

TANZANIA

April 2012



At a Glance: United Republic of Tanzania

Population (2012): 43.6 million¹

Population at risk of malaria (2010):

Mainland: 100%²

Zanzibar: 100%²

Estimated annual malaria deaths/100,000 population (2008): 87³

Under-five mortality rate (2007): 81/1,000 live births, or approximately 1 in 12 children die before their fifth birthday⁴

¹ US Census Bureau, International Data Base 2012

² WHO World Malaria Report 2011

³ WHO World Health Statistics 2011

⁴ Demographic and Health Survey (DHS) 2010

Background

Malaria is a major public health problem in Tanzania. Annual malaria deaths in Tanzania are estimated to be 60,000, with 80 percent of these deaths among children under five years of age. Approximately 14 to 18 million clinical malaria cases are reported annually by public health services and more than 40 percent of all outpatient visits are attributed to malaria.

The President's Malaria Initiative (PMI)

The United Republic of Tanzania includes both the Mainland and Zanzibar and is one of 19 focus countries benefiting from the President's Malaria Initiative (PMI), which is led by the U.S. Agency for International Development and implemented together with the U.S. Centers for Disease Control and Prevention. PMI was launched in 2005 as a five-year (fiscal year [FY] 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an extension of PMI funding through FY 2013. With congressional authorization and the subsequent launch of the U.S. Government's Global Health Initiative, PMI's goal was expanded to achieve Africa-wide impact by halving the burden of malaria in 70 percent of the at-risk populations on the continent (i.e., approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

To reach its goal, PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization (WHO); the World Bank; the U.K. Department for International Development; numerous nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Tanzania's national malaria control strategy, PMI supports four major malaria prevention and treatment measures:

- [Insecticide-treated mosquito nets \(ITNs\)](#)
- [Indoor residual spraying \(IRS\)](#)
- [Intermittent preventive treatment for pregnant women \(IPTp\) with sulfadoxine-pyrimethamine \(SP\)](#)
- [Diagnosis with rapid diagnostic tests \(RDTs\) or microscopy and treatment with artemisinin-based combination therapy \(ACT\)](#)

Progress to Date

The table below shows key results from household surveys.

Tanzania Malaria Indicators	PMI Baseline (DHS 2004)	MIS 2007	DHS 2010
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	38% Mainland 72% Zanzibar	63% Mainland 76% Zanzibar
Proportion of children under five years old who slept under an ITN the previous night	16% Mainland 22% Zanzibar	25% Mainland 59% Zanzibar	64% Mainland 55% Zanzibar
Proportion of pregnant women who slept under an ITN the previous night	15% Mainland 20% Zanzibar	26% Mainland 51% Zanzibar	57% Mainland 50% Zanzibar
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	22% Mainland 14% Zanzibar	30% Mainland 52% Zanzibar	26% Mainland 47% Zanzibar

Tanzania is in its seventh year as a PMI focus country. With support from PMI and its other partners, malaria control interventions have been scaled up on both the Mainland and on Zanzibar with procurement and distribution of vital commodities and IRS.

PMI Contributions ^{1,2}	2006	2007	2008	2009	2010	2011	Cumulative
IRS: Houses sprayed	203,754	247,712	308,058	422,749	889,981	833,269	n/a ³
IRS: Residents protected	1,018,156	1,279,960	1,569,071	2,087,062	4,861,179	4,502,814	n/a ³
ITNs procured	130,000	0	143,560	1,468,966	623,441	0	2,365,967
ITNs distributed	130,000	0	113,560	1,498,966	1,495,121	0	3,237,647
ITNs procured by other donors and distributed with PMI support	-	0	350,000	117,400	0	615,010	1,082,410
ITNs redeemed through voucher programs with PMI support	-	362,194	1,034,711	596,275	623,441	529,908	3,047,686
ACTs procured	380,160	694,050	146,730	4,001,760	8,751,150	7,608,900	18,011,190
ACTs distributed	380,160	494,050	346,730	544,017	4,873,207	8,819,640	13,150,414
RDTs procured	875,000	550,200	1,075,000	950,000	292,000	117,000	3,859,200
RDTs distributed	250,000	1,025,200	425,000	989,500	661,900	194,574	3,481,674
Health workers trained in treatment with ACTs	4,217	1,011	1,767	1,018	1,162	1,520	n/a ⁴
Health workers trained in malaria diagnosis	-	0	0	247	388	338	n/a ⁴
Health workers trained in IPTp	376	1,158	2,532	2,288	2,157	4,634	n/a ⁴

¹ The data reported in this table are up-to-date as of September 30, 2011.

² The cumulative count of commodities procured and distributed takes into account the three-month overlap between Year 5 (covering the 2010 calendar year) and Year 6 (covering the 2011 fiscal year).

³ A cumulative count of the number of houses sprayed and residents protected is not provided since some areas have been sprayed on more than one occasion.

⁴ A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding	FY 2005 Jump start funds	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Budget (in millions)	\$2.0	\$11.5	\$31.0	\$33.7	\$35.0	\$52.0	\$46.9	\$49.0

For details on FY 2012 PMI activities in Tanzania, please see the **Tanzania Malaria Operational Plan:**
http://www.pmi.gov/countries/mops/fy12/tanzania_mop_fy12.pdf.

