Malaria Elimination

Gurleen Saini  
*University of Western Ontario*, gsaini42@uwo.ca

Anusheh Khan  
*University of Western Ontario*, akhan629@uwo.ca

Priscilla Matthews  
*University of Western Ontario*, pmatthe4@uwo.ca

Follow this and additional works at: [https://ir.lib.uwo.ca/awc_abstracts](https://ir.lib.uwo.ca/awc_abstracts)

Part of the [Public Health Commons](https://ir.lib.uwo.ca/awc_abstracts)

**Citation of this paper:**

[https://ir.lib.uwo.ca/awc_abstracts/28](https://ir.lib.uwo.ca/awc_abstracts/28)
Malaria is currently the leading cause of death in Tanzania, especially in children under five years of age. Malaria accounts for 30% of the national disease burden and represents 39% of the country’s health expenditures. A malaria control strategic plan (for 2014-2020) was implemented in Tanzania in order to achieve a reduction in malaria prevalence from 10% in 2014 to 5% in 2016 and further to less than 1% in 2020. In order to reach this goal and effectively implement the Global Malaria Action Plan, our proposed intervention of bi-impregnated insecticide-treated mats and curtains (ITMCs) will be implemented when the expected prevalence of less than 1% is achieved in 2020. Our 5-year plan will be implemented from 2020-2025 to help Tanzania reach malarial elimination. If a 1% prevalence is not reached, our plan can still be implemented to reach reduced prevalence rates of malaria. Using bi-impregnated ITMCs that combine alphacypermethrin and chlorfenapyr insecticides, we will initially implement our intervention in 3 villages that show the highest burden of malaria and subsequently expand to all rural areas, later expanding to urban areas as well by the end of year 2. The need for bi-impregnated ITMCs will be analyzed through community health workers (CHWs) in these rural communities, who will educate community members about the benefits of ITMCs and how to effectively use them. ITMCs can then be gathered at local distribution centers and healthcare facilities using coupons that have been distributed. For these reasons, monitoring and evaluation (M&E) will be used to first create a baseline for this initiative through the questionnaires we conduct in certain villages, provide essential information on evidence-based implementation through the follow-up that is conducted, and evaluate progress and outcomes by tracking how many ITMCs and coupons are being distributed. Working with key stakeholders, such as the Ministry of Health (MoH) of Tanzania and local villages, will be required for the success of this project. Thus, an emphasis will be put on community engagement and collaboration. We will be requesting funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (“Global Fund”) for USD $4.6 million to help Tanzania meet Sustainable Development Goal (SDG) 3, target goal 3.3. This grant will allow various aspects to be targeted including: purchase of ITMCs, supply and distribution costs, creation and distribution of coupons, radio and print advertisements, community outreach, CHW trainings, salaries for the M&E team, border control systems for global health security measures, and the purchase of data collection systems. While there will be some risks and limitations related to this project, such as climate conditions, political willingness, and other implementation-related risks, this intervention is promising and can be sustained beyond the 5-year plan. Measures to enforce sustainability will be performed throughout our five-year term by using local resources for ITMC production, collaborating with local organizations and the national government, and implementing context-specific educational tools.