

Improving malaria case management in Tanzania

The MalariaCare partnership is a five-year effort led by PATH and funded by the US Agency for International Development (USAID) under the President’s Malaria Initiative (PMI). The partnership works in PMI focus countries and other countries in Africa and the Mekong Region to scale up high-quality diagnosis and treatment services for malaria and other life-threatening illnesses.

MalariaCare works closely with the Ministry of Health and Social Welfare (MOHSW) to help local government health authorities build malaria case management quality assurance systems. These systems include efforts to better link quality diagnosis and treatment services, providing training and supervision to help staff correctly diagnose all suspected malaria cases before treatment is provided and to ensure that appropriate treatment is being given to patients. The project is active in Tanzania’s Lake Zone where malaria transmission is highest—particularly in the Mara, Shinyanga, Simiyu, Mwanza, and Geita regions. The project will expand to the Dar es Salaam, Morogoro, and Pwani regions in late 2015.

CONTEXT FOR MALARIACARE IN TANZANIA

The MOHSW estimates that malaria is the leading cause of illness and death in Tanzania, accounting for 40 percent of all outpatient visits, with approximately 10–12 million cases treated each year. An estimated 60,000 to 80,000 Tanzanians lose their lives to malaria annuallyⁱ.

In 2013, Tanzania released National Guidelines for Diagnosis and Treatment of Malaria, in line with World Health Organization recommendations calling for universal diagnostic testing for malaria and providing treatment only when a malaria test is positive. Currently, only hospitals and select health centers are able to provide laboratory confirmed diagnosis. Previously, most health facilities have had to rely on clinical signs and symptoms to diagnose malaria.

To help promote universal diagnosis and treatment, the National Malaria Control Program began introducing rapid diagnostic testing nationwide in 2012. Since then, rapid

tests have been used widely at health facility and community levels and now account for the majority of testing. While great progress is being made, supply chain issues, the geography of the country, and the number of health workers that still need to be trained and monitored remain challenges to strengthening the quality of malaria services at the health facility level. In addition to supporting staff training, MalariaCare is piloting an electronic, tablet-based tool that will provide real-time feedback during support visits directly to the facility and to higher levels to allow for better understanding of the challenges being faced on the front lines.



OBJECTIVES

MalariaCare’s activities in Tanzania aim to improve case management—including diagnosis and treatment—of malaria and other febrile illnesses, particularly within the public health system.

PRESIDENT’S MALARIA INITIATIVE



The US Agency for International Development (USAID) funded MalariaCare under the terms of Cooperative Agreement No. AID-OAA-A-12-00057. The information provided in this document does not necessarily reflect the views or positions of USAID or the US Government.

KEY ACTIVITIES

Building diagnostic capacity. To improve malaria diagnostic skills, the project is building the capacity of an estimated 2,200 clinicians and nurses to provide accurate malaria diagnosis through training on quality assurance for rapid diagnostic test (RDT) testing.

Improving malaria treatment. To further strengthen clinical practice, the project provides training on the new national guidelines for malaria case management. In addition, MalariaCare is supporting the National Institute for Medical Research in a therapeutic efficacy study to evaluate and monitor malaria parasite resistance to the country's first-line malaria treatment, artemisinin combination therapy.

Providing supportive supervision and outreach training. Giving health workers opportunities for training and onsite support helps ensure that more families and communities have access to high-quality malaria diagnosis and treatment at the local level. We also train laboratory and clinical supervisors to provide onsite supportive supervision and on-the-job mentoring for clinicians, nurses, and other clinical staff. These supervisors then offer regular onsite training and support visits for staff. During project-supported visits, health workers at 1,900 health facilities across the Lake Zone will gain skills in use of RDTs, malaria microscopy, and appropriate treatment. The project will also organize forums for sharing lessons learned from local supervision visits to help inform planning at higher levels of the health system.



In Tanzania, trained supervisors visit clinics to observe procedures, correct errors, and mentor staff. Mara Region, Tanzania. Photo credit: PATH.

To learn more about MalariaCare's work in Tanzania, please contact us.

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ⁱ US President's Malaria Initiative. *Tanzania Malaria Operational Plan FY2014*



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