

UNITED REPUBLIC OF TANZANIA

The United Republic of Tanzania had an estimated 11 million malaria cases in 2006. Transmission occurs all year round, with seasonal peaks. Most cases are caused by *P. falciparum*, but only a fraction are parasitologically tested. Between 2003 and 2008, 11 million cases and 17 thousand deaths were reported annually. While the nationwide trends are unclear due to limited data from the mainland, the numbers of confirmed malaria cases, inpatient cases and deaths have been significantly reduced in Zanzibar subsequent to the scale-up of LLINs, IRS and ACT. The island delivered 500 000 LLINs during 2006–2008, enough to cover the entire population at risk, implemented IRS covering 213 000 households and protecting the entire 1.1 million population in several rounds, and delivered ACT in all facilities. The data available from the mainland do not show a similar impact. On the mainland, 1.3 million LLINs were distributed during 2006–2008 and 1.8 million conventional ITNs in 2008, adequate to protect less than 10% of the population at risk. IRS was conducted in 2008, covering 100 000 households and protecting 190 000 people at risk. The national malaria control programme delivered 23 million ACT treatment courses in 2007, sufficient to treat all reported cases in the public sector. No information on funding after 2003 was provided by the programme, but it is known that expenditure on malaria control has increased markedly with Global Fund grants providing over US\$ 327 million in rounds 1, 4, 7 and 8 and over US\$ 20 million annually from the United States President's Malaria Initiative.

I. EPIDEMIOLOGICAL PROFILE

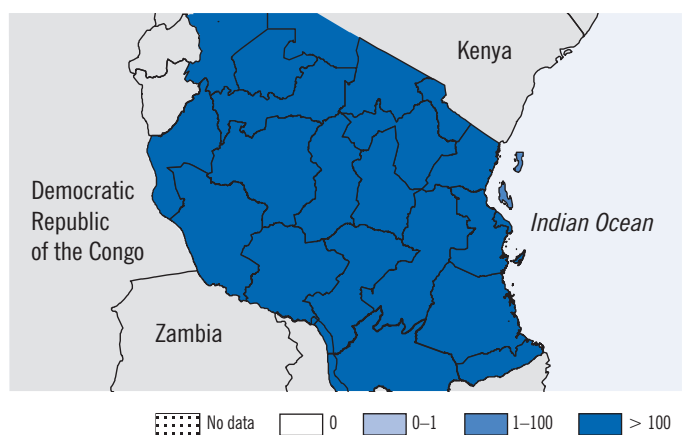
Population, endemicity and malaria burden

Population (in thousands)	2008	%
All age groups	42 484	
< 5 years	7 566	18
≥ 5 years	34 918	82

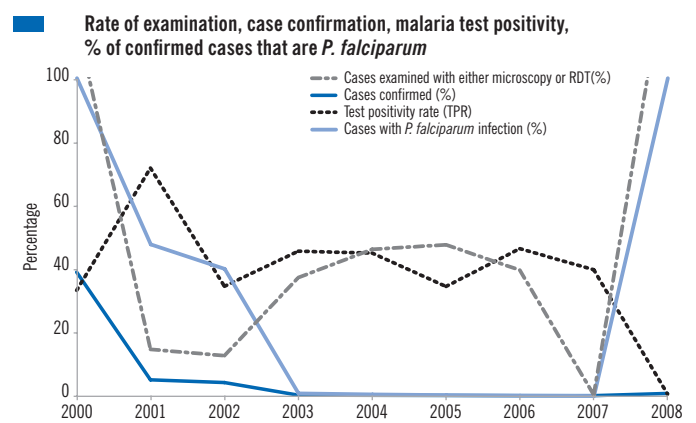
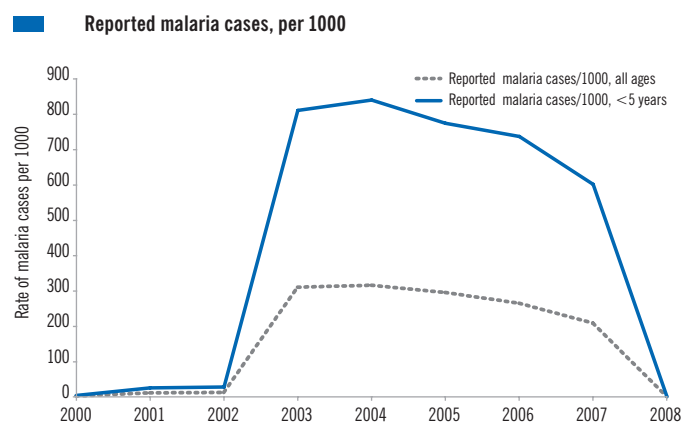
Population by malaria endemicity (in thousands)	2008	%
High transmission ≥ 1/1000	30 932	73
Low transmission (0–1/1000)	11 552	27
Malaria-free (0 cases)	0	0
Rural population	31 662	75

