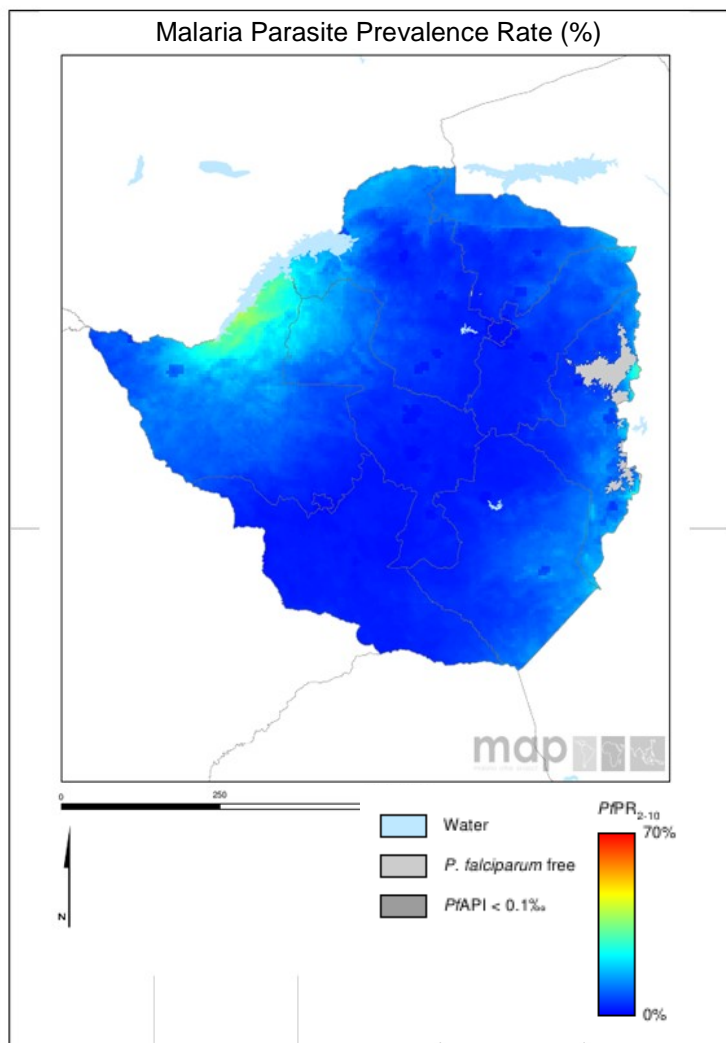


Scorecard for Accountability and Action



Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2014 was 535,983 with 406 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)		2.7
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2015 (% of at-risk population)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
IRS Operational Coverage (%)		92
>75% Decrease in Malaria Incidence Projected 2000–2015		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)		78
% deliveries assisted by skilled birth attendant		80
Exclusive breastfeeding (% children < 6 months)		41
Vitamin A Coverage 2013 (2 doses)		34
DPT3 coverage 2014 (vaccination among 12-23 month olds)		91
Postnatal care (within 48 hrs)		77

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Progress

Zimbabwe has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria. The country has the resources required for ACTs, RDTs, LLINs and IRS in 2015 and has achieved high coverage of vector control.

Zimbabwe has also achieved high coverage of the tracer MNCH interventions PMTCT, skilled birth attendants, postnatal care and DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The reported number of malaria cases in 2014 increased to 535,983 compared with 422,633 in 2013 and the reported malaria deaths increased to 406 in 2014 compared to 352 in 2013. However, overall since 2000, cases have reduced from the 1,494,518 cases and 1,916 deaths recorded in 2005. WHO projects that the country is on track to reduce malaria burden by 50 – 75% by 2015 compared to 2000.

Key Challenges

- Increases in malaria cases and deaths reported in 2014.
- Insecticide resistance threatened vector control effectiveness.

Previous Recommended Actions

The country has responded positively to investigating reasons for the increasing number of malaria cases in 2014.

Zimbabwe has improved on ruled-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration and transparency and accountability in the public sector in 2014 compared to 2013.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q4 2016

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG