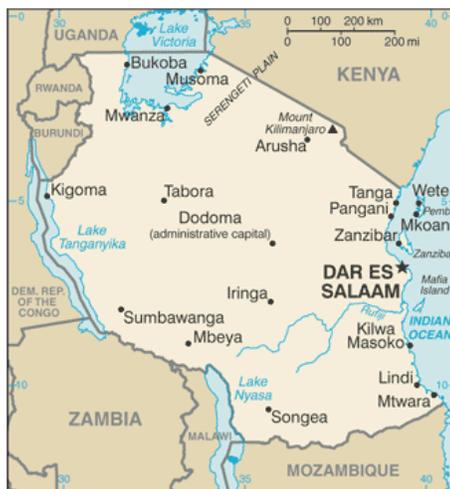


TANZANIA



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

Country Context

In June 2005, the United Republic of Tanzania, which includes both the Mainland and Zanzibar, was selected as one of the first three PMI focus countries. Tanzania is marked by stability and enjoys one of the best annual economic growth rates in sub-Saharan Africa. Two separate Ministries of Health operate in Tanzania, one for the Mainland and one for Zanzibar. Each Ministry has its own malaria control program and malaria strategic plan.

While malaria prevalence is lower in Zanzibar (<1 percent), all residents of both the Mainland and Zanzibar are at risk of infection, and malaria is considered a major public health problem. On the Mainland, more than 26 percent of all outpatient attendances are attributable to malaria, resulting in an estimated 7.7 million confirmed and clinical malaria cases annually. *Plasmodium falciparum* is the main source of infection in Tanzania. Insecticide resistance has been documented in the Mainland.

With the scale-up of malaria prevention and treatment interventions, dramatic progress in malaria control has been made throughout Tanzania; nearly all malaria indicators improved over the period 2005–2010. Furthermore, all-cause under-five mortality has dropped 28 percent; from 112 deaths per 1,000 live births in 2004 to 81 in 2010. In Zanzibar, decreasing malaria prevalence prompted the adoption of a new strategic plan for 2013–2018, which focuses on malaria pre-elimination. Under this plan, the vision is for Zanzibar to have no locally-acquired malaria cases by 2018. The Mainland continues to focus on malaria control through routine malaria prevention activities as well as focused interventions in the areas with highest transmission. The Mainland's strategic plan for malaria (2015–2020) includes goals to (1) reduce malaria illness and deaths by 80 percent from 2012 levels; (2) reduce malaria prevalence to 1 percent; and (3) increase the proportion of pregnant women receiving two or more doses of sulfadoxine-pyrimethamine (SP) during pregnancy to 80 percent.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Tanzania.

Tanzania Malaria Indicators	PMI Baseline (DHS 2004)	MIS 2007*	DHS 2010	MIS 2011
All-cause under-five mortality rate	112/1,000 (Mainland and Zanzibar combined)	91/1,000 (Mainland and Zanzibar combined)	81/1,000 (Mainland and Zanzibar combined)	-
Proportion of households with at least one ITN	23% Mainland 28% Zanzibar	39% Mainland 72% Zanzibar	64% Mainland 76% Zanzibar	91% Mainland 74% Zanzibar
Proportion of children under five years old who slept under an ITN the previous night	16% Mainland 22% Zanzibar	26% Mainland 59% Zanzibar	64% Mainland 55% Zanzibar	72% Mainland 51% Zanzibar
Proportion of pregnant women who slept under an ITN the previous night	16% Mainland 20% Zanzibar	27% Mainland 51% Zanzibar	57% Mainland 50% Zanzibar	75% Mainland 36% Zanzibar
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	22% Mainland 14% Zanzibar	30% Mainland 52% Zanzibar	26% Mainland 47% Zanzibar	32% Mainland 48% Zanzibar

* MIS - Malaria Indicator Survey

AT A GLANCE

Population (2016):
52.5 million¹

Population at risk of malaria (2014): Mainland: **100%²**
Zanzibar: **100%²**

Malaria incidence/1,000 population at risk (2013): **131³**

Under-five mortality rate (2010): **81/1,000 live births⁴**

1 U.S. Census Bureau, International Data Base 2015

2 World Health Organization (WHO), *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2010

PMI Contributions Summary

Tanzania is in its eleventh year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and critical commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	2,710,920	7,569,185
		ITNs distributed	494,407	5,302,672
		ITNs procured by other donors and distributed with PMI support	170,359	3,310,791
Indoor Residual Spraying		Houses sprayed	482,144	n/a ²
		Residents protected	2,397,021	n/a ²
Rapid Diagnostic Tests		RDTs procured	6,421,325	17,481,325
		RDTs distributed	8,071,475	15,222,124
Artemisinin-based Combination Therapy		ACTs procured	2,644,560	36,811,320
		ACTs distributed	3,134,280	34,209,574
Health Workers		Health workers trained in treatment with ACTs	2,080	n/a ³
		Health workers trained in malaria laboratory diagnosis	3,375	n/a ³
		Health workers trained in IPTp	403	n/a ³

1 The data reported in this table are up to date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

3 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Tanzania, please see the [Tanzania Malaria Operational Plan](#).