

Malaria and Malaria Control in Tanzania

A presentation to
AFRICAN AND EUROPEAN COALITIONS
AGAINST MALARIA

PARIS, 9-11th September 2008

By

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Outline

- Introduction
- Extent of the burden
- Goals, Targets and Strategies
- Organizations working for malaria in Tanzania
- Challenges

Introduction

- Malaria is one of the oldest enemies of the human race.
- In Tanzania documentation of the disease begun with the then Colonial governments (Germany 1885 to 1920); British government (1920- 1961) and is ongoing with the national government.
- Malaria has ever been a serious challenge for all governments- colonial and national.
- Control measures have been implemented by all governments with varying degrees of success; but the disease is yet to defeated.

Extent of the problem

- Malaria is still the most common and dangerous disease in Tanzania.
- It ranks number one in terms of morbidity and mortality.
- Tanzania with a population of about 39 million people has over 18 million cases of malaria out of which 80,000 deaths occur annually.
- Children between 0-5 yrs and Pregnant women are the two groups most affected.
- The country loses 3.4% of its Gross Domestic Product (GDP) as direct and indirect costs of the disease.

Why is malaria a big issue?

- The tropical climate is favorable to mosquito breeding and malaria parasite survival (high temperatures, optimal humidity).
- Inadequate investment in malaria control (read community and national poverty); as result we have:
 - Weak health systems- diminished capacity to respond to health problems including malaria.
 - Inadequate funds for malaria research.
 - Inadequate funds for implementation.

GOALS, TARGETS AND STRATEGIES TO ADDRESS MALARIA.

Goals and Targets

- Abuja Target (2000)- Reduce by 50% malaria mortality and morbidity by 2010.
- Millennium Development Goals (MDGs) MDG6 addresses malaria; We should work to Halt and begin to reverse malaria by 2015.
- Tanzania Medium Term Strategic Plan (2008-2013) aims at reaching 80-85% coverage for key interventions by 2010.
 - Coverage of nets especially in vulnerable groups.
 - Coverage for malaria treatment.
 - Indoor Residual Spraying.
 - Behavioral Change Communication.

Preventive Strategies

- Use of Insecticide Treated nets especially The Long Lasting Insecticidal Nets (LLINs) is the main focus for malaria prevention.
- In 2008-2009, 7.2 million LLINs will be distributed to all children aged 0-5 yrs.
- We also have Voucher Scheme for Infants and Pregnant Women whereby pregnant women and infants get a discount voucher at the clinic and redeem it for a net at the nearby retail shop.
- Funded by the Global Fund, President's Malaria Initiative (PMI), the Government and Developmental Partners.

Preventive Strategies..

- Prevention of malaria in Pregnancy by using the drug SP (Sulfadoxine/Pyrimethamine).
- Indoor Residual Spraying (IRS)
 - Currently limited to a few epidemic prone districts.
 - Expansion will depend on availability of resources.
- Vaccine- when it becomes available.

Curative strategy

- Ensuring effective malaria treatment and care of patients with severe malaria. This involves:
 - Use of Artemisinin Combined Treatment (ACT)- relatively new, more expensive drugs.
 - Introduction of Rapid Tests for Malaria diagnosis (RDTS) in order to decide who is treated for malaria. The practice now is to treat everybody thought to have malaria (a good number do not have malaria).
 - Capacity building of health staff- clinicians, laboratory to ensure they have adequate skills to manage the disease.

Cross cutting strategies

- Behavioural Change Communication (BCC).
- Surveillance, Monitoring, Supervision and Evaluation.
- Research.

Partnership for malaria

- Tanzania government works with a number of partners in malaria control. They include;
- Developmental bilateral partners.
- Multilateral organizations- WHO, UNICEF.
- The Global Fund.
- Local and International NGOs.
- The Media.
- Community.
- Local research Organizations like The National Institute for Medical Research (NIMR), Ifakara Health Institute, Universities.

Challenges

- The Key challenge to malaria elimination are inadequate resources in; human, financial and material. Financial resource is the main drawback.
 - We are short of US\$ 500 million for implementing our medium term strategic plan-2008-2013 for malaria.
 - Human Resource for health and the health infrastructure are inadequate.
 - the country is addressing them through a 10 yr Primary Health Care Programme which requires 10 billion US\$ (difficult to get).

Appeal to the coalition.

- Understand that apart from HIV/AIDS, malaria is the biggest disease challenge in Tanzania and most of Sub-Saharan Africa.
- Urge developed countries to continue supporting the Global Fund for ATM.
- The war against malaria is winnable with the tools we have- examples are Zanzibar, Eritrea, Ethiopia.
- We need more resources.

- Thank you for your attention and let us work together to make Malaria the disease of the Past.
- WEL COME TO TANZANIA, The beautiful land of KILIMANJARO and ZANZIBAR.
 - Merci