



RBM Case Management Working Group

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**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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