

Country Profile | President's Malaria Initiative (PMI)

TANZANIA

May 2008



At a Glance: Malaria in Tanzania

Population: 40.2 million¹

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

Population at risk of malaria: 93%²

Under-five mortality rate: 112/1000,
or approximately 1 in 6 children³

1 US Census Bureau

2 Roll Back Malaria 2005 World Malaria Report

3 DHS 2004/2005

Background

In Tanzania, 93 percent of the population is at risk for malaria. This disease is responsible for more than one-third of deaths among children under age 5 and for up to one-fifth of deaths among pregnant women.⁴ In 2000, 55 percent of hospital admissions in under-five children were due to malaria. Up to 80 percent of Tanzania's malaria deaths occur among these children.

Tanzania is one of three first-round target countries to benefit from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID), in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, and the White House.

Goal

The goal of PMI is to cut 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 5 years of age – with lifesaving services, supplies, and medicines.

PMI coordinates with national malaria control programs 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 (RBM); nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Tanzania's national malaria-control programs in the mainland and Zanzibar, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Insecticide spraying (indoor residual spraying, or IRS)
- Treatment for pregnant women (intermittent preventive treatment, or IPT)
- Lifesaving drugs (artemisinin-based combination therapies, or ACTs)

Results to Date

Beginning its third year of activities, there has been noteworthy progress in the fight against malaria in Tanzania, particularly in Zanzibar. Among Zanzibari children tested, laboratory-confirmed malaria dropped to 1 percent in 2007 from 25 percent in 2005; in a 2007 household survey, no pregnant women were found to have malaria. Malaria can be considered to be "controlled" in Zanzibar.

With the collaboration of the Global Fund, World Bank, and others in support of the Government of Tanzania (GOT), dramatic gains are being made throughout the country with the scale up of malaria prevention and treatment measures, including ITNs, new medicines, and the spraying of homes. While working to maintain malaria control on Zanzibar and on the mainland, PMI will also collaborate with the GOT, participating partners, and Tanzanian communities to reduce malaria by 50 percent by 2010.

Mosquito Nets: Sleeping under a mosquito net treated with insecticide provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans. In Tanzania, PMI has introduced an infant voucher program, which allows mothers to receive bed net vouchers for their infants at the age of measles immunization (around 9 months). Pregnant women also receive vouchers when they attend prenatal checkups at local health clinics. They then take these vouchers to specific retailers, select a net, and pay the small top-up cost. An estimated 5 million vouchers have been distributed, including 1.8 million infant vouchers, with an expected redemption rate of 85 percent. Some 875,000 mosquito net insecticide re-treatment kits were procured and distributed as well.

Larval Control: Mosquitoes breed in small amounts of water on the surface of the ground. Treating these sites with chemicals can prevent breeding, nesting, feeding and keep disease-carrying larvae from developing into adult mosquitoes. PMI is treating mosquito breeding sites in Dar es Salaam and has protected approximately 300,000 people at a cost of \$1 per person a year.

Insecticide Spraying: When adult female malaria-carrying mosquitoes rest on indoor walls previously sprayed they come into direct contact with the residual insecticide, killing or shortening their lives. Three rounds of spraying has covered almost every household on Zanzibar and benefited more than 1 million people. On the mainland, spraying was completed in Muleba District, benefiting 159,579 residents.

New Medicines: Derived from the Artemisia plant, a Chinese herb, a new medicine is highly effective against malaria and has virtually no side effects. With PMI support, more than 90 percent of health facilities are reporting availability of ACTs, and health workers have been trained in new treatment guidelines. PMI has purchased and delivered almost 700,000 lifesaving treatments to health centers to augment Global Fund-provided ACTs.

Malaria in Pregnancy: Pregnant women are more susceptible to malaria infection. This increases the risk of illness, severe anemia, and death for pregnant women and their unborn children. With PMI support, expectant mothers receive two malaria treatments during pregnancy through antenatal care services. These women also receive a mosquito net voucher, redeemable for a low-cost ITN at local shops.

PMI Funding

PMI provided \$11.5 million in fiscal year 2006, \$32 million in fiscal year 2007 and allocated \$33.7 million for fiscal year 2008, for malaria prevention and treatment in Tanzania and the Zanzibar islands.

Upcoming PMI Activities

Prevention

- Procure and distribute approximately 1.1 million insecticide-treated net vouchers for infants on mainland Tanzania
- Provide another round of Indoor Residual Spraying to reach 600,000 people on the mainland and 1,000,000 on Zanzibar
- Support national catch-up campaign and national re-treatment programs to put 65 percent of children under five under long-lasting insecticide-treated nets

- Train 3,000 health workers in intermittent preventive treatment of malaria in pregnancy
- Protect 400,000 people through larviciding activities in Dar es Salaam

Treatment

- Train 1,000 registered nurses in malaria case management – 50 percent of total nurses
- Distribute 400,000 and 100,000 Rapid Diagnostic Tests to health facilities on mainland Tanzania and Zanzibar, respectively

Monitoring

- Work with Zanzibar Malaria Control Program to implement a cellular phone-based early epidemic detection system in Zanzibar to maintain malaria control