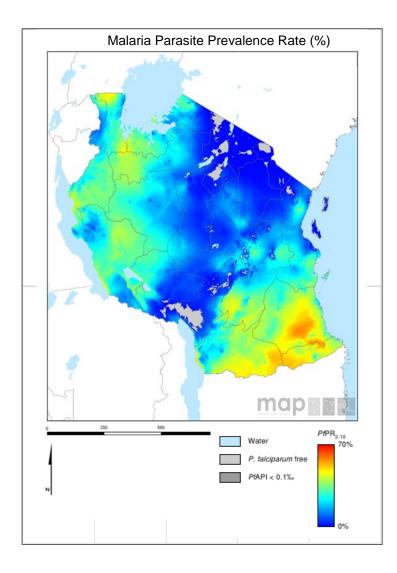
United Republic of Tanzania ALMA Quarterly Report Quarter Four, 2015



Scorecard for Accountability and Action



Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	
Community case management (Pneumonia)(2015)	
Community case management (Malaria)(2015)	
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)	3.4

Commodities Financed, Implementation and Malaria Impact

LLIN financing 2015 projection (% of need)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)		55
>75% Decrease in Malaria Incidence Projected 2000–2015		

Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)		
% deliveries assisted by skilled birth attendant		49
Exclusive breastfeeding (% children < 6 months)	V	41
Vitamin A Coverage 2013 (2 doses)		92
DPT3 coverage 2014 (vaccination among 12-23 month olds)		97
Postnatal care (within 48 hrs)		31

Malaria is endemic in all parts of the United Republic of Tanzania, with seasonal peaks. The annual reported number of malaria cases in 2014 was 7,403,562 with 5,373 deaths.

Key



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

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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 and the introduction of Community Case Management with ACTs and antibiotics. Sufficient resources have been secured to sustain universal coverage of LLINs, ACTs, and RDTs in 2015, and the country is rolling out the universal LLIN coverage campaign.

The United Republic of Tanzania has also made progress on tracer MNCH interventions including vitamin A and has recently increased coverage of DPT3. The country has achieved MDG4 with a reduction of the under-five mortality rate by more than two-thirds 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, and with the development of the multi-sectoral nutrition scorecard.

Impact

The annual reported number of malaria cases in 2014 was 7,403,562 with 5,373 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 2013 compared to the average for 2000–2004. WHO, through modeling, projects that the United Republic of Tanzania will reduce malaria incidence by 50-75% between 2000 and 2015.

Key Challenges

• Maintaining malaria high on the political and funding agenda on the island of Zanzibar as the burden continues to drop.

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing exclusive breastfeeding coverage	Q3 2016

New Key Recommended Action