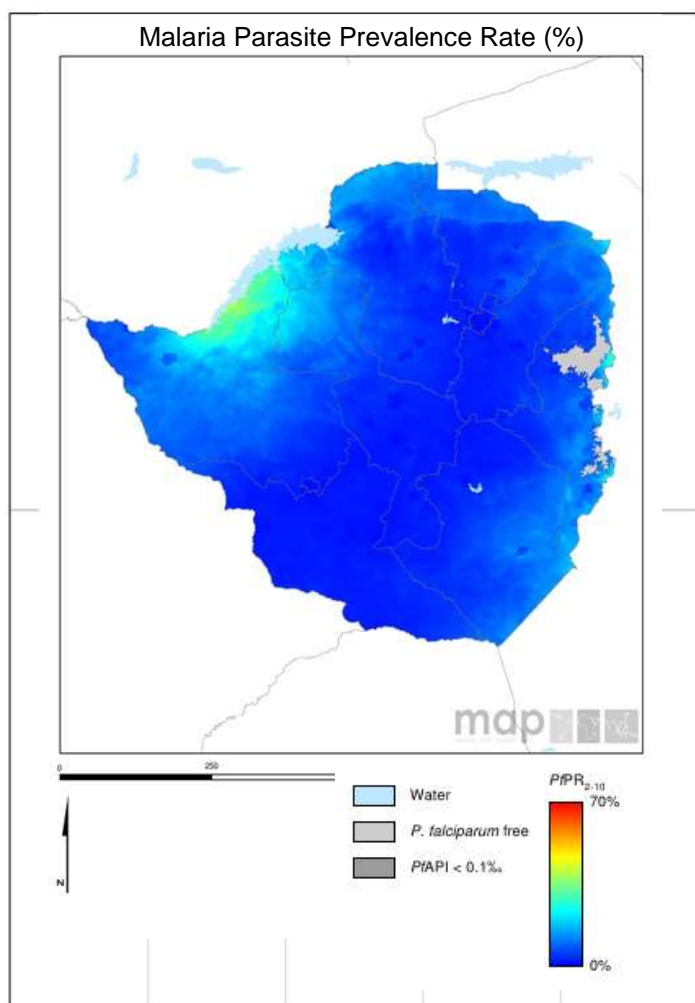


Zimbabwe ALMA Quarterly Report Quarter Four, 2016



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 2015 was 391,651 with 200 deaths.

Metrics

Commodities Financed and Financial Control	
IRS financing 2016 (% of at-risk population)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	2.8
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of ICCM (2016)	
IRS Operational Coverage (%)	96
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	62
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	80
% deliveries assisted by skilled birth attendant	78
Postnatal care (within 48 hrs)	51
Exclusive breastfeeding (% children < 6 months)	48
Vitamin A Coverage 2014 (2 doses)	32
DPT3 coverage 2015 (vaccination among 0-11 month olds)	87

Key

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

Malaria

Global Fund Update

The Global Fund has announced that Zimbabwe will receive US\$ 484 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on Zimbabwe's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Zimbabwe this is calculated at US\$ 53.7 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Zimbabwe is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, at a level that is sufficient to sustain the gains made in recent years.

Progress

Zimbabwe has secured the resources required for ACTs, RDTs, LLINs and IRS in 2016 and has achieved high coverage of vector control. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Zimbabwe has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact

The annual reported number of malaria cases in 2015 was 391,651 with 200 deaths. WHO estimates that the country has achieved a change of less than 20% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Key Challenge

- There is a need to strengthen cross border collaboration with neighbouring countries.

New Key Recommended Actions

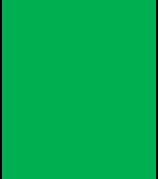
Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2017

MNCH

Progress




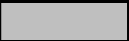
Zimbabwe has achieved high coverage of the tracer MNCH interventions skilled birth attendants, DPT3 and ART coverage in both the total population and children. Zimbabwe has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	Investigate and address the reasons for the decreasing coverage of postnatal care	Q2 2017		The country has distributed postnatal care guidelines to health facilities and oriented staff. Zimbabwe reports that coverage of PNC has increased to 65%

Zimbabwe has responded positively to the MNCH recommended actions addressing low coverage of vitamin A and continues to track progress as this action is implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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