The Control Condition Toward Malaria In Tanzania Isles (Zanzibar)

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Abstract :-The aim of this paper is to examine the control condition toward malaria in Zanzibar Islands. The national wide data on malaria cases were conducted in 2013 Zanzibar Malaria Control Program teams, total of 86,791 case household were enroll to take part in the study, data analysis were used to confirm the malaria case among the all people who are participate in the testing survey. By the applying of statistical analysis software Stata and excel were used for more processing analysis. A total of 600 people 0.7% were confirmed malaria case, the number of (under 5) years malaria cases in Zanzibar has been decreasing year to year from 2003 is about 14% till 1.4% in 2010, and the percent of above 5 years confirmed case has been decrease sharply from 12.0% in 2003 till 3.8% in 2010. It is recommended that Zanzibar should improve to their economic to ensuring that the Zanzibar government is more reliant in public health program but will also empower individuals and communities to do more and more to control and treat the disease.

Keywords:-*Control, Condition, Malaria, Zanzibar.*

I. INTRODUCTION

Malaria is a disease which remains as a major health problem in Africa and cause too many problem in human being especially for children and pregnant woman, we can refer Malaria as a mosquito born infectious disease of humans and others animals caused by parasite protozoanof the plasmodium type. (WHO, 2014).Malaria cause symptoms that typically include fever, fatigue, vomiting and headaches and in some cases it can cause yellow skin, seizures, coma or death (Carabalo H, 2014).

There are direct and indirect costs which are related to malaria, in which of those direct cost some time its can cause illness, disability and some time it can cause death. Indirect it can cause loss in terms of time spent with sickness and treatment costs in term of family spend for the care of the heath of the patient. The risk of disease can be reduced by preventing mosquito bites by using mosquito nets and insect repellents, or with mosquito-control measures such as spraying insecticides and draining standing water. Several medications are available to prevent malaria in travelers to areas where the disease is common. Occasional doses of the medication sulfadoxine/pyrimethamine are recommended in infants and after the first trimester of pregnancy in areas with high rates of malaria. Despite a need, no effective vaccine exists, although efforts to develop one are ongoing. The recommended treatment for malaria is a combination of antimalarial medications that includes an artemisinin. The second medication may be mefloquine, lumefantrine, or sulfadoxine/pyrimethamine. Quinine along with doxycycline may be used if an artemisinin is not available. It is recommended that in areas where the disease is common, malaria is confirmed if possible before treatment is started due to concerns of increasing drug resistance. Resistance has developed to several antimalarial medications; for example, chloroquine-resistant P. falciparum has spread to most malarial areas, and resistance to artemisinin has become a problem in some partsoSoutheastAsiadisease is widespread in tropical and subtropical regions that are present in a broad band around the equator. This includes much of Sub-Saharan Africa, Asia, and Latin America. The World Health Organization estimates that in 2012, there were 207 million cases of malaria. That year, the disease is estimated to have killed between 473,000 and 789,000 people, many of whom were children in Africa. Malaria is commonly associated with poverty and has a major negative effect on economic development. In Africa it is estimated to result in losses of $12 billion USD a year due to increased healthcare costs, lost ability to work and effects on tourism.

There are a lot of country in this world which face that kind of disease and most of them are willing to fight for in order to reduce and eliminate Malaria and other disease like this, among those country areTheUnited republic of Tanzania, China and many others like that .

The United Republic of Tanzania is located in Eastern Africa off the coast of the Indian Ocean. The country has a population of 44,928,923, almost of them 75% percent lives in rural areas clearly this show that most people

they lived in rural area are the one who faces a lot of problem .Tanzania is considered a low-income country due to their low economic production of the country .In Tanzania, there is growing commitment to the expansion of the health system , whereby all those needing care can access affordable services , The Tanzania Health Systems Assessment (HSA) was conducted in July/August 2010 to examine the health system as a whole, to identify major strengths and weaknesses including make more strengthening in rural area, and to recommend potential areas for system strengthening. Tanganyika (mainland) and Zanzibar (islands) are merged together in 1964 to form The United Republic of Tanzania.

Bauch et al (2013) Perception of malaria risk in setting of reduce malaria transmission, explain about malaria transmission has become low and reduce dramatically in Zanzibar in recent years, due to the use of long lasting insecticidal treated nets (LLINs) and the uses of some malaria test (RDTs) they help for large percent to reduce the prevalence of malaria in Zanzibar, by using high education to teach people in two district Zanzibar island both (Unguja and Pemba) about the current situation of malaria and how bad this disease are, people they understand and express the desire for more education. However maintaining and continuing to reduce malaria transmission will require ongoing education for both health care's provide and the people the original areas in order to tell them the important of using preventive measures.

