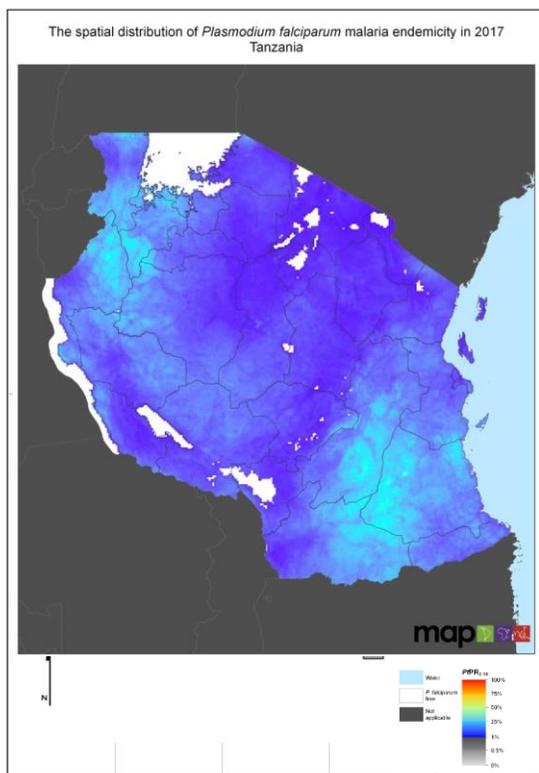


Scorecard for Accountability and Action



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

Metrics

Commodities Financed and Financial Control		
LLIN financing 2020 projection (% of need)		100
Public sector RDT financing 2020 projection (% of need)		100
Public sector ACT financing 2020 projection (% of need)		100
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)		3.0
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
RDTs in stock (>9 months stock)		
ACTs in stock (>9 months stock)		
LLIN/IRS campaign on track		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of iCCM (2017)		
Operational LLIN/IRS coverage (% of at risk population)		74
On track to reduce case incidence by ≥40% by 2020 (vs 2015)		
On track to reduce case mortality by ≥40% by 2020 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)		71
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2019)		75
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2019)		66
% deliveries assisted by skilled birth attendant		64
Postnatal care (within 48 hrs)		34
Exclusive breastfeeding (% children < 6 months)		59
Vitamin A Coverage 2018 (2 doses)		99
DPT3 coverage 2019 (vaccination among 0-11 month olds)		89

Key

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

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.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		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
Impact	Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018	Q4 2020		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
Address funding	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	Q2 2020		The country submitted the GF malaria application in Q2

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Work to increase preventive chemotherapy coverage of Soil Transmitted Helminths and trachoma to reach the same coverage as in 2017	Q2 2020		No progress reported
RMNCAH ¹ : Impact	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	Q4 2020		Deliverable not yet due

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