

ZIMBABWE



AT A GLANCE

Population (2016):
14.5 million¹

Population at risk of malaria
(2014): **79%²**

Malaria incidence/1,000
population at risk (2013): **139³**

Under-five mortality rate (2010):
84/1,000 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) 2010–2011

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

After years of economic crisis marked by high inflation and resource shortages, Zimbabwe and its economy seem to be stabilizing. There are approximately 1,500 primary health facilities in the country, each linked to a Ward Health Team (WHT) comprising community members. The health facility staff is responsible for overseeing program implementation in conjunction with the WHT.

Malaria is a major health problem in Zimbabwe with about eight in ten residents at risk for the disease. The epidemiology of the disease varies across the country and ranges from year-round transmission in the lowland areas to epidemic-prone areas in the highlands. Transmission is seasonal and occurs primarily between November and April, correlating closely with rainfall. Approximately 83 percent of all malaria cases and 61 percent of all malaria deaths in 2015 originated from three eastern provinces: Manicaland, Mashonaland East, and Mashonaland Central, with 42 percent of all cases and 33 percent of all deaths coming from Manicaland. While other malaria parasite species also circulate in Zambia, *Plasmodium falciparum* remains the main source of infection.

Zimbabwe has seen impressive reductions in transmission and disease burden over the past decade. As malaria prevalence declines, a number of districts are shifting from control to pre-elimination activities. Though malaria incidence in Zimbabwe appears to be decreasing overall, it remains a major challenge in certain provinces, districts, and wards. The National Malaria Control Program's goal under the current National Malaria Strategic Plan is two-fold: (1) to reduce malaria incidence from 22/1,000 persons in 2012 to 10/1,000 persons by 2017; and (2) to reduce malaria deaths to near zero by 2017. PMI provides resources, including financial and technical support, for all the major malaria interventions – vector monitoring and control (insecticide-treated nets and indoor residual spraying); malaria in pregnancy; case management; health system strengthening; surveillance; monitoring and evaluation; operational research; and social and behavior change communication.

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 Zimbabwe.

Zimbabwe Malaria Indicators	PMI Baseline (DHS 2010–2011)	MIS 2012*
All-cause under-five mortality rate	84/1,000	–
Proportion of households with at least one ITN	29%	46%
Proportion of children under five years old who slept under an ITN the previous night	10%	58%
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 2 years	14%	35%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Zimbabwe is currently in its sixth 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.

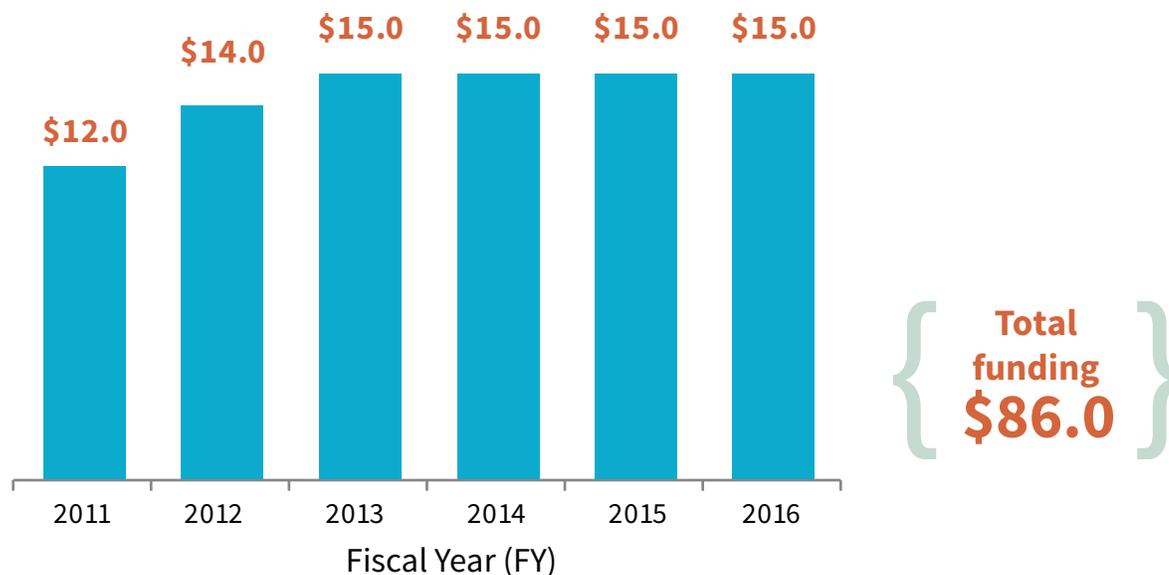
		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	339,500	2,384,000
		ITNs distributed	92,794	1,904,974
Indoor Residual Spraying		Houses sprayed	147,949	n/a ²
		Residents protected	334,746	n/a ²
Rapid Diagnostic Tests		RDTs procured	2,338,000	7,339,075
		RDTs distributed	2,338,000	7,339,075
Artemisinin-based Combination Therapy		ACTs procured	0	4,546,670
		ACTs distributed	0	4,546,670
		ACTs procured by other donors and distributed with PMI support	0	344,160
Sulfadoxine-pyrimethamine		SP treatments procured	927,000	2,123,767
		SP treatments distributed	927,000	2,123,767
Health Workers		Health workers trained in treatment with ACTs	8,803	n/a ³
		Health workers trained in malaria diagnosis	8,803	n/a ³
		Health workers trained in IPTp	8,803	n/a ³

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 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.

³ 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 Zimbabwe, please see the [Zimbabwe Malaria Operational Plan](#).



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U.S. President's Malaria Initiative