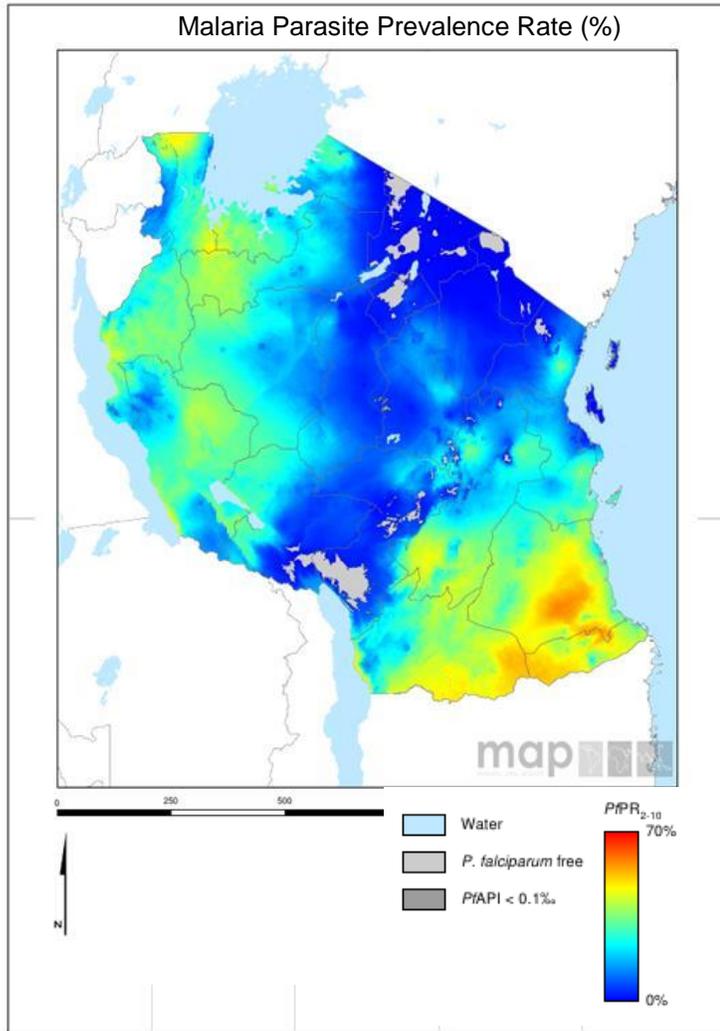


Scorecard for Accountability and Action



Malaria is endemic in all parts of the United Republic of Tanzania, with seasonal peaks. The annual reported number of malaria cases in 2012 was 2,975,117 with 7,820 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	
Community case management (Pneumonia)	
Community case management (Malaria)	
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	3.3
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	30
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	77
% deliveries assisted by skilled birth attendant	49
Exclusive breastfeeding (% children < 6 months)	50
Vitamin A Coverage (2 doses)	97
DPT3 coverage 2011 (vaccination among 12-23 month olds)	90
Postnatal care (within 48 hrs)	31

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

### **Urgent Global Fund Update**

The Global Fund has announced that mainland Tanzania's will receive US\$ 632.5 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on the country's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For mainland Tanzania this is calculated at US\$ 185.3 million, with only US\$ 2.9 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. The country is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years. This will likely require frontloading of the grant as well as securing resources from other donors.

The Global Fund has announced that Zanzibar will receive US\$ 15.4 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The malaria component for Zanzibar is calculated at US\$ 5 million, with US\$ 2.2 million of new resources.

### **Progress**

The United Republic of Tanzania has made significant progress in scaling-up malaria control interventions. The country has made key policy changes, including banning of oral artemisinin-based monotherapies. Sufficient resources have been secured to sustain universal coverage of LLINs, ACTs, and RDTs in 2014. The United Republic of Tanzania has also made progress on tracer MNCH interventions including PMTCT, vitamin A, and DPT3. The country has achieved MDG4 with a reduction of the under-five mortality rate by 68% since 1990. The country has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Tanzania Reproductive, Maternal, Newborn and Child Health Scorecard.

### **Impact**

The annual reported number of malaria cases in 2012 was 2,975,117 with 7,820 deaths. On the island of Zanzibar, malaria morbidity and mortality has been substantially reduced with a 75% decrease in the numbers of malaria cases, inpatient malaria cases and deaths in 2012 compared to the average for 2000–2004.

### **Key Challenges**

- Maintaining malaria high on the political and funding agenda on the island of Zanzibar as the burden continues to drop.
- The lack of new resources allocated to malaria in the Global Fund New Funding Model jeopardises mainland Tanzania's ability to sustain the impressive gains made in the fight against malaria.

## New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014