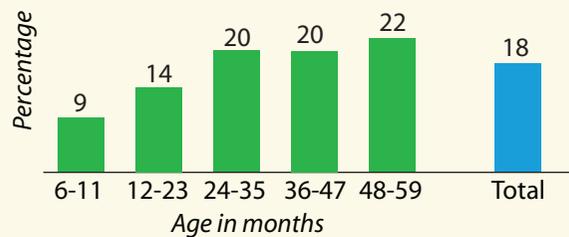


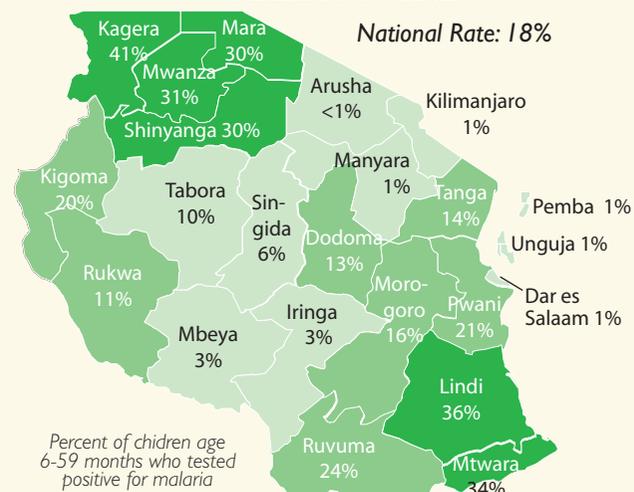
Malaria in the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS)

The 2007-08 Tanzania HIV and Malaria Indicator Survey (THMIS) tested 6,400 children age 6-59 months for malaria. Malaria parasites were detected in 18% of children age 6-59 months. Malaria is most common among children older than two years who are less likely to sleep under nets.

Malaria in Children by Age

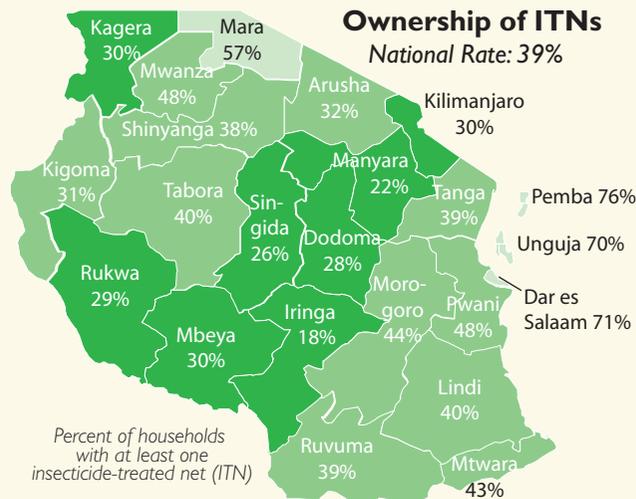


Malaria Prevalence



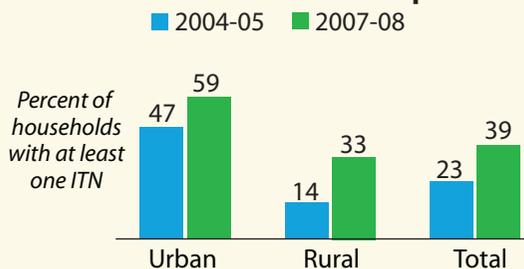
Malaria is more common in rural areas than urban areas (20% versus 7%) and ranges from less than 1% in Zanzibar and Arusha to 41% in Kagera.

Ownership of ITNs



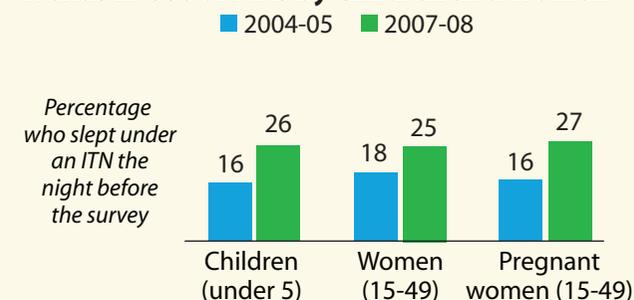
More than half of households (56%) own a mosquito net, and 39% own an insecticide-treated net (ITN). Ownership of ITNs is highest in Dar es Salaam, Pemba, and Unguja islands.

Trends in ITN Ownership



Ownership of mosquito nets has increased since the 2004-05 Tanzania Demographic and Health Survey (TDHS) when only 23% of households had at least one ITN.

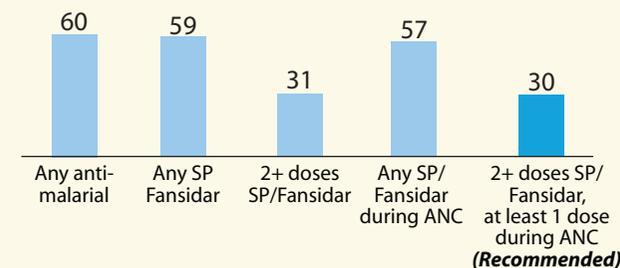
Trends in Use of ITNs by Children and Women



Children under five and pregnant women are especially vulnerable to malaria. Use of ITNs has increased markedly since 2004-05 among these two groups. Still, almost three-quarters of children and women are not sleeping under an ITN.

Antimalarial Use During Pregnancy

Percent of pregnant women (based on last birth in the 2 years before the survey)



Three-fifths of pregnant women took any antimalarial drug during their last pregnancy, almost all of whom took SP/Fansidar. Only 30%, however, took two or more doses, at least one of which was administered during an antenatal care visit, as recommended.

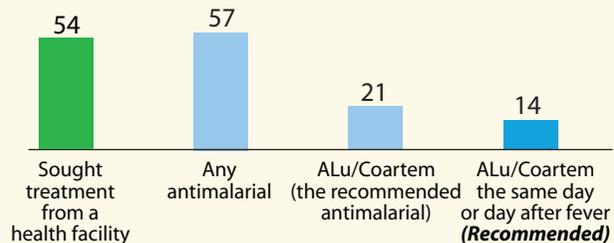
2007-08 Tanzania HIV and Malaria Indicator Survey (THMIS)

Malaria



Treatment of Fever in Children

Among children with fever in the 2 weeks before the survey, percentage with each treatment



Fever is the major symptom of malaria. More than half of children with fever received an antimalarial, but only one in five received the recommended antimalarial (ALu/Coartem) and even fewer received ALu/Coartem promptly.

Response rates and methodology:

Malaria prevalence data were obtained through rapid diagnostic blood tests of children age 6-59 months in households selected for the 2007-08 THMIS. Of the 6,812 eligible children, blood spots were collected for 94%. Parental consent was obtained for all testing. Children who tested positive for malaria and those who had fever in the two weeks prior to the survey were offered ALu/Coartem.

For more information on the results of the 2007-08 Tanzania HIV and Malaria Indicator Survey, please contact:

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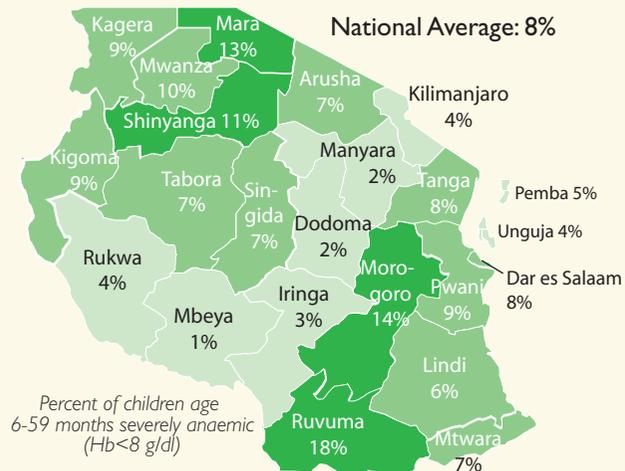
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The THMIS was conducted by the National Bureau of Statistics (NBS) in collaboration with the Office of Chief Statistician (OCGS)-Zanzibar and the Tanzania Commission for AIDS (TACAIDS). Macro International Inc. provided technical assistance in the design, implementation and analysis of the survey as part of the Demographic and Health Surveys project (MEASURE DHS). Funding for MEASURE DHS's technical assistance was provided by the United States Agency for International Development (USAID). Other assistance was provided by the National AIDS Control Programme, the National Malaria Control Programme, the Ministry of Health and Social Welfare, the Zanzibar AIDS Control Programme, and the Muhimbili University College of Health Sciences.

Anaemia Prevalence



Anaemia can impact children's physical and mental growth and development. About 8% of children 6-59 months are severely anaemic (haemoglobin concentration < 8 g/dl). As expected, most regions that have high levels of malaria also have high levels of anaemia. Anaemia prevalence ranges from 1% of children in Mbeya to 18% in Ruvuma.