Vector and parasite profiles	
Major <i>Anopheles</i> species	<i>gambiae</i> , <i>arabiensis</i> , <i>funestus</i> , <i>coustani</i> , <i>merus</i> , <i>nili</i> , <i>paludis</i> , <i>pharoensis</i>
<i>Plasmodium</i> species	<i>falciparum</i> , <i>vivax</i>

Stratification of burden (reported cases, per 1000)

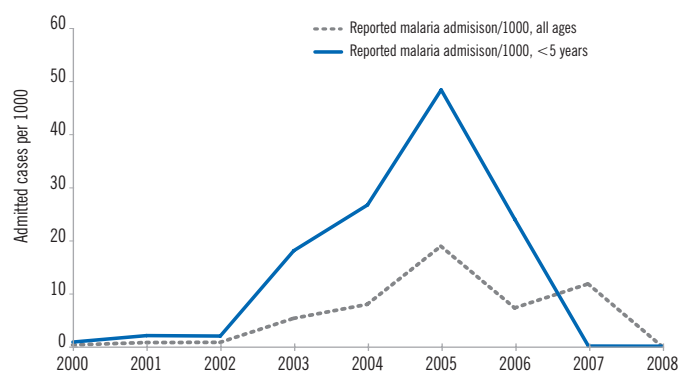
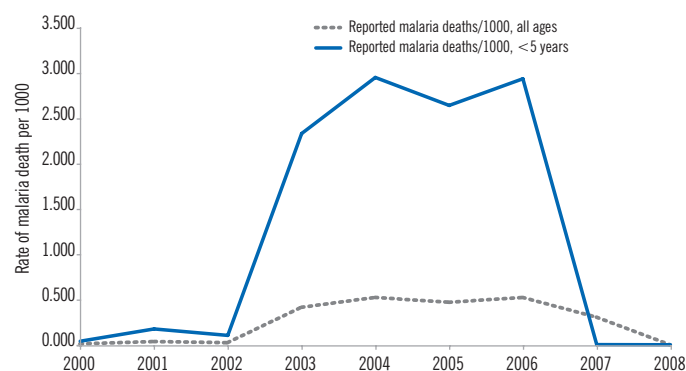


Trends in malaria morbidity and mortality



Year	Reported malaria cases, all ages	Reported malaria cases, < 5 years	All-cause outpatient consultations, all ages	All-cause outpatient consultations, < 5 years	Examined	Positive	<i>P. falciparum</i>	Reporting completeness of outpatient health facilities (%)	Reporting completeness of districts (%)
2000	45 643	23 350	116 932	54 921	53 533	17 734	17 734		100
2001	369 474	155 189	661 450	317 713	53 804	18 385	18 385		100
2002	413 361	174 899	755 873	368 256	51 968	16 983	16 983		100
2003	11 418 731	5 244 254	28 165 762	12 139 594	4 243 853	15 751	15 705		100
2004	11 930 393	5 605 674	29 595 179	13 093 731	5 489 733	11 981	11 936		100
2005	11 466 713	5 332 548	26 985 965	11 390 100	5 443 908	7 677	7 628		100
2006	10 582 608	5 237 555	24 297 806	11 799 502	4 181 569	1 633	1 585		100
2007	8 571 839	4 410 779	19 109 304	10 055 945	23 511*	293*	293*		100
2008	9 611*	4 689*	110 542*	41 411*	13 183*	67*	67*		100

* Data belongs to Zanzibar only.

Reported malaria admissions, per 1000

Reported malaria deaths, per 1000


Year	Reported malaria admissions, all ages	Reported malaria admissions, < 5 years	All-cause admissions, all ages	All-cause admissions, < 5 years	Reported malaria deaths, all ages	Reported malaria deaths, < 5 years	All-cause deaths, all ages	All-cause deaths, < 5 years	Reporting completeness of inpatient health facilities (%)	Reporting completeness of districts (%)
2000	9 806	5 407	23 525	10 552	379	252	736	490		
2001	26 029	12 956	70 623	25 944	1 228	1 087	3 241	1 559		
2002	28 062	12 805	70 736	26 296	815	673	2 559	1 249		
2003	195 930	117 174	1 467 822	732 878	15 251	15 121	45 893	21 939		
2004	300 985	178 491	2 242 559	1 204 794	19 859	19 734	60 831	31 245		
2005	737 343	333 465	2 855 465	1 225 897	18 322	18 238	71 687	30 781		
2006	291 913	170 637	2 584 264	1 225 388	20 962	20 913	56 184	21 454		
2007	486 847	1 128*	1 005 042	6 501*	12 593	36*	35 476	187*		
2008	1 878*	861*	19 402*	5 250*	29*	23*	379*	186*		

* Data belongs to Zanzibar only.

