthening malaria case surveillance to allow rapid detection and response to any potential resurgence of malaria cases.

Insecticide-treated mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, last up to three years, and do not need re-treatment with insecticide. To date, PMI has procured 273,560 ITNs, of which 243,560 have been distributed. PMI’s support for Tanzania’s voucher program has resulted in more than 1.39 million vouchers being redeemed for an ITN on the mainland and on Zanzibar. In addition, PMI has procured and distributed more than 4.2 million insecticide treatment kits, which help ensure that nets distributed in Tanzania are treated with insecticide.

Indoor residual spraying: IRS involves the coordinated, timely spraying of the inside walls of homes with insecticides. Mosquitoes are killed when they land on these sprayed walls and pick up the residual insecticide. PMI has supported four rounds of IRS on the Zanzibar islands and two on the mainland since 2006. This intervention continues to be highly successful, with an average of at least 89 percent of targeted houses being sprayed per round. During 2008, PMI supported spraying of more than 212,000 houses on Zanzibar that protected more than 1 million people, in addition to focal spraying of 3,588 houses in Bumbwini District that protected 17,940 residents. On the Tanzanian mainland, PMI sprayed more than 100,000 houses, protecting 448,690 people in Muleba and Karagwe Districts.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman’s immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. With PMI support, expectant mothers receive malaria treatments given at regular intervals during pregnancy through antenatal care services. PMI has supported the scale-up of IPTp through the focused antenatal care (FANC) approach recommended by the World Health Organization. During 2008, PMI provided funding for the training of more than 4,100 health workers and supervisors in FANC; trained FANC trainers for all mainland districts; and supported quantification of sulfadoxine-pyrimethamine needs and tracking of drug stocks by the Ministry of Health.

Diagnosis and treatment: ACTs are highly effective against malaria parasites and have few or no side effects. PMI has supported a comprehensive approach to case management, including support for the rollout of rapid diagnostic tests (RDTs), health worker training on case management and supply chain management for ACTs, and procurement of ACTs to fill critical gaps in the public and private sectors. In 2008, PMI trained 1,500 health facility staff and 267 private sector staff from Accredited Drug Dispensing Outlets, which are private drug sellers who have been trained and authorized to dispense ACTs at a highly subsidized price. To date, PMI has procured and distributed more than 1.2 million ACT treatments, in addition to procuring more than 2.5 million RDTs, of which 1.7 million have been distributed.

PMI Funding

For fiscal year 2009, PMI allocated \$35 million in funding for malaria prevention and treatment in Tanzania and the Zanzibar islands. Of this amount, 43 percent will support procurement and distribution of long-lasting ITNs, 25 percent IRS, 17 percent case management, 7 percent IPTp, 1 percent epidemic preparedness and response, 3 percent monitoring and evaluation, and 5 percent administration. Of the total budget, 53 percent will be spent on commodities.

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
	Jump start funds				
Budget	\$2 million	\$11.5 million	\$31 million	\$33.7 million	\$35 million

For details on 2009 PMI activities in Tanzania, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/tanzania_mop-fy09.pdf.