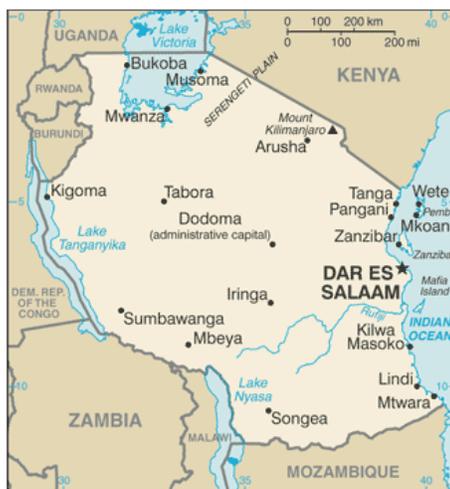


TANZANIA



AT A GLANCE

Population (2017):
57.3 million¹

Population at risk of malaria
(2016): Mainland: **100%²**
Zanzibar: **100%²**

Malaria incidence/1,000
population at risk (2015):
113.9³

Under-five mortality rate
(2015/2016):
67/1,000 live births⁴

- 1 World Bank, Population Estimates & Projections 2017
- 2 World Health Organization (WHO), *World Malaria Report 2017*
- 3 WHO, *World Health Statistics 2017*
- 4 Demographic and Health Survey (DHS) 2015/2016

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 2005–2015. Furthermore, all-cause under-five mortality has dropped 40 percent; from 112 deaths per 1,000 live births in 2004 to 67 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 2015–2020 strategic plan for malaria 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 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	DHS 2015/2016
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)	-	67/1,000 (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	66% 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	55% Mainland 56% 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	54% Mainland 52% 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	35% Mainland 13% Zanzibar

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Tanzania is in its thirteenth 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 2017 and cumulatively across the key intervention areas.

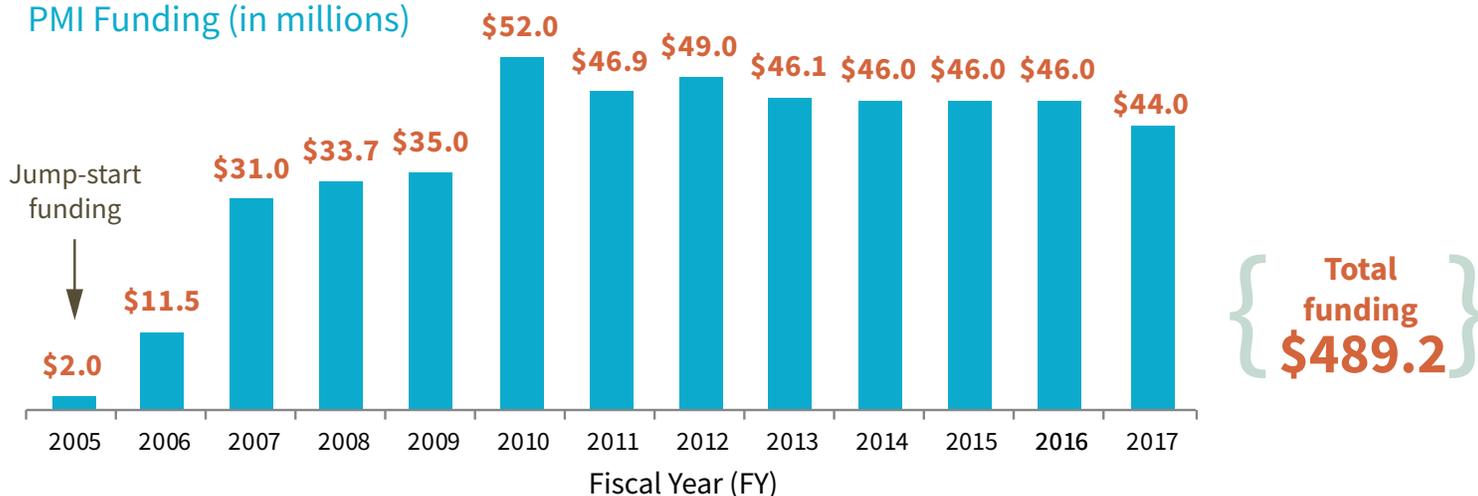
		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	2,579,920	12,359,859
		ITNs distributed	2,170,727	8,962,293
		ITNs procured by other donors and distributed with PMI support	0	3,885,966
Indoor Residual Spraying		Houses sprayed	664,622	n/a ²
		Residents protected	2,568,522	n/a ²
Rapid Diagnostic Tests		RDTs procured	2,288,325	21,718,750
		RDTs distributed	2,288,325	19,459,549
Artemisinin-based Combination Therapy		ACTs procured	2,763,390	40,804,260
		ACTs distributed	1,796,520	37,235,644
Health Workers		Health workers trained in treatment with ACTs	899	n/a ³
		Health workers trained in malaria laboratory diagnosis	2,207	n/a ³
		Health workers trained in IPTp	153	n/a ³

1 The data reported in this table are up to date as of September 30, 2017. Please refer to Appendix 2 of the [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 2018 PMI activities in Tanzania, please see the [Tanzania Malaria Operational Plan](#).