

# TANZANIA

April 2010



## At a Glance: Tanzania

Population – 2010: 41.9 million<sup>1</sup>

Life expectancy at birth – 2010:  
51 years (male), 54 years (female)<sup>1</sup>

Population at risk of malaria:

Mainland: 93%<sup>2</sup>

Zanzibar: 100%

Under-5 mortality rate: 91/1,000  
live births, or approximately 1 in 10  
children die before their fifth  
birthday<sup>3</sup>

<sup>1</sup> US Census Bureau, International Data Base 2010

<sup>2</sup> PMI: Year Five FY 2010 Malaria Operational Plan

<sup>3</sup> 2007/08 Tanzania HIV/AIDS Malaria Indicator Survey

## Background

In the United Republic of Tanzania, 93 percent of the population on the Mainland and all 1.2 million people on Zanzibar are at risk for malaria. Annual malaria deaths in Tanzania are estimated to be 60,000, with 80 percent of these deaths among children under the age of five. Approximately 14 million to 18 million clinical malaria cases are reported annually by public health services. More than 40 percent of all outpatient attendances are attributed to malaria. Zanzibar has controlled malaria, but continued surveillance and epidemic response are required to prevent a resurgence of malaria.

## The President's Malaria Initiative (PMI)

Tanzania is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

## Key Interventions

In line with Tanzania's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.
- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.

- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, including maternal anemia and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine given not less than one month apart during the second and third trimesters of pregnancy.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in Tanzania.

### Progress to Date

Tanzania is in its fifth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being procured and distributed to vulnerable populations.

PMI-Supported Activities	2006	2007	2008	2009	Cumulative
IRS: Houses sprayed <sup>1</sup>	203,754	247,712	308,058	422,749	-
IRS: Residents protected <sup>1</sup>	1,018,156	1,279,960	1,569,071	2,087,062	-
ITNs: Procured	130,000	-	143,560	1,468,966	1,742,526
ITNs: Distributed	130,000	-	113,560	1,498,966	1,742,526
ITNs: Procured by other donors and distributed with PMI support	-	-	350,000	117,400	467,400
ITNs: Redeemed through voucher programs	-	362,194	1,034,711	596,275	1,993,180
ACTs: Procured	380,160	694,050	146,730	4,001,880	5,222,820
ACTs: Distributed	380,160	494,050	346,730	544,017	1,764,957
RDTs: Procured	875,000	550,200	1,075,000	950,000	3,450,200
RDTs: Distributed	250,000	1,025,200	425,000	989,500	2,689,700
Health workers trained in IPTp <sup>2</sup>	376	1,158	2,532	2,288	-
Health workers trained in ACT use <sup>2</sup>	4,217	1,011	1,767	1,018	-
Health workers trained in diagnostics <sup>2</sup>	-	-	-	247	-

<sup>1</sup> A cumulative count of the number of houses sprayed and residents protected is not provided since some areas have been sprayed on more than one occasion.

<sup>2</sup> A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

### Impact

In Tanzania, all-cause under-five mortality fell from 112 deaths per 1,000 live births in 2005 to 91 per 1,000 in 2007. Although several factors may be involved, it is highly likely that this dramatic reduction is due at least in part to rapid increases in the coverage of malaria interventions: Household ownership of ITNs increased from 23 percent in 2005 to 38 percent in 2007. Also, a recent survey showed that children who slept under an ITN in Tanzania were 40 percent less likely to have malaria parasites than children who did not sleep under an ITN. In the capital, Dar es Salaam, the Ifakara Health Institute reported that malaria prevalence fell from 24 percent in 2004 to just 4 percent in 2008, and the prevalence of severe anemia in children six months to five years of age fell by 30 percent between 2004 and 2007.

**PMI Funding**

For FY 2010, PMI increased funding to \$52 million for malaria prevention and treatment in Tanzania and the Zanzibar islands. Of this amount, 7 percent will support procurement and distribution of long-lasting ITNs, 42 percent IRS, 30 percent case management, 4 percent IPTp, 2 percent epidemic preparedness and response, 6 percent monitoring and evaluation, and 3 percent administration. Of the total budget, 41 percent will be spent on commodities.

	<b>FY 2005 Jump start funds</b>	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>Budget</b>	\$2 million	\$11.5 million	\$31 million	\$33.7 million	\$35 million	\$52 million

For details on FY 2010 PMI activities in Tanzania, please see the **Tanzania Malaria Operational Plan:** [http://pmi.gov/countries/mops/fy10/tanzania\\_mop-fy10.pdf](http://pmi.gov/countries/mops/fy10/tanzania_mop-fy10.pdf).

