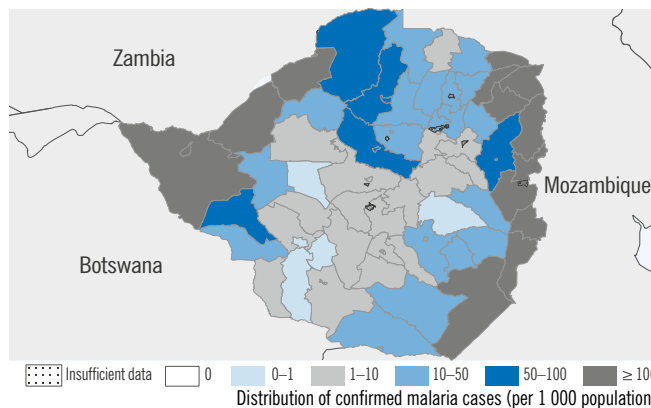


Zimbabwe

Phase: Control. Coverage: In 2010, IRS was sufficient to protect 25%–50% of the population at risk; ITN/LLINs delivered were sufficient to protect 25%–50% of the population at risk.



I. EPIDEMIOLOGICAL PROFILE

Population (UN Population Division)	2010	%
High transmission (≥ 1 case per 1000 population)	6 290 000	50
Low transmission (0-1 cases per 1000 population)	0	0
Malaria-free (0 cases)	6 290 000	50
Total	12 580 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%) *P. vivax*
 Major anopheles species: *An. gambiae*, *arabiensis*, *funestus*

II. INTERVENTION POLICIES AND STRATEGIES

Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs: distributed free of charge	Yes	2001
	ITNs/LLINs: distributed to all age groups	Yes	2001
IRS	IRS is recommended	Yes	1948
	DDT is used for IRS	Yes	2004
IPT	IPT used to prevent malaria during pregnancy	Yes	1997
	Patients of all ages should receive diagnostic test	Yes	2008
Case management	RDTs used at community level	No	-
	ACT is free for all ages in public sector	Yes	2008
	Pre-referral treatment with recommended medicines	Yes	1998
	Oral artemisinin-based monotherapies are not registered	No	-

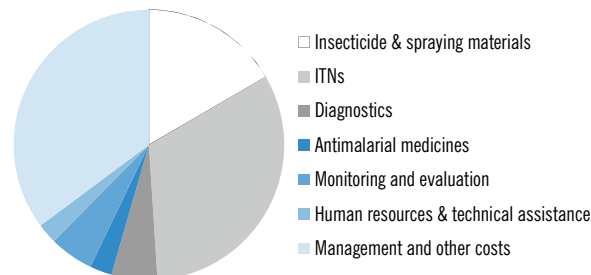
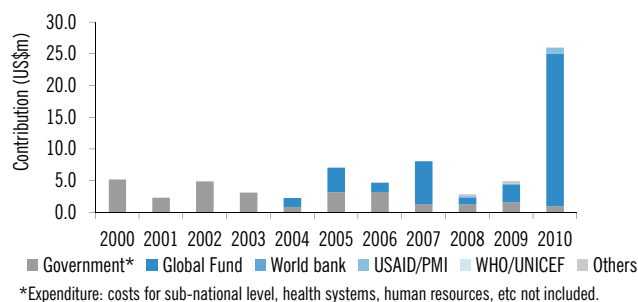
Antimalarial policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	-	-

Therapeutic efficacy tests (therapeutic or parasitological failure, %)

Medicine	Year	No. of Studies	Min	Median	Max	Follow-up
AL	2007–2007	3	0	0	1.9	28 days

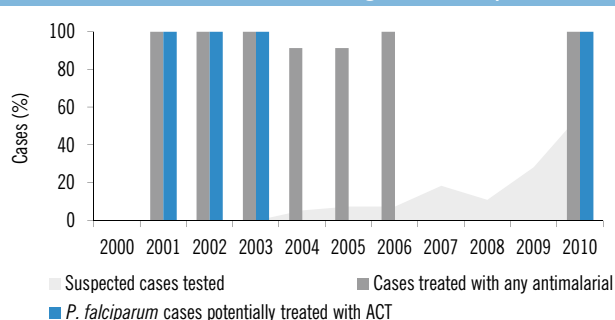
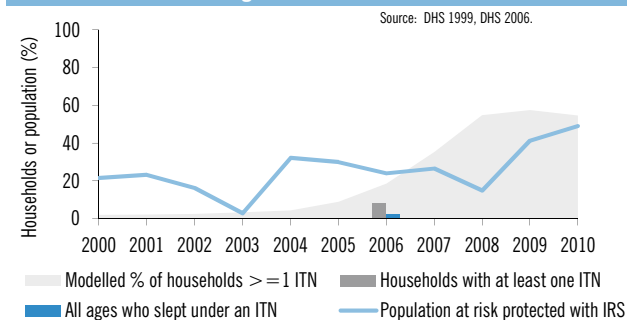
III. FINANCING – Government and external financing

Expenditure by intervention in 2010



IV. COVERAGE – Coverage of ITN and IRS

Cases tested and ACT delivered: Programme data (public sector)



V. IMPACT – Malaria test positivity rate and ABER

Confirmed cases, admissions and deaths (per 100 000)

