

ZIMBABWE

April 2012



At a Glance: Zimbabwe

Population (2012): 12.6 million¹

Population at risk of malaria (2010): 50%²

Estimated annual malaria deaths/100,000 population (2008): 40³

Under-five mortality rate (2009): 84/1,000 live births or approximately 1 in 2 children die before their fifth birthday⁴

¹US Census Bureau, International Data Base 2012

²WHO World Malaria Report 2011

³WHO World Health Statistics 2011

⁴Demographic and Health Survey (DHS) 2010

Background

Malaria is a major health problem in Zimbabwe, although its epidemiology varies greatly in the different regions of the country. The three malaria transmission zones are perennial transmission in the lowland areas of the north and south; seasonal/epidemic transmission in the midlevel altitudes of the north and south; and relatively no malaria transmission in the high-altitude areas across the center of the country. Malaria is primarily transmitted during the rainy season, from November to April.

The President's Malaria Initiative (PMI)

Zimbabwe is one of 19 focus countries benefiting from the President's Malaria Initiative (PMI), which is led by the U.S. Agency for International Development and implemented together with the U.S. Centers for Disease Control and Prevention. PMI was launched in 2005 as a five-year (fiscal year [FY] 2006–2010), \$1.265 billion expansion of U.S. Government resources to reduce the burden of malaria and help relieve poverty on the African continent. The 2008 Lantos-Hyde Act authorized an extension of PMI funding through FY 2013. With congressional authorization and the subsequent launch of the U.S. Government's Global Health Initiative, PMI's goal was expanded to achieve Africa-wide impact by halving the burden of malaria in 70 percent of the at-risk populations on the continent (i.e., approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

To reach its goal, PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization (WHO); the World Bank; the U.K. Department for International Development; numerous nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Zimbabwe's national malaria control strategy, PMI supports four major malaria prevention and treatment measures:

- [Insecticide-treated mosquito nets \(ITNs\)](#)
- [Indoor residual spraying \(IRS\)](#)
- [Intermittent preventive treatment for pregnant women \(IPTp\) with sulfadoxine-pyrimethamine \(SP\)](#)
- [Diagnosis with rapid diagnostic tests \(RDTs\) or microscopy and treatment with artemisinin-based combination therapy \(ACT\)](#)

Progress to Date

The table below shows key results from household surveys.

Zimbabwe Malaria Indicators	PMI Baseline (DHS 2010)
All-cause under-five mortality rate	84/1,000
Proportion of households with at least one ITN	29%
Proportion of children under five years old who slept under an ITN the previous night	10%
Proportion of pregnant women who slept under an ITN the previous night	10%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last two years	7%

PMI Contributions	2011	Cumulative
ACTs procured	744,120	744,120
ACTs distributed	520,884	520,884

PMI Funding	FY 2011	FY 2012
Budget (in millions)	\$12.0	\$14.0

For details on FY 2012 PMI activities in Zimbabwe, please see the **Zimbabwe Malaria Operational Plan**: http://www.pmi.gov/countries/mops/fy12/zimbabwe_mop_fy12.pdf.