Zanzibar is an autonomous state consisting of two large islands Unguja and Pemba, and several smaller islands all of which are located off the north-east of the Tanzania Mainland. The southern island Unguja (or Zanzibar as likely people like to refer to) has a land area of approximately 1658 km2 and the northern island of Pemba has a land area of approximately 984 km2. According to the latest population census data, the combine population of the two islands is approximately 1.1 million. Zanzibar gained independent Britain in 1963 and merge in 1964 with Tanganyika to form the United Republic of Tanzania. Despite being declare a union, Zanzibar was not fully intergrated. The government of Zanzibar has retain virtually all government functions of the islands and the Zanzibar Malaria Control Program (ZMCP) is independent of mainland Tanzania's national malaria control program (history of Zanzibar).

Zanzibar is situated a few degree south of the equator , its tropical climate is characterized by hot humid weather with the hottest weather generally occurring from December to March, during this time islands experience of some rains that typically take part in few hour times, but the main rain season occurs from April to June long rains occur. These conditions are ideal for Anopheles Mosquito breeding time, the vectors that transmit Malaria. In 2005, Tanzania and the islands of Zanzibar were selected to join in the US Presidents Malaria Initiative (PMI). The PMI activities were to build on some success already achieved by the Zanzibar Malaria Control Program (ZMCP) in improving access to ACTS and insecticide-treated nets (ITNs), the PMI also additionally supported Indoor residual spraying program (IRS) to provide the most comprehensive approach to controlling Malaria on the islands.CONTROL AND PREVENTION COMPAIGN

Mboera et al (2013), towards malaria elimination and its implication for vector control disease management and livelihoods in Tanzania explain about the Malaria is endemic in most parts of Tanzania and also its cause major problem of morbidity and mortality in rural and urban areas, in his article also show how the prevalence of Malaria in Tanzania are varies according to season and in different areas because in different area is determine in part of climate and factors that influence the distribution pattern of the vectors , also human activities in the among the factors which can increase the exposure to the disease, according to his article the malaria elimination and vector control has been decline in transmission indices including anopheles mosquito densities and also the improvement of effective malaria treatment with artemisinin combination therapy and protection from mosquito bites by increased availability of insecticide treated bed nets and indoor residual spray.

In Zanzibar to deal with malaria control major process has been taken to eradicate this kind of disease because is the leading of the health problem in Zanzibar for the past years, on both islands of Zanzibar the disease is believed to be cause by perennial stable transmission with Anopheles Gambiae the dominant vectors and plasmodium falciparum the principal parasite. Zanzibar has been started to solve and control program for this disease in 1958. The effort was collaboration between the government of Zanzibar, the WHO and the United National Children's Fund. The majority of different ways has been taken including IRS, malaria chemotherapy, chemoprophylaxis and larvaciding in urban areas. The program was eventually has been take more action between 1961 and 1968 in conjunction with the WHO global malaria eradicating campaign. But due to all those effort this campaign has been failed to control malaria in the country, in that time they were success only to reduce the prevalence rate 7.8% in Unguja and 1.7% in Pemba, In 1968 Malaria was no longer taken as an big issue in the Island's and there was no major procedure has been taken at that time, Tanzania government including Zanzibar change the policy of drug use by replacing the former famous drug in that country chloroquine and they were starting use SP because it is believe that there is more and more proof on plasmodium parasite to chloroquine , meanwhile some country like South Africa, Kenya, Malawi and others has also change their drug policy treatment of chloroquine by SP , And country like Burundi and Rwanda have already realize of using Artemisinin drug combination therapy. In recently day Zanzibar now has become the

success in controlling malaria, For example presumptive treatment of fever with anti-malaria and other many way which has been taken by the government of Zanzibar other internal and external company.

Among the strong prevention and control measurement which Zanzibar government takes in order to control malaria in the country are as follow ….;

a) They used to control mosquito breeding: In Zanzibar most malaria is believed caused by plasmodium falciparum, because of the highly mortality associated with malaria particularly among children, the government they were used to control the mosquito breeding by cleaning the environment in water pool especially the place which contained duty water around the house and near around their houses, and also they organize people to do so because this is something house owners can accomplish for ample removing of plastic pool, duty material and other like that.

b) Preventing mosquito from biting peoples: The ZMCP provide ITNs and spraying the whole house for free and contribute people to make sure they sleeping with treated nets in order to prevent mosquito from biting people and to they make sure ACT among the line treatment is available widely in the whole country, also they use to imported message to make sure the community is aware about all important messages are reached with them.

c) The government also they were used to exposure Malaria message, in a crucial element in the fight to control and preventing population from Malaria by information and educational message, the ZMCP identified numbers of communication channels for delivery of malaria message to the targeted population. The identification communication channels which include health provider to client, newspaper, radios, television, and some advertisement which contribute peoples and motivate them easy to fight against Malaria.

d) Zanzibar government also they continue to collect data and conducting survey about Malaria, in order to make sure they reach the target level about elimination and control of malaria they arrange specific time to doing survey and collecting data especially for the immigrant peoples from mainland and others outside the country, this will help to manage the number of people suffer for disease including Malaria and also motivate people to realize about this disease.

e) Provide the knowledge of Malaria and the way to avoid it is among the priority targeted by Government of Zanzibar in order to increase the awareness in a community level about control and prevention of Malaria, ZMCP provided knowledge of Malaria such as emphasizing the sign and symptom of this disease, also they teach people how to avoid, how to use nets, how to maintaining a clean environment around the dwelling and other places, knowledge about Malaria is the important trigger to control the situation.

f) Increase the resource and training also is the reason why the government of Zanzibar to manage and control the situation of malaria in the country, the government of Zanzibar has been provided more training for the people of Zanzibar in order to get more people to help to control the situation due to the increase number of population every time also the government need more resources in order to compete with the targeted situation.

g) Controlling of seasonal climate also were the reason for the government of Zanzibar to deal with the situation of controlling and prevention of malaria in Zanzibar due to the National policy of to support localized control and enable early detection and response to malaria epidemics, the government has been work so hard to modified the whole place which is believe in highly rain season are major task for causing of malaria.

II. THE ANALYSIS OF THE PRESENT SITUATION AND DEVELOPMENT OF DYNAMIC RESEARCH PROGRESS

Malaria has remained number one health problem in Zanzibar; In 2003 Malaria has accounted for 43 percent of all outpatient consultations and ranked first among diseases in terms of both morbidity and mortality in health facilities (Tanzania demographic and health survey 2004-2005). Now a days in Zanzibar is well developed in controlled of Malaria and is not a major public health problem but the other side in Mainland is still remain a major problem and continue to be a significant cause of illness and death , We can definitely see in Zanzibar island is a little bit development of control of Malaria this is due to the good policy and valuable experience of the government for the prevalence epidemic of the disease ,also the small amount of population in Zanzibar is another reason of the government to make it easy control and reduce the number of Malaria in Zanzibar compare to the mainland Tanzania because in mainland contain large part and may people especial in remote areas .

There are several researches that have been published focusing on the Malarias and other cases which is related and cause of this disease in all around the world. Some of the researches explain about the changing of drug policy, epidemiology of the disease, some they explain how malaria can be control and others show their different view about the situation of the disease.

The changing of malaria treatment protocol policy in Timor-Leste; they have changed their malaria treatment protocol three times, which is associated with a new edition of government malaria treatment guide lines. The change of treatment policy was based on the rise in morbidity due to malaria and perception of increasing drug

resistance, this show that in every country they emerged and produce new strategies in order to fight against this disease (martins' et al, 2013).

Ezenduka et al (2014) Drugs use pattern for uncomplicated malaria in medicine retail outlets in Enugu urban, southeast Nigeria: implications for malaria treatment policy; explain about malaria treatment policies are well established, with countries in Africa adopting artemisinin-based combination therapy (ACT) as first-line treatment for uncomplicated malaria, problems on implementation in many settings still persist, to understanding the goals of malaria treatment policy. Understanding the extent of these problems is essential for generating evidence for policy interventions to improve implementation. In Nigeria, although ACT has been adopted for first-line treatment of uncomplicated malaria since 2005, evidence abounds on the improper use of anti-malarial drugs, such as the use of monotherapy and other less effective anti-malarial drugs, as well as inappropriate use of ACT. This is especially so in the retail sector where studies have reported significant inappropriate use of anti-malarial drugs.

Bosman et al (2014)onPlasmodium prevalence and artemisinin-resistant falciparum malaria in Preah Vihear Province, Cambodia: a cross-sectional population-based study; pointed over the last decade, huge efforts have been made to control malaria. It is estimated that mortality rates attributable to malaria have decreased by 42% worldwide and the incidence of malaria by 25% several countries are now classified by the World Health Organization (WHO) as being in the malaria pre-elimination or elimination phase. Such declining trends have been observed in Cambodia. Intensified efforts are urgently needed to contain and eliminate artemisinin-resistant Plasmodium falciparum in the Cambodia. Médecins Sans Frontiers plans to support the Ministry of Health in eliminating P. falciparum in an area with artemisinin resistance in the north-east of Cambodia. As a first step, the prevalence of Plasmodium spp. and the presence of mutations associated with artemisinin resistance were evaluated in two districts of Preach Province.

Despite the increase in tourism revenues, Zanzibar GDP per capita remains relatively low. A significant increase in income will enable individuals to seek medical attention and improve their living standards, as well as ensure public health programs are sustainable. An association of two or more key officers is developing an epidemic surveillance protocol for malaria, including a case reporting system whereby all health facilities relay information about malaria episodes to district levels and the ZMCP on a weekly basis. Not every health facility is in cell phone range, but the ZMCP intends to use text messaging to relay data from field to district health facilities.

Arnaud Le Menach (2011)Malaria infection it can be also spread by the travel risk in Zanzibar; Many residents travel to malaria endemic regions were estimated to contribute 1-15 times more imported case than infected visitors ,Estimated of Zanzibar importation rate were calculated though two independent methodologies first mobile phone usage data and ferry traffic between Zanzibar and Mainland Tanzania and its show that heterogeneous risk infection gives an estimate of 0.7 and 0.9 infections imported by residents per 1000 Zanzibar people, secondly a dynamic mathematical model of importation and transmission rates was used .

As indicated by in his previous paper about Malaria policy advisory committee to the WHO, its recommended that for achieving universal coverage of long lasting insecticide –treated nets, because the uses of long lasting insecticide- treated net it will improving the large capacity of burden of disease due to the vectors control , in a review of the last evidence on intermittent preventive treatment in pregnancy and also they updated the drug from resistance and containment technical expert group (Abdulla S,2013).

The goal for this study is to improve the impact of current control condition toward Malaria and access the effective diagnosis of Malaria in Zanzibar , and sums up the problems in policy of controlling of malaria in the development course of malaria policy through the analysis of our country and coordination of all key roles in malaria control at all levels in Zanzibar sectors especially in hospitals, analysis of Zanzibar malaria control and prevention policy content, types, characteristics and the central and local policies inorder to achievement of controlling and eliminating the malarial in the Country.

III. METHODOLOGY

In this study, the nationwide data on malaria cases were conducted in November 2013 By the Zanzibar Malaria Control Program (ZMCP), hosted by Government of Zanzibar together with Tanzania center for disease control. In Zanzibar, Malaria is the one of the infectious disease and there is a lot of cases are identified by the responsible sectors ministry of health which they already confirmed by that responsible sectors by doing malaria laboratory test. A standard form was used by researcher's and epidemiologist to collect individual information on each case, which means including age for the patients, gender for the patients, address where they come from and even the date for the events.

A Total of 86,791 cases households were enrolled to take part in the study, women, man and children were all participants in order to collect data and presented by demographic characteristics.

By the most recent data related to control condition and prevention policies towards malaria and its covariates were made available during the country consultation process or obtained through databases maintained by ZMCP, UNAIDS, NMCP, UNICEF, PMI, WHO, and the Center for disease control.

By the applying of quantitative data collected, first review the classification and descriptive statistical analyses using Stata and Excel statistical analysis software for processing analysis, factor analysis and other commonly used statistical methods for analysis take place to analyses the control condition toward malaria model permits an integrated comparison of trends over the full interval, from 2000 to 2012.

IV. RESULTS AND DISCUSSION

The results of the study that answering the settled objectives analyzed presented and discussed. The presented data based on the documentary review. The data presented in graphs and table. The analysis of this study based on the factors (controlling, policies toward malaria, diagnoses and policies problems) of the Malaria cases around Zanzibar. Systematically this chapter has been divided into sections that covers the studied objectives as explained below.

A total of 86,791 people were tested for malaria parasite and 600 (0.7%) detected for malaria parasite they participate in the study. The means age was 31.43, standard deviation 20.31 with the wide range of (under 10) to 60+ with the whole participate people.