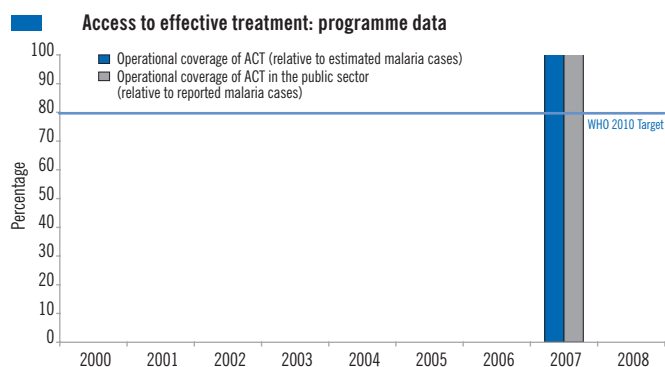
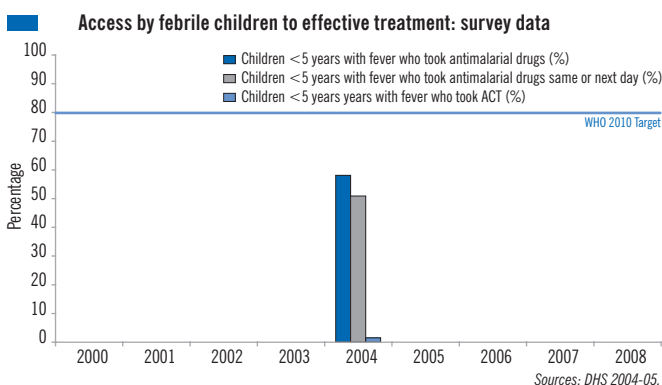
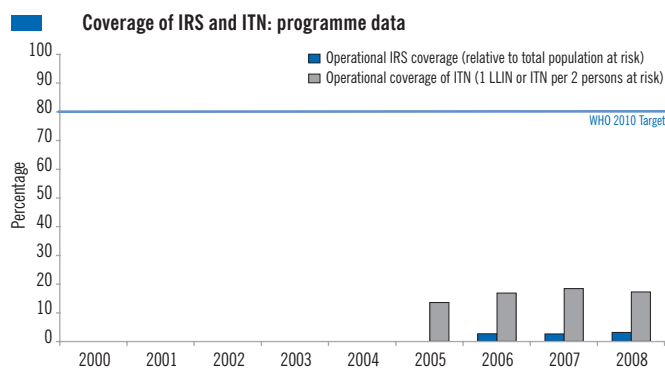
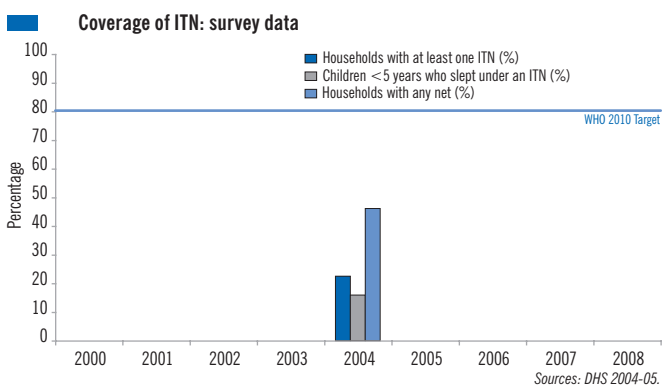
II. INTERVENTION POLICIES AND STRATEGIES

Intervention	WHO-RECOMMENDED POLICIES / STRATEGIES	Yes or No	Year adopted	OPTIONAL POLICIES / STRATEGIES	
				Yes or No	Year adopted
Insecticide-treated nets (ITN)	Distribution of ITN/LLINs – Free	–	–	Distribution – Antenatal care	Yes 2004
	Targeting all age groups	No	–	Distribution – EPI routine and campaign	Yes 2005
				Targeting children < 5 years and pregnant women	Yes 2004
				ITN distribution is subsidized	– –
Indoor residual spraying (IRS)	IRS is a primary vector control intervention	No	–	Insecticide-resistance management implemented	No –
	DDT is used for IRS (public health) only	No	–	Where IRS is conducted, other options are also implemented, e.g. ITN	Yes 2007
				IRS is used for prevention and control of epidemics	Yes 2007
Intermittent preventive treatment (IPT)	IPT used to prevent malaria during pregnancy	Yes	2001		
Case management	Oral artemisinin monotherapies banned (prohibited from registration or removed from the system)	No	–	Parasitological confirmation for patients ≥ 5 years only	– –
	Parasitological confirmation for patients of all ages	No	–	Malaria diagnosis is free of charge in the public sector	– –
	ACT is free of charge for < 5 years old in the public sector	Yes	1998	ACT is free of charge for patients ≥ 5 years in the public sector	– –
	Diagnosis of malaria of inpatients is based on parasitological confirmation	–	–	ACT is delivered at community level through community agents (beyond the health facilities)	– –
	Pre-referral treatment with quinine or artemether IM or artesunate suppositories	Yes	2001	Uncomplicated malaria cases are admitted	– –
	Oversight regulation of case management in the private sectors	–	–		
	RDTs used at community level	–	–		

Results of therapeutic efficacy tests

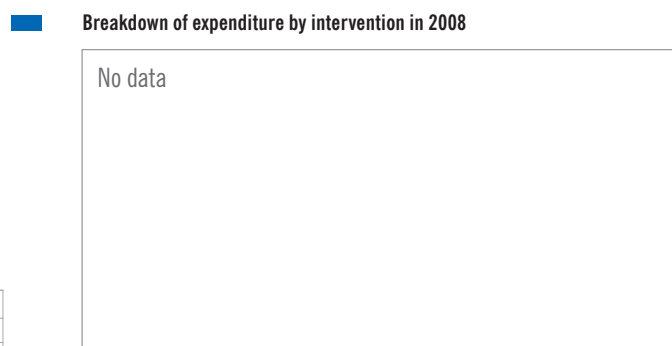
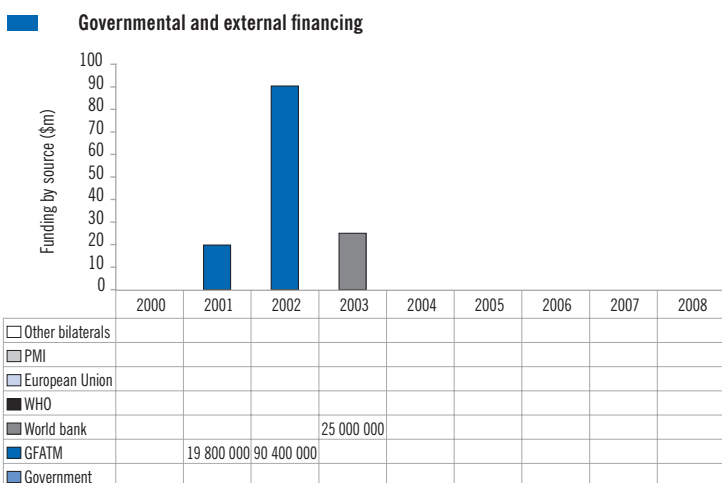
Antimalarial policy	Type of medicine	Year adopted	Study year	No. of studies	Median	Minimum	Maximum	Percentiles: 25%	75%
First-line treatment of <i>P. falciparum</i> (unconfirmed)	AS+AQ, AL	2004	2002–2005	2	12.1	10.8	13.4	10.8	13.4
First-line treatment of <i>P. falciparum</i> (confirmed)	AS+AQ, AL	2004	2002–2007	3	0	0	2.7	0	2.7
Treatment failure of <i>P. falciparum</i>	AL, QN(7d)	2004							
Treatment of severe malaria	QN(7d)	2004							
Treatment of <i>P. vivax</i>	–	–							

III. IMPLEMENTING MALARIA CONTROL



Year	Pregnant women who slept under any net (%)	Pregnant women who slept under an ITN (%)	Children < 5 years with fever (%)	Febrile children < 5 years who sought treatment in HF (%)	Number of households protected by IRS	Number of people protected by IRS	Number of ITNs and/or LLINs	Number of 1st-line treatment courses received	Number of ACT treatment courses received
2000									
2001									
2002							467 668	28 726	
2003							1 466 181	220 725	
2004		16	—	—			1 792 147	476 712	
2005							2 634 414	363 585	
2006					205 699	1 071 361	3 119 013	227 047	
2007					405 878	1 071 194	2 990 668	23 455 260	23 455 260
2008					295 385	1 308 194	2 271 330		

IV. FINANCING MALARIA CONTROL



V. SOURCE OF INFORMATION

PROGRAMME DATA	SURVEY AND OTHER DATA
Reported cases	Surveillance data
Operational coverage of ITNs, IRS and access to medicines	Programme report
Financial data	Programme report
	Insecticide-treated nets (ITN)
	Treatment
	Use of health services

DHS 1999, DHS 2004-05
DHS 1999, DHS 2004-05
DHS 2004