PMI President's Malaria Initiative
Fighting Malaria and Saving Lives

ZIMBABWE

AT A GLANCE

Population (2017): **16.5 million**[1]

Population at risk of malaria (2016): **79%**[2]

Malaria incidence/1,000 population at risk (2015): **114.2**[3]

Under-five mortality rate (2015): **69/1,000 live births**[4]

1 World Bank, Population Estimates & Projections 2017
2 World Health Organization (WHO), *World Malaria Report 2017*
3 WHO, *World Health Statistics 2017*
4 Demographic and Health Survey (DHS) 2015

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 temporarily stabilized with the government of national unity (GNU) formation in 2009. However, economic indicators declined in 2013, coinciding with the GNU collapse. The downward economic trend continues, despite plentiful rains in 2017.

There are approximately 1,500 primary health facilities in country, each linked to a Ward Health Team (WHT) comprised of community members. The health facility oversees program implementation in conjunction with the WHT. Malaria is a major health problem in Zimbabwe with about half the population at risk. Malaria epidemiology varies across the country ranging from year-round transmission in lowland areas to epidemic-prone areas in highland areas. Transmission is seasonal occurring primarily between November and April, correlating closely with rainfall. According to Zimbabwe's District Health Information System-2, approximately 82 percent of malaria cases in 2016 originated from three eastern provinces, Manicaland, Mashonaland East, and Mashonaland Central, with 39 percent of all cases and 31 percent of all deaths coming from Manicaland. The concentrated trend of malaria cases and deaths in three provinces has remained consistent since 2013.

Reported cases decreased from 1.8 million in 2006 to 281,000 in 2016 (20.5 per 1,000 population per year) (HMIS). New cases mostly occur along the Zimbabwe-Mozambique border, including Manicaland, where *An. funestus* resistance to pyrethroid class insecticides was identified in 2013. It is difficult to quantify if the case burden in this area is also due to migration across the border, strengthened surveillance systems, or ineffective malaria control interventions. The National Malaria Control Program's current National Malaria Strategic Plan goals are to: (1) reduce malaria incidence from 22/1,000 persons in 2012 to 5/1,000 persons by 2020; and (2) reduce malaria deaths by 90 percent of the 2015 figure by 2020.

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*[1]	DHS 2015	MIS 2016[2]
All-cause under-five mortality rate	84/1,000	–	69/1,000	-
Proportion of households with at least one ITN	25%	46%	48%	58%
Proportion of children under five years old who slept under an ITN the previous night	8%	50%	9%	33%
Proportion of pregnant women who slept under an ITN the previous night	9%	–	6%	24%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years[3]	7%	35%	-	36%

* MIS - Malaria Indicator Survey
1 Zimbabwe MIS 2012 conducted in 51 districts. Data on ITNs collected from 30 targeted districts; IRS in 45 targeted districts; and IPTp in 30 targeted districts.
2 Zimbabwe MIS 2016 conducted in 45 moderate and high risk malaria districts, without disaggregation by type of intervention (ITNs, IRS, IPTp).
3 IPTp is implemented sub-nationally due to heterogeneous malaria transmission with areas of low risk. The coverage estimates included here are national and therefore likely underestimate the operational coverage in the areas targeted for this intervention.

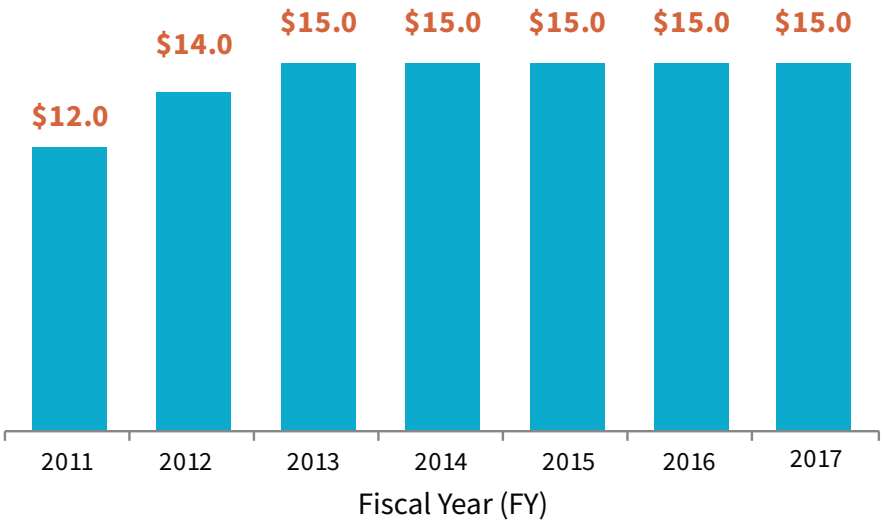
PMI Contributions Summary

Zimbabwe is currently in its eighth 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 2017 and cumulatively across the key intervention areas.

	PMI CONTRIBUTIONS[1]	FY 2017	CUMULATIVE
Insecticide-treated Nets	ITNs procured	890,043	4,009,043
	ITNs distributed	35,257	3,043,492
Indoor Residual Spraying	Houses sprayed	229,337	n/a[2]
	Residents protected	550,475	n/a[2]
Rapid Diagnostic Tests	RDTs procured	1,398,300	9,573,375
	RDTs distributed	601,075	8,841,825
Artemisinin-based Combination Therapy	ACTs procured	0	5,063,885
	ACTs distributed	345,224	4,804,469
	ACTs procured by other donors and distributed with PMI support	0	1,187,811
Sulfadoxine-pyrimethamine	SP treatments procured	156,550	2,852,967
	SP treatments distributed	396,050	2,573,317
Health Workers	Health workers trained in treatment with ACTs	1,549	n/a[3]
	Health workers trained in malaria diagnosis	1,549	n/a[3]
	Health workers trained in IPTp	1,549	n/a[3]

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the *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)



Total funding $101.0

For details on FY 2018 PMI activities in Zimbabwe, please see the *Zimbabwe Malaria Operational Plan*.

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U.S. President's Malaria Initiative