The characteristics of the study populations show that; about 20.12% of the case study people were at the age of (under 10) which means large percent of the malaria case are affect in this ages, the aged between (10-14) and (15-19) they contain 14.82% and 13.51%, and the percentage between 9.33% to 8.83% is the population around 20 to 49 years of ages, while the lowest percentage of malaria case is the oldest ages 50 to 60+ which has lowest case of 7% to 7.66%.

The aged between (under 10), 10-14, 15-19 years old there tested confirm high proportional for malaria than any other remaining ages with the percentage of 20.12%, 14.82% and 13.51% respectively

The impact of current control condition of Malaria infection under Five (5) years

The results of this study revealed the case taken to the under-five (5) years of age there were the great variation on the malaria infection from 2000 – 2010 (Table 3). This is due to the implying of different controlling programs which shows the great impacts to the life of the people of Zanzibar. General the study results showed that a total of visits were about 3,541,680 people from 2000 – 2010. The study indicated that, number of visits varied from 2000 to 2010 where by about 225,049 people visited during 2000 and 387495 people visited during 2010. The study revealed that there were big differences of total malaria tested between 2000 and 2010 of the total number of visited. The results postulated that the total number tested for malaria was about 551,236 in which they are varied between years to year. It showed that 17769, 19500, 21,062, 24,448, 26,958, 55,729, 97,303, 99,778, 81,556 and 87,549 in 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009 and 2010 respectively. This is implied that the people who were malaria tested increased from the 2000 to 2010.

Contrary, the percentage of malaria confirmed cases to the people who were malaria tested was different. Since the number of malaria tested were increased from 2000 to 2010 but malaria confirmed cases decreased from 2000 to 2010. The results indicated that about 5923(14%), 6350 (15%), 5719 (14%), 5679(14.2%), 5724 (13.6%), 3397, (8.1%), 2710 (6.4%), 2458 (5.8%), 1586 (3.8%), 1766 (4.2%) and 584 (1.4%) were observed to have malaria confirmed in 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009 and 2010 respectively, (Figure 1) show that the trend of malaria infection in Zanzibar has been decreasing year to year from 2003 up to 2010 since it was about 14% in 2003 up to 1.4% in 2010. Hence this case indicated the impact of controlling condition around the study area.

The current impacts of controlling condition of Malaria infection above (5) years

Another analysis of data was done and reveals that the prevalence of malaria parasite infection, including both symptomatic and asymptomatic infections, has decreased significantly across Zanzibar and sub-Saharan in general. An average infection prevalence in children aged above five years malaria confirmed cases fell from 6414 (1999) to 2131 (2010), (table 4) General about 5,745,282 visits that were varied from 1999 to 2010 who were made of the total 598,713 malaria tested and 55,747 malaria confirmed cases. The study results revealed that according to the data analyzed the number of visits varied when the year increase. In that case from 1999 there was 583,085, but 2000 – 2007 the number of visits were decreased around 415,123 to 391,075 and from 2008 - 2010 the number of visits increased again which was about 567,546 - 605,471. From that case the malaria tested was also increased from 1999 to 2010 where by it was about 17,494 from 1999 to 104, 166 in 2010. On contrary the malaria confirmed cases was decreasing from 1999 to 2010 where by about 6,414 from 1999 who were confirmed and only 2,131 in 2010. Apart from that, the increasing of number of visits, increasing of number of tested but decreasing of number confirmed cases which lead to the decreasing of percentage infected (Figure 2) indicated the percentage of malaria confirmed decreasing from 1999 to 2010 where the number of confirmed test infection from 1999 – 2004 ranges between 11.5% – 12 % while from 2005

– 2010 the malaria confirmed cases ranges between 6.5 % - 3.8 % of all confirmed test. Therefore this is clearly indicate that the current malaria control condition have great impact on the infection of malaria cases.

The number of households sprayed and number of people protected was large in 2006 where 203,754 houses sprayed and 1,059,521 people were protected. But on the other hand the number was decrease from 2006 to 2012 in which about 114,858 houses was spread and 689,148 people were protected. This is indicated that before the spraying policies the malaria cases was very high comparing the time after spraying policies. Zanzibar moved from blanket to targeted spraying in 2011, and then to focal spraying early 2013. However, with the achievement of universal coverage with ITNs and dramatic reduction in malaria prevalence to 0.2%, the scale-down of IRS in Zanzibar through the three phases was accelerated.

