Scaling up access to treatment and diagnosis
Lessons Learned, Best Practices and challenges
ZANZIBAR EXPERIENCE

Mwinyi I. Msellem, MSc
Zanzibar Malaria Control Programme
Health care delivery in Zanzibar

**Public facilities = 139**

- 1 Tertiary hospital
- 3 District hospitals
- 4 Primary health care centres
- 131 Primary health care units

**Private facilities = 143**

- 2 Hospitals
- 70 Dispensaries
- 11 Pharmacies
- 60 OTCs
Treatment policy and diagnostic methods

Antimalarial policy
- 1st line - ASAQ
- Alternate therapy - Coartem
- Severe malaria - Quinine

Diagnostic methods
- RDT (SD Bioline) 85% of facilities
- Microscopy (Giemsa method) 15%
Achievements

• Good coverage of health facilities (<5m radius)
• Availability of ACTs at all levels
• Banning importation and selling of non-ACTs and artemesinin monotherapy.
• AMFM countries
• Good coverage (100%) of proper diagnostic methods (RDT, microscope or both)
• Asymptomatic parasitemia are tested and treated through surveys and ACDs
Achievements

• Satisfactory test rate
  – At least 90% of suspected cases at OPDs
  – More than 38% of pregnant women attending ANCs
  – More than 58% during Active Case Detections
Challenges

- Malaria activities are donors depending
- Private sector are still not adhere with the National policy – treating negative patients
- Poor quantification plans
- Importation of malaria cases and vector from highly endemic countries
- Technical difficulties to the MEEDS, this may cause delaying on treat asymptomatic cases
Challenges

• Lack of funding/No regular RDT quality control plan
• No standards/ not qualified national reference laboratory
• Multiple supervisory visits/tools
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