Malaria is endemic in all parts of the United Republic of Tanzania, with seasonal peaks. The annual reported number of malaria cases in 2018 was 6,220,485 with 2,753 deaths.
Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For the United Republic of Tanzania, it will be of vital importance to ensure that the distribution of over long-lasting insecticidal nets (LLINs) scheduled for 2020 goes ahead as planned, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without sustaining LLIN coverage, Indoor Residual Spraying, coupled with the need to sustain essential health services including malaria case management, there could be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 27.5% increase in malaria cases, and a 132.7% increase in malaria deaths in the United Republic of Tanzania. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress

The United Republic of Tanzania secured sufficient resources to sustain universal coverage of LLINs, ACTs, and RDTs in 2020, and the country has procured sufficient LLINs to achieve 100% operational coverage. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. The United Republic of Tanzania has a high rating in terms of public sector management systems (CPIA cluster D). The country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach, and the launch of the Zero Malaria Starts with Me campaign.

Impact

The annual reported number of malaria cases in 2018 was 6,220,485 with 2,753 deaths.

Key Challenges

- Maintaining malaria high on the political and funding agenda on the island of Zanzibar as the burden continues to drop.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>Despite the Covid-19 pandemic, key malaria interventions including the LLIN Mass Replacement Campaign (MRC), Indoor Residual Spraying (IRS) and Larviciding are ongoing. There has been no disruption in malaria commodity availability. The School Net Programme (SNP) will resume immediately after the schools re-open in Q3. Tanzania has worked to ensure that malaria services have continued during the COVID-19 pandemic. There are also sufficient stocks of ACTs and RDTs for case management in all health facilities.</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018</td>
<td>Q4 2020</td>
<td></td>
<td>Tanzania reports that the reported increases in cases are likely due to the significant increase in malaria testing which has doubled from 10,298,455 tests conducted in 2015 to 24,382,959 tests in 2020. Furthermore, there have been increases in data capturing and reporting through HMIS/DHIS2 from health facilities which has improved the reporting rate of 88% (2015) to 98% (2019). Additionally, delays in the 2017 Mass Replacement Campaign and heavy rainfall and flooding contributed to elevated malaria cases. The Malaria Indicator Survey (MIS), School Malaria Parasitological Survey (SMPS) and Sentinel Population Survey (ANC Positivity rate) show a declining trend in Malaria prevalence.</td>
</tr>
<tr>
<td>Address funding</td>
<td>Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years. Work to ensure that other gaps in funding are also filled</td>
<td>Q2 2020</td>
<td></td>
<td>The country submitted the GF malaria application in Q2</td>
</tr>
</tbody>
</table>
The United Republic of Tanzania has responded positively to the recommended actions addressing iCCM and continues to track progress as this action is implemented.

**RMNCAH and NTDs**

**Progress**

The United Republic of Tanzania has also made progress on tracer RMNCAH interventions including vitamin A, DPT3, and exclusive breastfeeding, and has recently increased coverage of ARTs in both the total population and children. The country has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Tanzania Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard, and with the development of the multi-sectoral nutrition scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in the United Republic of Tanzania is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in United Republic of Tanzania is very good for schistosomiasis (100%), lymphatic filariasis (91%) and for onchocerciasis (81%). Preventive chemotherapy coverage is below WHO targets for soil transmitted helminths (60%) and for trachoma (40%). Overall, the NTD preventive chemotherapy coverage index for United Republic of Tanzania in 2018 is 71, which represents a substantial decrease compared with the 2017 index value (88).

**Previous Key Recommended Actions**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>NTDs</td>
<td>Work to increase preventive chemotherapy coverage of Soil Transmitted Helminths and trachoma to reach the same coverage as in 2017</td>
<td>Q2 2020</td>
<td>No progress reported</td>
<td></td>
</tr>
<tr>
<td>RMNCAH1:</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td>Deliverable not yet due</td>
<td></td>
</tr>
</tbody>
</table>

The United Republic of Tanzania has responded positively to the RMNCAH recommended action addressing low coverage of postnatal care and continues to track progress as this action is implemented.

**Key**  
- Action achieved  
- Some progress  
- No progress  
- Deliverable not yet due

1 RMNCAH metrics, recommended actions and response tracked through WHO