According to the National policy of Malaria, the result of this study show the biggest relation with the policy of controlling malaria and prevent in which the Government of Zanzibar plan to remove the malaria in Zanzibar as their first goal and also to significantly to reduce morbidity and mortality from malaria in the population of Zanzibar with the specific target is the children under the age of five years and mostly in pregnant women and also for those people who lives in remotes area especially in the villages and poor people.

Tables and figures
Table 1: Impact of Current Control Malaria infection under 5 years

Years	Number of Visits	Total Malaria test	Malaria Confirmed cases	%
2000	225,049	17,769	5,923	14.0
2001	261,398	19,500	6,350	15.0
2002	295,942	19,584	5,719	14
2003	302,651	21,062	5,976	14.2
2004	377,320	24,448	5,724	13.6
2005	394,841	26,958	3,397	8.1
2006	346,403	55,729	2,710	6.4
2007	303,974	97,303	2,458	5.8
2008	291,091	99,778	1,586	3.8
2009	355,516	81,556	1,766	4.2
2010	387,495	87,549	584	1.4
Total	**3,541,680**	**551,236**	**42,193**	**100**

Table 2: Impact of Current Controlling Condition above 5 years

| Years	All Visits	Total Malaria test	Malaria Confirmed cases	Percentage (%)
1999	583,085	17,494	6,414	11.5
2000	391,075	17,784	6,509	11.7
2001	423,114	19,800	6,902	12.4
2002	440,699	19,726	7,008	12.6
2003	442,664	21,752	6,692	12.0
2004	456,607	24,234	6,493	11.6
2005	451,796	25,965	3,616	6.5
2006	428,631	57,211	2,721	4.9
2007	415,123	96,589	2,591	4.6
2008	567,546	98,311	1,925	3.5
2009	539,471	95,681	2,745	4.9
2010	605,471	104,166	2,131	3.8
Total	**5,745,282**	**598,713**	**55,747**	**100**
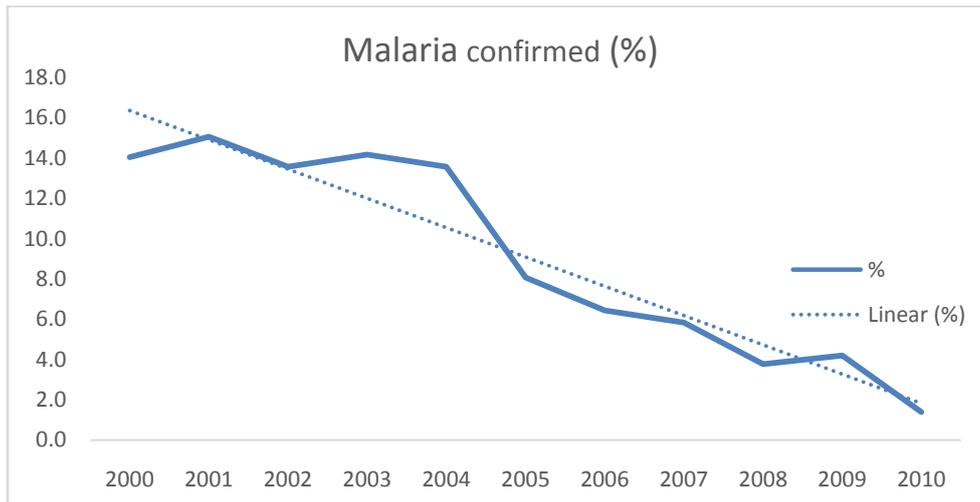
Figure 1: Impact of Current Controlling Condition under 5 years of age
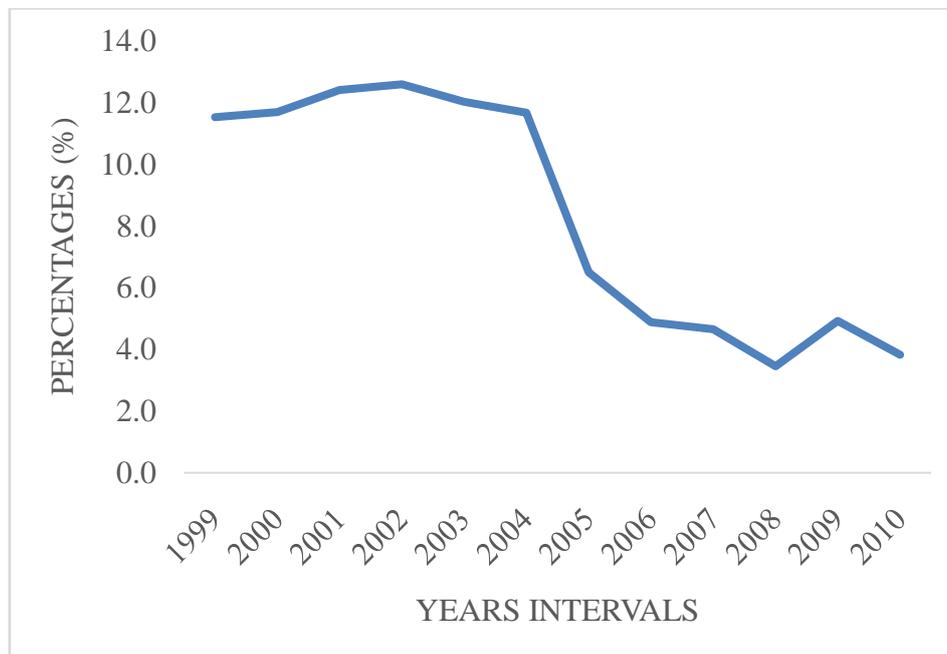

