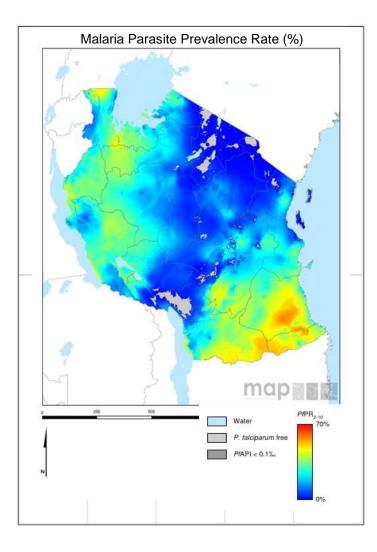
# United Republic of Tanzania ALMA Quarterly Report Quarter One, 2017



# Scorecard for Accountability and Action



#### Metrics

Commodities Financed and Financial Control			
LLIN financing 2017 projection (% of need)	100		
Public sector RDT financing 2017 projection (% of need)	100		
Public sector ACT financing 2017 projection (% of need)	100		
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	3.3		

#### Insecticide Resistance Monitoring, Implementation and Impact

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2016)	
Operational LLIN/IRS coverage (% of at risk population)	100
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	

#### Tracer Indicators for Maternal and Child Health

Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)				
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)				
% deliveries assisted by skilled birth attendant				
Postnatal care (within 48 hrs)				
Exclusive breastfeeding (% children < 6 months)				
Vitamin A Coverage 2014 (2 doses)				
DPT3 coverage 2015 (vaccination among 0-11 month olds)				

Malaria is endemic in all parts of the United Republic of Tanzania, with seasonal peaks. The annual reported number of malaria cases in 2015 was 7,746,258 with 6,313 deaths.

## Key



Target achieved or on track Progress but more effort required Not on track No data/Not applicable **United Republic of Tanzania** ALMA Quarterly Report, Quarter One, 2017

# Malaria

### **Global Fund Update**

The Global Fund has announced that the United Republic of Tanzania will receive US\$ 590 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on the United Republic of Tanzania'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 the United Republic of Tanzania this is calculated at US\$ 150.4 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. The United Republic of Tanzania is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain the gains made in recent years.

### Progress

The United Republic of Tanzania has secured sufficient resources to sustain universal coverage of LLINs, ACTs, and RDTs in 2017, and the country has procured sufficient LLINs to achieve 100% operational coverage. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. In addition, the United Republic of Tanzania has a high rating in terms of public sector management systems (CPIA cluster D). The country has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

### Impact

The annual reported number of malaria cases in 2015 was 7,746,258 with 6,313 deaths. WHO estimates that the country has achieved a decrease of 20-40% in the malaria incidence rate and a change of less than 20% for malaria mortality rate for the period 2010 - 2015.

## 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 resources in the GF malaria allocation compared to previous allocations.

### Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 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 2017		Deliverable not yet due but the country has commenced work on the funding application

# MNCH

# Progress

The United Republic of Tanzania has also made progress on tracer MNCH interventions including vitamin A and has recently increased coverage of DPT3, and exclusive breastfeeding. 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.

## Previous Recommended Action

The United Republic of Tanzania has responded positively to the MNCH recommended actions addressing low coverage of postnatal care and continues to track progress as these actions are implemented.