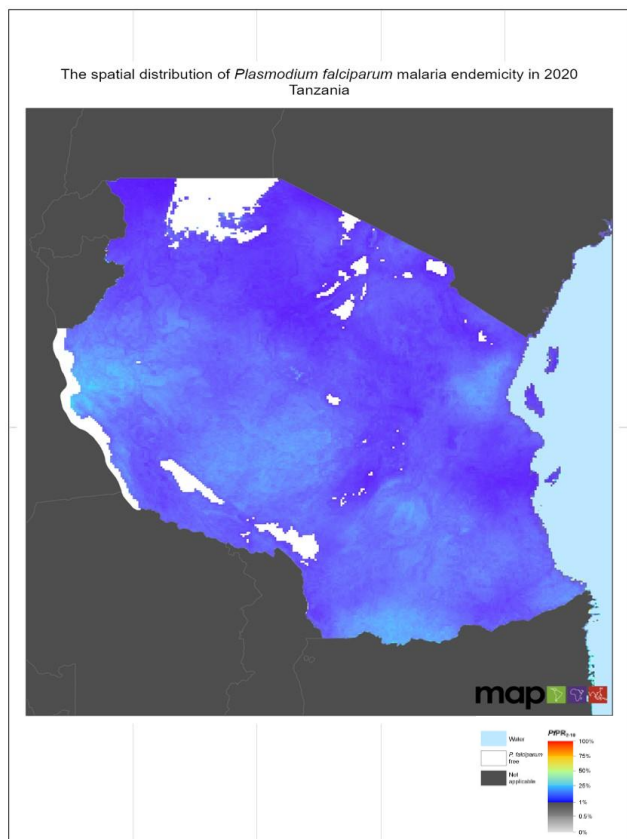


Scorecard for Accountability and Action



Metrics

Financing		
LLIN financing (2024-2026) projection (% of need)		97
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)		100
% of National Malaria Strategic Plan Financed (2024-2026)		78
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2015 and data reported to WHO		
% of vector control in the last year with next generation materials		86
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)		68
% of Neglected Tropical Disease MDAs Achieving WHO Targets		75
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2023)		66
Vitamin A Coverage 2022 (2 doses)		90
DPT3 coverage 2023 (vaccination among 0-11 month olds)		93
Climate Change and VBDs in NDCs		

Malaria is endemic in all parts of the United Republic of Tanzania, with seasonal peaks. The annual reported number of malaria cases in 2022 was 3,666,741 with 1,538 deaths.

Key

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

Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$60 million.

Progress

The United Republic of Tanzania secured most resources to sustain coverage of LLINs, ACTs and RDTs in 2024-2026. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and in response to the identified levels of resistance has scaled up next generation mosquito nets. The country has also carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees. The country is also showing leadership in malaria control through participation in the High Burden High Impact approach, and recently signed the Yaoundé Declaration. The country has launched the Zero Malaria Starts with Me campaign.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, the country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard, although the scorecard is not yet shared to the ALMA Scorecard Hub. The country has launched the End Malaria Council and Fund.

Impact

The annual reported number of malaria cases in 2022 was 3,666,741 with 1,538 deaths.

Key Challenges

- Maintaining malaria high on the political and funding agenda on the island of Zanzibar as the burden continues to drop.
- Insufficient resources to fully implement the malaria National Strategic Plan.
- Threat of both drug and insecticide resistance.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Resource Mobilisation	Work to fill key gaps in malaria funding	Q4 2024		Tanzania has prioritised interventions, aligned to sub national stratification, to maximise impact, targeting malaria prevention with ITNs to the highest and moderate burden rural areas..Resources to address antimalarial drug resistance have not yet been mobilized. However, recommendations to address this problem have been developed awaiting endorsement of the Ministry of Health. Through the EMC, NMCP has been able to mobilize both in-kind (advocacy work of faith leaders and other partners) and cash contributions to support key resource gaps. For example, NMCP has received a total of USD 250,000 from SC Johnson & Son Inc. The funds are being utilized to construct two Health Facilities in Uvinza and Tunduru District Councils to increase access to malaria services. Additionally, SC Johnson is committed to provide additional resources in the tune of USD 650,000. Data are being continuously collected through both routine and special TES in sentinel sites in the country through the support of PMI. The TES Technical Working Group meets quarterly to review the data and come up with conclusions and recommendations from data collected. The government has committed a total of USD 4.3m to implement larval control with biolarvicides in 57 District councils with high malaria burden in the current financial year. 2.5 billion TShs (equivalent to USD 917,431) have been released to implement biolarvicides in the first quarter of 2024.
Impact	Work to develop a plan of action to support the implementation of the Yaoundé declaration	Q4 2024		Regarding the implementation of the Yaoundé Declaration, the United Republic of Tanzania continues to make progress against key areas of the declaration. In addition to convening the Permanent Secretaries of all ministries to encourage multisectoral financing and collaboration, all ministries have now nominated malaria coordinators who were trained on malaria smart activities in September 2024.

				Furthermore, the rollout of Integrated Community Case Management in underserved areas is ongoing, with the aim of reaching 45 eligible councils by 2026. The End Malaria Council is also supporting multisectoral engagement and public and private domestic resource mobilisation
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Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Tanzania has achieved high coverage in the tracer RMNCAH intervention of vitamin A and DPT3. 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.

Neglected Tropical Diseases

Progress

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 and trachoma. In 2022, preventive chemotherapy coverage was 38% for schistosomiasis, 78% for onchocerciasis, 84% for lymphatic filariasis and 86% for trachoma. Overall, the NTD preventive chemotherapy coverage index for United Republic of Tanzania in 2022 is 68 which represent a substantial increase compared to the 2021 index value (63). The country reached WHO MDA targets for lymphatic filariasis and trachoma. The country has enhanced the tracking and accountability mechanisms with the recent development of the NTD scorecard. The country has significantly enhanced the tracking and accountability mechanisms for NTDs with the development of a NTD Scorecard tool. The United Republic of Tanzania has signed the Kigali declaration.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due