Figure 2: Impact of Current Controlling Condition above 5 years of age

Table 3: Indoor Residual Spraying on House Hold

Years	Round	No. of house Sprayed	No. of people protected
2006	Round 1	203,754	1,059,521
2007	Round 2	196,827	1,023,500
2008	Round 3	200,731	1,102,609
2009	Round 4	212,021	1,067,254
2010	Round 5	183,620	1,019,921
2011	Round 6	194,808	1,033,747

V. CONCLUSION

Malaria is no longer major problem in Zanzibar with the evidence of a lot of measure are help to prevent the malaria situation in Zanzibar, he generally the situation of the country is good and has been taken another step in recently years with the large efforts of Zanzibar Governments and other supporter's, The malaria infection level in the population has been reduced from higher than 10% in 2005 to less than 1% in 2010 at community. Incidence of new malaria episodes has been reduced from 16/1000 to 2/1000 in under-five years and from 4/1000 to 2/1000 in age group above five years. The absolute number of confirmed malaria cases all age groups has been decline from 7013 to 2715 cases, and from 247 deaths in back 2005 to no reported death back in 2010. Compare to the ten years back malaria was a major trouble disease in the country because they were reported a large number of case and large number of death, in 2000 they were reported about 5923 confirmed malaria cases while the following years it was reduced slowly until 584 confirmed malaria cases in 2010, this show how the large step of controlling and reducing of this disease. The government of Zanzibar also should make more emphasizing in control condition and to make good plan for the people of Zanzibar and others who are visiting in the islands, good policy will help to control the disease and educate those people who are far away about the malarial situation, for that issues Governments should make policy according to the situation of malaria disease and to lets people know about the changing and control condition, and for that way will help those countries who wants to fight for malaria situation in order to provide safe health for the incoming generation for the future life.It is recommended for the government of Zanzibar to support all policy they making for the country in order to reduce this disease as we know the government is the key holder for the whole situation through Ministry of health and social welfare, it will be good to see they provide enough fund to the organization which they made it to fight against malaria like Zanzibar Malaria Control Program and other small organization around the country, to do that so it will reduce the pressure for them in their arrangement planning.

Also it is important for the health institution in both public health and private health sectors to organize together instead of making this situation like business, some of the health institution they like to make money through things which are cause problem in the country, to do such thing it will reduce the target policy of the country about reducing and elimination of malaria in the country, there are few problems regarding to the health services the quality of services and the situation of care delivery, In society and community level its recommended them to be patient and cool to follow the policy of the country about controlling malaria, they need to do what they want to do from the source of information either government or other institution. The Government of Zanzibar they propose Malaria program reviews to builds on all country in order to periodic, collaborative evaluations of national control programs.

It is recommended that Zanzibar should improve to their economic to ensuring that the Zanzibar government is more reliant in public health program but will also empower individuals and communities to do more and more to control and treat the disease. Zanzibar should look to others that has succeed to eliminate malaria through the disease control programs, countries like Mauritius and Taiwan both have eradicate the disease with corresponding programs based on IRS with DDT and treatment of malaria cases (WHO Afro, 2007).

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