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 was of vital importance that the distribution of long-lasting insecticidal nets (LLINs) scheduled for 2020 went 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. The country is congratulated for prioritising both the LLIN and IRS campaigns. 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.
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>
<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>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>Red</td>
<td>No progress reported</td>
</tr>
<tr>
<td>RMNCAH¹: Impact</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>Gray</td>
<td>Deliverable not yet due</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.

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¹ RMNCAH metrics, recommended actions and response tracked through WHO