

ZAMBIA



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

Country Context

Zambia boasts a relatively stable and efficient government and political system. The Zambian Ministry of Health (MOH) is responsible for the provision of health services, and services for malaria are offered at all levels of the health system, including the community, health posts, health centers, and hospitals.

Although there are signs of improvement, malaria continues to be a major cause of morbidity and mortality in Zambia. The entire Zambian population is at risk of malaria, and control of the disease remains one of the government's highest priorities. Malaria transmission occurs throughout the year with the peak during the rainy season, between November and April. The disease remains endemic but with wide variation in prevalence of infection across districts. Although the four main malaria parasite species are present in Zambia, *Plasmodium falciparum* is the major source of infection.

The vision of Zambia's current National Malaria Strategic Plan is to achieve progress toward a "malaria-free Zambia" through equitable access to quality-assured, cost-effective malaria prevention and control interventions that are delivered close to the household. The Government of Zambia is in the process of developing a follow-on strategic plan for 2017–2021 with the ambitious goal of eliminating malaria. This plan will involve a two-pronged approach, targeting different areas based on transmission levels. For districts with more than 50 cases per 1,000 population, the focus will be on reducing burden and health system strengthening. In contrast, in districts with fewer than 50 cases per 1,000 population, surveillance will be the key intervention. In addition, based upon the malaria burden, a step-wise approach will be used within each of these targeted areas that will evolve from scale-up to elimination interventions.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Zambia.

Zambia Malaria Indicators	PMI Baseline (MIS 2006*)	MIS 2008	MIS 2010	MIS 2012	DHS 2013–2014	MIS 2015
All-cause under-five mortality rate	168/1,000 (DHS 2001–2002)	119/1,000 (DHS 2007)	–	–	75/1,000	–
Proportion of households with at least one ITN	38%	62%	64%	68%	68%	77%
Proportion of children under five years old who slept under an ITN the previous night	24%	41%	50%	57%	41%	59%
Proportion of pregnant women who slept under an ITN the previous night	25%	43%	46%	58%	41%	–
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	57%	60%	69%	70%	73%	79%

* MIS - Malaria Indicator Survey

AT A GLANCE

Population (2016):
15.5 million¹

Population at risk of malaria (2014): **100%²**

Malaria incidence/1,000 population at risk (2013): **214³**

Under-five mortality rate (2013): **75/1,000 live births⁴**

1 U.S. Census Bureau, International Data Base 2015

2 World Health Organization (WHO), *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2013–2014

PMI Contributions Summary

Zambia is in its ninth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	800,000	9,040,243 ²
		ITNs distributed	1,090,000	6,959,318
		ITNs procured by other donors and distributed with PMI support	0	951,945
Indoor Residual Spraying		Houses sprayed	311,204 ³	n/a ⁴
		Residents protected	1,478,598 ³	n/a ⁴
Rapid Diagnostic Tests		RDTs procured	2,172,500	22,334,600 ⁵
		RDTs distributed	2,172,500	17,621,475
Artemisinin-based Combination Therapy		ACTs procured	1,850,640	18,943,110 ⁶
		ACTs distributed	1,850,640	18,014,850
Sulfadoxine-pyrimethamine		SP treatments procured	0	3,749,966
		SP treatments distributed	0	3,749,966
Health Workers		Health workers trained in treatment with ACTs	80	n/a ⁷
		Health workers trained in malaria laboratory diagnosis	82	n/a ⁷
		Health workers trained in IPTp	0	n/a ⁷

1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 Of this total, 600,000 ITNs were procured with PEPFAR funds. In addition to these ITNs procured with U.S. Government funds, PMI procured 1.7 million ITNs with donations from DFID in FY 2011, 2013, and 2014.

3 In addition to these IRS activities supported with U.S. Government funds, an additional 98,340 houses were sprayed and 522,226 people were protected in FY 2015 in Zambia with a donation from DFID.

4 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

5 In addition to these RDTs procured with U.S. Government funds, PMI procured 12.9 million RDTs with donations from DFID in FY 2011, 2013, and 2014.

6 In addition to these ACTs procured with U.S. Government funds, PMI procured 15.5 million ACTs with donations from DFID in FY 2010, 2011, 2012, 2013, and 2014.

7 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Zambia, please see the [Zambia Malaria Operational Plan](#).



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