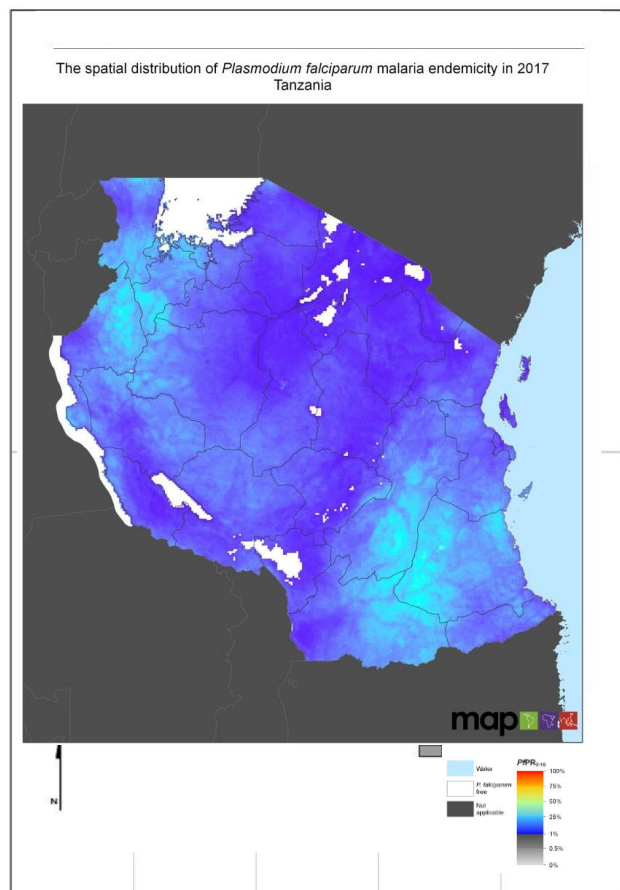


### Scorecard for Accountability and Action



Malaria is endemic in all parts of the United Republic of Tanzania, with seasonal peaks. The annual reported number of malaria cases in 2018 was 6,220,485 with 2,753 deaths.

#### Metrics

Commodities Financed and Financial Control		
LLIN financing 2020 projection (% of need)		100
Public sector RDT financing 2020 projection (% of need)		100
Public sector ACT financing 2020 projection (% of need)		100
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)		3.0
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of icCM (2017)		
Operational LLIN/IRS coverage (% of at risk population)	▲	75
On track to reduce case incidence by ≥40% by 2020 (vs 2015)		
On track to reduce case mortality by ≥40% by 2020 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)		71
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)		71
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)		65
% deliveries assisted by skilled birth attendant		64
Postnatal care (within 48 hrs)		34
Exclusive breastfeeding (% children < 6 months)		59
Vitamin A Coverage 2018 (2 doses)	▲	99
DPT3 coverage 2018 (vaccination among 0-11 month olds)		98

#### Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

## **Malaria**

### **Sustaining Essential Health Services During the COVID-19 Pandemic**

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health including malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For the United Republic of Tanzania, it will be of vital importance to ensure that the distribution of over long-lasting insecticidal nets (LLINs) scheduled for 2020 goes ahead as planned, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without sustaining LLIN coverage, Indoor Residual Spraying, coupled with the need to sustain essential health services including malaria case management, there could be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 27.5% increase in malaria cases, and a 132.7% increase in malaria deaths in the United Republic of Tanzania. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

### **Global Fund Update**

The Global Fund has announced that the United Republic of Tanzania will receive US\$587.3 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. 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\$179.4 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 accelerate progress.

### **Progress**

The United Republic of Tanzania secured sufficient resources to sustain universal coverage of LLINs, ACTs, and RDTs in 2020, and the country has procured sufficient LLINs to achieve 100% operational coverage. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. The United Republic of Tanzania has a high rating in terms of public sector management systems (CPIA cluster D). The country has enhanced the tracking and accountability

mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach, and the launch of the Zero Malaria Starts with Me campaign.

### Impact

The annual reported number of malaria cases in 2018 was 6,220,485 with 2,753 deaths.

### Key Challenges

- Maintaining malaria high on the political and funding agenda on the island of Zanzibar as the burden continues to drop.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Address falling vector control coverage	Q4 2019		Over 3.2 million LLINs were delivered to the country in the final quarter of 2019
Impact	Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018	Q4 2020		Deliverable not yet due
Address funding	Ensure the GF malaria funding application is submitted by Q2 2020 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 2020		Deliverable not yet due

The United Republic of Tanzania has responded positively to the recommended actions addressing iCCM and continues to track progress as this action is implemented.

### New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

## RMNCAH and NTDs

### Progress

The United Republic of Tanzania has also made progress on tracer RMNCAH interventions including vitamin A, DPT3, and exclusive breastfeeding, and has recently increased coverage of ARTs in both the total population and children. The country has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Tanzania Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard, and with the development of the multi-sectoral nutrition scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in the United Republic of Tanzania is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in United Republic of Tanzania is very good for schistosomiasis (100%), lymphatic filariasis (91%) and for onchocerciasis (81%). Preventive chemotherapy coverage is below WHO targets for soil transmitted helminths (60%) and for trachoma (40%). Overall, the NTD preventive chemotherapy coverage index for United Republic of Tanzania in 2018 is 71, which represents a substantial decrease compared with the 2017 index value (88).

### Previous Key Recommended Actions





Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Work to increase preventive chemotherapy coverage of Soil Transmitted Helminths and trachoma to reach the same coverage as in 2017	Q2 2020		Deliverable not yet due

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

### New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
RMNCAH <sup>1</sup> : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

<sup>1</sup> RMNCAH metrics, recommended actions and response tracked through WHO